

“ If you’re concerned, so are we!”

Susan Rock, RN, BAN, Susan Henderson, RN, Sarah Pangarakis, RN, MS, CCNS, CCRN, Judy Wilson, RN, CPHQ

Purpose

To describe our extraordinary Rapid Response Team process that successfully decreased adult medical surgical cardiopulmonary arrests in a 426 bed urban not-for-profit hospital.

Success factors include:

- Dedicated critical care nurses (Flying Squad) without patient assignments
- Specifically timed post follow up assessments
- Data collection and analysis

Significance

In 2004 the Institute for Health Care Improvement urged hospitals to establish rapid response teams based on the 100,000 Lives Campaign.¹ In 2008 The Joint Commission added an additional National Patient Safety Goal “ improve recognition and response to changes in a patient’s condition.”²

Composition of rapid response teams vary depending on institutional resources and goals. Teams can consist of critical care nurses, physicians, critical care physicians, and respiratory therapists.³ This team possesses technical skills for quick patient assessment, an attitude that all calls are important, and support the staff, family member, or patient initiating the call.⁴

Evidence indicates that patients can exhibit subtle changes in their conditions as early as 6- 8 hours prior to an arrest. Rapid Response Teams are designed to intervene early in this time frame. Early interventions may prevent further deterioration of a patient’s condition potentially decreasing risk of a cardiopulmonary arrest.⁵

In 2005, Park Nicollet Methodist Hospital implemented best practice of a Rapid Evaluation Team (RET) with the intent to provide bedside support, early intervention, and outcomes of decreased medical surgical cardiopulmonary arrests.

A multidisciplinary team collaborated for a one week Rapid Process Improvement Workshop (RPIW) to develop processes, guidelines, communications, and roll out plans for RET implementation. The enthusiasm created momentum throughout the organization and the rapid evaluation team was up and running within a month.

Post implementation feedback from the bedside nurses indicated an overwhelming satisfaction of the rapid evaluation program.

Statements included:

“This was the best thing Park Nicollet has done to support the bedside nurses.”

“I feel like we are intervening quicker and preventing unplanned transfers to a higher level of care.”

“Our patients, family members, and staff feel empowered to call for additional help.”

Rapid Response Process

The Flying Squad Nurse

One unique feature of the RET is the Flying Squad nurse. Flying Squad nurses are dedicated critical care nurses without patient assignments who routinely round throughout the hospital assessing patients, responding to physician and bedside nurses needs, assisting with patient cares, and providing complex patient transportation. Flying Squad nurses are experienced critical care nurses who are proficient in Advanced Cardiovascular Life Support (ACLS) and Pediatric Advanced Life Support (PALS). The Flyers demonstrate critical thinking; have excellent assessment/diagnostic abilities, as well as effective communication skills. One valued characteristic of the Flying Squad nurse is his/her accessibility. Bedside nurses appreciate the readily available critical care nurse as they are able to collaborate in reviewing the changes in the patient conditions, receive just in time education, and feel supported in an often hectic and chaotic environment.

Follow Up Assessments and Call Record

When a RET is called, the Flying Squad responds within 3-5 minutes of the call. Upon arrival, the team obtains a brief patient history and reviews triggers or indicators of the call. A standardized RET Call Record is utilized for documentation of the patient findings, interventions, and serves as a tool for specifically timed follow up assessments.

