

Building High-Performance Team Dynamics for Rapid Responses: A Model for Sustainable Process Change and Improved Patient Outcomes

Project Leads: Evan and Lauren Raff

Project Sponsors: Lydia Chang and Jin Ra

Project Coaches: Carlton Moore and Shana Ratner

Project Managers: Kelly Reilly and Arianna Keil

Project Team Members: Brittany Davis, Ellenita Kornegay, Jennifer Mack, Michael Greenberg,
Katherine Anzinger, Sarah Weiner, Jeff Soltes, Brandy Pearson, De-vaughn Williams

Situation: What is this person talking about? What even is a “rapid response?”

Rapid response systems facilitate early detection and prompt treatment of clinically deteriorating hospitalized patients

- Common reasons include changes in heart rate, blood pressure, respiratory rates, oxygen saturation, urine output, mental status, early warning score, or someone is generally just “worried” about the patient
- Can be called by **ANYONE**
- Rapid response team comes to the rescue

Rapid response nurse

Respiratory therapist

Primary bedside nurse

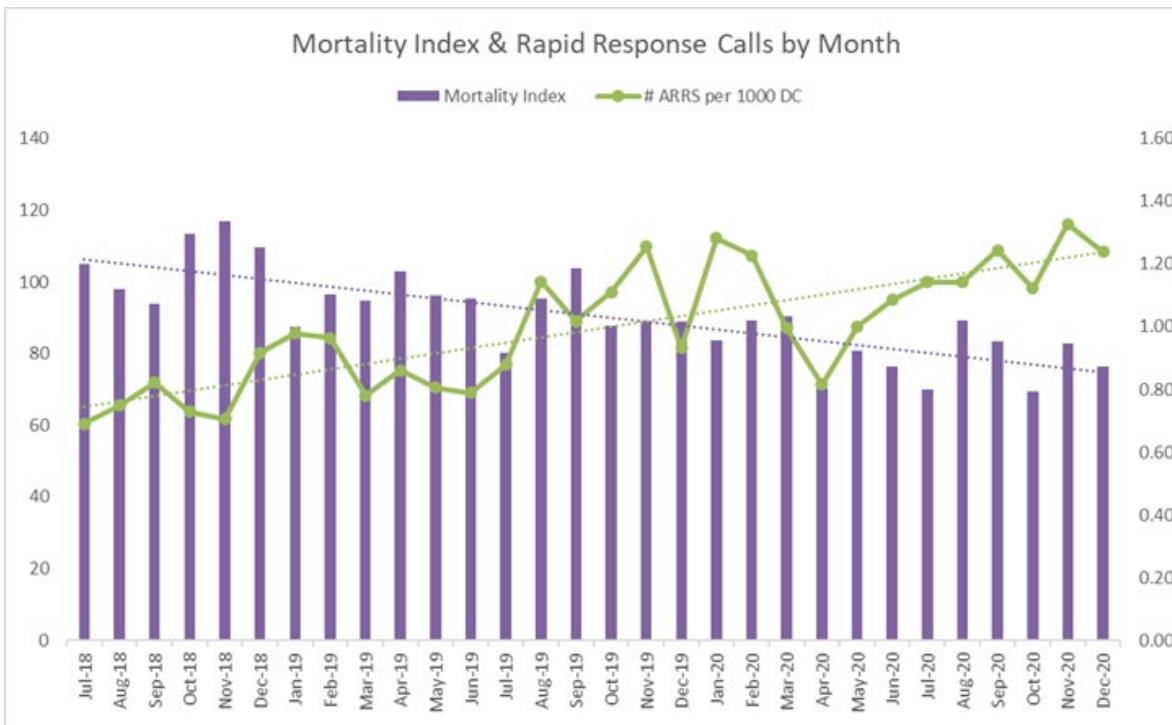
House supervisor

Patient and their loved one(s)

Primary provider

Importance

Rapid response systems have been shown to decrease in-hospital cardiac arrests and mortality



Negative correlation
between inpatient mortality
index and number of rapid
responses per 1000
discharges over the course
of the past 2 years at
UNCMC.

More rapids = more better

Stakeholder analysis

Cool, sounds good. So what's the problem?



"The roles in a rapid response are often not clearly defined and this often **causes a breakdown in communication, chaos in the room**, to many people performing multiple/same tasks and a lack of general guidelines for communication and delegation."

"Rapids always seem like a **jumbled mess**, it would be good to have a more standard plan when possible to streamline care."



"A more formalized way of communicating during a rapid could help. Sometimes I walk in to a rapid and the **nurses are saying one thing and the doctors are talking about something else**. It can make it feel chaotic at times."

