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TAMC Rapid Response Team

ADDRESSING THE NEEDS OF PATIENT SAFETY AND PATIENT CARE

The Rapid Response Team Achieves its First Year at Tripler Army Medical Center



RRT Celebrates 1st Year!!

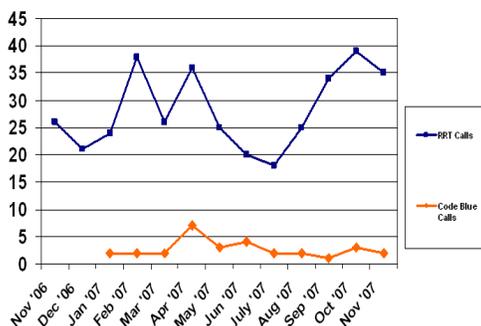


The Tripler Army Medical Center Rapid Response Team celebrated its first year on November 1, 2007. As of the end of November '07, there have been more than 370 calls activating the Rapid Response Team. The team has helped patients in both inpatient and outpatient areas throughout the hospital, including two staff members. Although the high numbers of calls show frequent use of RRT services, it is the successful patient outcomes that really count. (See page 2 for Patient Success stories.)

Special recognition was given to the individuals who staff the RRT: the ICU Nurses and the Respiratory Therapists. Certificates of Appreciation were given by Dr. Eric Crawley and LTC Robin Adams at an annual RRT Responder meeting.

Staff members have given very positive feedback during this 1st year. After each RRT call, a survey is given to the staff member who recognized a patient met RRT criteria and activated the RRT. Below are the results of the survey for Nov '06 – Oct '07.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The RRT responder responded in a timely manner.	86.4%	11.2%	1.6%	0.8%	
The RRT Responder was professional and courteous	92%	8%			
The RRT Responder demonstrated competency in assessing the intervening.	90.4%	7.2%	1.6%	0.8%	
The RRT was able to stabilize the patient.	69.1%	18.7%	11.3%	0.8%	
The RRT made a difference in the patient's care.	68.2%	24.3%	8.1%		
The RRT communicated well staff, family, and patient.	87.2%	11.2%	1.6%		
The RRT responder provided positive feedback for calling.	84.8%	12%	2.4%		0.8%
I am more confident in caring for patients because of the RRT.	78.4%	17.6%	4%		



RRT Data and Statistics

Since November 2006, there have been 371 calls to the Rapid Response Team. The most were from the Medicine Ward, 5C2, at 30%. Next was the Telemetry Ward, 6C2, at 27%. All Clinic and Outpatient areas combined at 15%. All other inpatient areas combined were at 13%. Progressive Care made 10% of calls and the Dialysis Clinic 5% of calls.

54.5% of patients remained in their rooms, 32.5% of patients were transferred to a higher level of care, and 12.9% had other outcomes, such as going to the ED or outpatients not needing further treatment.

On the left is a comparison line chart of Adult RRT Calls and Adult Code Blue Calls Nov '06 through Nov '07. **Definition Code Blue Call:** Patient requiring Resuscitation Services. Code Blue data is unavailable prior to Jan. '07.

RRT Goals for 2008

- Call RRT within 10 minutes every time a patient meets call criteria
- Increase the number of calls to activate the RRT
- Implement CIS Essentris-based automated program for identifying patients meeting RRT criteria
- Reduce incidence of cardiac arrest



Pediatric RRT

The Pediatric Rapid Response Team was started on August 1, 2007 and has been activated nine times. Three calls per month are anticipated based on the number of beds. The Pediatric ward has placed 4 calls, 2 calls from the Pediatric Clinic, 1 call from the Mother/Baby ward, 1 call from Radiology, and 1 call from the Emergency Department. 3 patients remained in their rooms, 4 were transferred to PICU, 1 patient transferred to the PACU, and 1 patient admitted to the Pediatric ward.

Patient Stories

How has the Rapid Response Team helped Patients?

Case #1

A 60 year old woman was seen on the psychiatry ward for anxiety and suspected functional dyspnea. She had complaints of shortness of breath. The bedside nurse was concerned enough to call the RRT. The RRT determined the patient to be in myasthenic crisis. The patient was transferred to Progressive Care, eventually requiring mechanical ventilation/tracheostomy. The patient recovered with treatment of MG.

Outcome: RRT training empowered the psychiatry nurse to get help for her patient thus averting respiratory arrest and likely morbidity/mortality.

Case #2

Another patient, a young woman status post vaginal delivery, became light headed with mild hypotension on a ward. The staff activated RRT. The OB team was at bedside upon RRT arrival. The RRT expedited the evaluation and transfer (post-partum hemorrhage) to the OR. The patient was in the OR 11 minutes after

the RRT Call was initiated.

Outcome: The OB physician team retained control and RRT facilitated stabilization and a rapid seamless transfer. The ready availability of an ICU nurse brings advanced nursing expertise to the patient, with the ability to perform bedside lab testing.

Case #3

A third patient, a 30 year old woman was admitted with unexplained abdominal pain. She developed hypoxemia, respiratory distress, and relative hypotension. RRT was activated. The patient met the call criteria Sat < 90% with O₂, RR > 24, and SBP < 90. High flow oxygen was administered. The diagnosis was felt to be massive pulmonary embolism.

Outcome: The diagnosis was confirmed and systemic thrombolysis was administered. Clinical findings were resolved.

Case reviews by Dr. Eric A. Crawley, LTC, MC

What's New in RRT?

In response to NPSG #16, MEDCOM is implementing Rapid Response Systems in all Army Military Treatment Facilities by January 1, 2009 using the TAMC RRT for Best Practices.

The Joint Commission National Patient Safety Goal #16: **Improve recognition and response to changes in a patient's condition.**

#16A: **The organization selects a suitable method that enables health care staff members to directly request additional assistance from a specially trained individual(s) when the patient's condition appears to be worsening. [Critical Access Hospital, Hospital]**

For Staff Educational Information contact us. Also, see the new TAMC RRT Intranet site under the Department of Medicine, Critical Care.

Coming soon: TAMC RRT Public Website
Tells our Patients and Families how they can use the TAMC Rapid Response Team.

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**Pediatric Rapid Response Team
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