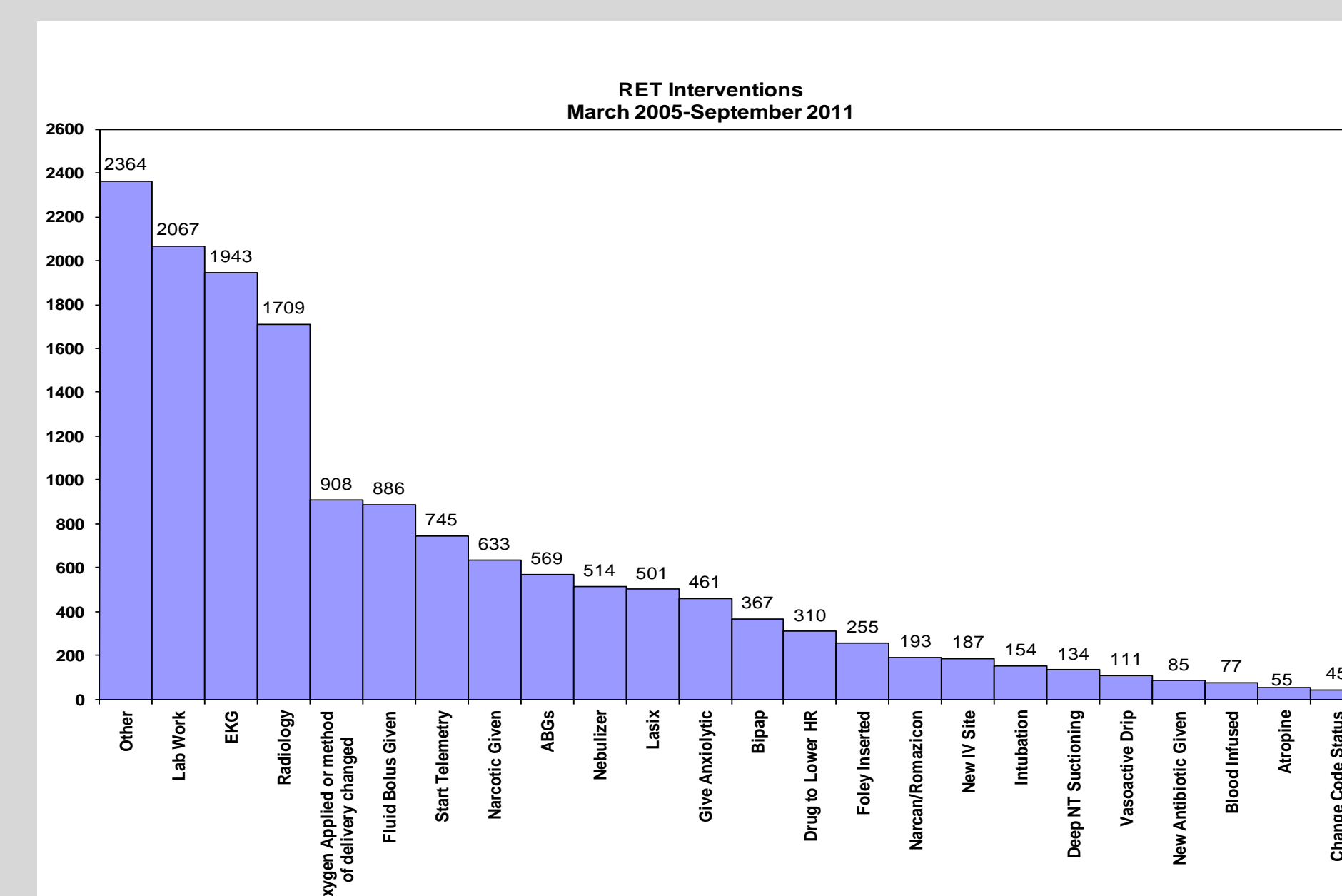
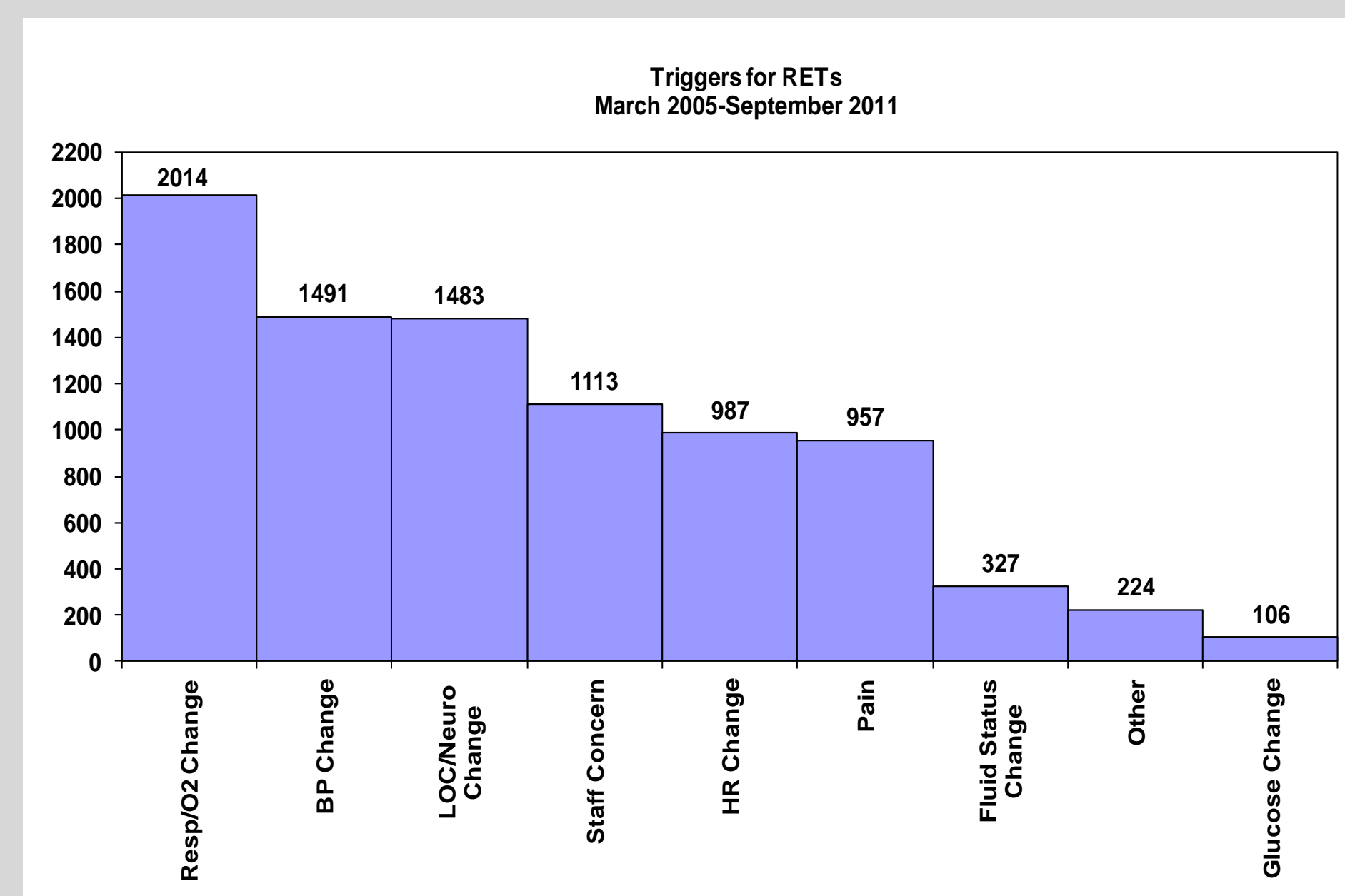
Two to four hours after the initial RET call, the Flying Squad nurse returns to the patient to perform another assessment and to follow up on the results of the diagnostic tests. At this time, the Flying Squad nurse will review the patient’s current status with the bedside nurse to discuss if the interventions were successful or if further action is required.

