PARTNERSHIP FOR PATIENTS 2.0
RAPID RESPONSE SYSTEMS FOR SMALL AND RURAL HOSPITALS

April 4, 2016
HOUSEKEEPING ITEMS

- Please enter your AUDIO PIN
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- Ask questions at any time.
- Webcast will be recorded.
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Objectives:

- Describe the benefits of a Rapid Response System in Small and Rural Hospitals
- Identify key design features and adaptations of a Rapid Response System in a smaller setting
- Identify three key strategies for development of a Rapid Response System in small and rural hospitals
The Rapid Response Team

- ...is a team of clinicians who bring critical care expertise to the bedside (or wherever it is needed)

- Goal
  - Prevent deaths in patients who are failing outside intensive care settings by implementing rapid response teams (RRTs)
What is the Role of the Team?

- Assess
- Stabilize
- Assist with communication
- Educate and support
- Assist with transfer, if necessary
Rapid Response Team Considerations

- Engage senior leadership support
- Determine the best structure for the team
- Provide education and training
- Establish criteria and mechanism for calling
- Establish structured documentation tool
- Establish feedback mechanisms
- Measure effectiveness
WHY We Can’t!

- “We don’t have 24/7 RT coverage!”
- “We don’t have enough staff to have a separate team!”
- “This just doesn’t apply to us!”
- “Physicians will not go for this!”
- “We already do this, informally!”
- “We don’t take care of critical patients!”
WHY We Should!

- People die unnecessarily every single day in our hospitals.
- Based upon the 2x2 Mortality Matrices from 49 Market Based Organizations submitted to CHI:
  - 1772 of 6900+ deaths reviewed
  - 42% may be unnecessary-ones that an RRT can impact!
- RRTs are Saving Lives!
Rapid Response System

1. Event Detection and Response triggering
2. Crisis response component
3. Process Improvement Component
4. Governance/Administrative Structure

DeVita, et al; Findings of the First Consensus Conference on Medical Emergency Teams: Critical Care Medicine June, 2006, Volume 34, No. 9 2463-2478
Team vs. System

Rapid Response Team
- Engage senior leadership support
- Determine the best structure for the team
- Provide education and training
  - Establish criteria and mechanism for calling
  - Establish structured documentation tool
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  - Measure effectiveness

Rapid Response System
- Event Detection and Response triggering
- Crisis response component
- Process Improvement Component
- Governance/Administrative Structure
EVENT DETECTION
Establish Criteria for Calling

- **Staff member is worried about the patient**
- Acute change in heart rate <40 or >130 bpm
- Acute change in systolic BP <90 mmHg
- Acute change in RR <8 or >28 per min or threatened airway
- Acute change in saturation <90% despite $O_2$
- Acute change in conscious state
- Innovative IT cues to staff
- Development of Early Warning Systems
  - Manual
  - Computerized
Criteria for Calling RRS

*Tip for small hospitals:* Broaden the criteria in order to increase the number of calls.

- Worried/concerned
- HR < 40 or > 130
- SBP < 90
- RR < 10 or > 28
- \( O_2 \) sat < 90
- Change in LOC
- New or recurring CP
- Output < 50 mL/4 hours
- Significant bleeding
- Seizures
- Failure to respond to treatment
- Agitation or delirium
- Uncontrolled pain
Teach to the Test

- Establish Criteria for Calling
- Criteria can be magical
  - Staff have permission to call, when worried
  - Teach that criteria are precursors to “death”
  - Some “Must Call” when any element is met
Event Recognition

- Early Warning System
  - Design a Process to prioritize patients at risk
  - Look at a current processes and adapt (color coded graphic sheet, IT opportunities, etc)
  - Utilize tools to alert caregivers
  - IT can alert you to trouble
Empower All Employees and Families

