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# Rapid Response

By Jared Johnson



MICHAEL MAJURET  
**KNOW THE DRILL:** Members of the rapid response team at Richardson Regional Medical Center work in unison with med/surg nurses to care for critically ill patients, working to decrease the number of cardiac arrests and improve patient outcomes.

When calls go up,  
codes go down

ase

**T**he scene at a patient's ICU bedside isn't nearly as dramatic as it might have been 6 months ago. A critical care nurse gently tends to the patient, who now breathes comfortably and shows signs of stabilizing. A respiratory therapist looks on, confirming the patient's vitals are heading back to normal range. It appears that, for the time being, a critical situation has been averted.

Not long ago, the patient had been preparing for discharge in postop. The bedside nurse was afraid the patient's health was deteriorating. That concern was validated when his heart rate dropped 40 bpm in less than 3 minutes. Rather than questioning her own ➤



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*judgment, the nurse called in the help of the rapid response team (RRT). 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, but it is a true-to-life representation of the impact the RRT has made at Richardson Regional Medical Center in Texas. The nursing administration at the 205-bed acute care facility north of Dallas implemented its RRT Feb. 1 to decrease the number of patient codes, or cardiac arrests.

In just the first 6 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 because the hospital had zero codes during the month of July, which is a rare occurrence. Overall, the number of codes in 2006 has shown only 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 transferred to a higher level of care. Out of 93 RRT calls since February, 35 patients were transferred; one out of every three patients received a higher level of care thanks to the RRT.

### Training

The nursing administration at Richardson Regional implemented the RRT as one of the six interventions in the Institute for Healthcare Improvement's 100,000 Lives Campaign, a nationwide initiative to engage hospitals in implementing changes shown 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 95th 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.

Laura Weber, MBA, BSN, RN, executive director of quality services, 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 4 months later.

Parten was responsible for developing inservice 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 the 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 10 ICU nurses have been instructed on how to function in this role.

### Set in Motion

An RRT call begins when a med/surg nurse determines a patient meets at least one of the following criteria: 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 the patient's health may

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"We came up with the idea of a male health clinic because the young men are more comfortable in that setting than they are in a waiting room filled with females," she said. "We try to provide a setting geared toward men, with posters of Michael Jordan on the wall and *Sports Illustrated* magazines in the waiting area."

While some young men come to the clinic with symptoms of acute illness or ongoing health concerns, others drop by for preventive health-care.

"They just want us to check their blood pressure and their weight," Griggs said. "It's great to see young males concerned about their health and wellness, and help them learn how to navigate through the health-care system. We explain to them about [body mass index], do a lot of counseling around food and nutrition, and generally promote a healthy lifestyle. This type of visit offers the perfect opportunity to deliver preventive health teaching and follow up on any significant concerns the men may have."

For young men who have children, the clinic offers a fatherhood group.

"We explore ways they can stick together as a family with a baby on the way, and preach a lot of monogamy," Griggs said. "We talk about housing, employment, food programs and other public assistance. We try to get them involved with Medicaid, helping them obtain a gold card for the Harris County clinics so they'll have a care system together for the day when they age out of our program. We encourage those with jobs to obtain health insurance not only for themselves, but for their children as well."

A male social worker meets with expectant fathers at every visit to follow up on any socioeconomic issues and help with the necessities of life.

"It can be overwhelming, being the male figure and having to take care of everything," Griggs explained. "That's where we see the beginning of depression, and it's good they can share their concerns with us so we can help them learn to cope."

### Comprehensive Services

While aiming to meet the needs of a large population of adolescents, staff members at the Baylor Teen Health Clinics know where to draw the line.

"We provide both preventive healthcare and primary care, but are well aware of the limitations of our services," Smith said. "If a patient has long-term issues with diseases such as asthma or diabetes, we'll refer them to practitioners who manage that type of care. We also refer out pregnant women over the age of 18, those with high-risk pregnancies or expectant teens who come to one of our clinics that does not offer obstetrics services."

Some patients come in with mental health disorders in addition to their primary complaints.

"If they're not on medications, or if those medications need review, we'll refer them to a mental health expert through our social worker," Smith said.

Angelina Jackson, clinic coordinator, appreciates the professional contributions of the advanced practice nurses who keep the clinics running.

"To work at a nonprofit clinic like this, you have to buy into its mission," she explained. "We have been fortunate and blessed to find nurse practitioners who truly enjoy the population we work with. They understand they have to work with what we can provide within our budgetary constraints, and we're lucky even to have the resources we do use to provide free care to the adolescent population." ■

*Sandy Keefe is a frequent contributor to ADVANCE.*

## Cover Story

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be deteriorating, even without outward evidence, she calls the RRT nurse. Calls based on intuition often are as accurate as those based on evidence.

"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 12 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 5 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 med/surg 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 med/surg nurses and ICU nurses," Weber said.

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

Everyone takes responsibility for making the RRT a success. Whenever possible, the ICU charge nurses make rounds every 4 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 effectively reach a team decision.

### 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.

"There has been some major bonding going on between critical care nurses and med/surg 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," Parten said.

There is no indicator to measure bonding, of course, other than the smiling faces that greet patients and friendly exchanges in the lounge. The impact of the RRT can be found everywhere: confident med/surg 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. ■

*Jared Johnson is public relations coordinator at Richardson Regional Medical Center in Texas.*