

**Above PAR Care: Implementation of a Failure to Rescue Strategy**  
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**Problem**

Nurses assess and collect physiological parameters on patients throughout their shifts. Integrating this data into a cohesive clinical picture of the patient is an elusive skill. Recognizing and responding to a patient's deterioration that may lead to adverse event can be intimidating, both for the new and experienced nurse. Can a structured approach to recognition and response preemptively prevent adverse events?

**Evidence**

Failure to rescue is considered a nurse-sensitive indicator and a reflection of the quality of nursing care. The ability to recognize the unexpected and act to prevent an adverse event influences mortality rates. Mortality rates are a reflection of the quality of care and patient outcomes.

**Strategy**

Utilizing data already being collected: vital signs, level of consciousness, and urine output; a numerical rating called a PAR Score (Patients At Risk) rated the level of patient stability. Specific scores mandated an evaluation and possible escalation of patient care pathway.

**Practice Change**

PAR score intervention was added to all care plans. PAR report was run every 4 hours and reviewed by the charge nurse. Consultations occurred between the primary nurse and charge nurse for those patients scoring over a "4", with a mandated escalation of care pathway for continued deterioration.

**Evaluation**

The mandated practice change prevented all adverse events in the pilot unit during the 6 week pilot study.

**Results**

Early recognition of patient deterioration prevented all adverse events during the 6 week pilot study. During the pilot, no Rapid Response or Code Blues were called on the 29 bed post-critical care step down unit.

**Recommendations**

A study on a medical surgical unit is needed to delineate any difference between post-critical care units and medical surgical units regarding the use of PAR score / response.

**Lessons Learned**

Utilization of collected data into a PAR scoring system provided a structured evaluation and approach to identification of patient deterioration.

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