

Legacy pilots Rapid Response Team

Goal is to decrease mortality and length of patient stay

By Cliff Collins, The Portland Physician Scribe

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Legacy Health System is employing a Rapid Response Team to prevent medical crises that could escalate into patients needing emergency intervention.

Focusing on inpatients with heart and lung conditions or those recovering from surgery, the program seeks to decrease patient mortality and reduce the length of stay for those who survive cardiac arrest.

Legacy Good Samaritan Hospital and Medical Center is serving as a pilot site for a Rapid Response Team, which is partially funded by CareOregon's Care Support and System Innovation program, and was part of the Institute for Healthcare Improvements' 100,000 Lives Campaign nationally.

"There is a strong case for participating in evidence-based efforts to improve patient care at Oregon hospitals," said David Labby, MD, PhD, medical director of CareOregon, who hopes additional providers and insurers will participate.

Through its Care Support and System Innovation program, CareOregon provides funding for more than 50 patient-focused initiatives and programs intended to enhance service to CareOregon clients, who primarily are Oregon Health Plan patients, said spokeswoman Maileen Hamto.

During its first two years of implementation, the CareOregon program has awarded more than \$380,000 to hospitals to establish evidence-based and life-saving interventions.

"Together with our providers, we are all working toward the goal of improving the quality of health care offered to the individuals and families we serve," said Labby.

Four Care Support and System Innovation-supported projects that were part of the 100,000 Lives campaign are:

--Legacy's Rapid Response Team, comprised of a group of critical care experts, provides immediate care for patients in distress. The Rapid Response Team is available to rush to the bedside of a declining patient, assess the situation and make appropriate interventions. The goal is to prevent codes and other medical crises.

--OHSU Hospital launched a medication reconciliation initiative designed to reduce medication errors during hospital stays and at discharge. The project is an attempt to have the medication history of the patient become a focus of an intake interview.

This process involves the patient, the family, the community physician and the admitting physician, as well as pharmacists and nurses, all working together to gather correct and accurate information, said Ruby Jason, director of inpatient pediatrics at OHSU's Doernbecher Children's Hospital.

--Asante Health implemented infection-control strategies at Rogue Valley Medical Center and Three Rivers Community Hospital. Multidisciplinary teams address glucose control for cardiac surgery patients, which is one of the components of reducing surgical

site infections. By reducing infections, the project expects to lower overall hospital costs and to decrease the patient's length of stay.

--OHSU Hospital is trying to protect patients on ventilators from developing pneumonia, by implementing evidence-based best practices for patients who suffer from pulmonary injury or disease. In helping patients avoid pneumonia, a common complication with ventilators, OHSU is reducing the length of stay in the hospital. In its first year, the project had a net benefit of more than \$1.5 million to OHSU and a savings of 492 inpatient days. This year OHSU will also work to improve care for patients discharged to skilled nursing and home care.

The collaborative nature of the Rapid Response Team empowers its members to take action—within their scope of practice—to stabilize a patient.

The patient's attending physician is notified of the team's assessment, and patients are transferred to the ICU when appropriate.

The team is not intended to take over for the patient's doctor or the bedside nurse, said Linda K. Jones, RN, Legacy manager of clinical practice support and Rapid Response Team project coordinator.

The team concept is based on the Institute for Healthcare Improvement's philosophy that it is best to rescue patients early in their decline, before a crisis occurs, she said.

Hospitals across the nation that use a Rapid Response Team report reductions in cardiac arrests, unplanned transfers to the ICU and overall mortality rates, according to Jones.

Rapid Response Teams now are in place at all five Legacy hospitals, including Salmon Creek in Southwest Washington.

At Legacy Emanuel, two teams now are on hand.

The program has been well received across the hospital system, and doctors consider the program an essential part of providing good care to patients, Jones said.

At Good Samaritan, the team was called to patients' bedsides more than 50 times between January and April.

Within the first month of the program, both Good Sam and Mount Hood Medical Center noted highly positive patient outcomes and satisfaction among team members.

"(The Rapid Response Team) has increased the level of confidence that nursing staff have in the support available to their patients on the acute care units," said Lewis Low, MD, medical director of Legacy's inpatient medicine service and medical director of the Good Samaritan Kern Critical Care Unit.

A number of CareOregon-supported projects such as the Legacy Rapid Response Team were part of the recent 100,000 Lives Campaign, which sought to prevent 100,000 unnecessary deaths by dramatically improving patient care.

Implementation of rapid response teams was among the six evidence-based and life-saving interventions included in the campaign.

Nationwide, more than 3000 hospitals participated in the recently concluded, 18-month-long campaign.

Oregon's 100,000 Lives Network includes the Oregon Patient Safety Commission, the Oregon Association of Hospitals and Health Systems, the Oregon Medical Association and Acentra Health (formerly OMPRO.)

Labby said CareOregon's Care Support and System Innovation projects also are in response to an Institute of Medicine call to action to improve the health care delivery

system by emphasizing system enhancements that are safe, effective, patient-centered, timely, efficient and equitable.

Legacy and other health systems, hospitals, clinics and other providers will meet Oct. 5 in Portland to discuss and compare results at the Care Support and System Innovation Provider Conference, which is scheduled for the Ambridge Event Center, 300 NE Multnomah St.

For more information on the CSSI program or the conference, contact Diana Wolford at 503-416-1725, or by email: wolfordd@careoregon.org.