A third follow up assessment by the Flying Squad nurse occurs 12-15 hours post RET call. This assessment typically includes a summary of the patient’s current status and plan of care.

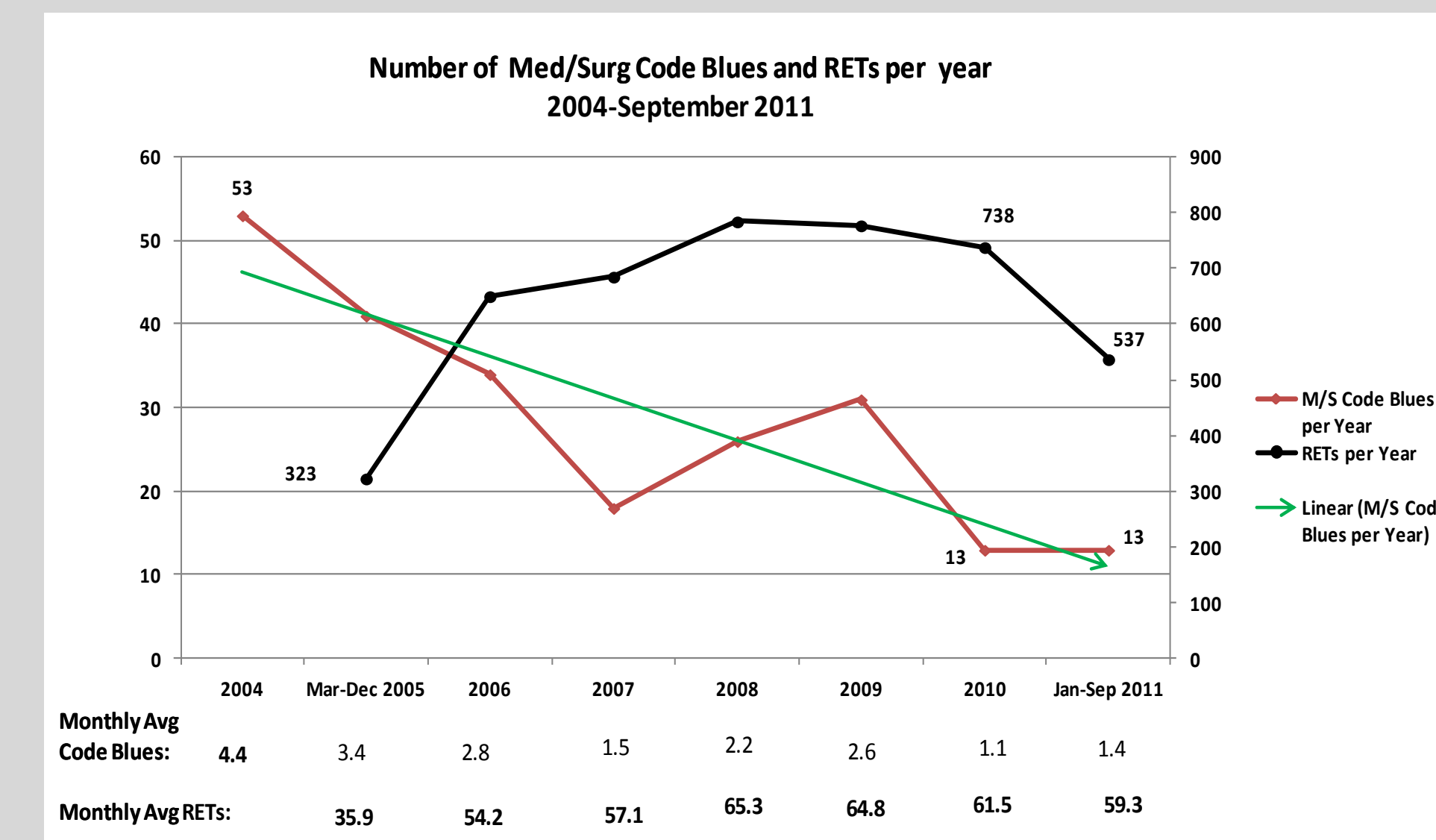
The RET Call Record is a permanent part of the patient’s chart. The Call Record is utilized for data collection and patient trending.

