Background
In 2014 late rescue events on a pediatric surgical trauma burn care unit were recognized to be elevated. The rate for late rescue for the Surgical Care unit was reported as 2.19 per 1,000 patient’s days. Late rescue is defined as delivery of compressions, inotropes, invasive mechanical ventilation or BiPAP/CPAP initiated within 12 hours of transfer to a higher level of care. Late rescues are problematic in a busy pediatric surgical unit because it highlights ineffective recognition of early warning signs requiring the need to escalate care intensity. PEWS (Pediatric Early Warning Score) is an assessment tool used by nurses to recognize deterioration when caring for pediatric patients in the acute care setting. Effective use of PEWS, combined with early and appropriate escalation, avoids the occurrence of late rescues and unplanned transfers to the pediatric intensive care unit.

Objective
To reduce late rescues on the Surgical Care Unit using multiple efforts to engage nursing to increase compliance with use of the Pediatric Early Warning Score and communication process for deteriorating patients.

Methods
A multipronged approach of reeducation of PEWS and escalation, performance monitoring, real time feedback, auditing, use of performance board for engagement and transparency as well as monthly interprofessional simulation.

Results
Improved compliance using the PEWS algorithm and communication process for deteriorating patients has resulted in a steady decline in the late rescue rate. In 2015, the late rescue rate decreased to 1.73 per 1,000 patient’s days from the 2014 baseline. In 2016 the late rescue rate decreased further to 1.4 per 1,000 patients days. This demonstrated a 38% decrease in late rescues after continuous efforts through 2016.