

# Nursing: Clinical Barriers to Rescue

## Staffing Levels/Preparation/Environments

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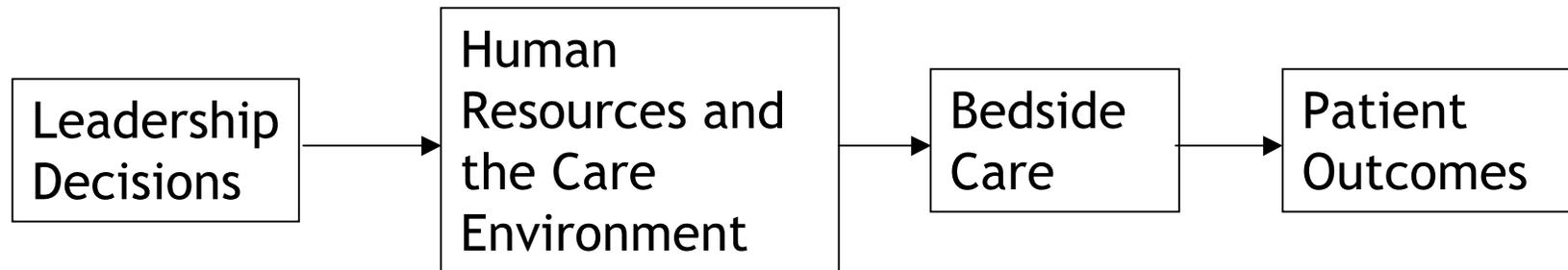


University Health Network  
Toronto General Hospital Toronto Western Hospital Princess Margaret Hospital

# Background

- Generation of solutions to practice problems (such as late detection of clinical deterioration and ineffective rescue efforts) reflects “theory”
- Presentation looks at RRS/MET operation through lens of staffing/outcomes research, and more broadly from research on organizational influences on quality and safety of nursing care

# Framework



**Human resources** = Staffing levels and qualifications of nurses

**Care environment** = Support of nurses from managers, availability of resources for care, relationships with physicians, etc.

# Key Point

- The practice/work context has an enormous influence on the ability of nurses to exercise clinical judgment as individuals and as part of the interdisciplinary team.
- Low staffing and/or poor environments tend to be associated with higher risk of poor patient and staff outcomes.
- Staffing/work environments are each necessary but not sufficient conditions for effective rescues

