



LSUHSC – S Rapid Response Team

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START Coordinators



What Is a Rapid Response Team?

- A Rapid Response Team (RRT) is a team of clinicians who bring critical care expertise to the patient bedside (or wherever it is needed)
- Also known as Medical Emergency Team (MET) or Emergency Response Team (ERT)

Why we need START

- 70% of patients show respiratory symptoms up to 8 hours prior to arrest
- 66% of patients display abnormal VS up to 6 hours prior to arrest
- Only 25% of physicians were notified prior to arrest
- 50% reduction in non – ICU deaths
- 26% reduction in overall mortality

Purpose of the Rapid Response Team (START)

- To provide early intervention in order to promote better outcomes such as:
 - reduced cardiac and/or respiratory arrests in the hospital
 - Reduction in transfers to the ICU
 - If transfer needed is more timely
 - reduced patient intubations
 - reduced number of hospital deaths outside the ICU
- To respond to a “**brush fire**” event before it becomes a “**forest fire**”



Role of START

- **Assess**
 - observe patient condition, order appropriate tests/treatment, organize information for physician
- **Stabilize**
 - take appropriate actions
- **Assist with Communication**
- **Educate and Support**
 - help staff develop critical thinking skills and confidence
- **Assist with transfer to higher level of care, if necessary**

Pediatric START Criteria

- Staff concerned or worried
- Acute change in HR
- Acute change in systolic blood pressure
- Acute change in respiratory rate
- Acute change in respiratory effort
- Acute change in neurological status
- Patient fails to respond to treatment

START Composition

- Critical Care RN
- Respiratory Therapist
- Primary/ICU physician Team

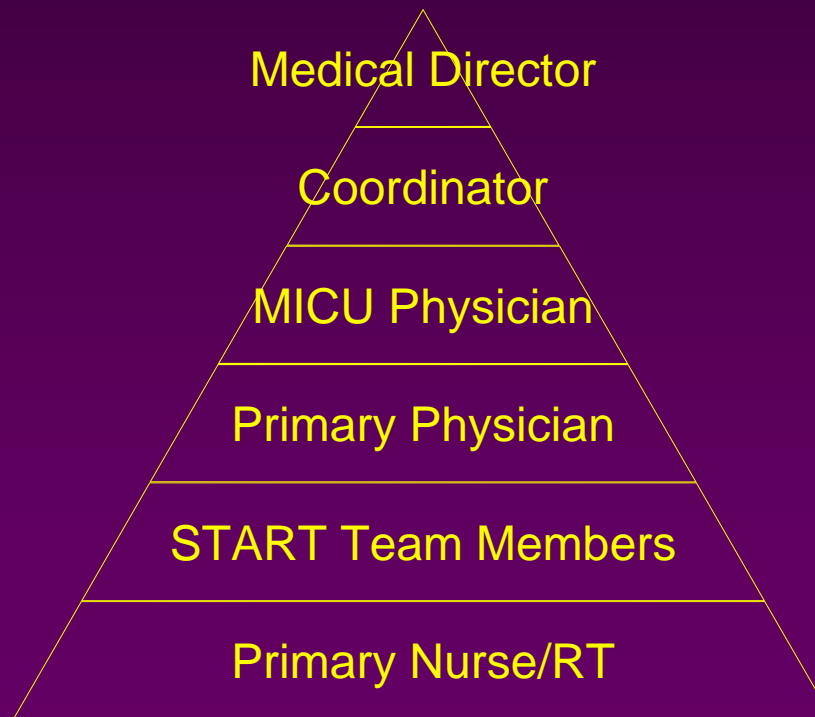
Primary Physician Role

- Return page to floor within 5 minutes
- Be present on floor within 10 minutes
- Assess and collaborate with primary nurse and START team to develop a plan to rapidly address the patient condition
- Documents all orders given for the team
- If transfer to the unit indicated, informs ICU team of patient

START Contingency Planning

- The House Supervisor will be paged for START pages
 - If more than one call will discuss with House Supervisor plan to care for both patients
- ICU physicians role

START Chain of Command



START Process

- Dial 675-7007
- Pager # 4321 (adult) CALL 5 – 7225 (peds)
- Dial in the extension for the START Team to call you back for a location and basic patient information
- Once START is paged the Primary Resident will also be paged

START Process

- Bleepers for the Critical Care RN, Respiratory Care Therapist, and House Supervisor will simultaneously alert them of where to call back to
- When the START is beeped – all members of START will respond with phone call within 5 minutes

START Process

- Staff give the members of START the following information:
 - Patient location
 - Current situation and
 - Medical background of the patient
- *The START assessment is to be completed with each assessment and if condition warrents

LSUHSC START Record

Louisiana State University
Health Sciences Center - Shreveport

In-Patient START Record

ADDRESSOGRAPH STAMP

PROHIBITED ABBREVIATIONS
 IU MS MqSO₄ MSO₄ Q.D. QD q.d. qd Q.O.D. QOD q.o.d. qod U u Trailing Zero (Write X mg) Lack of Leading Zero (Write)

Date: _____ Room / Location: _____ Time Called: _____ Arrival Time: _____ Event Ended: _____

