PROBLEM: In 2007 a 511 bed rural academic level one trauma center instituted a RRT. There was mixed reaction among hospital leaders with the development of the team due to conflicting literature of RRT effectiveness. Therefore a retrospective, correlational study was undertaken to determine whether earlier intervention by a well functioning RRT reduces the incidence of cardiac arrests and improves 30 day outcomes of adult patients, at Scott and White Memorial Hospital.

EVIDENCE: Data collection will not be complete until Summer 2011. However, a total of 300 charts have been reviewed with preliminary evidence supporting RRT effectiveness.

STRATEGY: Based on preliminary findings the hospital administration has instituted RRT system wide.

PRACTICE CHANGE: RRT consisting of a critical care nurse and a respiratory therapist was instituted in January 2007 to provide coverage 24 hours a day, 7 days a week.

EVALUATION: The current model of the RRT has been in place for four years, with a decline in cardiac arrest outside of the ICU and ER.

RESULTS: The results have been numerous and include: implementation of a pediatric and family activated RRT, physician awareness in leadership roles, improved collaborative relationships, decrease in cardiac arrests, and decreased mortality.

RECOMMENDATIONS: An additional study is currently underway to determine if strict ICU discharge criteria should be established based on patients who experience a RRT within 24 hours after ICU discharge.

LESSONS LEARNED: Implementing a change within an entire hospital system can be a challenge and requires the support of multiple stakeholders. However, considering the positive impact RRT can have on patient outcomes and on staff satisfaction facilitates navigating and overcoming making the change.

BIBLIOGRAPHY:


