

The 3 R's: Rescue, Resuscitation and Rapid Response
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Problem: Failure to recognize changes in a patient's condition can lead to adverse outcomes, referred to as failure to rescue.

Evidence: A prospective examination of the effects of rapid response teams on resuscitation was conducted. Quality improvement scorecards were developed for both resuscitation and rapid response. Data was collected, trended and analyzed.

Strategy: Once standardization of the code carts and the defibrillators was implemented, the code cart explorer, a computer-based virtual tour, was initiated on the hospital's intranet site. The objective was to have all RN's understand the resuscitation scorecard data, the evidence behind the practice change for rapid response team and the necessity to promote patient safety.

Practice change:

- Implementation of Rapid Response Teams.
- Standardization of defibrillators, code carts and benchmarks for resuscitation.
- Utilization of technology for education. Code cart explorer developed.

Evaluation: Data from resuscitation and RRT were put on separate scorecards for evaluation and analysis. Cardiac arrest, survival rates to discharge and rapid response calls are all measured on the scorecards.

Results: In 2006, 71% of the resuscitations survived the resuscitation and 35% were discharged alive, above benchmarks from the American Heart Association's National Registry for Cardiopulmonary Resuscitation. Benchmarks consistent with facilities utilizing RRT were measured after implementation of the rapid response teams. Codes/1000 discharges decreased from 6.45 in 2005 to 3.76 in 2006 despite an increase of patient discharges by over 500. Over all mortality decreased from 2.94% in 2005 to 2.49% in 2006, which is statistically significant. A cost difference of \$501 patient day less for the RRT group was noted also.

Recommendations:

- To standardize equipment utilized in resuscitative measures
- To utilizing technology for education which is easily accessible
- To continue with rapid response teams to maintain a reduction in resuscitations

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