Initiating a Rapid Response Team

How did we do that?
Implementation Team Members

- Multidisciplinary Team
  - Nursing
  - Quality Management
  - Respiratory
  - Communications
  - Physicians
  - Pharmacy
Starting Out

- October 2005
  - Initial meetings
  - Development of Action Plan
  - Determination of Measures of Success
  - Development of Team Characteristics
  - Determination of Support Measures
Preplanning

• Action Plan
  - Development of processes

• FMEA
  - Determination of process failures prior to implementation

• PDSA
  - Maintenance of rapid cycle change
<table>
<thead>
<tr>
<th>ITEM</th>
<th>ACTION</th>
<th>DUE DATE</th>
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<tbody>
<tr>
<td>Presentation</td>
<td>1. Introduction of Plan to Resource staff</td>
<td>11/14/05</td>
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<tr>
<td></td>
<td>2. Introduction of Plan to Critical Care staff</td>
<td>By Dec staff mtg</td>
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<td>3. Introduction of Plan to PCU staff</td>
<td>11/28</td>
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<td>4. Presentation of action plan to monthly peer to peer MD meeting</td>
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<td>Education</td>
<td>1. Develop scenarios for Resource staff</td>
<td>11/14/05</td>
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<td>2. Develop scenarios for PCU staff</td>
<td>12/5/05</td>
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<td>3. Train Resource staff</td>
<td>Week of 11/28</td>
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<td>4. Train PCU staff</td>
<td>12/5-12/23</td>
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<td>5. Training of Resp. staff</td>
<td>By 12/23</td>
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<td>Data collection</td>
<td>Development of data collection tool</td>
<td>11/28</td>
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<td>Data collection at time of RRT calls</td>
<td>ongoing</td>
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<tr>
<td>Meet and Greet with</td>
<td>Meeting of staff involved with RRT</td>
<td>Set up 12/20</td>
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<td>RNs and MDs</td>
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<td>Pre-Pilot</td>
<td>Gear Up Week!</td>
<td>Week of 1/2/06</td>
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<td>Pilot</td>
<td>Unit-PCU from 1/9/05 to 3/31/05</td>
<td>1/9/06</td>
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</table>
Key Elements

• Communication
  – Staff
  – Ancillary Departments
  – Physicians
  – Hospital Management
  – Senior Management

• GET THE WORD OUT THERE!!!!!!
Key Elements

- Education
  - Critical Care Staff
  - Respiratory Therapists
  - Hospitalists
  - Pilot Unit
  - Senior Management
  - Physicians
Delineation of Roles

• Physician
  – Assessment
  – Provision of orders
  – Decide patient disposition

• Critical Care RN
  – Perform physical assessment of patient and provide advanced practice nursing care
  – Assist in treatment and stabilization of patient

• Respiratory Care
  – Provide respiratory assessment and treatments
  – Support airway up to and including intubation

Team Attributes:
  – Demonstrated competency in advanced care practice
  – Able to communicate effectively with other team members
  – Mentoring
  – Supportive
Key Elements

• Data Collection
  - Recognition of core measures
  - Development of additional measures
  - Development of Event Record
  - Development of Surveys

• Data Assessment
  Evaluation of RRT calls
  Evaluation of codes
Implementation

• Pilot Unit-PCU
• Pilot Education-November-December ’05
• Pilot-January-February ’06
• Data collection-outcomes to be measured and reported to staff on continuous basis
• Revisions utilizing Rapid cycle change
Helping Hands

• Delmarva collaborative
  - March 2006 - December 2006
  - Learning sessions
  - Listserves
  - Networking
  - Implementation of frequent team meetings
Feedback

• **Surveys**
  - Given to RRT RN and Staff RN at time of event
  - Respiratory Survey done randomly
  - “RRT is a very helpful tool that benefits pt. care.”
  - “The RRT is a wonderful resource to count on!”
  - “It was good to know support was promptly available! Pt received immediate attention! It was great service to have available.”

• **Recognition**
  - Saving Lives Report - # calls/unit
  - “Thank You for Helping Us to save ____ lives this month by calling RRT”
  - Implementation of “Essential Piece”

• **Recruitment**
  - Managers informing new candidates of program
Recent Data/Comparison
February 2008

- NUMBER OF CALLS 39
- AVERAGE RESPONSE TIME/ MINUTES 3.1
- AVERAGE LENGTH OF CALL/ MINUTES 29.4
- PRIMARY MD NOTIFIED 85%
- DISPOSITION OF PATIENT
  • TRANSFER TO HIGHER LEVEL OF CARE 59%
  • STAYED IN ROOM 41%
<table>
<thead>
<tr>
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<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>YTD 2008</th>
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<td>RRT Calls</td>
<td>N/ A</td>
<td>159</td>
<td>274</td>
<td>71</td>
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<tr>
<td>Codes Outside of Critical Care</td>
<td>43</td>
<td>27</td>
<td>36</td>
<td>6</td>
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RRT Calls and Codes Outside of Critical Care – October 2006 – February 2008

RRT Calls and Codes Outside of Critical Care

Number of Calls

- October 2006: 14
- November 2006: 16
- December 2006: 18
- January 2007: 14
- February 2007: 16
- March 2007: 23
- April 2007: 27
- May 2007: 30
- June 2007: 24
- July 2007: 24
- August 2007: 30
- September 2007: 32
- October 2007: 32
- November 2007: 39

Codes Outside of Critical Care

- October 2006: 4
- November 2006: 3
- December 2006: 2
- January 2007: 3
- February 2007: 3
- March 2007: 2
- April 2007: 3
- May 2007: 6
- June 2007: 0
- July 2007: 0
- August 2007: 3
- September 2007: 0
- October 2007: 0
- November 2007: 3
- December 2007: 2
- January 2008: 4
- February 2008: 4
Challenges

• Current staffing.
• Consistent utilization of appropriate beds/units
Who you gonna call!

Rapid Response Team
The Code Busters

If one of your patients needs immediate attention, call the Rapid Response Team.
When changes in a patient’s condition indicate a life-threatening problem, call the Rapid Response Team.
When you call 8122, a team consisting of a critical care nurse, respiratory therapist, and a hospitalist will be dispatched to the patient’s room.

The Rapid Response Team is on call 24 hours, 7 days a week.

Make the call! Dial 8122
•Currently

Rapid Response Team

We Are Here To Help

When you’re visiting a family member or friend in the hospital, your first concerns are the same as ours: the care and safety of your loved one.

That’s why we ask that you call a nurse right away if you are concerned about a change in the patient’s condition. After calling the nurse, if you feel that the response is not fast enough, we encourage you to call our Rapid Response Team.

The Rapid Response Team is on call 24 hours, 7 days a week.

Make the call! Dial 8122
THANK YOU

Hope you're having a relaxing day!