Family Activation of Pediatric Rapid Response Systems

Tina Schade Willis, MD
Department of Anesthesiology
Pediatric Critical Care Medicine
Co-Director, NC Children’s Hospital Center for Clinical Excellence
University of North Carolina
http://www.med.unc.edu/cce
twillis@aims.unc.edu
Objectives

• Understand the expected benefits and results for family activation of medical emergency teams
• Understand the planning, implementation, measurement, and performance improvement needs related to family activation of medical emergency teams
• Obtain “how to” advice and tools for successful implementation of family activation of medical emergency teams
Why Implement Family Activation

- Partnering with families to improve safety is a National Patient Safety Goal
- In line with family-centered care practices
- Potential to improve the sensitivity of MET through another detection method
- Provides another mechanism to empower reluctant staff to activate the MET
What is Family Activation of MET

- Same system that the staff have access to?
- Other staged system?
- How to educate families?
  - Verbal
  - Visual
  - Audio
  - Print
  - Multi-lingual
When to Implement

• You have some support in an area
• You are ready to try it
• You know what questions you will be asked
• You are willing to respond and take a risk
• You have leadership support
• You have buy in from key frontline nursing staff
How did we start?

- Leadership buy-in
- Communicate the need and calm the fear
- Focus groups
- Grand Rounds with a real stories
- IRB approved study
- Started with a pilot area
It's Your Child
Is your child's condition rapidly worsening?

Es Su Niño
¿La condición de su niño se está empeorando rápidamente?

Medical Emergency?
CALL
64111

Pediatric Rapid Response Team

¿Emergencia Médica?
LLAMAR AL
64111

Pediatric Rapid Response Team

Grupo Pediátrico de Rápida Asistencia Médica

¿Emergencia Médica?
Dé Esta Tarjeta a Enfermera o a Doctor

Pida a su enfermera más detalles.

Grupo Pediátrico de Rápida Asistencia Médica

Cuando llama a grupo pediátrico de rápida asistencia médica un grupo de profesionales médicos altamente entrenados llegará para tratar la emergencia médica de su niño.

Pediatric Rapid Response Team

This card is used by Spanish speaking family members to request the Pediatric Rapid Response Team. Please call the number below.

Call
64111

Give the operator the child’s location in the hospital.
Pediatric Rapid Response Team

Medical Emergency Call 64111

Have you heard about the Pediatric Rapid Response Team?

Ask your nurse.

Pediatric Rapid Response Team

Here at NC Children’s Hospital, we feel that families are an important part of the medical care team. We recognize that you know your child better than anyone. With this in mind, we have developed a medical emergency team, much like 911, here in the hospital—the Pediatric Rapid Response Team.

The Pediatric Rapid Response Team is a group of hospital personnel trained to address medical emergencies.

You should still communicate with your nurse or doctor. The Pediatric Rapid Response Team simply provides a safety net for you and us in case of an emergency.

To request the Pediatric Rapid Response Team, you may ask a nurse or doctor for assistance or call the hospital operators at 64111.

The Pediatric Rapid Response Team is for EMERGENCIES ONLY.
Assessment of Education

Family Activation of Pediatric Rapid Response Team
Assessment—Are We Educating Families?

Introduction
Hello. My name is Emily, and I work at the Children’s Hospital. I’d like to ask you a few questions about the Pediatric Rapid Response Team. (Please feel free to pass for other patients.) It should only take you a couple of minutes. Is now a good time?

Family Informed?
Have you been told about the Pediatric Rapid Response Team?

Yes

No

Were you with the patient at admission?

Provided education

To include:
- What the team is
- Why it exists (e.g., how to call 911 vs. patient relations)

Unsure of answer

Give Patient Relations # (if asked: 366.5906)

Do you have any questions for me about the Pediatric Rapid Response Team?

Closing
Thank you for your time.

<table>
<thead>
<tr>
<th>Room #</th>
<th>Family informed about Ped RRT?</th>
<th>Family informed about RRT?</th>
<th>Accurate knowledge demonstrated?</th>
<th>Comments</th>
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What did we discover?

- Families learn through verbal education from the nursing staff
- Posters serve only as reminders
- Nurses need to embrace this system for the education to work

5 Ways to Reach Families
- At admission/upon transfer
- During Carolina Care rounds
- During monthly awareness audits
- Written materials in lounge
- Posters in rooms
What did we discover?

• In our research audits, less than half of the families had been educated.
• Once **nursing** staff took over audits and reports of % families educated, education increased significantly.
How to empower families to call
PRRS Family Awareness
October 2007-March 2010

Mean = 32%

UCL = 73%

Higher is Better

Nurse-Conducted Surveys Began

Awareness Percentage

2007 2008 Survey 2009 2010

Awareness
Mean
Upper Control Limit
How

• To plan – front line staff – learn from us
• To implement – in stages to alleviate fears
• To measure – surveys NOT check boxes on admit charting
How

• To improve – regularly review measurements, anecdotal stories, debriefings, ambassadors, family advisors, interviews, education plans, can never stop monitoring

• To structure – Oversight committee with large amount of multidisciplinary frontline team members who are empowered to make change without permission
PRRT Calls Per 1000 Discharges
August 2005-March 2010

Implementation of Family Activation
Mean = 19
UCL = 41

Mean = 26
UCL = 51

Higher is Better

Calls per 1000 discharges
Mean
UCL

2005 2007 2008 2009 2010
Month

Calls per 1000 discharges

Mean = 19

UCL = 41

Mean = 26

UCL = 51
PRRT Calls by Caller Type
April 2006 - March 2010

Number of Calls

Cumulative Percentage

RN 174
Not Documented 91
MD 69
HUC 38
Other 10
Family 5
RT 1

45% 68% 86% 96% 98% 99.7% 100%
Calendar Days Between Non-ICU/ED Pediatric Cardiac Arrests
January 2004 - April 2010

- Days Between Cardiac Arrests
- Mean
- Upper Control Limit

Higher is Better

End of data collection period - Not an event

PRRS Implementation

Mean = 101
UCL = 406

UCL = 265
Cardiac Arrest (CA) Rate

<table>
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<tr>
<th></th>
<th>Before PRRS Implementation (12 months)</th>
<th>After PRRS Implementation (56 months)</th>
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<tbody>
<tr>
<td>CA per 1000 patient days</td>
<td>0.33</td>
<td>0.14</td>
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<tr>
<td>CA per 1000 discharges</td>
<td>1.67</td>
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All Tools, Video, Contact Info at:

- NC Children’s Hospital Center for Clinical Excellence Website:
  
http://www.med.unc.edu/cce
Acknowledgements

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