MORNING CMO REPORT

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UPSTATE UNIVERSITY HOSPITAL

SPECIAL EDITION

Change to Rapid Response Team (RRT) Physician Staffing

Downtown Campus Only

I wanted to remind you of important changes in RRT that will take place next week on July 1st:

RRT Changes Alert

Rapid response teams (RRT's) have gained widespread acceptance within hospitals as a mechanism to identify, and quickly intervene on, hospitalized patients whose condition is deteriorating. While the efficacy of RRT's in actually saving lives has come into question (see for example Winters et al, 2007 or Chan et al, 2010), the literature does suggest that they can provide an important early warning system to avoid out-of-ICU codes and appropriately reassess the resources needed to provide safe care.

On the Downtown Campus of Upstate, RRTs are staffed by a SWAT Nurse, a Respiratory Therapist, and the Administrator on Call (to facilitate transfers, if necessary). The physician response to the RRT has been provided by a rotation between the MICU and SICU services, no matter where the patient is located or which service is assigned as the primary service. These two services have provided a superb response, but at the expense of pulling them away from even sicker patients already in the hospital's ICUs.

In response to concerns raised by these services regarding this burden, we have had several meetings to discuss staffing options for physician coverage of RRTs, including conversation with the Resuscitation Committee, Inpatient Services Committee, and Clinical Chiefs. No easy answers emerged from these discussions. Ultimately, the best near-term solution to emerge was to require the primary service assigned to the patient to serve as the first point of contact as part of the RRT call. In many ways this makes sense, as the team of record for this patient is most knowledgeable about their condition and ultimately responsible for their wellbeing.

Therefore, beginning on July 1st, any RRT will now require immediate response by the primary service caring for the patient showing signs of difficulty. The resident will receive a page with floor extension number followed by 911. Working in conjunction with the experienced SWAT Nurse, the Respiratory Therapist, and the patient's assigned care team, the primary physician will be responsible for assessing and directing the care of this patient. As per

hospital policy, the patient's attending physician will also be made aware of the RRT and will provide input into the plan of care. Should the primary team require additional **URGENT** or **EMERGENT** assistance, they should consult other services, including MICU or SICU, **(who are always in-house)**, particularly if ICU transfer is a potential end result. These services will need to respond to a consultation request in accordance with the Bylaws: Within 15 minutes for emergent consults and 4 hours for urgent consults. And as always, if the patient meets criteria, a code should be called to bring immediate life-saving care to the bedside.

We average about 45 RRTs per month, housewide, and two-thirds of these occur within the Department of Medicine. Different services may arrange to cover this responsibility differently, though involvement of more senior housestaff may be warranted given the likely acuity of these patients. Whatever the arrangement, there should be no question as to whom the primary floor nurse should call for any individual patient, in the event of an RRT.

As with any major change in the hospital, we will be monitoring this closely. I have asked that any failures to respond to the floor immediately be brought to the joint attention of me and the Chief of that Service. We will also be reviewing early experience with this new arrangement and making changes if necessary, as we want to be sure that the RRT, in whatever structure it is configured, is optimally serving its purpose in protecting our patients.

I realize that this change is coming on short notice and I apologize for any delays I may have introduced into the process through deliberation. I do believe this is the best solution we have at present with the resources on hand, and I hope you will help me to be sure this gets rolled out successfully. If you have questions or concerns, please let me know so we can try to get them addressed prior to July 1st, if possible.