# Failure to Rescue

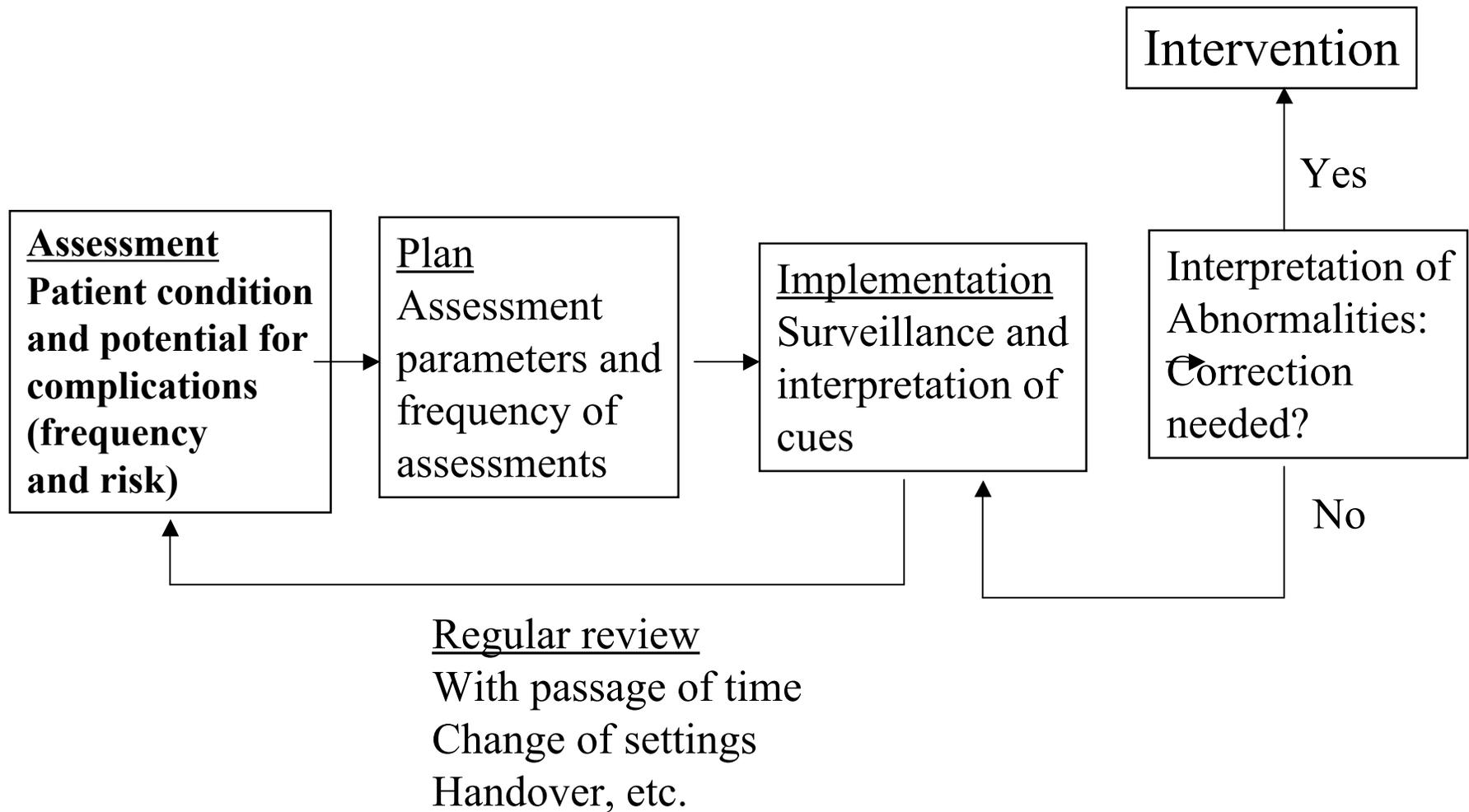
- Both a measure/indicator:
  - Deaths among patients with complications
  - Generally used in studies linking structure and outcomes
  - Found to be correlated with hospital teaching status, nurse staffing and education and practice environment characteristics ...
- ... And a concept:
  - Poor outcomes preventable through earlier identification and/or treatment of problems (beginnings of a structure-process-outcomes framework in this definition)

# Failure to rescue

- An inability of the care team to save a hospitalized patient whose condition has deteriorated
- Patient survival is dependent on a multidisciplinary team effort including:
  - Nursing surveillance
  - Nurses' abilities to rapidly mobilize resources to “bring back” patients who run into problems
- The quality of surveillance and “rescue” depends on:
  - Staffing levels and the match between staffing and patient needs
  - Practice environments

How might this work?

# Surveillance in Practice



Abnormal  
assessment  
findings needing  
action

Establish  
immediate  
priorities

Immediate  
actions

Inform  
other  
clinicians

Collaborative  
actions

Problem  
resolved?

Reestablish  
surveillance  
with new data

No

Yes

## Intervention Phase

# Summary List of Necessary Elements for Rescues ... For Clinicians and Managers ...

- Staff competencies (surveillance, management of emergencies)
- Staffing levels (to permit surveillance, capacity to titrate surveillance up and intervene appropriately)
- Policies and procedures for surveillance and rescue
- Physical layout of patient care areas
- Staff experience
- Aspects of the handling of “off-service” patients
- Communication issues
- Culture of practice related to monitoring and safety
- Rescue resources (e.g. personnel/equipment—RRS)

# The Upshots

- “Single bullet” solutions unlikely to solve problem of late detection/ineffective response to clinical deterioration
  - Multipronged
- Program planning and evaluation of RRS/MET approaches need to incorporate elements related to organizational context of care