MedStar Union Memorial Hospital

Nursing to the Rescue

Program/ Project Description: At MedStar Union Memorial Hospital (MUMH), the charge was to look at codes outside of the critical care unit and what can we do proactively to recognize and respond to the worsening symptoms before the patient is in full arrest. In October 2005 we began our journey of developing and implementing a Rapid Response Team involving the critical care nursing staff and the respiratory therapists. Prior to the initiation (2005), we had 90 codes outside the unit. As of 2012, we only had 32.

Process: After careful consideration of this project, literature was reviewed as well as conferences for developing a team. Many questions had to be answered: what caregivers would be involved in the team? What hours? How do we train everyone? How do we continue with education for everyone? The critical care nurses were chosen to be part of this team (main responder) along with respiratory therapy.

Solution: In order to make this program a success, education had to be priority. The CCU Staff and Respiratory therapists were educated though in-services, conferences, and computerized training programs as well. They were also observed during hands on training with the NP at the time. Only charge nurses responded at the beginning and it merged into a train-the-trainer approach. All nursing units, residents, physicians, and administration were educated through huddles, staff meetings, and a computerized training program. Pocket cards were also given to all hospital staff that they wear in their badge holder as a quick resource when a RRT is needed. All RRT calls are paged overhead, but only those on the team carry the pagers to limit the amount of people who may run into the room. Anytime there is a suspected stroke, hospital staff have been trained to initiate the RRT - which also became part of the “brain Attack” team.

Measurable Outcomes: As you can see, from the graph below that over the years codes outside the CCU continue decreasing and rapid response calls increasing. Over the years with increase in education, staff have become more comfortable in calling rapid response when something does not look right in their patients. They are readily available to give you the information about the patient and begin first steps (EKG, placing on monitor, oxygen, etc).
Another example of great teamwork and comfort level relates to the number of rapid response calls that do not need to be in the critical care unit. With increase in education throughout the hospital, units are better equipped to handle these patients. With any increase of call to a particular unit, the process is drilled down to the main issue. Sometimes this would call changes to policies and practices, avoiding an increased level of care if initiated appropriately (post-op
volume replacement, PCA dosing, DKA protocols, etc). Every call is reviewed for improvement and feedback relayed to those areas as appropriate.

We cannot say this has been an easy ride for all staff. At the beginning there were some territorial adjustments that needed to be made so that this remained a positive experience for all, especially the patient. Coaching on behavior occurs and follow-up as well. It is important to maintain a positive attitude during this process so as not to discourage the calls. We have sent a survey to staff to see if improvements had been made when the team comes to the floor. Results show that everyone is working together as a team

**Sustainability:** Education continues to be a priority in the safety of these patients, whether it is at the bedside during the call or on the computer. We continue to review all calls for improvement. Any patient that gets admitted to the floor and has a RRT call right away gets back to the ER director for review. All strokes go the Stroke Committee for review. Monthly logs are kept and results shared with staff and with the Code/Rapid Response Committee. (Board, Med Exec???)

**Role of Collaboration and Leadership:** The nursing staff of the Critical Care Unit was challenged by leadership to take on implementing a Rapid Response Team. Collaborating with all stakeholders: Critical Care Staff, Respiratory Therapy, Critical Care Intensivists, Nurse Executive Team, Senior Leadership Team, Medical Executive Team, all nursing departments, physicians, radiology and laboratory staff, and more assisted the staff on understanding the importance this role will take for patient safety. Staff were overwhelmed at first, but with more education and increased competency level, they are more confident in responding.

**Innovation:** One of the unique attributes to our team is that it is nurse-driven. Nurses have gained more confidence when arriving to a call and ability to place the patients in the appropriate level of care. They collaborate with the attending physicians to discuss the issue and make treatment decision. The team also provides feedback to the staff making the call, maintaining a positive working relationship with them. We have made the RRT the first responders to all of our in-house strokes for continuity of care as well.

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