- Patients spend a lot of their day ‘off’ the nursing unit
- Staff who work in hospitals want to help patients
- Non-nursing staff often know something is wrong but they don’t know what to do
- Non-clinical staff want to be a part of saving lives
- Families know the patient better and often ‘raise the red flag’ – listen to them
- Family members often sense the nurse’s nervousness
- Family members appreciate that the nurse ‘called in the troops’ for their loved one
- By responding to patients earlier, on occasion the family members may make another choice
RESPONSE
TRIGGERING
Event Detection and Response Triggering

“Recognize Trouble and Call 911”

- What is your process to assure recognition of trouble?
- How do you guarantee recognition?
- Can you guarantee each recognition triggers a call?
Response Triggering

- Remember: The trigger is dependent on a human pulling it.

- Improvement opportunities:
  - Education Plans – “Education is great, but not sufficient”
  - Non-judgmental debriefings
  - Skills labs, Simulation using patient scenarios
  - Documentation tools improvement

- Numbers matter
  - The more calls, the more opportunities to rescue
  - Mortality rate seems to decrease at 25 calls/1000 discharge
Response Triggering

- Pulling the Trigger is hard - Culture Matters!
  - The person who makes the call must feel safe
  - Realize “It is all about relationships”
  - Design processes to “put people together”
  - Design Opportunities for Learning

- Standardized Communication
  - SBAR is magical - if we all talk the same language we may just ‘get along’
  - Design processes to utilize standardized communication at every handoff – SBAR
- Documentation is vital
- Consider embedding SBAR
- Record interventions and reasons for the call
- Use data to drive educational programs
Are You Missing Opportunities in Recognition and Triggering?

- How do you know?
  - Review Non-comfort care deaths
  - Review Codes
  - Review Unscheduled ICU transfers
  - Review RRS calls (Was the trouble noted more than 10 minutes prior to the call?)
  - Can you guarantee you will recognize deterioration?
  - Can you guarantee that all deterioration will trigger a response?
CRISIS RESPONSE
Crisis Response

■ What is this?
  - “the Paramedics arrive”
  - The team arrives
  - Events while the RRS is in the room

■ What makes it hard?
  - Team-Team work
  - Relationships, or lack there of
  - Skills
Crisis Response

- Resources (Personnel and Equipment) arrive quickly
  - 100% of the Time the RRS must show up

- Team Competencies
  - Competent
  - Confident
  - Must be able to recognize the “Need for Speed” and be able to “call in the troops”
    - AMI
    - Stroke
    - Sepsis
    - PE
    - Hemorrhage
Crisis Response

- Development of clinical protocols, standardized care during an urgent event

- Include Caregivers in RRT call
  - Nurse
  - Attending Physician

- Words Matter
  - Scripting can help ("Thank you for calling, How can I help you?")
  - Verbalization of assessment and plan by team members
  - Be Nice
Determine the Team Structure

- A “team” really?
- Considerations
  - Available
  - Accessible
  - Able

- “Extra-”ordinary Members
  - Administrative Supervisor/House Supervisor, Pharmacists, Paramedics, The only other nurse in the building
Communication & Documentation

■ Embed SBAR
■ Record the interventions and reasons for call
■ Use data to drive educational programs
■ Be Nice

■ Scripting can help
  - “Thank you for calling, How can I help you?” Upon entering the room
  - “This is a Rapid Response Call......Scripting for calls to providers

■ Design Processes to accommodate
  - Supplies
  - Meds
  - Standardized, Easy
Consider Standing Orders
(Look at your data)

- EKG
- BMP, CBC, ABG’S, MIP, Magnesium
- CXR
- Albuterol Neb Treatment
- Oxygen (Maintain sats >90%)
- ACLS Medications
- MS, Nitro, Lasix 20 mg
- Fluid Bolus for BP <90
- Initiate Telemetry
Are You Missing Opportunities in Crisis Response?

