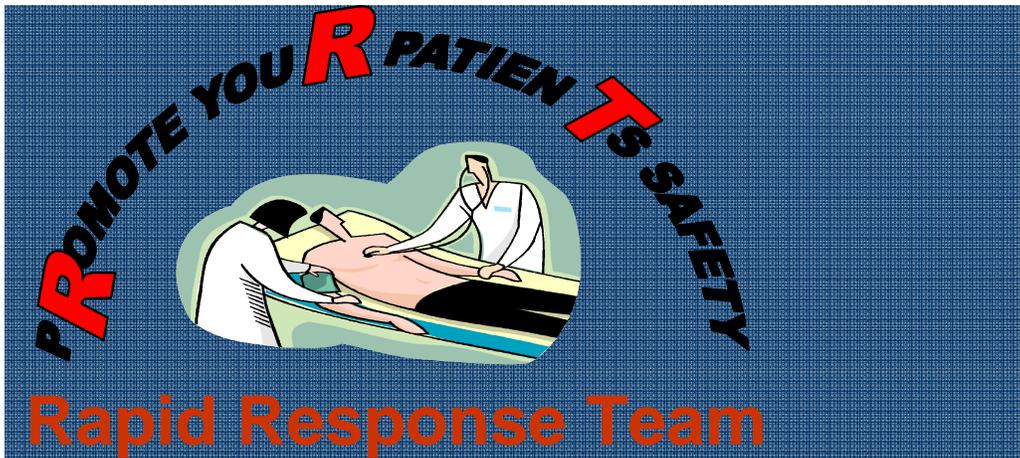


Tripler Army Medical Center Rapid Response Team



Thank you for making the Rapid Response Team a Success.

Rapid Response Team Goal and Purpose

The Tripler Army Medical Center Rapid Response Team was implemented on November 1, 2006.

The RRT Goal:

- At least 20 RRT Activation Calls each month

The RRT Purpose:

- Joint Commission/IHI (100,000 Lives Campaign)
- May improve Patient outcomes
- May reduce hospital expenditures
- May reduce compensable events
- Improvement in Staff and Patient satisfaction

Role of Rapid Response Team

Assess

Utilizes advanced assessment skills to determine patient needs

Stabilize

Provide interventions to medically support patient

Assist with Communication

The situation may require assistance in communication with the primary physician, the patient, and the family.

Educate and Support

Utilize knowledge to assist with ward staff education and support the nurses to complete appropriate patient care.

Assist with Transfer

If the patient requires transfer to a higher level of care the team is there to assist in that move.

Rapid Response Team Statistics for November 2006

- Received 26 RRT Activation Calls
- Goal is at least 20 Activation Calls per Month
- 11 Patients Transferred to ICU
- 14 Patients Remained in Room
- 1 Patient Sent to the ER



Tips for Calling the Rapid Response Team

When paging the RRT, enter your contact phone extension.

Be ready to answer the phone extension you entered.

Be ready to provide the exact patient location to the RRT Responder.

If you do not have a timely response, call the RRT again.

SBAR Communication Tool

The nurse or medical staff activating an RRT Call should use SBAR to report a critical situation to the RRT Responder when he/she arrives.

SBAR Communication Tool

S – Situation – details about the Patient and why you are at the bedside.

B – Background – details about Patient history and events leading to the RRT Call.

A – Assessment – details about your current assessment of the Patient and problem assessment.

R – Recommendation – Say what you would like to see done with the patient (labs, chest x-ray, meds, transfer, etc.)

Samples of RRT Calls Received

On November 21st, the Emergency Department activated an RRT Call. A patient in the Emergency Department met RRT Call Criteria.

Situation: The RR < 8, SpO₂ < 90% with O₂, SBP < 90 mmHg. Patient was intubated.

Background: Patient brought in due to respiratory failure.

Assessment: HR – 80's-90's, SpO₂ - 100%, BP – 85/51, LOC – sedated.

Recommendation: Patient transferred to ICU.

RRT assisted with transport to the ICU.

On November 22nd, the Psychiatric Ward activated a call to the RRT.

The on-call Intensivist, Respiratory Therapist, and RRT Nurse responded.

Situation: The SBP < 90 mmHg and the Staff was concerned.

Background: Patient admitted for worsening depression and anxiety.

Assessment: RR – 16, HR – 54, BP – 114/54.

Recommendation: Transfer patient to ICU. There was a concern for myocardial ischemia and pacemaker malfunction.

RRT also assisted with transport to the ICU.

Rapid Response Team Members

ICU Nurses

Cpt. Anderson; Ms. Beemer; Cpt. Bell; Cpt. Hansen; Ms. Horner; Cpt. W. Kinshella; Cpt. Lane; Cpt. Porcher; Ms. Rogers; Ms. Rosales; Cpt. Sinnott; Ms. Taymor; Lt. Van Ruler; Cpt. Velasquez; Maj. Blanke; Lt. C. Rogers; Cpt. Gore; Cpt. Imes; and Cpt. Stipsits.

Respiratory Therapists

Ssg Becker; Sgt Blaz; Sgt Lochman; Sgt Agrait; Sgt Mitchell; Sgt Jackson; Sgt Perez; Mr. Chinen; Mr. Wong; Mr. Uyeda; Mr. Roth; Mr. Galamgam; Mr. Devictoria; Mr. Tanaka; Sgt Williams; Sgt Thompson; Sgt Eguiluz; Sgt Ware; Sgt Ferdman; Ms. Brooke; Mr. Florentin; Mr. Lyons; and Ms. Ranyard.

Intensivists:

Dr. Crawley, M.D.; Dr. Grubach, M.D.; Dr. Lucero, M.D.; and Dr. Pina, M.D.

Our Mission
Service to our Nation
through high quality
healthcare.

Our Vision

Tripler Army Medical Center is a premier tertiary military health and education center providing safe, high quality care and service to maximize the well-being of all we serve.

RRT received a call from the Progressive Care Unit on November 30th.

Situation: SpO₂ < 90% with O₂, SBP < 90 mmHg, and HR > 130.

Background: Patient was originally admitted for chemotherapy treatment for pheochromocytoma.

Assessment: RR – 22, HR – 152, SpO₂ – 92%, BP – 211/151, and the patient was anxious.

Recommendation: The patient was not transferred and treated in the room. Respiratory treatment was given.