Global aim

Enhance rapid response team performance for all patients undergoing adult rapid response activation at UNC Hospital with demonstrated reduction in repeat rapid responses per patient, length of stay, and mortality as well as improved provider satisfaction with rapid response events.

Key Drivers

Effective communication and respectful team dynamics

Early recognition of unmet patient needs

Timely, standardized, evidence-based medical care provided during rapid response event

Smart aim and change ideas

Enhancement of rapid response team performance through:

- Standard rules of engagement and collaboration
- Clear delineation of roles and responsibilities
- Utilization of effective and structured communication (TeamSTEPPS)
- Standardized post-event debriefs

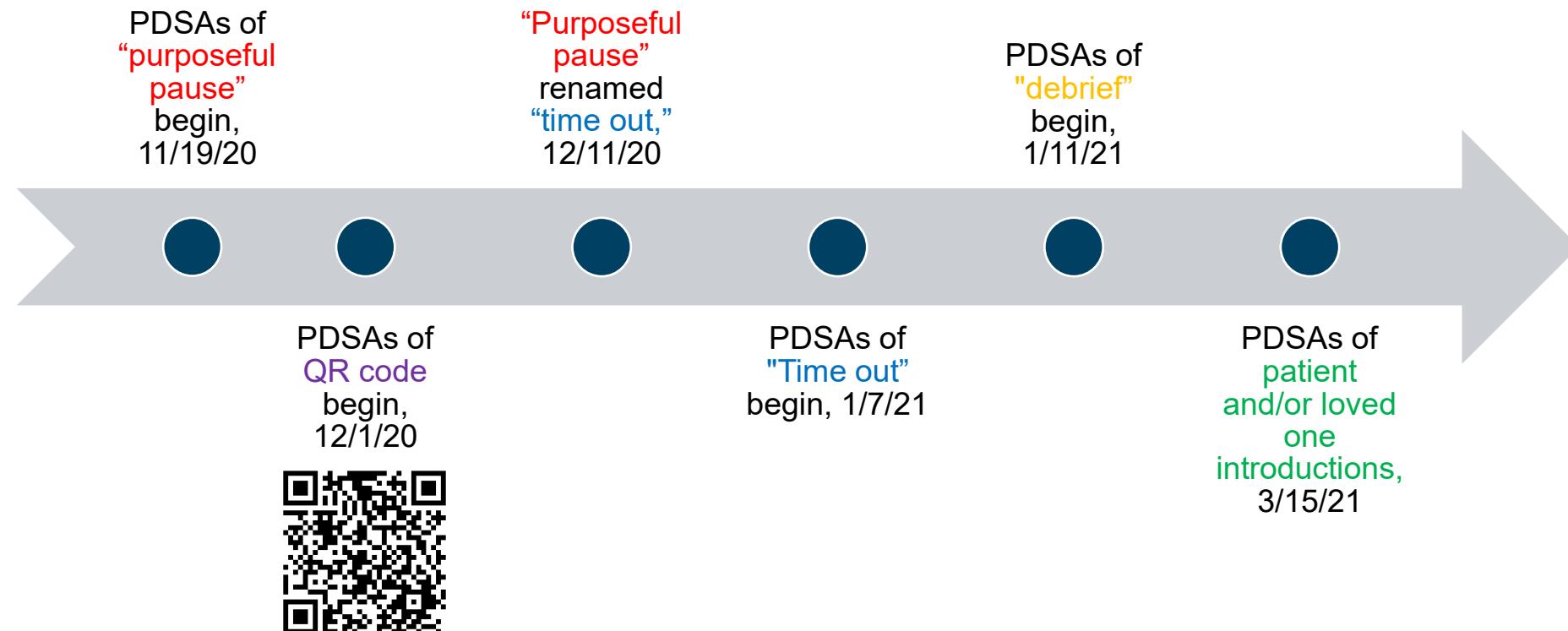


Smart aim:

70% of all RRs include all parts of the *communication bundle by August 31, 2021.

