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Enhancing Nurse-Led Rapid Response Teams (RRT) to Save Lives

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Background

- Increase in PHS-OR “failure to rescue” events.
 - Increase in sentinel events r/t vital sign instability
 - Direct care nurse response to MEWS/Sepsis alerts below target
- RRT serves as clinical safety net for all patients.
- RRT processes were not reliable.
- Practices were Ministry specific.
- Lack of standardized training for RRT RNs.

Purpose

Improve patient outcomes through standardized and reliable rescue during all RRT activations.

Methods

- Ministry identified RRT RNs
- Development and implementation of regional:
 - 1) Evidence based RRT clinical practice guideline

RRT RN Evaluation of Training

Responses based on a 5-point Likert scale

Years of experience in RRT role	N Complete survey	Number excluded from analysis (Incomplete survey)	Pre/Post Survey	Rate your understanding of the RRT Clinical Practice Guideline.	Rate your understanding of the RRT Clinical Escalation Protocol.	I feel prepared to coach and mentor direct care nurses during rapid response events.	This training will improve outcomes for acutely unstable and deteriorating patients.	This training will help me be more effective in my role as a Rapid Response Nurse
< 1 year	10	0	Pre	2.2	2.2	3.4	4.3	4.3
			Post	4.5	4.5	4.2	4.3	4.2
1-4 years	20	3	Pre	2.1	2.2	3.8	3.9	4.0
			Post	4.3	4.2	4.3	4.2	4.2
5-9 years	16	2	Pre	2.0	1.8	4.4	4.1	4.2
			Post	4.1	4.3	4.6	4.4	4.4
10-14 years	6	0	Pre	2.3	2.5	4.3	4.0	4.2
			Post	4.0	4.0	4.5	4.2	4.0
> 15 years	11	1	Pre	3.6	3.0	4.4	4.8	4.7
			Post	4.4	4.4	4.4	4.3	4.4
Not specified	10	3	Pre	3.3	3.3	3.8	4.1	3.8
			Post	4.1	4.2	4.2	4.2	4.3
Total	73	9	Pre	2.5	2.4	4.0	4.2	4.2
			Post	4.2	4.3	4.4	4.3	4.3

- 2) RRT RN credentialing program including high fidelity simulation, online training, and pre/post assessment of self-perceived knowledge

Results

- N = 73, data collection continues.
- Training increased perceived knowledge of the RRT Clinical Practice Guideline.
- RRT RNs with < 4 years of experience reported improved preparation for coaching and mentoring.
- RRT RNs with < 9 years of experience reported training will improve outcomes and role effectiveness.



Discussion/Implications

- Development of a evidence-based regional RRT guideline is the first step to standardizing practice.
 - Implementation of the standard is Ministry dependent.
- RNs with less experience in RRT role reported greater benefit from the training program.
- Additional follow-up is needed to evaluate the impact of the RRT practice guideline and RN training on patient outcomes.
- Due to Covid-19, training and implementation was paused. Will resume Fall 2020.

