

**Title:**

Failure to Rescue

**Deborah Ann Morgan, DNP***School of Nursing, Palm Beach Atlantic University, West Palm Beach, FL, USA***Session Title:**

Early Recognition of Clinical Deterioration

**Slot:**

H 16: Monday, 30 October 2017: 2:45 PM-3:30 PM

**Scheduled Time:**

2:45 PM

**Keywords:**

Early recognition of declining condition, Improved patient and organizational outcomes and Timely intervention

**References:**

Brown, S., Anderson, M., &amp; Hill, P. (2012). Rapid response teams in a rural hospital.

*Clinical Nurse Specialist, 26(2), 95-102.*

Hammer, J., Jones, T., &amp; Brown, S. (2012). Rapid response teams and failure to rescue.

*Journal of Nursing Care Quality, 27(4), 1-7.*Kao, L.S. (2014) Rescuing failures: can large data sets provide the answer? *Journal of American**Medical Association, 149(2):124.***Abstract Summary:**

Abstract Summary: This project enhanced early recognition and timely intervention of failing to rescue in a community hospital. This was accomplished by implementing an educational program on early rescue. As evidence by the results of the evaluation of the educational intervention, the purpose of this project was met.

**Learning Activity:**

| LEARNING OBJECTIVES   | EXPANDED CONTENT OUTLINE  |
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| The learner will be able to identify premonitory signs and symptoms of a patient's declining condition  | Efforts towards early rescue must focus on early recognition and timely intervention, these factors have been proven to decrease patient mortality (Dubois, D'Amour, Poomey, Girald, and Brault, 2013). |
| The learner will be able to successfully rescue patients by recognizing a problem exists, communicating the urgency of the problem accurately, and intervening competently. | The Midas event reporting system indicated the educational intervention facilitated improved nurse competency in early rescue which improved both patient and organizational outcomes. To sustain these |

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|  | results, organizations must implement evidenced-based education focusing on the skills of early rescue to assure quality care delivery. |
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**Abstract Text:**

**Background:**

Failure to rescue (FTR) is an algorithm refined by the Agency for Healthcare Research and Quality (AHRQ) for broad distribution which indicates the rate of death among patients who developed one of six in-hospital complications. It is used in publicly reported safety ratings for individual hospitals and hospital-level quality improvement initiatives. The term, FTR is a fairly new phenomenon in the way of nursing literature. The National Quality Forum has defined failure to rescue as one of several nurse-sensitive outcomes gaining importance when evaluating the quality of care delivery. The expanding regulatory requirements and 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 that subtle clues of cardiac and respiratory deterioration are evident up to eight hours before the cardiac event occurs (Brown, Anderson, and Hill, 2012). When nurses become aware of any subtle change in their patient's condition, they are more likely to be proactive in responding to the immediate patient problem instead of being reactive and failing to rescue.

**Methods:** This project is a traditional scientific method of quantitative measurement involving a systematic, objective examination of numerical data. The study was conducted at a 178 bed acute care hospital in southwest Florida. All registered nurses (286) attended an educational seminar focusing on skills of early rescue. The curriculum consisted of four components: recognizing premonitory subtle deterioration of the patient's condition (assessment, critical thinking, and judgment), timely intervention (prioritization of thoughts prior to calling the physician and a dialog on treatment modalities), effective communication (assertive and goal directed), and practice case scenarios (all units and shifts). The educational presentations were ninety minutes in length and completed within a 6 week period.

Data on code blue events and rapid response calls were abstracted from the Midas event reporting system. Data abstraction prior to the educational intervention began January 1<sup>st</sup> and concluded June 31<sup>st</sup>, 2013. This collection of data showed twenty-nine code blue events and sixty-two rapid response calls during this six- month period. Data was again abstracted for the period starting January 1<sup>st</sup> and completed on June 31<sup>st</sup>, 2014. The second data abstraction demonstrated thirteen code blue events and thirty-three rapid response calls. This data confirmed a significant decrease in both code blue events and rapid response calls from the same period in 2013.

**Results:** Data abstracted from Midas confirmed a 44% decrease in code blue events from the first six months of 2013 (average daily census 162) compared to the first six months of 2014 (average daily census 169). These findings indicate the educational intervention facilitated stronger nurse competency in early rescue improving both patient and organizational outcomes. Another unexpected finding that emerged from the data was the 53% decrease in rapid response calls for the same time frame. This demonstrates the bedside nurse was able to detect subtle clues in a patient's declining condition and intervene timely; therefore, decreasing the need for a rapid response call. 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 and rapid response calls on an ongoing basis will translate into improved nursing practice and healthcare outcomes. This study has limitations. The project was administered at a single institution. The generalizability of these findings to other healthcare facilities is limited by the small sample size. The strength of the study is the ease of replication in other acute care organizations.

**Conclusion:** Failure to rescue as a nursing sensitive outcome has intuitive petition because of nurses' roles in surveillance of patients 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, and intervene timely. To sustain improved patient and organizational outcomes require interventions at a national, local, team, and individual level (Anderson et al. 2010). These constitute measuring patient outcomes, accurate patient safety incident reporting, an increased emphasis on human factors, and continuing education on the skills of early rescue.