Maimonides Medical Center

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Beyond Rapid Response: Preventing failure in a large tertiary hospital in New York City

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ABSTRACT

Purpose:

To describe the Rapid Response System at Maimonides Medical Center, a 705 bed tertiary hospital in Brooklyn, NY. The Rapid Response System was designed to be proactive and to enhance a culture of safety.

Significance:

Rapid Response Teams were designed to rescue patients from potential life threatening events. At Maimonides, The RRT consists of a Hospitalist, Respiratory Therapist and a designated RN which allows for a broader range of early patient detection and unique educational opportunities for staff.

Strategy and Implementation:

In 2007, The Rapid Response Team was designed at Maimonides Medical Center with a designated critical care nurse, without patient assignment, available to perform patient surveillance through organized rounding, frequent vital sign checks, monitoring of non-ICU patients on vasoactive drips, assessment of all non-ICU patients with artificial airways and staff formal and informal education. This innovative design allows the nurse to be a consistent and active clinical leader providing advocacy and mentorship to other nurses and physicians. The RRT nurse attends all non-ICU codes and serves as an educator for all physician members of the code team and nursing staff to ensure ACLS protocols are implemented.

Evaluation:

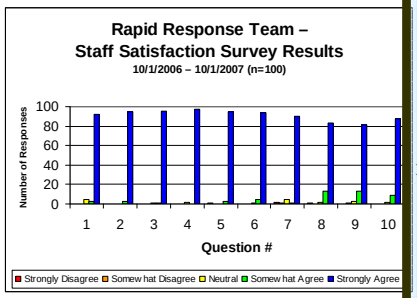
Outcomes since implementation include a 14.2% decrease in inpatient mortality rate,30.4% decrease in rate of codes outside ICUs per 1000 discharges. An increase in adherence to Standards of Nursing Care, Improvement in RN and MD satisfaction in all indicators of the RRT Staff Satisfaction Survey.

Implications for Practice:

Creative and innovative design of rapid response teams can support and enhance a culture of safety in a proactive manner, preventing failure to rescue. Having a dedicated critical care nurse on the code team has led to better code compliance and care of the patient post code.

RRT PROACTIVE NURSING ROUNDS

- Patients with high risk airways
- Non- ICU patients on vasoactive drips
- Frequent patient checks
- Newly admitted high risk patients from the ED
- RRT RN participates in every adult code outside of the ICU
- Staff education and adherence to nursing standards



Survey Questions

1. I felt comfortable activating the RRT.
2. The RRT was knowledgeable and efficient in assessing and implementing patient care needs.
3. The RRT was courteous and helpful.
4. The RRT collaborated with the rest of the interdisciplinary team.
5. The RRT responded quickly.
6. Communication was effective among team members.
7. The reason for activation was addressed without judgment or implication.
8. Post event education was informative and helpful.
9. I feel more comfortable to manage patients in crisis.
10. When the team left, I was comfortable managing the patient.

MMC Rapid Response Team

➢Consists of a critical care RN, a hospitalist and a respiratory therapist.

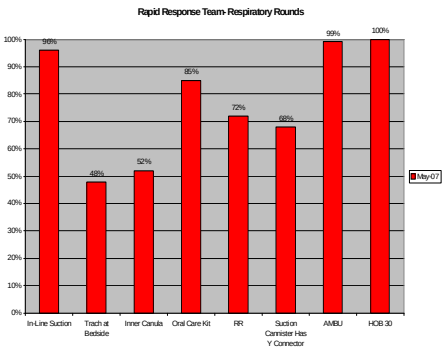
➢A certified clinical nurse specialist oversees the team.

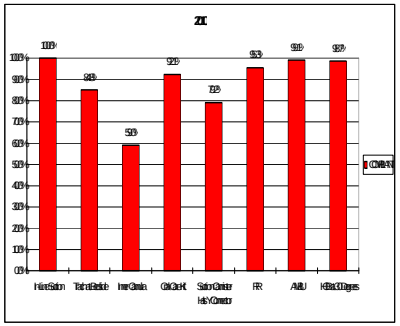
➢Piloted RRT on May 1, 2006 on a limited unit basis, slowly expanding department wide by March, 2007.

➢Expanded 24/7/365 by March 2007.

➢Our critical care nurses have at least 5 years critical care experience, are CCRN certified, and have Bachelors degrees.

Adherence to Nursing Standards





VENTILATOR SAFETY ROUNDS

•Each vented patient has a closed in-line suction set up

•Each patient with a tracheostomy has a emergency trach and inner cannula at the bedside

•Oral care kit is present and being utilized as per protocol

•Suction canisters are prepared with a "Y" connector to ensure closed system

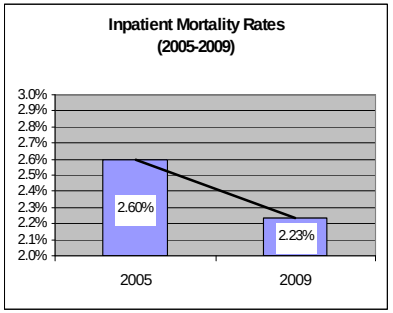
•Respiratory rates are appropriately documented on the vital signs flow sheet

•Each vented patient has an ambu bag with mask at the bedside

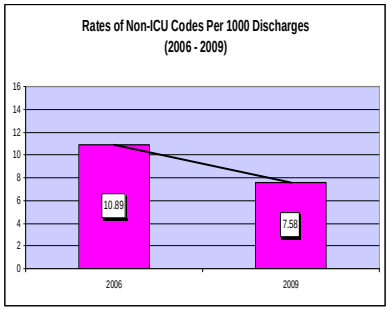
•Each vented patient's HOB is elevated 30 degrees

Rounds started in 2006. By 2010 we have seen improvement with all indicators.

RRT Outcomes



•14.2% Decrease in Mortality Rate



•30.4% Decrease in Rate of Codes Outside ICU's per 1000 Discharges

Nursing Implications

•Having a designated nurse allows for greater opportunity to identify at risk patients

•RRT nurses can serve as mentors and educators throughout the units

•An expert critical care nurse on the code team, leads to better ACLS compliance and improved outcomes