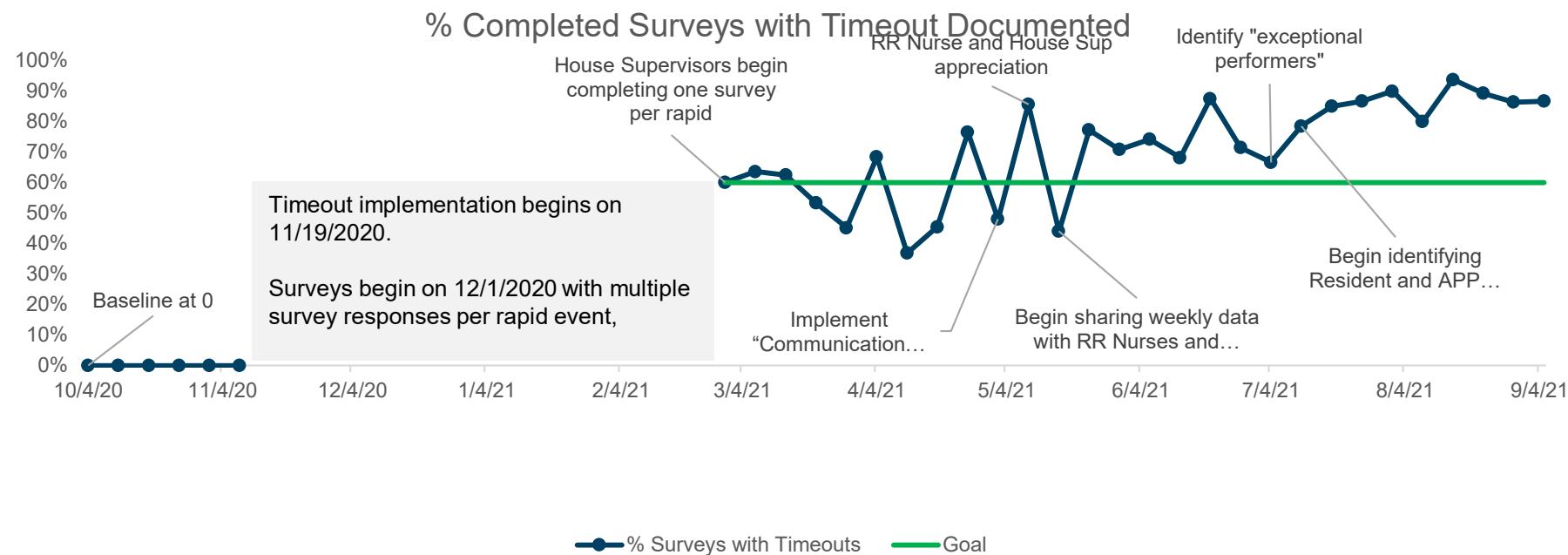
*Communication bundle = introductions, synopsis, and debrief

