SOP · DET-SOP-002 · Version 1.0 · Approved by the ASF Expert Committee

Supports: 47.5

At a glance

- Unexpected deterioration, sepsis and hospital-associated VTE are reviewed at least every quarter.
- Events come from the incident log (NET-REG-001) and the sepsis time register (SEP-REG-001).
- A pattern in the events leads to a written change to practice, with an owner and a date.
- Serious events also go through root cause analysis (INC-SOP-001).
- Stop and get help straight away if: a pattern of events is found and no change to practice is made.

1. Purpose

To find patterns in deterioration, sepsis and VTE events and change practice where a pattern is found (47.5).

2. Scope

Applies to	Clinical and support staff in the hospital
Locations	All wards, clinics and departments of the facility
When	Whenever the activity described is carried out
Does not apply to	Activities covered by another document listed in section 15

3. Definitions

Term	Meaning
Clinical lead	The doctor or nurse in charge of the area at the time

4. Background

Unexpected deterioration, sepsis and clots in hospital are events that show where care is failing. Reviewing them regularly is how the hospital learns.

5. Responsibilities

Role	Responsibility	Competence
Clinical lead	Holds the quarterly review and owns the changes	Hospital director
Ward manager	Brings the ward’s events to the review	Clinical lead

6. Materials and equipment

Item	Requirement	Condition
Records and forms named in this document	Current version	Checked before use

7. Safety

- Stop and call for help if a patient is at immediate risk. Do not delay urgent care to complete paperwork.

8. Before you start

- Confirm the forms and equipment named in this document are available and current.

9. Procedure

Step 1. Collect.

- Collect the events of the quarter from the incident log and the sepsis register.

Key point: Collected.

Step 2. Review.

- Review each event and look for a pattern by ward, cause or time of day.

Key point: Reviewed.

Step 3. Change.

- Write each change to practice with an owner and a date.
- Carry out a root cause analysis for any serious event (INC-SOP-001).

Key point: Changed.

10. Decision points

- No decision points in this procedure.

11. Special situations

Situation	Action
Out of hours	Follow the same steps. Use the on-call contact on the wall of the area.

12. Escalation

- Any serious problem goes to the duty clinical lead at once and to the clinical director the same day.

13. Monitoring

Measure	Target	Frequency	Owner	If not met
Quarterly reviews held on schedule	100%	Quarterly	Clinical lead	Escalate to the hospital director
Patterns found with a written change	100%	Quarterly	Clinical lead	Reopen the review

14. Records

Record	Kept in	Retention

Record named in this document	Patient record or the area file	the period set by the facility’s records policy years

15. Training

- Staff are trained in this document at induction and refreshed each year, with a recorded competency check.

16. Related documents

ID	Title	Use
NET-REG-001	Incident learning log (existing, reused)	Register
INC-SOP-001	Root cause analysis of serious incidents (existing, reused)	SOP

17. Evidence

Reference	Note
E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.

18. Change history

Version	Date	What changed	Approval
1.0	the date of approval	First version	set Expert Committee approval

E-learning for this document

- Emergency Medical Equipment & AED Readiness (MED-02)

References

- Accréditation Sans Frontières (2026). ASF Policy Framework v1.2. (E-006)

- Accréditation Sans Frontières (2026). ASF Expert Committee consensus on Standard 1. (E-009)

Download this document as PDF

Download this document as an editable Word file