Temerty Medicine

## Strengthening escalation of care to ensure timely intervention and improved patient safety

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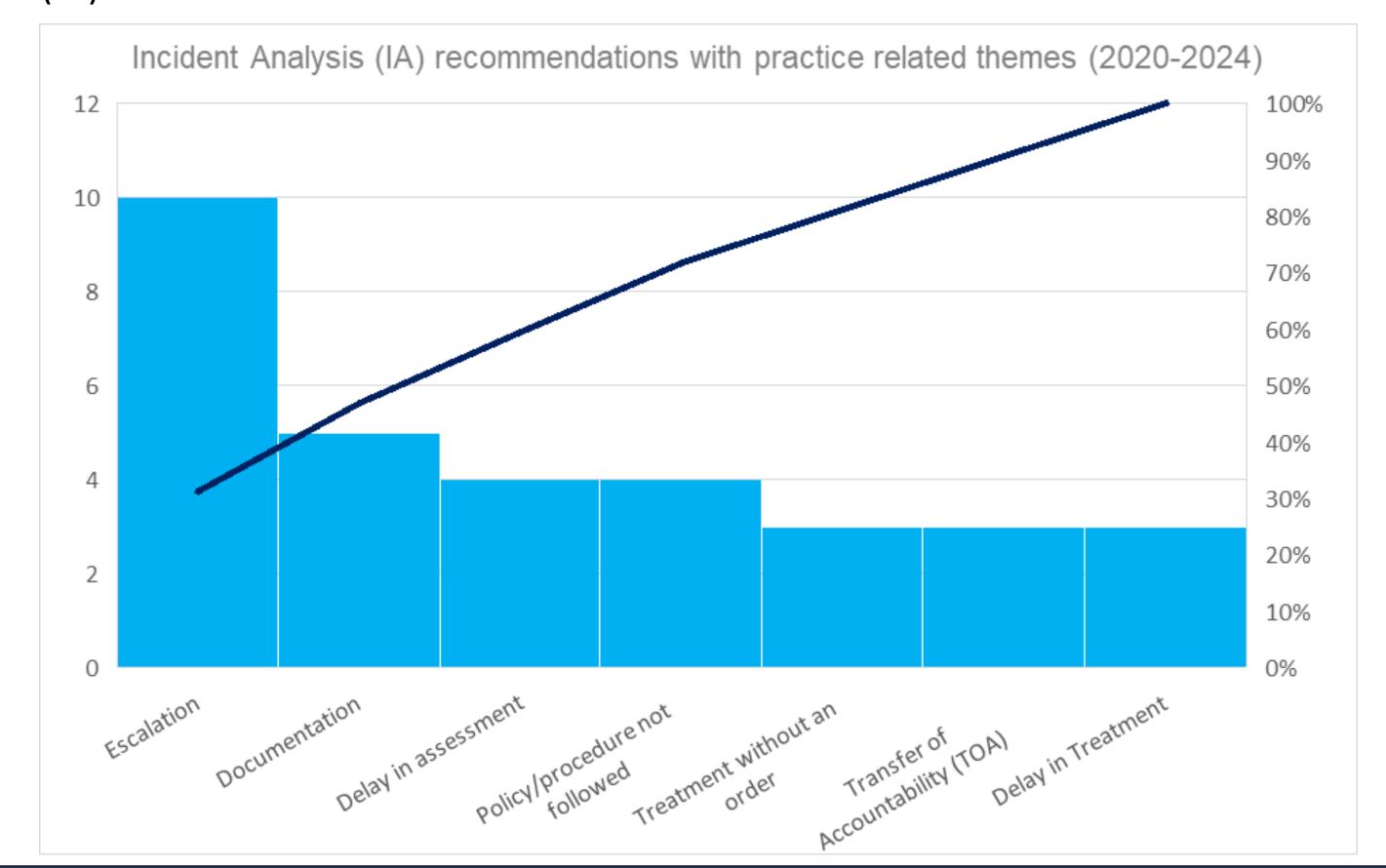
QUEST

#### Background

- Early identification and management of patient deterioration and escalation of care (EOC) significantly enhances patient safety by ensuring timely and effective access to care.
- Delays in responses to clinical deterioration are associated with poorer outcomes for patients
- Toronto Academic Health Science Network (TAHSN) has recognized that the need for a network-wide approach to address barriers to escalation of care and to improve organizational culture, professionalism, civility, safety and quality of care within hospitals is imperative.

#### **Local Context**

• At Trillium Health Partners, escalation of care was the most common practice related theme in patient safety incidents that underwent an Incident Analysis (IA) in 2020-2024



## AIM and Potential Measures

AIM STATEMENT: By March 31 2026, we aim to increase the average number of days between patient safety incidents (Level 4-6) where EOC was identified as a contributing factor from 75 to 86 days, through the utilization of quality improvement (QI) science.

