Rapid Response Systems in Academia

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Academic Rapid Response Collaborative
- Inter-professional teams (physicians, nurses, administrators, respiratory therapists and residents) from 20 teaching hospitals
- Working together over 16 months
- Implementing RRTs
- High dependence on technology
- National faculty supported by RWJF
- Redesign costs born by institutions

Learnings
-Accelerators and Drivers in Academic Settings

“Change concepts” that are required for improvement initiatives in academic settings

Accelerators and Drivers in Academic Settings

Leadership, Up and Down the Line
- CEO, CMO, CNO
- Department Chair(s)
- Residency Program Director
- Front-line physicians and nurses

Culture
- Comfort with data
- Competition
- Aspiration for excellence
- Research mission
- Education mission

Breakthrough Series Collaborative

Participants (as teams)

Select Topic
Planning Group

- Identify Change Concepts
- Prework
- LS 1
- LS 2
- LS 3

The two additional “change concepts” that are required in academic settings

1. Clinical - RRT
2. Education - Resident trainee’s role developed as the initiative rolled out
3. Sustainability – The imperative to sustain scholarly careers in healthcare improvement

See www.IHI.org
The imperative to sustain scholarly careers in healthcare improvement

- Publication of new and innovative findings

Guidelines for scholarly publication in healthcare improvement (QSHC, Oct 2005)

Systematic writing strategies

Starting an Academic RRS

- How to swim through shark infested waters

Into the Void

- Alpine vs. Siege Approach
  - or:
    - How do you staff your team?

Triggers

- Peds
  - Respiratory Distress/compromise
  - Decrease saturations in spite of first line interventions
  - Seizures with apneas
  - Progressive leghgth
  - Circulatory compromise/acute shock syndrome
  - SVT/Other dysrhythmias
  - Acute change in neurologic/mental status
  - Respiratory Arrest
  - Cardiac Arrest
  - Worried Staff
  - Worried Family Member

- Adult
  - HR>130, <45
  - RR>30, <8
  - Sat<90% on 60% FIO2
  - SBP<80, >200
  - Delta MS
  - Seizure
  - Chest pain
  - K+>6.0, <2.5
  - Glucose<40
  - General Worry or Concern

The Chain of Command

- Multi-layered hierarchy
- Balancing between patients' need vs. academic mission of education.
Hostile Takeovers

- How not to alienate the general ward staff.

“I never get to do anything!”

- Prevention of “de-skilling”
- Engagement and Teaching

Groundhog Day!

- Feedback and Follow-up
- Re-education

Family Affairs