Failure to Rescue (FTR)
Promoting a Culture of Clinical Excellence

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FTR is an algorithm refined by the Agency for Healthcare Research & Quality (AHRQ) for broad distribution which indicates the rate of death among patients who develop 1 of 6 in-hospital complications.

It is used in public reporting safety ratings for individual hospitals & hospital-level quality improvement initiatives.
FTR is a fairly new phenomenon in nursing literature. The National Quality Forum has defined FTR as a nurse-sensitive outcome when evaluating quality care outcomes. This topic is important because the nurse is the around the clock surveillance system playing a key roll in safe patient care delivery.
Why is Failure to Rescue Important?

- Expanding regulatory requirements & an increased awareness of preventable adverse events have focused attention on nurses’ competency in the skills of early rescue.

- The Institute of Healthcare Improvement indicates subtle clues of cardiac and respiratory deterioration are evident up to 8 hours before the event occurs.

- When nurses become aware of these subtle changes, they are more likely to be proactive and respond to the immediate problem... instead of being reactive and failing to rescue.
What Does the Literature Say?

- Researchers have used the failure to rescue indicator attempting to correlate mortality rates with organizational structure, processes, & quality patient outcomes.

- Studies have demonstrated multiple factors such as nurse fatigue, inexperience, equipment, & education are linked to failure to rescue.

- A review of the literature agrees surveillance & taking action when life threatening complications develop are two important nursing activities that can promote early rescue.
What Does the Literature Say?

- The literature concludes delivering high quality rescue skills requires interventions at a national, local, team, & individual level.
- These constitute measuring patient outcomes, incident reporting, an increased emphasis on human factors, & education on the skills of early rescue.
Methods

This project was a traditional scientific method of quantitative measurement involving a systematic, objective examination of numerical data.
Data Collection Then
Data Collection Now
Step by Step

- This study was conducted at a 156 bed acute care hospital located in Southwest Florida.

- All RN’s (280) attended an education seminar focusing on the skills of early rescue.

- Each session was 90 minutes in length & required 6 weeks to complete.
Curriculum

Recognizing premonitory subtle deterioration of the patient’s condition

- Assessing / critical thinking / judgment
- Timely intervention
- Prioritization of thoughts prior to calling MD
- Actual dialog with MD on plan of care recommendations & treatment modalities
Curriculum

Effective communication

- Assertive & goal directed nursing communication is a learned skill which is lifesaving for the patient

Mock code / practice scenarios

- All units & shifts
Results: Data Abstraction
Midas Event Reporting System

Prior to educational intervention
(January-June 31st)
- Code blue events: 29
- Rapid response calls: 62

Six months post educational intervention
(January-June 31st)
- Code blue events: 13
- Rapid response calls: 33

Both time periods remained constant
Code blue events decreased by 44%
Rapid response calls decreased by 53%
These findings indicate the educational intervention facilitated stronger nurse competency in early rescue, improving both patient & organizational outcomes.

Unexpected finding emerged from data was the 53% decrease in rapid response calls.

This demonstrates the bedside nurse was able to detect subtle clues in a patient’s deteriorating condition & intervene both competently & timely – decreasing the need to call a rapid response.
To maintain these results organizations must implement a continuous curriculum focusing on the skills of early rescue to assure quality care delivery.

Sharpening the curriculum by evaluating code blue events & rapid response calls on an ongoing basis will translate into improved nursing practice & healthcare outcomes.
Limitations

Strengths

- The project involved a single healthcare facility.

- The generalization of these findings to other healthcare facilities is limited by the small sample size.

- **Strength of the study is the ease of replication in other acute care organizations.**
Implications for Nursing Practice

- Healthcare environments of today are struggling to answer questions related to achieving & sustaining optimal patient care in this challenging world of economics, legalities, & political chaos.

- This study has implications not only for nursing practice but organizational outcomes as well because it adds to the body of literature on the impact evidence-based practice has on safe care delivery.
Conclusion

- Failure to rescue as a nurse sensitive outcome has intuitive petition because of nurses’ roles in surveillance of patient safety monitoring.

- In light of the poor survival-to-discharge rate for in-hospital resuscitation it is important for the bedside nurse to anticipate the unexpected, recognize the problem, & intervene timely.


References

References


