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.
**Bibliography**


