

**The Rapid Response Team: A reduction of Cardiopulmonary Arrests**  
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**Problem:** High census & occupancy rates result in delays in getting patients to appropriate level of care.

**Evidence:** We conducted a prospective, before and after examination of the effect of the rapid response team on the incidence of cardiac arrests.

**Strategy:** Patients who experience cardiac arrest often exhibit signs and symptoms of prolonged deterioration. If these patients are identified and managed appropriately, cardiac arrests can decrease, and death can be prevented.

**Practice Change:** We implemented the deployment of a rapid response team.

**Evaluation:** We measured number of cardiac arrests, survival rates, and survival to discharge post cardiac arrest. Cardiac arrests were identified from a log book of cardiac arrest calls and cross referenced with the cardiac arrest records. We measured the number of rapid response calls during each period and studied the correlation between the number of rapid response calls with the number of cardiac arrests.

**Results:** In a pre implementation review of cardiac arrest data, we found that during FY 2004, out of 115 codes, 59% of coded patients did not survive code. Overall only 16 patients or 14% of patients who experienced cardiac arrest were discharged home. The mean cardiac arrests per 1000 discharges prior to implementation of the rapid response team was 23.80/1000 discharges.

After implementation of the Rapid Response Team cardiac arrest data were reviewed. During FY 2005, out of 91 codes, 45% of coded patients did not survive code. Overall 18 patients or 20% of patients who experienced cardiac arrest were discharged home. After implementation of the rapid response team the mean cardiac arrests per 1000 discharges dropped to 8.21/1000 discharges.

**Recommendations:** The introduction of a rapid response team is associated with a reduced incidence of cardiac arrests and deaths.

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