Data and Analysis

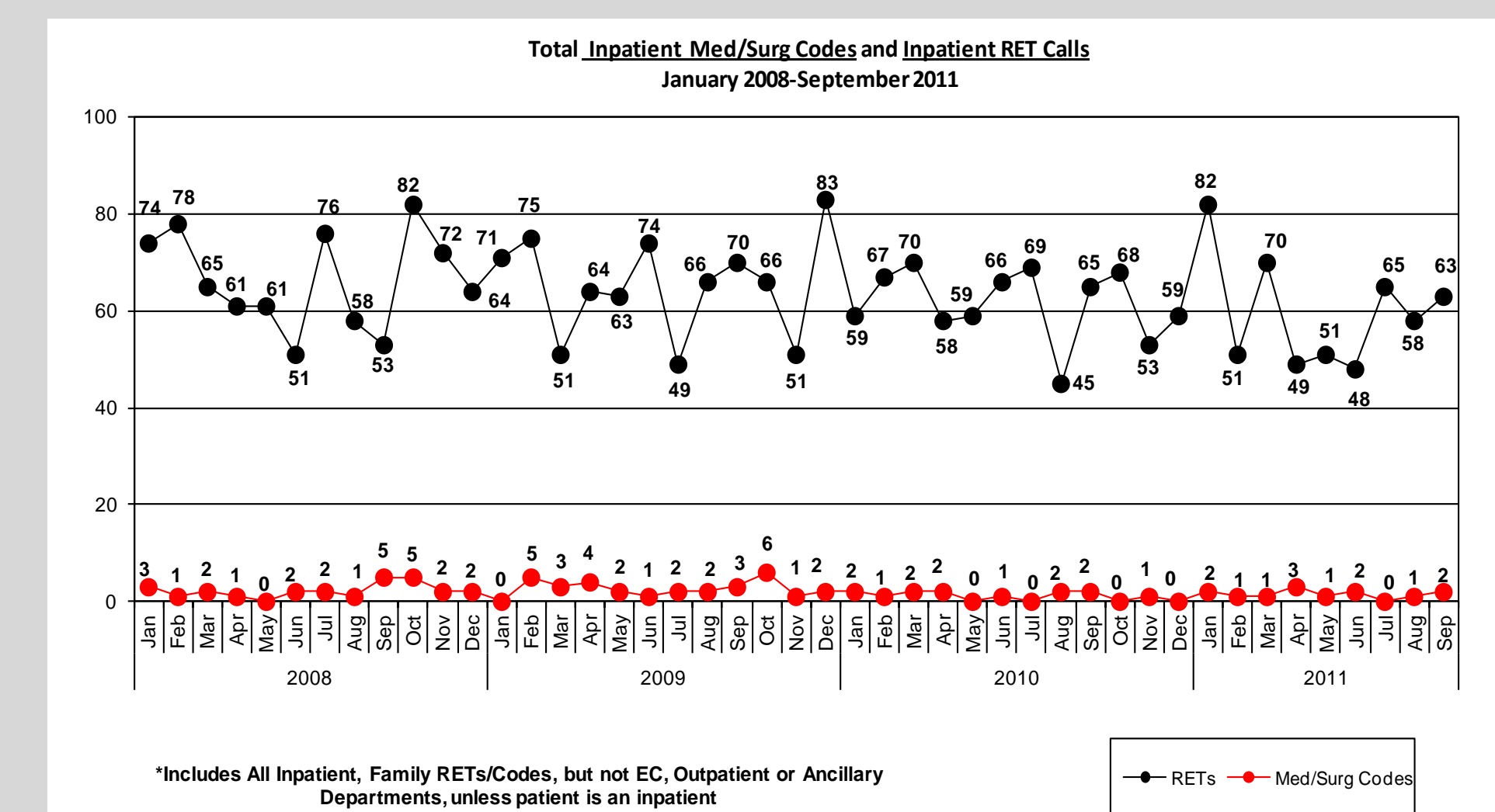
One of the lead Flying Squad nurses collects and enters the information from the RET Call record for data analysis. The most common triggers for RET calls include respiratory distress, changes in blood pressure, neurological status, heart rate, pain and staff concern. A standardized RET order set supports evidence based practice interventions. The most frequent interventions include lab work, EKG, fluid boluses, starting telemetry, oxygen administration, and/or imaging. Identifying trends from triggers and interventions allows for more in depth investigation into potential problems. A recent trend was identified on the orthopedic unit in which rigors were noted in post operative patients. A focus group was formed to identify the potential causes and preventative measures.



Evaluation



In 2004, Park Nicollet’s medical surgical cardiopulmonary arrests averaged 4.4 per month. In 2011 year to date, the average decreased to 1.4 per month, which represents a 68% decrease. RET implementation occurred March 25th 2005 and we believe largely contributed to our dramatic decrease in medical surgical cardiopulmonary arrests.



Our Code Blue Committee and Rapid Evaluation Team Committee meet monthly to review RET calls and medical surgical cardiopulmonary arrests. Over 4,500 RET calls have been responded to since March of 2005.

In 2006, Park Nicollet Health Services received the Minnesota Alliance for Patient Safety award in the category of Process/System Innovation.

References

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3. Jones, D., Devita, M., Belleo, R. (2011, July). Rapid Response Teams. The New England Journal of Medicine. 365(2),139-46.
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5. Devita, M., Braithwaite, R., Mahidhara, R., Foraida, M., Simmons, R. et al (2004). Use of medical emergency teams response to reduce hospital cardiopulmonary arrests. Quality Safety y Health Care. 13, 251-254.