Addressing Challenges in Failure to Escalate

Northeast Georgia Health System

Hypothesis

There is a relationship between perceived and actual barriers in escalating patient's change in condition resulting in failure to rescue incidents.

Significance & Background

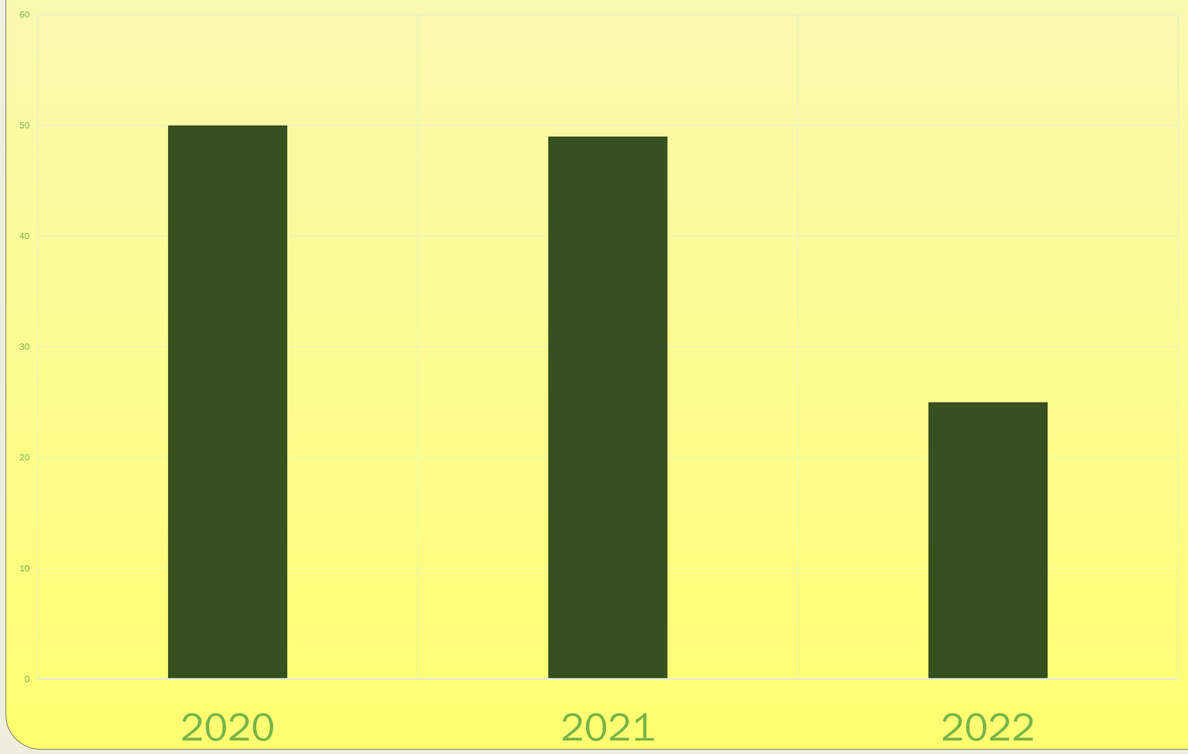
Our organization leadership recognized an increase in our 2021 serious safety event rate pertaining to failing to escalate. These serious safety events spanned all four acute care campuses. We define failure to escalate as a delay in recognizing and/or fully escalating and or responding to a patient's decline/change in condition. We acknowledge that we are not alone as there is a national concern for increased rates of escalation failure.

Method

A diverse workgroup including providers and front-life staff was formed with the sole intention of investigating barriers staff may experience in escalation. The workgroup deployed an organization wide survey seeking information from front line staff on the barriers experienced when escalating a concern. While continuing to gather and review baseline data, this workgroup decided to highlight the positive situations when staff fully escalate concerns. The Speak Up for Safety award recognizes individuals who escalate concerns regarding patient decline or change in condition. In addition, a safety advocate role was piloted to encourage staff to speak up. A visual escalation cue; a megaphone was added to the unit huddle boards as well. A "Don't Wait, Escalate" campaign was created to emphasize opportunities for escalation by calling a rapid response.

Discussion

Since the initiation of the failure to escalate workgroup and pilot programs, we identified a decrease in serious safety events with a component of failure to escalate by **49%** by the end of 2022.



Results

The survey identified common themes; fear of retaliation, validity of concern and push back from staff. Ninety-six percent were aware of the process to escalate a concern, with 26% feeling intimidation by others in response to escalation. Over 21% felt uncertainty in escalating a concern. Summarizing the data, human factors such as situational awareness, communication and the promotion of safety culture were shown to effect escalation of care.

References

Johnston M, Arora S, King D, Stroman L, Darzi A. Escalation of care and failure to rescue: a multicenter, multiprofessional qualitative study. Surgery. 2014 Jun;155(6):989-94. doi: 10.1016/j.surg.2014.01.016. Epub 2014 Feb 7. PMID: 24768480.

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