

IHI WI Node

## IHI 100,000 Lives Campaign: Rapid Response Team Action Plan

**Overall Strategy: Provide supportive resources to WI hospitals to implement Rapid Response Teams (RRTs)**

**Current Baseline** (from survey) = x number of participating hospitals have Rapid Response Teams in place now

**Strategic Goal for RRT portion of Campaign: 100% of participating WI hospitals (est. 46 as of May 16, 2005) will have Rapid Response Teams in place by (Jan. 1, 2006) in order to achieve lives saved by June, 2006.** We seek to achieve the “best” state-wide performance levels on Rapid Response Teams of any state in the 100,000 lives campaign.

IHI 100,000 lives campaign is targeting 100,000 lives to be saved nationwide in the 18-month period from January 2005 to June 2006, then 100,000 lives each year thereafter. (source: Jan. 12, 2005 IHI audio conference)

**IHI Rationale for Rapid Response Teams:** This initiative targets unexpected deaths of patients not in the ICU. It seeks to identify patients at risk for death before arrest, based on evidence (published 1990 and 1994), that patients often exhibit signs and symptoms of physiological instability 6 to 8 hours prior to a cardiac arrest. The role of the Rapid Response Team is to Assess, Stabilize, Assist with Communication, Educate and Support, and Assist with Transfer if necessary. In a report of 64 U.S. hospitals using the 2 x 2 matrix (October 2004), 48% of all deaths were found in “Box 4” – i.e., patients who were admitted for Non Comfort Care, but not admitted to the ICU and hence, not expected to die. These are the ones a Rapid Response Team can have an impact on, according to the IHI Getting Started Kit.

**General Approach for WI Node on RapidRRTs:** The Wisconsin Node will support its participating hospitals by:

- Helping direct hospitals to the existing IHI Getting Started Kit: Rapid Response Teams (How-to Guide) available at [ihi.org](http://ihi.org); Researching additional information that hospitals consider essential to understanding how to implement Rapid Response Teams, especially by locating hospitals using best practices.
- Gathering information about the extent of RRTs in WI
- Disseminating information about models that work – both practically for implementation, and effectively in terms of saving lives
- Identifying major barriers that WI hospitals are experiencing in implementing RRTs

- Tracking and reporting dates for: study of the idea, in-hospital preparatory planning work, and implementation in place. Preparing planning-aids for hospitals who wish to implement RRTs.
- Assisting with confidential data collection, and confidential assessment of how RRTs are working in Wisconsin, in order to know it's working before the national data are reported.

<b>What will this team do?</b> (Objectives)	<b>How will we do it?</b> (Action Plan including resources - FTE's, supplies, equipment, etc.)	<b>Target date and responsible persons.</b>	How will we evaluate what we have done? (Measurement )	Quarterly Update
Conduct a survey to assess baseline existence of RRTs in WI hospitals, and various characteristics such as: <input checked="" type="checkbox"/> Who is currently using rapid response teams, <input checked="" type="checkbox"/> What have they learned, <input checked="" type="checkbox"/> How are they structured, <input checked="" type="checkbox"/> How do they measure success?	Activities: <input checked="" type="checkbox"/> Draft tool (Gretchen Dahlen) <input checked="" type="checkbox"/> Pilot the survey with WONE board (Betsy Benz) <input checked="" type="checkbox"/> Revise instrument if needed (Gretchen) <input checked="" type="checkbox"/> Zoomerang (Dana Richardson at WHA) <input checked="" type="checkbox"/> Analyze results (Gretchen)	Pilot the survey by June 3; Distribute "real" survey by June 10 for completion by June 20. Analyze results by June 30	<ul style="list-style-type: none"> <li>• Meeting the specified dates</li> <li>• Obtaining useful results &amp; information, including identifying additional members for RRT steering committee</li> <li>• Clarity of report</li> </ul>	(na)
Prepare Sample Timeline for WI hospitals to implement RRTs, if they have not yet started, but wish to get results on the Campaign timetable	<ul style="list-style-type: none"> <li>• Sample timeline will outline 5 stages:  <input checked="" type="checkbox"/> Stage 1: Discussing &amp; Organizing  <input checked="" type="checkbox"/> Stage 2: Planning &amp; Educating  <input checked="" type="checkbox"/> Stage 3: Implementation is Scheduled  <input checked="" type="checkbox"/> Stage 4: Rapid Response Teams are Implemented (by Jan. 1, 2006)  <input checked="" type="checkbox"/> Stage 5: Monitor and Improve (through June 2006)                     </li> </ul>	Complete by May 31 (Gretchen)  Upload to (Metastar and IHI?) website(s) (Carolyn Coffey)	<ul style="list-style-type: none"> <li>• Meeting the specified dates</li> <li>• Sample timeline is available on the web</li> <li>• Sample is updated as needed, based on feedback</li> </ul>	Timeline done, May 27, 2005  Placement on web: (date?)
Collaborate with team leaders of WI Nodes/Metastar on IHI recommendations, including reporting of measures to IHI	<ul style="list-style-type: none"> <li>• Conference calls</li> <li>• Meetings</li> </ul>	Tentatively, mid-July (focused on RRT survey findings), then as needed		

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Develop a resource panel of people in WI to help educate the hospitals on need for teams, resources, structures, how to measure success	Methods/Channels of educations may include but not limited to: <input checked="" type="checkbox"/> WI Rural Healthcare Cooperative regional round tables (Tim Size) <input checked="" type="checkbox"/> Mailings/e-mailings <input checked="" type="checkbox"/> Conference calls <input checked="" type="checkbox"/> Forums <input checked="" type="checkbox"/> Articles in participating groups newsletters	June 30 – July 15 (RRT Steering Committee)  and ongoing throughout the campaign, especially July 1 – Sept. 1, 2005		
Communicate information; Large focus on this initially then on going	Methods/Channels of communication may include but not limited to: <input checked="" type="checkbox"/> WRHC round tables <input checked="" type="checkbox"/> Mailings/e-mailings <input checked="" type="checkbox"/> Conference calls <input checked="" type="checkbox"/> Forums <input checked="" type="checkbox"/> Articles in participating groups newsletters			

Questions and comments about this plan should be directed to the Rapid Response Team Steering Committee. Contact Gretchen Dahlen, The Dahlen Company at 608-832-6609 or [dahलगret@aol.com](mailto:dahलगret@aol.com), or Betsy Benz, St. Vincent Hospital at [betsy.benz@stvgb.org](mailto:betsy.benz@stvgb.org)