



Avoiding Failure to Rescue Situations: A Simulation Exercise for Oncology Nurses

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This project aimed to improve RNs' recognition of and appropriate responses to failure to rescue situations on a surgical oncology unit. Simulation exercises played a key role in identifying areas of strength, opportunities for improvement, and development of a personalized education plan. In addition, the exercises improved RNs' clinical confidence.

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The National Quality Forum (2012) selected failure to rescue (FTR) as a core measure for evaluating nursing care in acute care hospitals. The Agency for Healthcare Research and Quality (2010) defines FTR as factors that lead to health deterioration or death, such as an underlying disease, complication of medical care, and response to an acute situation. That definition of FTR goes beyond medical conditions to include the evaluation of how healthcare providers react to the emergency.

Often, nurses are the first contact in detecting and managing FTR and are positioned to intervene (Friese & Aiken, 2008). FTR risk factors most often are associated with postsurgical patients' high-acuity illness and nurse staffing (Friese, Earle, Silber, & Aiken, 2010; Kutney-Lee & Aiken, 2008). Implications of FTR have a critical bearing on the quality indicators of hospitals and healthcare professionals. This article illustrates issues associated with FTR, the need for acute care education of oncology nurses, and a description of a nursing simulation

exercise program personalized to a surgical oncology unit.

Failure to Rescue

Nurse staffing and job satisfaction affect hospital-related mortality (Kane, Shamliyan, Mueller, Duval, & Wilt, 2007; Sasichay-Akkadechanunt, Scalzi, & Jawad, 2003). A low patient-to-nurse ratio improves patient outcomes, job satisfaction, and quality of care (Aiken, Clarke, & Sloane, 2002; Aiken et al., 2011). Ratios of 3.5 patients to one nurse and the addition of one nursing full-time equivalent per patient on surgical units are associated with a significant reduction in patient mortality (Donaldson et al., 2005). Each additional patient assigned to a nurse is associated with a 7% increase in the likelihood of dying within 30 days of hospital admission and a 7% increase in FTR (Aiken, Clarke, Sloane, Sochalski, & Silber, 2002).

Inpatient mortality is reduced by 5% at hospitals that predominately employ nurses who have a bachelor's of science

in nursing rather than nurses who have earned a two-year associate degree in science (Aiken, Clarke, Cheung, Sloane, & Silber, 2003). Specialty nurse certification also is associated with better patient outcomes, such as reduced mortality and FTR occurrences (Kendall-Gallagher, Aiken, Sloane, & Cimiotti, 2011). The positive effect of hiring bachelor's-prepared nurses has been observed at all types of hospitals (Aiken et al., 2011); however, only 34% of RNs have a bachelor's of science in nursing (U.S. Department of Health and Human Services, 2010).

Simulation Exercise for Hospital-Based Nurses

Simulation in nursing staff education helps improve self-confidence, clinical judgment, and problem-solving abilities (Classen, 2010; Ellis et al., 2008). Simulation also offers opportunities for unlimited practice of rare and critical events in a safe and controlled environment without risk to patients (Decker, Sportsman, Puetz, & Billings, 2008; Friese & Aiken, 2008). High-fidelity simulation using scenarios of various health problems and complications tends to foster team collaboration and communication (Johnson, Zerwic, & Theis, 1999; Lasater, 2007). Recommendations from the 2009 Institute of Medicine Forum on the Future of Nursing encouraged healthcare providers to focus on interdisciplinary teamwork and establish training programs that incorporate simulation in patient safety (Nagle, McHale, Alexander, & French, 2009). Simulation training in the hospital leads to improved patient outcomes and a reduction in errors as it strengthens cohesiveness and communication among the entire team (Granger, Hebb, Lavalley, & Murray, 2011).