

# Tracking failure to rescue in the future hospital

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## Aims

We describe the development of a scoring tool, based around the main 'failure to rescue' modes [1, 2], that can be used to identify and track the quality of care given to patients with acute clinical deterioration on the ward.

## Methods

Between February and May 2014, the notes of all patients admitted from the ward to ITU, as an unplanned admission (UPA), were reviewed by the critical care outreach nurses. A pragmatic assessment of the patient's care leading up to their acute deterioration was made using a scoring tool. Scores were assigned based on response to questions in four areas.

1. **Failure to record:**
  - > Were observations taken and recorded appropriately?
2. **Failure to recognise:**
  - > Was the deterioration recognised promptly?
  - > What grades of ward doctors were involved in the patient's care?
3. **Failure to escalate:**
  - > Were escalation policies followed?
  - > Was there evidence of escalation block?
4. **Failure to manage:**
  - > Were suitable investigations and treatments done?

## Results

The notes of 180 patients were analysed. The average scores in each failure mode were converted to a percentage to allow comparison between the four groups.

## Conclusions

The results show that failure to recognise is consistently the highest-scoring failure mode in this group of acutely deteriorating patients. This provides real-life intelligence of how the hospital is operating and the potential for quality improvement initiatives targeting the hospital's weaker areas. With ongoing use of the scoring tool over time, the success of these initiatives can then be tracked whilst also monitoring for seasonal patterns or new evolving areas of concern. The tool could be adapted for use in other hospitals too, enabling a personalised understanding of a hospital's quality of care in these key areas.

## Conflict of interest statement

No conflict of interest. ■

**Table 1. Average scores for each failure mode.**

Score	February 2014	March 2014	April 2014	May 2014	Overall
1	11.5 %	9.9 %	11.0 %	6.0 %	9.6 %
2	18.3 %	17.8 %	14.0 %	14.0 %	16.0 %
3	8.4 %	10.8 %	7.0 %	7.0 %	8.3 %
4	14.3 %	15.4 %	15.0 %	9.0 %	13.4 %
Total, n	31	52	55	38	180

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