

Challenges, solutions, benefits

[Linguistics](#), [English](#)



4 November A Summary of Rapid Response Team: Challenges, Solutions, Benefits

In an attempt to increase the quality of healthcare service in the country, and to reduce the number of avoidable deaths, health centers and administrators have been trying so hard in order to come up with a systematic method that will provide effective strategies for critical hospital situations. Several factors contribute to failure to provide high-quality care: “ increasing acuity levels of patients, rapid admission and discharge cycles, and the national shortage of nurses” (Thomas et al., 20). The caregiver’s ability to keenly recognize changes in patients’ condition is particularly important in order to avoid possible attacks, like cardiopulmonary arrest. The reason for the many complications in patient’s condition is the inability of staff to recognize significant changes on the physical condition of the patient: breathing, skin colour, etc.

In 2004, the Institute of Healthcare Improvement (IHI), in line with its 100,000 lives campaign, “ encouraged American hospitals to implement rapid response teams (RRTs) (20). The major purpose of RRT is to preclude the possibility of deaths outside the intensive care unit (ICU) by “ providing a resource team that can be called to a patient’s bedside” (21) all the time. As a matter of fact, a patient’s baseline condition starts to aggravate for an average 6.5 hours before a much more critical situation could occur; and what is more interesting is that 70% of these conditions can be prevented. The early detection of the possible signs of attacks by an RRT could do a lot to reduce the number of deaths and the rate of transferring patient to higher levels of care. RRT intervention has contributed to 50% decrease on the

number of cardiac arrest cases outside the intensive care unit; the rate of transfer of patient to the ICU was decreased by 58%; and deaths due to operative complications were reduced to 37%.

An RRT is an immediate response team that may be composed of the following: (1) physician and nurse; (2) intensivist and respiratory therapist; (3) physician assistant alone; (4) a critical care nurse and respiratory therapist; or (5) a clinical specialist alone. Just like everything else, RRT has its own problems, and the most common is the breakdown in communication between caregivers, staffs, and physicians; the failure to recognize changes on the patient's hemodynamic condition; and/or incomplete assessment or wrong treatments (21). In order to fix this problem, an effective communication technique called SBAR (situation, background, assessment, recommendations) was created. (21). This will ensure the accuracy of information received between caregivers, staffs, and physicians in order to respond well to the needs of the patients. Moreover, many nurses have expressed concerns about their new task. Some of them are worried that they might abandon their own patients to respond in an RRT call. That is why there is a backup support provided that will neutralize the availability of nurses in the hospital. The implementation of RRT is showing good results so far, although it is hard to declare the number of patients that were salvaged from death. But one thing is more telling and significant: before RRT was implemented, the survival rate at discharge for cardiopulmonary attacks or “code blue” is 15 %; but with RRT intervention, it has increased to a staggering 86% (25).

Works Cited

<https://assignbuster.com/challenges-solutions-benefits/>

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