

Rapid Response Teams in Rural Hospital Settings

Background

Impact of Rapid Response Teams
 ↓ hospital mortality
 ↓ inpatient cardiorespiratory arrests

Rural Community Hospitals are struggling to transfer patients to higher level of care because of availability of beds nationwide

Rapid Response Team programs have been cut from rural hospitals due to budgetary reasons

Importance of Issue

Hospital wards are caring for higher acuity patients

Lower ICU bed availability nationwide

Provide early interventions to patients declining to prevent significant health events

Provide education and mentorship in high stress situations



Framework

Clinical Educators provide education on the Rapid Response process to the units across the hospital.

Nurse Director advocates for the position to be staffed every shift and not pulled elsewhere

Success of program will be evaluated by committee based on metrics being tracked

Key Concepts & Outcomes

33.8% reduction in cardiorespiratory arrest outside the ICU & **21.4%** reduction in hospital mortality

Create a resource for nurses to consult for rapid assessment and intervention when appropriate

Increase the availability for ICU resources by lowering transfers to higher level of care

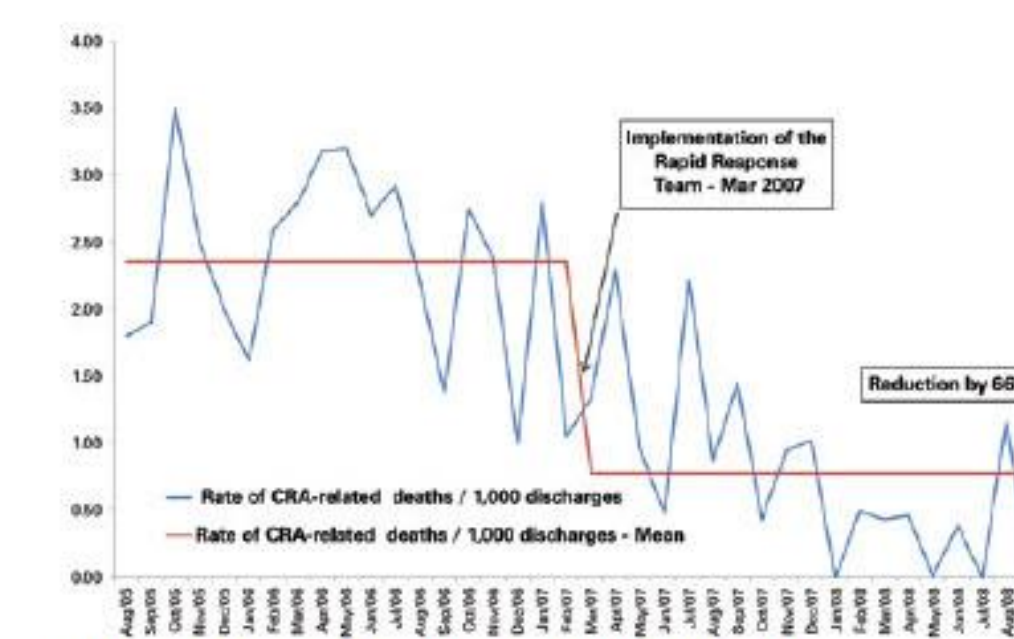


Figure 2. Evolution of the monthly rate of CRA-related deaths

Interventions & Solutions

Implement a training for nurses that have two years critical care experience for being a Rapid Response Nurse

Form a Rapid Response Governing Committee responsible for oversight of program, review of ongoing activations, and monitor key metrics

Governing Committee to construct a charter and write a policy outlining criteria for Rapid Response Activation and Proactive Rounding Process

Align with hospital nursing leadership to be advocates for program and provide feedback to process

Implement proactive rounding process within the Rapid Response Team's scope of practice.

Key Players

Inpatients and patients utilizing the hospital's services will benefit from any Rapid Response Consultation or Activation

The hospital's Chief Nursing Officer as executive sponsor of program

Hospitalist Medical Director and Co-Director to provide feedback and insight to proactive rounding process

Evaluation

Within one year, lower amount of cardiorespiratory arrests outside the ICU by 25%

Monitor overall hospital length of stay

of inpatient transfers to higher level of care

of inpatient cardiorespiratory arrests

Outcomes will be evaluated by the governing committee at quarterly meetings but tracking key metrics

References

Stolldorf, D. P., & Jones, C. A. (2015). Deployment of Rapid Response Teams by 31 Hospitals in a Statewide Collaborative. *Joint Commission Journal on Quality and Patient Safety*, 41(4), 186-AP3. [https://doi.org/10.1016/s1553-7250\(15\)41024-4](https://doi.org/10.1016/s1553-7250(15)41024-4)

Venable, A. (2019). Evolution of a rapid response team over a ten-year period: One academic center's experience. *The Southwest Respiratory and Critical Care Chronicles*. <https://doi.org/10.12746/swrccc.v7i31.591>

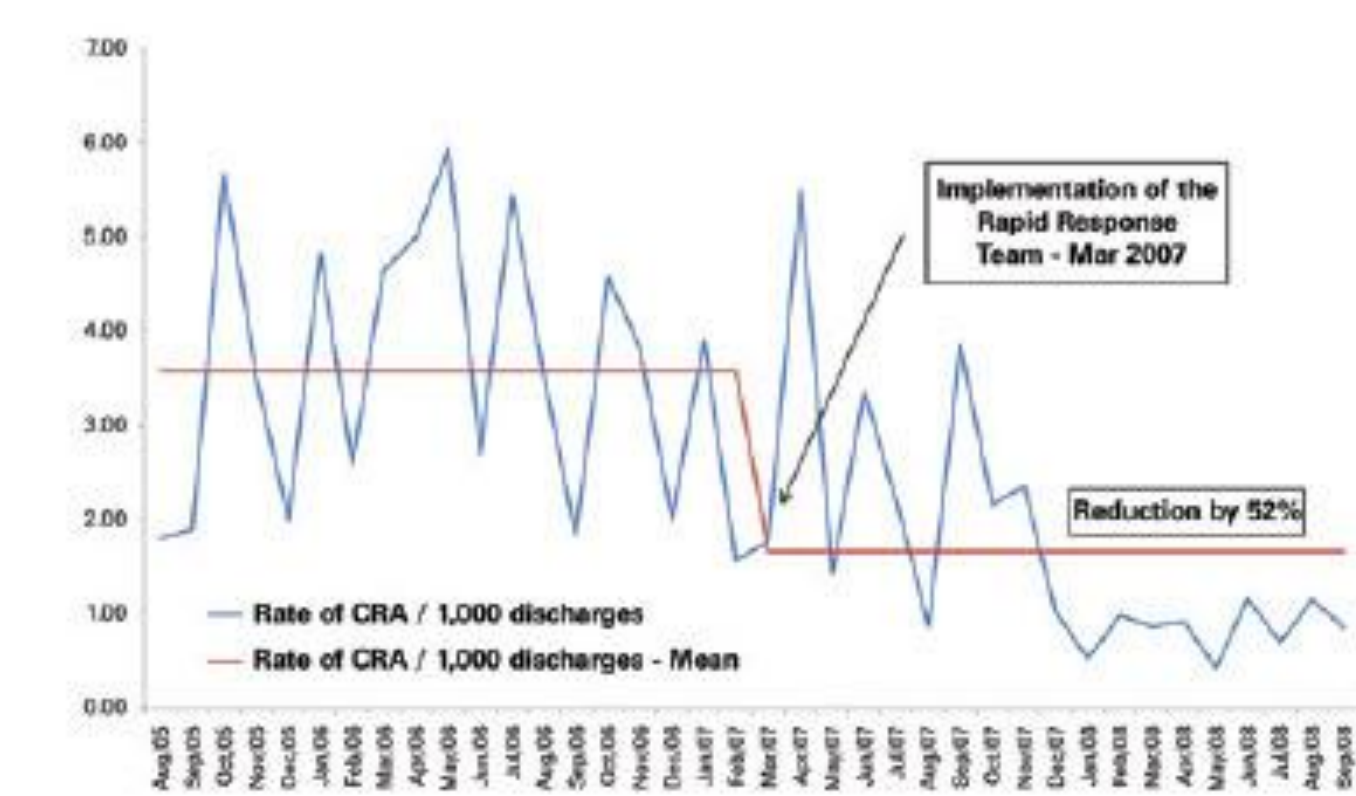


Figure 1. Evolution of cardiorespiratory arrest cases per 1,000 discharges

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