Appendix I: Failure to Rescue Top Ten Checklist

Failure to Rescue Top Ten Checklist

| TOP TEN EVIDENCE BASED INTERVENTIONS | | | | |
|--|-------------|-------------|---------------|-------------------------------------|
| PROCESS CHANGE | IN PLACE | NOT DONE | WILL ADOPT | NOTES (RESPONSIBLE AND BY WHEN?) |
| Develop a simple system for activating the Rapid Response Team (RRT) or Medical Emergency Team (MET) that is easily accessible for all staff, patients and families. | | | | |
| To identify at-risk patients, use objective assessment criteria based on physiologic changes in patient status, e.g. the Modified Early Warning System (MEWS). | | | | |
| Establish an RRT or MET which includes clinical personnel with the skills to be able to (a) provide initial diagnoses; (b) undertake initial therapeutic interventions, (c) make transfer decisions, and (d) consult and collaborate with other care providers as appropriate. | | | | |
| Develop and implement a process to inform staff, patients, and families of simple and accessible ways to activate the RRT or MET. | | | | |
| Utilize electronic medical record features to flag changes in vital signs that may signal impending deterioration of a patient's condition. | | | | |
| Use standardized tools to document RRT or MET assessments and treatment recommendations. | | | | |
| Establish and implement standardized language to describe changes in patient conditions. | | | | |
| Use a standardized method of communicating changes in a patient's condition to the RRT or MET, e.g. SBAR ("Situation, Background, Assessment, Recommendation".) | | | | |
| Establish and ensure that the RRT or MET has all needed equipment and supplies readily available. | | | | |
| Establish proactive rounding by the RRT or MET on all patients discharged from ICU within the last 24 hours to assess condition. | | | | |