Implementation of a Rapid Response Team: Saving Lives
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Problem:
Prior to implementation of the Rapid Response Team (RRT), the average number of true codes
occurring monthly outside the Intensive Care Unit (ICU)/Emergency Department (ED) was 4.5.

Evidence:
A patient’s baseline condition begins to deteriorate an average of 6.5 hours before an unexpected
critical event or actual cardiac arrest. The use of a Rapid Response Team can decrease the incidence
of cardiac arrest outside the ICU/ED by up to 50%.

Strategy:
The Rapid Response Committee and responder teams were developed using Physician Champions,
Critical Care RNs, and Respiratory Therapy Staff. The criteria for activation and pager system were
established for the RRT, and education provided to all staff (responders and activators). The RRT
program was piloted on 1 October 2008 and implemented hospital-wide for all inpatient units on
1 December 2008. The Medical Intensive Coronary Care Unit (MICCU) RNs were designated as
the RRT nurse responders.

Practice Change:
Activation criteria and pager number was provided to all staff via a badge sticker, algorithms and
posters. An evaluation of each RRT call and a chart review were completed to determine if there
was any delay in activation, and additional education was provided as needed.

Evaluation:
Outcomes measured, using an excel spreadsheet, included: number of RRT activations, true codes
per month both inside and outside the ICU/ED, and number of false codes, deaths and discharges
per month. Staff evaluation tool responses were also calculated.

Results:
Since the implementation of the RRT, the number of true codes outside the ICU/ED decreased from
4.5 to 2.7. Staff evaluations of the RRT showed strong positive feedback.

Recommendations:
Continue immediate feedback mechanisms, chart reviews and staff recognition for RRT activation.
Provide RRT refresher education as needed.

Lessons learned:
A RRT program can be initiated and implemented within 4 months. A variety of educational methods
will increase staff confidence and knowledge. Strong Physician Champions are required to maximize
participation and support from the medical staff.
Bibliography:


