SHC Rapid Response Team

Leaders

Larry Shuer, MD
SHC Chief of Staff

Dr. Shuer is the sponsor of this patient safety initiative and will follow its progress to ensure its optimal implementation.

Ann Weinacker, MD
Assistant Professor,
Medicine (Pulmonary & Critical Care)

Dr. Weinacker is the physician champion who will lead the interdisciplinary SHC RRT Committee to develop and implement the policy and procedure for the SHC RRT. She will also serve to evaluate the effect of the SHC RRT on clinical outcomes as well as utilization of the RRT.

Nancy Szafisrski, PhD RN
SHC Program Director,
Patient Safety Research

Dr. Szafisrski will coach the SHC RRT Committee in the project design and strategic implementation for this quality initiative. She will assist the Committee in developing, monitoring and analyzing quality indicators to evaluate the effect of the SHC RRT.

If you have further questions or need more information about the SHC Rapid Response Team, please contact:

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**Questions & Answers**

**Q:** What is a Rapid Response Team (RRT)? Who are the members of the team and what do they do?

**A:** An RRT is a team of expert critical care clinicians who are available 24 hours a day to provide urgent and emergent care to non-ICU hospitalized patients with the intent of preventing or limiting hospital complications. Rather than solely relying on hospital code arrest teams, such teams are redefining hospital resuscitation through early detection and resolution of problems. RRTs typically consist of a critical care physician, a critical care nurse and a respiratory therapist. RRTs respond quickly to assess and stabilize the patient, communicate their assessment and treatments with the primary service, make recommendations, transport the patient to a higher level of care if required, and involve and educate health care professionals at the patient’s bedside.

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U.S. hospitals implementing rapid response teams have grown from 50 in 2003 to roughly 1,400 in 2005. A primary force in this movement has been the Institute of Healthcare Improvement’s (IHI’s) 100,000 Lives Campaign, which aims to save the lives of 100,000 hospital patients in a 1.5 year period.

**Q:** Why is Stanford Hospital implementing an RRT?

**A:** Stanford Hospital is implementing this patient safety initiative because the Stanford Hospital & Clinics (SHC) Medical Board approved our hospital to become a full member of IHI’s 100,000 Lives Campaign in March 2005, which committed us to implementing an RRT. A 2005 SHC quality report also recommended that further improvements be made to enhance early detection and treatment of hospital complications.

**Q:** Is there evidence which shows that RRTs improve clinical outcomes?

**A:** Clinical research evaluating the effect of implementing an RRT has demonstrated significant reductions in the incidence of acute respiratory failure, severe sepsis, stroke and acute renal failure in hospitalized patients. Significant reductions (~25% and 35%) in hospital mortality of inpatients and hospital length of stay have also been found. Several studies have confirmed that RRTs decrease the number of cardiac arrests in hospitalized adults.

**Q:** Who will be able to call the Stanford Hospital RRT? How will one know when to call the RRT?

**A:** Nurses, other Stanford Hospital employees, and physicians will be able to call the RRT for a hospitalized patient in need. Calling criteria will be defined and based on objective changes in a patient’s condition (e.g., BP, HR, RR, blood oxygen saturation, level of consciousness). An additional trigger criteria commonly used is when a nurse or physician is “worried” or “concerned” about a patient.

**Q:** Will the RRT change the way a nurse typically calls the medical chain-of-command when a hospital patient has a problem?

**A:** No. Nurses will still use the medical chain-of-command to notify the primary service for patient problems. A nurse may elect to call the RRT when an inpatient exhibits the defined calling criteria.

**Q:** How will a physician know if the RRT is called for one of his or her patients?

**A:** The primary service will be called when the RRT is called. The RRT will also document their assessment and any interventions in the patient’s medical record.

**Q:** When will the Stanford Hospital RRT start?

**A:** According to current projections, the RRT will start in November 2005. A large-scale educational campaign will begin in the hospital in mid-October to define how the RRT will operate. This information will be disseminated at scheduled hospital and departmental meetings and through email, eNews, brochures, educational materials and posters placed throughout the hospital.

**Q:** How will information about the outcomes of our RRT be shared?

**A:** Data-based reports will be shared at hospital committee meetings, published in the Quality Corner of SHC’s Medical Staff Update and posted on individual patient care units.

**References:**
3. MJA 2003;179:283-287.