Rapid Response Teams: Interdisciplinary Collaboration & Quality Improvement

Society of General Internal Medicine Workshop
April 25, 2014

Background & Meeting Theme:

Rapid Response Teams (RRTs) have become the primary means by which hospitals and health systems identify and intervene upon inpatient clinical deterioration. RRTs have proliferated nationally and internationally over the last 15 years, the majority of which are interdisciplinary and may include physicians (generalists or specialists, attendings or residents), physician assistants, nurses, and respiratory therapists. In addition to uncertainty regarding the extent to which RRTs improve patient outcomes, questions remain with respect to the evaluation and improvement of RRT performance and reconciliation of the wide variability in the structure, function, and timeliness of RRTs across institutions.

Our interdisciplinary group (with physician and nursing representation) partners to improve health by considering the Rapid Response Team as an integrated, patient-centered safety measure bridging hospital silos to provide essential care to clinically deteriorating inpatients.
Yale Faculty Contact Information

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Workshop Outline:

I. Introduction/Large Group Session (15 minutes)

II. Small Group Sessions (60 Minutes)

Each participant will rotate through 4, 15-minute small group sessions led by a faculty facilitator as follows:

1. RRT Barriers (Grace Jenq)
   Objective:
   • Generate a dialogue about common barriers to RRT care

2. RRT Huddles (Sarah Apgar)
   Objective:
   • Participate in a mock huddle to introduce the concept as a potential safety intervention

3. RRT Information Technology (Michael Yoo)
   Objective:
   • Share ideas about currently available and desired technology to improve the RRT process of care

4. RRT Quality Improvement (Judy Petersen)
   Objective:
   • Strategize and share ideas regarding RRT process improvement

III. Wrap-Up/Large Group Session (15 minutes)
RRT Self-Evaluation

1. What are the major barriers to the effectiveness of the RRT at my hospital/institution? *(Small Group #1)*

2. How can the concept of a safety huddle be used to improve the RRT at my hospital/institution? *(Small Group #2)*

3. What information technology exists at my hospital/institution, and how can it be leveraged to improve the RRT process of care? *(Small Group #3)*

4. What quality improvement initiatives should be considered at my hospital/institution? Who do I need to engage and what kind of support do I need for these initiatives to have an opportunity to succeed? *(Small Group #4)*
RRT Action Plan

The idea(s)/intervention(s) that I plan bring back for consideration to improve the RRT process of care at my hospital/institution is (are):
# Yale RRT Metric Report Card

<table>
<thead>
<tr>
<th>RRT YSC Key Metrics Report March 2014</th>
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<tbody>
<tr>
<td>Goal</td>
</tr>
<tr>
<td># of RRTs</td>
</tr>
<tr>
<td># of Patients who transferred to ICU</td>
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<tr>
<td>RRT Length</td>
</tr>
<tr>
<td>Clinical Decision to higher level of care (MD)</td>
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<tr>
<td>Transfer order to assignment of bed (Bed)</td>
</tr>
<tr>
<td>ICU bed assignment to transfer to ICU (RN)</td>
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<tr>
<td># of Transfers greater than 3 hours</td>
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<tr>
<td>Defect rate of transfers greater than 3 hours</td>
</tr>
<tr>
<td>% of Transfer Orders Placed</td>
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<tr>
<td>% of Notes Completed by Attending</td>
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<tr>
<td># of SWAT Consults (Cumulative for month)</td>
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RRT Reading List