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.

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, & Billings, 2008; Friese & 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, Shamliani, 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).