
PC.33 The hospital has an effective process for responding to patients with deteriorating conditions.

PC.33.1 The hospital establishes a rapid response team(s) of qualified staff to provide rapid response for deteriorating patients outside the intensive care unit.

PC.33.1.1 Team is composed of qualified staff educated on the rapid response process.

PC.33.1.2 Team provides coverage 24 hours a day, 7 days a week.

PC.33.2 There are written criteria communicated to the staff to define how and when to call for a rapid response team before the patient “coded”.

PC.33.3 Activities of the rapid response teams are documented.

PC.33.4 There is a regular evaluation of the activities and outcomes of the rapid response teams.

Standard Intent:

Staff who do not work in critical care areas may not have adequate knowledge and training to assess and monitor patients with critical conditions. However, a significant number of patients outside of critical care areas experience critical inpatient events. Often, a patient will exhibit early warning signs (**for example**, a worsening of vital signs or a subtle change in neurological status) shortly before experiencing significant clinical decline, resulting in a major event. The literature identifies physiological criteria that can assist staff in early detection of deteriorating patients.

A majority of patients who experience cardiopulmonary or respiratory arrest demonstrate clinical deterioration prior to arrest. When staff are able to identify these patients early and request additional assistance from specially trained individuals, clinical outcomes improve.

All clinical staff require education and training to provide the knowledge and skills to recognize and intervene when patient assessments identify physiological signs that are outside of the normal range, indicating a potential for patient deterioration. Early response to changes in a patient’s condition is critical to potentially preventing further deterioration. Hospitals that develop a systematic approach to early recognition and intervention of patients whose condition is deteriorating may reduce cardiopulmonary arrests and patient mortality.

PC.34 Policy and procedure guides the care of vulnerable dependent patients.

PC.34.1 The hospital has policies to define and guide the care of vulnerable dependent patients (e.g., immune-compromised, comatose, elderly and frail, disabled, terminally ill, neonates, infants, and children).

PC.34.2 Policies define at least the following information:

PC.34.2.1 Relevant clinical care management plans.

PC.34.2.2 Infection control guidelines.

PC.34.2.3 Security and safety guidelines.