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.	☐	☐	☐	

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