​​​​​​​**​​​​​​​RAPID RESPONSE TEAM**

Busy hospitals often experience delays in recognizing and responding to acute deterioration in patients' clinical status.   
Rapid response teams (RRTs) can provide early intervention in case of clinical decline, and their use is associated with improved patient outcomes (reduced incidence of cardiac arrest and associated mortality).  RRTs are characterized by the following:

* **Multidisciplinary team:**   include practitioners from multiple health professions, including nurses, physicians, and respiratory therapists.
* **Patient assessment:** support primary care teams by regularly monitoring patients who are at high risk of clinical decline.   can assess and immediately treat patients when signs of clinical deterioration appear, preventing serious sequelae.
* **Activation criteria:**  are typically activated based on early clinical warning signs manifested by the patient (sustained tachypnea, arrhythmia, uncontrolled pain

**Psychological safety** refers to team members' **comfort** in taking necessary and appropriate actions for safety (openly expressing concerns, recruiting help).   
Psychological safety promotes effective **teamwork** and is an essential feature of **high reliability organizations  
  
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| **Pay-for-performance systems** | |
| **Description** | * Incentive payments to providers (physicians) are based on clinical performance * Payment is conditional on meeting predefined quality metrics |
| **Benefits** | * Optimizes health care spending while improving quality of care * Rewards improved outcomes & evidence-based use of resources |
| **Examples** | * Accountable care organization: network providers coordinate care & receive bonuses based on achievement of patient metrics (goal A1c%) |

P4P systems are intended to improve health care outcomes by linking physician financial incentives to delivery of evidence-based care.   
However, for such systems to improve overall quality of care, they must address equity (delivery of high-quality care regardless of demographic attributes, such as geography or socioeconomic status), which is one of the dimensions of high-quality care.  
Evidence suggests that practices serving affluent(wealthy) populations are more likely to achieve P4P quality metrics (patients have more resources to afford recommended medications or follow-up tests).   
As a result, this large (national) P4P network may preferentially reward more physicians in affluent regions, increasing gaps in resources and health outcomes between poor and high-