

SUBJECT: Rapid Response Team

PURPOSE:

To establish a procedure for a rapid assessment of an inpatient with acute status changes. The purpose of a Rapid Response Team is to improve patient outcomes by facilitating rapid assessment and treatment of a patient who displays signs of deterioration.

RESPONSIBILITY:

- Med/Surg Area Coordinator
- Inpatient Nursing Services

DEFINITIONS:

A Rapid Response Team (RRT) is a group of healthcare professionals who respond quickly to threatened clinical deterioration bringing critical care skills to the patient's bedside.

POLICY: FMDH will incorporate a Rapid Response Team into its scope of services. The goal for the RRT is to provide early and rapid intervention in order to promote better outcomes such as: reduced cardiac and/or respiratory arrests in the hospital, reduced or timelier transfers to the ICU or higher level of care, reduced patient intubations, and reduced number of unexpected hospital deaths.

1. The team will consist of primary nurse, charge nurse, and Emergency Room (ER) or Intensive Care Unit (ICU) competent nurse assigned at the beginning of the shift.
2. The RRT is initiated when a patient meets the criteria as outlined in the procedure.
3. Activation of the RRT
 - a. Any nurse may activate the RRT when rapid assessment and intervention is deemed necessary for a declining patient based on the criteria guidelines.
 - b. Nonclinical Staff, patients, and families can also activate the Rapid Response Team when they feel the patient "doesn't look, act, or seem right".
 - c. To activate the Rapid Response Team (RRT), dial "0" or "3222" to have the team paged overhead. The person receiving the call will activate the team by paging overhead 3 times, "RRT to ____" location.
4. The RRT as a whole will
 - a. Collaborate assessment findings and recommendations for interventions
 - b. Immediately implement treatment or diagnostic services as appropriate per policy.
 - c. Call a Code Blue and initiate ACLS protocols as appropriate per Cardiac Arrest Policy.
 - d. Assist transport of patient when necessary.
 - e. Provide a supportive attitude and approach when called for help.
 - i. Express praise and support – never judgment
 1. "Thank you for calling. How can I help?"
 2. "False alarms" are teachable moments
 - ii. Listen. Never interrogate or test the caller
5. The Rapid Response Team is responsible for documentation on the Rapid Response Team Record.

6. The RRT documentation will be reviewed quarterly to identify opportunities for education and/or improvement.

REFERENCES:

- Institute of Healthcare Improvement (IHI), www.ihl.org/IHI/Programs/Campaign, 100k lives Getting Started Kit/ Rapid Response Teams.

REVIEW AND REVISION STATEMENT:

- This policy will be reviewed annually by Med/Surg Area Coordinator, Director of Nursing Services, Medical Staff and Chief Executive Officer