Reason for Call:
 Staff Concerned / Worried
 Reason: _____
 Acute change in heart rate
 Acute change in systolic blood pressure
 Acute change in respiratory rate / respiratory effort / SaO₂
 Acute change in neurological status
 Patient fails to respond to treatment

Situation:

RECOMMENDATIONS / INTERVENTIONS

Airway / Breathing		Circulation	
	TIME		TIME
<input type="checkbox"/> Oral Airway	_____	<input type="checkbox"/> IV Fluid	_____
<input type="checkbox"/> Suctioned	_____	<input type="checkbox"/> Blood	_____
<input type="checkbox"/> Neb. Tx	_____	<input type="checkbox"/> EKG	_____
<input type="checkbox"/> Intubated	_____	<input type="checkbox"/> CPR	_____
<input type="checkbox"/> NPPV	_____	<input type="checkbox"/> Defibrillation	_____
<input type="checkbox"/> Bag / Mask	_____	<input type="checkbox"/> Cardioversion	_____
<input type="checkbox"/> O ₂ Mask / NC	_____	<input type="checkbox"/> No Intervention	_____
<input type="checkbox"/> ABG	_____		
<input type="checkbox"/> CXR	_____		
<input type="checkbox"/> No Intervention	_____		

Background:

Assessment

Time	Temp	B/P	HR	RR	SpO ₂	GCS

MEDICATION DOSE TIME

OTHER INTERVENTION TIME

All Orders Read Back

OUTCOME: Stayed in Room Transfer to ICU
 Other: _____
 Physician Notified: _____ Time: _____

SIGNATURE:
 RN _____
 RT _____
 PHYSICIAN _____

Follow-Up Report:

 Signature _____ Date/Time _____

COVER: IN-PATIENT START RECORD
 WHITE - Original Chart; CANARY - Copy Database
 LSUHSC-S 7377 Rev. 5/08

Louisiana State University
Health Sciences Center - Shreveport

Out-Patient START Record
Emergency Response Team (ERT)

ADDRESSOGRAPH STAMP

PROHIBITED ABBREVIATIONS
 IU MS MqSO₄ MSO₄ Q.D. QD q.d. qd Q.O.D. QOD q.o.d. qod U u Trailing Zero (Write X mg) Lack of Leading Zero (Write)

Date: _____ Clinic / Location: _____ Time Called: _____ Arrival Time: _____ Event Ended: _____

Reason for Call:
 Staff Concerned / Worried
 Reason: _____
 Acute change in heart rate
 Acute change in systolic blood pressure
 Acute change in respiratory rate / respiratory effort / SaO₂
 Acute change in neurological status
 Patient fails to respond to treatment

Situation:

RECOMMENDATIONS / INTERVENTIONS

Airway / Breathing		Circulation	
	TIME		TIME
<input type="checkbox"/> Oral Airway	_____	<input type="checkbox"/> IV Fluid	_____
<input type="checkbox"/> Suctioned	_____	<input type="checkbox"/> Blood	_____
<input type="checkbox"/> Neb. Tx	_____	<input type="checkbox"/> EKG	_____
<input type="checkbox"/> Intubated	_____	<input type="checkbox"/> CPR	_____
<input type="checkbox"/> NPPV	_____	<input type="checkbox"/> Defibrillation	_____
<input type="checkbox"/> Bag / Mask	_____	<input type="checkbox"/> Cardioversion	_____
<input type="checkbox"/> O ₂ Mask / NC	_____	<input type="checkbox"/> No Intervention	_____
<input type="checkbox"/> ABG	_____		
<input type="checkbox"/> CXR	_____		
<input type="checkbox"/> No Intervention	_____		

Background:

Assessment

Time	Temp	B/P	HR	RR	SpO ₂	GCS

MEDICATION DOSE TIME

OTHER INTERVENTION TIME

All Orders Read Back

SIGNATURE:
 RN _____
 RT _____
 PHYSICIAN _____

OUTCOME:
 Remained in Clinic
 Transferred ED via Shreveport EMS
 Other _____

COVER: OUT-PATIENT START RECORD - EMERGENCY RESPONSE TEAM (ERT)
 WHITE - CHART; BLUE - EMS; CANARY - Database
 LSUHSC-S 7417 Dev 5/08



START Data Collection

- A copy of the START form is placed in the START form box in MICU
- A satisfaction survey will be completed by the RN that notifies the team
 - These forms may be placed in the START box or at H7 – 14 (the ECLS office)

START Data Collection

- A START Coordinator logs all calls to START in the computer
- A monthly report will be sent to the unit managers to share cases with the staff during the staff meetings

Barriers

- Teaching institution
 - Collaboration with Primary Physician Team Key
- Assuming patient care
 - We are an adjunct to the primary team
 - We are there to assist the nurse in caring for the patient

Items for the START Team

- **Beeper**
 - Will be checked every shift by the operator
- **START Supply Bag**
 - To be re – stocked after each use
 - Must be signed by START member once restocked

Conclusion

- Rapid Response Teams are a proactive process that has been shown to improve patient outcomes
- National Patient Safety Goal
- This is a work in progress
 - Any feedback you have will be appreciated
- If any questions call the ECLS office 5 - 7610