- Can you guarantee each response is quick and correct?
- How do you know?
  - Review every data sheet, info prior to call
  - Meet frequently with team members
  - Offer feedback opportunities (surveys, hot line, etc for team members)
Governance/Administrative Structure

- What is this?
  - Oversight
  - Evaluative Process
  - Support
  - Responsible Party

- What makes it hard?
  - Current Structure, history
  - Setting Priorities
  - Seeking opportunities to impact all patients
Governance/Administrative Structure

- Organizational commitment to the RRS
- Create a clear and widely disseminated communication message.
- Implement and sustain the Process
  - Education/training of staff
  - Interpret response team effectiveness data to manage resources
  - Ensure ongoing training/education Oversees all functions
- Trend system failures and utilize facility processes for improvement
  - Failure to Recognize
  - Failure to Communicate
  - Failure to Plan
Governance/Administrative Structure

- Patient safety/process improvement component
  - Feedback loops
  - Evaluation of events

- Structure
  - Education/training of staff
  - Interpret response team effectiveness data to manage resources
  - Ensure ongoing training/education
Engage Leadership Support

- Executive Leadership
- Physician Leadership
- Clear and wide communication strategy
  - Senior Leaders on Team- Responded to Call
  - Rotation of Thank You Notes to callers from the C-Suite
  - Quarterly Report to Board by team member
  - Leaders encouraging Family involvement
  - Patient Representatives on Steering Team
Align/Assign Responsibilities

- Design Failure Analysis Process
- Assign Follow-up Responsibilities (use current hospital structure)
- Strategic Alignment of Identified failures
- Physician Leadership
- Senior Leadership
- Celebration, Rewards Value added Reward processes – keep them fresh
Don’t Get Lost in the Data

- Measure Effectiveness
- Identify Trends and Address
- Key measures
  - Mortality
  - Codes per 1000 discharges
  - Codes outside the ICU
  - Number of rapid response team calls
Provide Education and Training

- **Responders**
  - ACLS or advanced critical care training
  - SBAR, Communication skills

- **Medical Staff**

- **Nursing Staff**
  - Criteria for calling
  - Notification process
  - Communication and teamwork skills (Critical Language)

- **Scripting**

- **Mock Calls**
Look for Opportunities to Learn from Calls

- Early Warning System
  - Design a Process to prioritize patients at risk
  - Look at a current processes and adapt (color coded graphic sheet, IT opportunities, etc)
  - Utilize tools to alert caregivers
  - IT can alert you to trouble

- Follow-up with staff a few days after the event can enhance entire unit culture
  - Debriefings, utilize the documentation tool
  - Personal ‘at a boy’s”
  - Staff want to know what happened to their patient
  - Teachable moment using a real event
  - Encourage the rescue attempt
  - Encourages future calls
Numbers Matter

- More Calls, More Opportunities to Rescue
- Culture Matters
- Encourage, Reward Calling
Staff get excited about some numbers

- Tell the Story every chance you get
- Everyone can get excited about saving lives
- Use specific examples, People can relate
- Codes are memorable events, everyone wants to see less of them
- Post Weekly number of Calls and Data for entire hospital
- Process of identifying and improving system failures – is music to their ears
Tips: Governance/Administrative Structure

- Methodical review of each call
- Segment Trends, Look for lessons learned hospital wide
- Use data to drive education
- Develop a mechanism for employee feedback and education
- Share success stories.
- Identify System Failures
  - Recognition
  - Communication
  - Planning
Tips: Governance/Administrative Structure

- Look for opportunities to reward staff
  - Keep it fresh
- Link Administration with staff
  - “C” suite Notes
  - Rewards
  - Verbalization of support
  - Consider “passing the beeper” around the “C” suite- have a presence
  - “NO Codes” awards
Tips: Governance/Administrative Structure

- Discourage consults outside of the RRT
- Ongoing evaluation of calls with feedback
- Review missed opportunities
- Mentor
- Share the stories
- Include the medical staff
- Include the primary nurse

RRS – Grand Island, NE
QUESTIONS?
THANK YOU

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