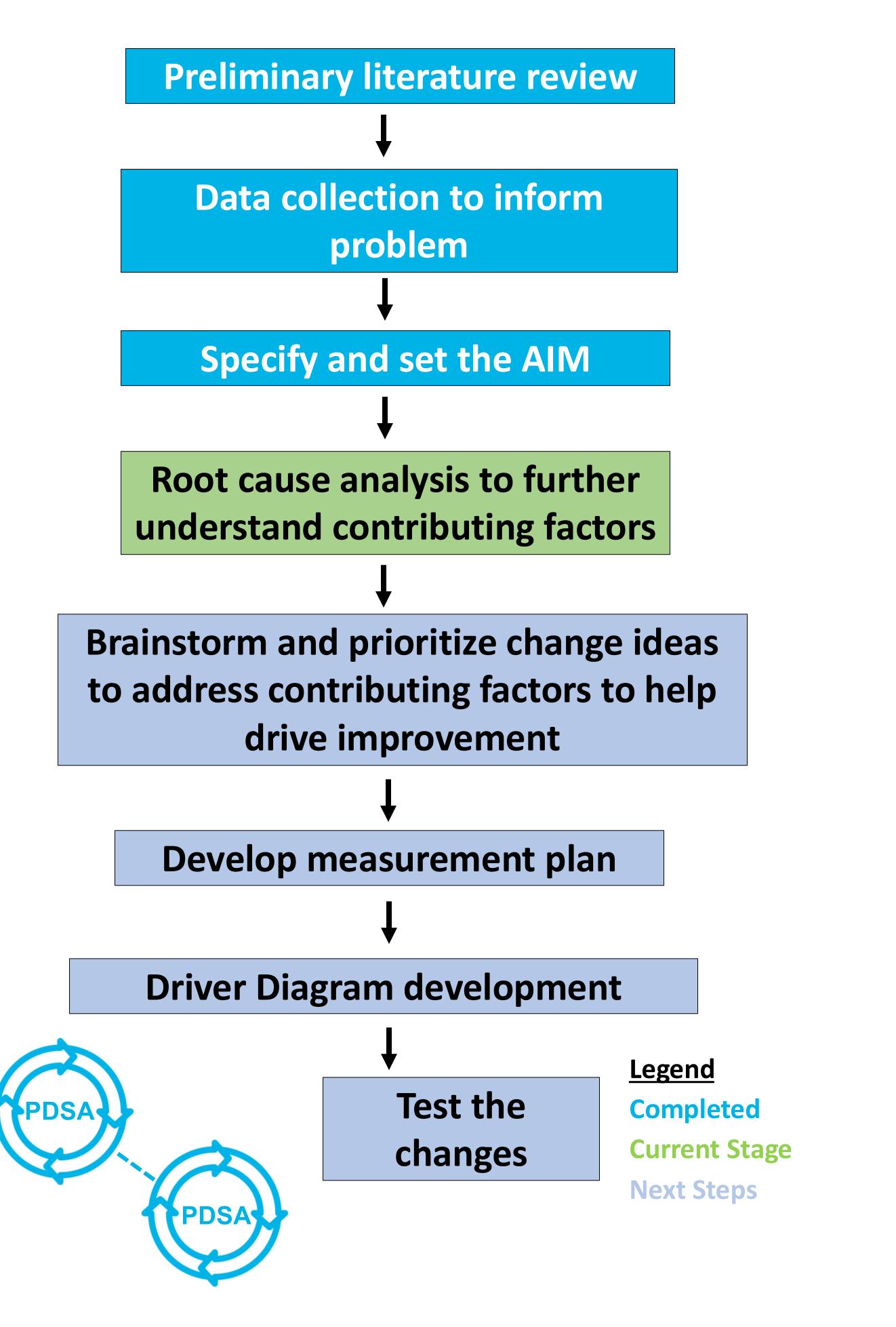
Category of Measure	Potential Measure	
Outcome	Days between severe patient safety incident (Level 4-6) with EOC as a contributing factor	
Outcome	# of non-planned Intensive Care Unit (ICU) admissions	
Outcome	% of perceived staff confidence in identification and management of patient deterioration and escalating care	
Process	# of no consult Critical Care Response Team (CCRT) activations	
Process	# of CCRT activations	
Balancing	Thematic analysis of patient safety incidents that undergo a concise or comprehensive review have EOC as a contributing factor	
Balancing	Staff and provider satisfaction	

#### \*Additional measures will need to be considered once the change intervention has been finalized

#### Methods

\* These authors contributed equally to this work

Utilizing the Institute for Healthcare Improvement Model for Improvement the proposed approach is as follows:



#### **Preliminary literature review**

A preliminary literature review was conducted in December 2024 using the OVID Medline database to understand methods used in other healthcare systems for early identification of clinical deterioration.

The database searches were complemented with manual review of the reference lists of relevant articles, which resulted in a few additional articles included in the study. The following Mesh terms were identified and grouped as follows:

- **Evidence Based Practices**
- **Best Practices**

- Interventions Protocol
- Risk Assessment
- **Early Recognition**
- **Early Detection** 
  - Early Identification
- Deteriorating **Patient**
- Declining Condition

#### Clinical Deterioration

#### **Potential Interventions**

Based on the preliminary literature review, the following interventions could be considered, grouped into the following categories:

- Tools and Technology (12, 4, 18, 10)
- Patient and Family Engagement (2, 1, 7, 9)
- System Standardization (20, 10, 11)
- Education (15)

#### **Potential Barriers to Escalation of Care**

Based on the preliminary literature review, the following barriers may be identified:

#### Lack of Staff availability (3, 21)

 Particularly nursing staff who are vital in identifying patients at risk of deterioration

#### **Workplace Culture (21, 17)**

- Perception of criticism
- Perceived stress of contacted staff member and being dismissed

### **Next Steps**

- Continued data analysis to further understand and clearly define the problem and its scope
- Identification of key partners who are affected by or have influence over the problem
- Utilizing quality improvement tools such as an Ishikawa diagram to conduct a root cause analysis in collaboration with identified interprofessional key partners across clinical programs
- Continue with the outlined proposed approach and utilization of QI science

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# Conflict of Interest Disclosure

	Co-Authors	Conflict Disclosures
1	Kevin Ho	None to declare
2	Sankeetha Kathirkamathamby	None to declare
3	Jessica Vickery	None to declare
4	Raman Nijjar	None to declare
5	Holly Axt	None to declare
6	Viral Patel	None to declare
7	Matthew Robinson	None to declare