Rapid Response System
Washington County Hospital
RAPID RESPONSE SYSTEM

WHAT IS A Rapid Response Team?

A TEAM SUMMONED AT ANY TIME BY ANYONE IN THE HOSPITAL TO ASSIST IN THE CARE OF A PATIENT WHO IS CRITICALLY ILL BEFORE A CODE OR ADVERSE EVENT OCCURS.
RAPID RESPONSE SYSTEM

Team Members

Critical Care Nurse
Respiratory Therapist
Physician

ROLE OF TEAM:

To assess, stabilize, assist with communication, educate and support, and assist with transport if necessary.
RAPID RESPONSE SYSTEM

- Delmarva collaborative
  - Multiple hospitals from numerous states
  - March 2006 – December 2006
  - Learning sessions
  - Listserves
  - Networking
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WHAT HAVE WE SEEN AT WCH

Jan 2006 – July 2006

- Reduction of Non-ICU arrests:
  - Total Codes YTD = 14
  - No codes for March, April, May ’06 on Med/Surg units
  - No codes for May, June, July ’06 for PCU
  - Survival to Discharge – 60%
- Decrease in Codes outside Critical Care
  - 33%
- PMD notified of RRT call 98%
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Inpatient Codes Outside of ICU
Yearly Comparison

2005
2006
SUMMARY OF CALLS

- RRT CALLS
  - March – July ’06  80 calls
  - Disposition of Patients
    - 74 Patients (3 pts/2 calls)
    - 3 Patients still in-house
    - 81% survived to Discharge
    - 19% expired while hospitalized
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Utilization of the Rapid Response Team (Number of Calls)

Monthly Rate

- goal
- collaborative
- hospital

---|---|---|---|---|---|---
0 | 2 | 12 | 21 | 26 | 24 | 22
2 | 6 | 14 | 18 | 20 | 16 | 12
4 | 8 | 16 | 22 | 24 | 18 | 14
6 | 10 | 18 | 23 | 25 | 20 | 16
8 | 12 | 20 | 26 | 28 | 22 | 18
10 | 14 | 22 | 27 | 29 | 24 | 20
12 | 16 | 24 | 29 | 30 | 25 | 21
14 | 18 | 26 | 30 | 31 | 26 | 22
16 | 20 | 28 | 31 | 32 | 27 | 23
18 | 22 | 30 | 32 | 33 | 28 | 24
20 | 24 | 32 | 33 | 34 | 29 | 25
22 | 26 | 34 | 34 | 35 | 30 | 26
24 | 28 | 36 | 35 | 36 | 31 | 27
26 | 30 | 38 | 36 | 37 | 32 | 28

RAPID RESPONSE SYSTEM

Codes Per 1000 Discharges
2006

<table>
<thead>
<tr>
<th>Month</th>
<th>Collaborative</th>
<th>WCHA</th>
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<tbody>
<tr>
<td>Jan</td>
<td>7.00</td>
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<tr>
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<td>May</td>
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<td>3.00</td>
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<tr>
<td>Jun</td>
<td>3.00</td>
<td>2.00</td>
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</table>
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Acute Care Inpatient Mortality Rate
2006

- Collaborative
- WCHA

Graph showing the Acute Care Inpatient Mortality Rate for 2006, with data points for each month from January to June.
Provide Feedback

Changes Implemented:

- Addressed issue of designated RT.
- Clarification of data collection.
- Addition of nursing to staff to collaborative team.
- Increased education to MedSurg Staff.
- Feedback from critical care, respiratory and floor staff.
- Evaluation of FTE’s in critical care.
- Initiation of SBAR.

PDSA cycles in process:

- Assess needs based on unit/individual feedback.
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- Surveys
  - Given to RRT RN and Staff RN at time of event
  - Respiratory Survey done randomly

- Recognition
  - Saving Lives Report - # calls/unit
  - “Thank You for Helping Us to save _____ lives this month by calling RRT”.

- Recruitment
  - Managers informing new candidates of program
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Survey results

- From Nurses:
  - I felt that it was very helpful to have the RRT. I felt like the patient & family were satisfied also to see how quickly everyone responded.
  - They were great! Thanks! Thanks! Thanks! Thanks! I was very apprehensive about this patient, and they really took the pressure away.
  - This is a helpful service. I had placed call to PMD prior to calling RRT. PMD on call did not call back until approx hour later, by then patient already settled in CC3 with appropriate care being delivered.
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Respiratory Survey

- Do Hospitalist Respond to Patient Needs?
- Do Hospitalist Respond to the Nurse or RT Suggestions?
- Do you feel the patient outcome has improved?
- Would RT Staff feel comfortable calling an RRT?
RESPIRATORY SURVEY

- Respiratory Care – RRT Survey Results
- Percentage of Respiratory Therapist who understand the RRT Concept – 80%.
- Percentage of Respiratory Therapist who felt this was an important patient safety initiative – 92%.
- Average response time to an RRT call, by the Respiratory Therapist – 95% responded within 1-5 minutes, 5% responded between 6-10 minutes.

- Suggestions for Improvement
  - Conduct inservices for staff, giving criteria for when to call the Rapid Response Team.

- Negative Experiences
  - How are RT’s to handle multiple STAT requests.
  - How are RT’s to handle multiple RRT calls, with insufficient staff to cover.
  - Too many staff in the patient room during the RRT calls.
  - Physician gave no direction, and left the patients room.
Spread Plan

Spread Target

- Maintain 0 codes outside of Critical Care.
- Take SBAR beyond RRT utilization to change culture of communication in organization.

Spread Strategies Planned

- Protocol driven care for RRT Events.
- SBAR documentation/education
Provide Education and Training

SBAR

- **What is it?**
  
  Consistent form of communication that enables the caregiver to provide clear concise information about the patient.

- **When to use it?**
  
  - During RRT
  - When giving report to next caregiver
  - When calling Physician
## Delmarva Collaborative

### Team Members

<table>
<thead>
<tr>
<th>Name</th>
<th>Organizational Role</th>
<th>Team Role</th>
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<tbody>
<tr>
<td>Denise Ringley/Becky</td>
<td>RN</td>
<td>Critical Care RN</td>
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<tr>
<td>McNabb</td>
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<tr>
<td>Rick Pietrolungo</td>
<td>Respiratory Therapist</td>
<td>RT</td>
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<tr>
<td>Pam Harbaugh</td>
<td>RN</td>
<td>Med/Surg RN</td>
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<tr>
<td>Mark Baran</td>
<td>Hospitalist</td>
<td>Physician</td>
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<tr>
<td>Julie Blackburn</td>
<td>Clinical Manager</td>
<td>Clinical Manager</td>
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<tr>
<td>Debbie Malick</td>
<td>Administrative Director</td>
<td>Director</td>
</tr>
<tr>
<td>Mary Towe</td>
<td>VP-CNO</td>
<td>Executive Sponsor</td>
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