Content Description

The purpose of this presentation is to explore the concept, Failure to Rescue (FTR). By identifying patients at risk for FTR and/or with warning signs of physiologic instability, nurses can select strategies to avoid this life-threatening scenario.

Learning Objectives
At the end of this session, the participant will be able to:

1. Recognize the early warning signs of physiologic instability in patients at risk for FTR.

2. Evaluate a variety of strategies for identifying patients at risk for FTR.

3. Develop a proactive plan to prevent FTR.

Summary of Key Points/Outline

I. Defining Failure to Rescue (FTR)

II. Identification of patients at risk for FTR

III. Identification of early warning signs of physiologic instability

IV. Identification of strategies aimed at preventing FTR
   A. Rapid Response Teams
   B. Early Warning Systems
   C. Technology
   D. Personal strategies

V. Case Study

Bibliography/Webliography


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OBJECTIVES
- Recognize the early warning signs of physiologic instability in patients at risk for FTR.
- Evaluate a variety of strategies for identifying patients at risk for FTR.
- Develop a proactive plan to prevent FTR.

DID YOU KNOW THAT ...
- Observable signs of deterioration develop within 6-8 hours of a cardiac arrest?
- As many as 17% of cardiac arrests occur in patients being cared for in an inappropriate clinical setting?
- Cardiac arrest was potentially avoidable in as many as 95% of these patients?
- Cardiac arrest was potentially avoidable in as many as 60% of patients cared for in appropriate settings?
NEED TO DEFINE ....
- Failure to Rescue: the inability to save a hospitalized patient’s life when he/she experiences a complication.....

COMPLICATION
- A condition that is not present on admission (POA)
  - Cardiopulmonary arrest/shock
  - Pneumonia
  - Upper GI bleed
  - Venous thromboembolism (VTE)
  - Sepsis

A GOOD TIME TO POINT OUT THAT ...
- failure to rescue does not necessarily imply wrong doing!
CASE STUDY

- A 58 y.o. female is admitted for laparoscopic surgery for removal of her ovaries and fallopian tubes secondary to recurring, bilateral cysts.
- PMH: hypercholesterolemia, migraines, obesity; PSH: caesarian section x2.
- Operative Note: Procedure converted to a laparotomy due extensive adhesions

CASE STUDY

- Morning of POD #2: Discharge planned but patient reports increasing sharp pain poorly controlled with narcotics
- Diagnostic CT (IV contrast only) ordered and showed possible free air
- On rounds, it is noted that the patient's IV is running poorly and IV fluids are behind; pt. has been made NPO

- Morning blood work (CBC, BMP) pending
- Vital signs:
  - 0800: B/P not palpable, HR 125, RR 24
  - 1300: B/P 84/58, HR 132, RR 24
  - 1400: B/P 70/40, HR 129, RR 26, O2 Sat 80's
- Pain: 10/10, worse than the morning
- MD called

**PATIENT IS UNSTABLE AND AT RISK FOR FTRI**
PATIENTS AT RISK FOR FTR
- Think back to the complications
  - Cardiopulmonary arrest/shock
  - Pneumonia
  - Upper GI bleed
  - VTE
  - Sepsis

MOST VULNERABLE PATIENTS ARE SURGICAL AND TRAUMA PATIENTS

EARLY WARNING SIGNS OF PHYSIOLOGIC INSTABILITY
- Changes in vital signs
  - T, P/HR, RR, B/P
  - O₂ sat
- Changes in mental status

MONITORING THESE PARAMETERS REPRESENTS THE MOST BASIC, YET ESSENTIAL, NURSING SKILLS!

EARLY WARNING SIGNS OF PHYSIOLOGIC INSTABILITY
- Early Warning Systems (EWS)
  - Clinical Resource Efficiency Support Team (CREST) established in 1988
  - Aims: to promote clinical efficiency in the Health Service in Northern Ireland while ensuring the highest possible standard of clinical practice is maintained
  - Model Physiological EWS Observation/Scoring Chart (2007)
To assess if an automated EWS in a spot check patient monitor can help to identify patients in the acute care (non-ICU) settings who may be experiencing physiological instability and who are in need of rapid clinical intervention.

On rounds, it is noted that the patient’s IV is running poorly and IV fluids are behind; pt. has been made NPO
Morning blood work (CBC, BMP) pending
Vital signs:
- 0800: B/P not palpable, HR 125, RR 24
- 1300: B/P 84/58, HR 132, RR 24
- 1400: B/P 70/40, HR 129, RR 26, O₂ Sat 80’s
- Pain: 10/10, worse than the morning
- MD called to room

**SO WHAT WAS DONE FOR THIS PATIENT?**

Abdomen: rigid, distended, no bowel sounds
Diagnostics: flat and upright abdominal x-ray to r/o bowel perforation STAT; repeat CT scan with po contrast STAT
Orders: give 1 L NSS over 30 min., start 2nd IV, provide suppl. oxygen, continue pain med and NPO status, consider CT to r/o PE

**WHAT WOULD YOU HAVE DONE DIFFERENTLY?**

**RAPID RESPONSE TEAMS (RRTs)**

- Considered by the Institute for Healthcare Improvement as a strategy to prevent death in patients who are progressively failing outside the ICU
  - Failures in planning (includes assessments, treatments, goals)
  - Failure to communicate (patient to staff, staff to staff, physician to patient/staff)
  - Failure to recognize deteriorating patient condition…..
  - All leading to FTR!
RAPID RESPONSE TEAMS (RRTs)

- Developed as a measure to improve
  - Surveillance,
  - Recognition, and
  - Response-to-rescue events
- Teams (usually) include a critical
care physician/resident/APN, critical
care nurse, and respiratory therapist
- Bring critical care team expertise to
  the patient’s bedside

MORE ABOUT RRTs

- RRT is called for
  - Physiologic changes in HR, B/P, RR, O₂
    saturation, mental status, and/or UO
  - Changes in laboratory values (e.g.,
    sodium, glucose, potassium)
  - A “gut feeling” that all is not right
  - EWS that identifies patients “at risk”
or “in trouble”
- Goal: response within 5 minutes

MAJOR FACTORS RELATED TO DECREASING FTR EVENTS

- Teaching hospital
- High % of board certified
  anesthesiologists
- More high tech equipment and
  services (e.g., specialized [e.g.,
  Burn unit]) available
- Higher nurse to patient ratios
Higher % of BSN prepared nurses
Higher levels of collaboration, autonomy reported by nurses

Rates of
- Pressure ulcers,
- Post-operative respiratory failure,
- Post-operative VTE, and
- Failure to Rescue

Recognize patients at risk for FTR
Recognize signs/symptoms of potential complications
Anticipate/prepare emergency supplies (e.g., AMBU bag, suctioning equipment, emergency drugs, defibrillator)
**PROACTIVE PERSONAL STRATEGIES**
- Provide appropriate surveillance and vigilance for high risk patients (e.g., attention to subtle cues [e.g., changes VS], frequent assessments)

**PROACTIVE SYSTEM STRATEGIES**
- Healthy work environment
  - Appropriate staffing
  - True collaboration
  - Autonomy
- Continuing/formal education
- Effective monitoring systems
- Rapid Response Teams
- Research

**AND OUR PATIENT...**
- CT scan completed at 2200
- Emergency surgery at 2330 for perforated bowel
- Secondary dx: Septic shock
- Prolonged (2 month) hospital stay
- 15 additional surgeries
- Prolonged recovery, including time in a transitional care facility