

## 2014 Gage Awards

<b>Reference #</b>	7489913
<b>Status</b>	Complete
<b>Name of hospital or health system</b>	Grady Health System
<b>Name of project</b>	Effect of Rapid Response Team's Initiatives on Cardiopulmonary Arrest Rate
<b>CEO name</b>	Mr. John Hauptert
<b>CEO approval</b>	Check here to confirm that your CEO approves of this project being submitted for a 2014 Gage Award
<b>Submitter name (first and last)</b>	Ethel Santiago
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<b>Within which of the two categories does your application best align?</b>	Quality

<p><b>1. Provide a brief description of the project. (This section should resemble an abstract for a poster presentation or an abstract for a peer reviewed journal. Include an objective, data sources, study design, findings, and conclusions.)</b></p>	<p><b>Introduction:</b> Currently the focus of Rapid Response Teams (RRT) is to proactively identify hemodynamically unstable patients and initiate interventions to avoid cardiopulmonary arrests. Modified Early Warning Scores (MEWS) system and/or increased rounds (every 3 hours on day shift and 2 hours on night shift) to units outside ICUs may further decrease the number of cardiopulmonary arrest for floor units (non-ICU units).</p> <p><b>Methods:</b> The Grady Health System started in 2006 with one registered nurse from the ICU, and an ICU respiratory therapist. Physician team members were contacted based on assessment findings. Hospital wide education was rolled out along with ongoing orientation about the role of RRT. All healthcare workers, families, and patients were educated about triggers for calling RRT. In 2009, a number of ICU nurses were recruited to form a combined Rapid Response and Central Line Management Team. MEWS was introduced on one unit in July 2012 to February 2013, and extended to two units in March 2013. Data was collected for all RRT activities from 2010 to present. The Modified Early Warning System (MEWS) was discontinued, and increased RRT rounds to all non-ICU units were implemented in May 2013 to present.</p> <p><b>Results:</b> In 2010, there were 884 activations to RRT and 22% were floor codes. In 2011, there were 1034 activations to RRT and 15% were for floor codes. In 2012, there were 1327 activations to RRT and 13% were for floor codes. Annualized floor codes for 2013 are 1510, with an annualized 8% for floor codes.</p> <p><b>Conclusions:</b> The implementation of RRT in the Grady Health System has decreased the cardiopulmonary arrest rate.</p>
<p><b>2. Describe the methods use in this project. Include where, why, and how the project was accomplished.</b></p>	<p>The Modified Early Warning System (MEWS) was introduced on one unit in July 2012 to February 2013, and extended to two units in March 2013. Data was collected for all RRT activities from 2010 to present. MEWS was discontinued, and increased RRT rounds to all non-ICU units were implemented in May 2013 to present.</p>
<p><b>3. Describe the results of the project. What data was used to support improvement results?</b></p>	<p>In 2010, there were 884 activations to RRT and 22% were floor codes. In 2011, there were 1034 activations to RRT and 15% were for floor codes. In 2012, there were 1327 activations to RRT and 13% were for floor codes. Annualized floor codes for 2013 are 1510, with an annualized 8% for floor codes.</p>
<p><b>4. Describe what happened as a result of the project. Was the improvement related to the intervention? Can the project be duplicated by other organizations?</b></p>	<p>The implementation of RRT in the Grady Health System has decreased the cardiopulmonary arrest rate. The project can be duplicated by other organizations.</p>
<p><b>5. Describe how patients, families, and if appropriate, community was included in the work.</b></p>	<p>Patients and families are educated about triggers for calling RRT, and the number for activating RRT.</p>
<p><b>Last Update</b></p>	<p>2013-12-13 11:19:04</p>
<p><b>Start Time</b></p>	<p>2013-12-13 10:12:58</p>

Finish Time	2013-12-13 11:19:04
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