

*Suggested Title:*  
**Rapid Response: When Calls Go Up, Codes Go Down!**

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The scene at a patient's ICU bedside isn't nearly as dramatic as it might have been six months ago. A critical care nurse gently tends to the patient, who is now breathing comfortably and showing signs of stabilizing. A respiratory therapist looks on, confirming that vitals are heading back to normal range. It appears that, for the time being, a critical situation has been averted.

Not long prior, the patient had been preparing for discharge in post-op. The bedside nurse had grown concerned that the patient's health was deteriorating. That concern was validated when his heart rate dropped 40 bpm in less than three minutes. Rather than hesitating or questioning her own judgment, the nurse had decided to call in the help of the Rapid Response Team. The ICU charge nurse and respiratory therapist responded immediately. They conducted a brief assessment, and agreed with the bedside nurse's recommendation that the patient be transferred to ICU.

This is only an example case, but it is a true-to-life representation of the impact that the Rapid Response Team, or RRT, has made at Richardson Regional Medical Center in Richardson, Texas. The nursing administration at the 205-bed acute-care facility north of Dallas implemented its RRT on February 1. The purpose of the RRT is to decrease the number of patient "codes," or cardiac arrests. In just the first six months of deployment, the initiative has elicited an overwhelmingly positive response and many valuable learning opportunities.

"I really do believe we've saved lives. I believe we've prevented a lot of codes. I believe the outcome for patients is better," said Dawn Parten, RN, director of patient care services.

"I can't think of the last time we've heard a code on the floor. We just don't hear them anymore," said Monica Anderson, RN, ICU nurse.

That may be due to the fact that the hospital had 0 codes during the month of July, which is an extremely rare occurrence. Overall, the number of codes in 2006 has only shown minor fluctuations because there are few to begin with at Richardson Regional. A more accurate metric to determine the effectiveness of the RRT is the number of patients who were transferred to a higher level of care. Out of 93 RRT calls since February, 35 patients were transferred. In other words, 1 out of every 3 patients received a higher level of care thanks to the Rapid Response Team.

### **How It Works**

An RRT call begins when a medical/surgical nurse determines that a patient meets at least one of the criteria. These include acute changes in heart rate, blood pressure, consciousness and other vitals. If the nurse observes one of these signs or simply has a gut feeling that the patient's health may be deteriorating even without outward evidence, he or she calls the RRT nurse. Calls based on gut feelings are often just as accurate.

"A lot of nursing is based on those gut feelings," said Nancy Gray, RN, assistant nursing manager and a 28-year nursing veteran. "You see your patient every day, sometimes for

twelve hours a day, and you learn to recognize their norm. If they start looking different, sometimes you know even if it doesn't show up on their chart.”

The RRT is made up of an ICU charge nurse and a respiratory therapist. Both team members respond to the call within five minutes and assess whether the patient should be transferred to a higher level of care. (Before the RRT was created at Richardson Regional, transfers required a signed order.) An ICU nurse checks for different things than a medical/surgical nurse, so together they have a greater chance of catching warning signs. The team considers the bedside nurse's input before making a decision. This collaboration is what makes the team so effective.

“One of the most beneficial results we have seen from the RRT is the increased communication and collaboration among medical/surgical nurses and the ICU nurses,” said Laura Weber, BSN, MBA, executive director of quality services.

“Most of our floor nurses now know how to contact the RRT nurse by heart and will pick up the phone immediately to make the call,” said Gray. “They don't hesitate.”

Everyone takes responsibility for making the RRT a success. Whenever possible, the ICU charge nurses make rounds every four hours. They ask if there's anyone the floor nurse is worried about or anyone for whom they would like a second opinion. This can be done because the ICU charge nurse does not have a patient load, which is of particular benefit when receiving an RRT call. The RRT nurse and respiratory therapist both stay with the patient until the call is complete, which can take anywhere from 15 minutes to more than an hour depending on the visibility of symptoms and severity of criteria. The important part is to reach a team decision effectively.

### **Training**

The nursing administration at Richardson Regional implemented the Rapid Response Team as one of the six interventions in the Institute for Healthcare Improvement's 100,000 Lives Campaign. The campaign is a nationwide initiative to engage hospitals in implementing changes that are proven to improve patient care and prevent avoidable deaths. Even before joining the campaign at its inception in December 2004, the clinical staff had celebrated other successes in improved patient care. The hospital placed in the 95<sup>th</sup> percentile within its comparative database for compliance with the quality indicators that lead to excellent cardiac care. The American Heart Association recognized the staff for achieving excellent stroke care as part of its “Get with the Guidelines” program.

Weber led a steering committee along with Marc Quinn, MD, medical director for quality. They appointed Parten to spearhead the creation of the RRT since her nursing background is in ICU. Her team first met in October 2005, and the RRT was fully implemented four months later. Parten was responsible for developing in-service training for ICU charge nurses. According to Perry Collom, RN, ICU nurse manager, RRT training included additional education on the hospital's policies and procedures. Team members also learned how to identify criteria for calling the team, how to listen and respond to the bedside nurse and why it is important to maintain open communication

throughout the call. Since first employing RRT training, a total of ten ICU nurses have been instructed on how to function in this role.

### **An Added Benefit**

The primary goal of the RRT will always be improved patient care, but the entire nursing team at Richardson Regional has noticed something else.

“We’re bonding!” said Parten. “There has been some major bonding going on between critical care nurses and medical/surgical nurses. They call ICU even when they’re not calling the RRT. They know each other now, so they’ll call with a question about a patient they’re worried about.”

There is no indicator to measure this, of course, other than the smiling faces that greet patients and the friendly exchanges in the lounge. The impact of the RRT can be found everywhere: confident medical/surgical nurses, a team-focused ICU staff and more patients transferred to a higher level of care.

The new mantra in ICU is catching on: “When calls go up, codes go down.” Not to mention, everyone benefits.