Enhancing the Rapid Response System

Upper Chesapeake Health
Upper Chesapeake Health

- **Upper Chesapeake Medical Center – Bel Air; 194 beds; 21 ICU beds**

- **Harford Memorial Hospital – Havre de Grace; 100 beds; 6 ICU beds**
Journey to Development of the RRT

An outgrowth of the IHI 100,000 Lives Campaign and the MPSC ICU Patient Safety Collaborative

Multidisciplinary team – first meeting July 2005

Participants: Senior Leadership; Intensivists; Directors of ICUs & Respiratory Therapy; Clinical Pharmacist; ICU Education Specialists; Clinicians in ICU, MS & RT; Performance Improvement representative
Six Months of Challenges

Goal: consistent process at both hospitals without an increase in staffing

- Concerns by the Nurses – ICU & MS
- Concerns by the Intensivist
- Stonewalling/Filibustering
- Ground Hog Day
Progress – January, 2006

- Executive Directive: To be implemented without additional FTEs
- Planning committee membership changed
- P&P with algorithms developed
- Forms developed
- Order set developed/preapproved protocols
- All committee approvals received by end of April, 2006 (NPC, MEC, P&T)
Composition of the RRT

- ICU Charge Nurse
- Respiratory Therapist
- Primary Nurse
- Intensivist as requested by ICU Nurse following assessment

Team is notified via overhead page and by beeper
Implementation

- Piloted May 1, 2006 – one unit at each hospital
- Hospital-wide (both facilities) July 10, 2006
- Responds to in-patients at any location within the hospital, including ED Boarders, and to IPs and OPs in the PACU
Not Statistically Significant  \( p = 0.07 \)  
(as of December 2008)
RRT
Patient and Family Initiated RRT

- July 2007 – agenda item
- Concerns:
  - **ICU nurses** – could not respond to the large # of calls they anticipated
  - **MS Nurses** – embarrassing; would cause others to question their competency
  - **Physicians**: potential for too many calls for reasons other than change in condition; no concerns at MEC
Pt/Fm *should* contact the charge nurse.

Charge nurse *should* decide to call RRT

Should the process be called something else? Condition Help?

Should the pt/fm use the same emergency extension as staff?

Should public fliers be posted?
Progress

- Strong Leadership support
- Formed a subgroup to develop the process
- Approval requested from Steering Committee, NPC, MEC
Required revisions to policy and an additional algorithm
Required minor form revisions
No order set changes needed
Overhead page and beeper notification
Education of all team members
Implemented November 17, 2008
When to Call

- In a medical emergency situation when unable to get the attention of the nurse
- For a sudden worsening in the patient’s condition when the healthcare team is not present or is not responding to the concern
- Breakdown in communication and/or confusion over what needs to be done to treat the patient’s medical condition
Process

- Ext. 3339 from any hospital phone. Nurse MUST call RRT if requested to do so
- Operator pages RRT
- Charge and primary nurses go to bedside and assess situation
- Same RRT responders
- Service concerns are handled per routine procedure (Guest Services for service recovery if needed)
Education is Key to Success

- Patients and Family members are informed during admission process
- Info included in Care Plan Folder, daily care plan, and TV Guide
- Sticker with ext. number on the phone
- Fliers displayed in public areas
- Satisfaction survey done with patient or family member
<table>
<thead>
<tr>
<th>Date</th>
<th>Age</th>
<th>Reason</th>
<th>Pt/Fm</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/22/09</td>
<td>35</td>
<td>SP hernia repair; heard a “pop”</td>
<td>Patient</td>
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<tr>
<td>1/31/09</td>
<td>95</td>
<td>Pt in severe pain; restless; needed better pain management</td>
<td>Family</td>
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</tbody>
</table>
# Calls at UCMC

<table>
<thead>
<tr>
<th>Date</th>
<th>Age</th>
<th>Reason</th>
<th>Pt/Fm</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/10/08</td>
<td>46</td>
<td>Chest pain</td>
<td>Patient</td>
</tr>
<tr>
<td>1/5/09</td>
<td>86</td>
<td>Facial droop; slurred speech</td>
<td>Family</td>
</tr>
<tr>
<td>2/2/09</td>
<td>57</td>
<td>Wanted his belongings</td>
<td>Patient</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Mental retardation; bipolar disorder</td>
</tr>
</tbody>
</table>
Also Collecting Data On

- Treatment provided
- Transfer as a result of RRT
- Transfer Location
- Satisfaction Survey
  > Your nurse’s response to voiced concern
  > RRT’s response to your concerns
  > Overall satisfaction with our response system
  > How did you learn about the RRT?
  > Is there anything we could have done better?
Next Steps

- Conduct routine audits to assess patient/family knowledge of the availability of the RRT and how to request it
- Pediatric RRT at UCMC March 30th
Questions?