The story of our process

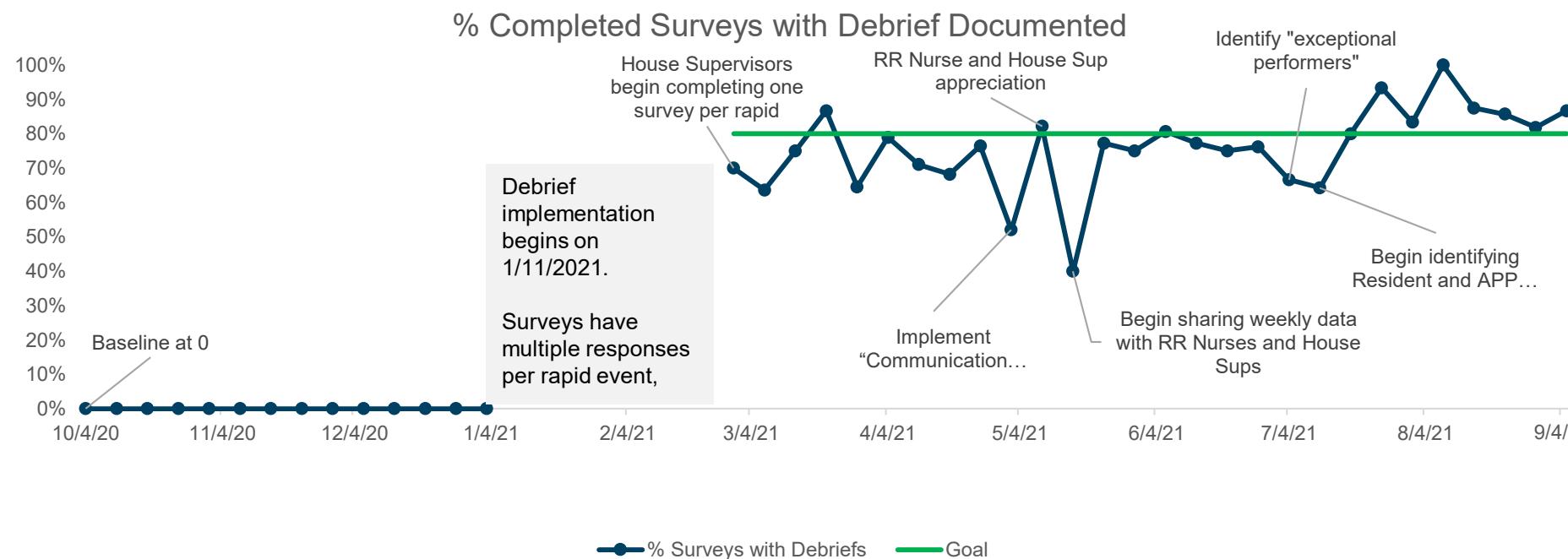




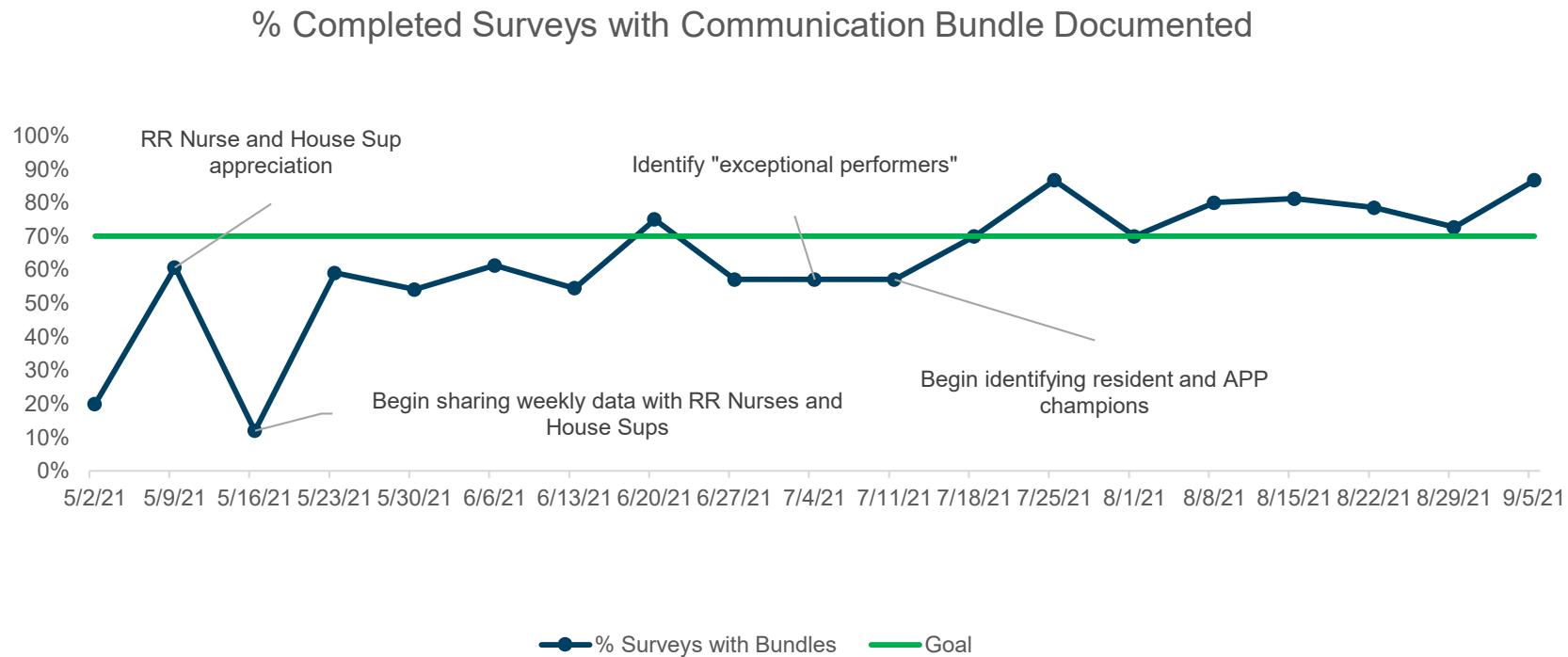
Process measure: Time out



Process measure: Debrief



Outcome measure: Communication Bundle



Quotations

“Continue to ensure this process keeps its momentum; it really creates team efforts and allows holistic care for the patient.”

“Great communication. Interventions were delegated & very effective teamwork.”

“Despite COVID-19 and it's constraints, medicine residents/interns/PAs/fellows/NPs/attendings are able to remain calm and embrace the IHQI process. Medicine is able to be the leaders of the timeout process, and everyone feels like a team during the timeout and debriefing process.”

“Continue to ensure ALL practitioners are taught this year after year.”

“Keep this momentum. This makes rapid response events more productive.”

“Patient’s father actively took part in all aspects of rapid response.”

“Great teamwork and communication amongst the MDs and nursing.”

Sustainment

- Ongoing educational efforts (APPs and physicians, in particular)
- Recognition for high performing team members
- Expansive network of interdisciplinary champions
- Formalized as part of the Adult Rapid Response Committee
- Submitted R21 grant for proactive rapid response consultative service
- Awarded a health equity grant to overcome inequities in rapid response outcomes in non-English speaking patients

Challenges that we experienced and things we learned

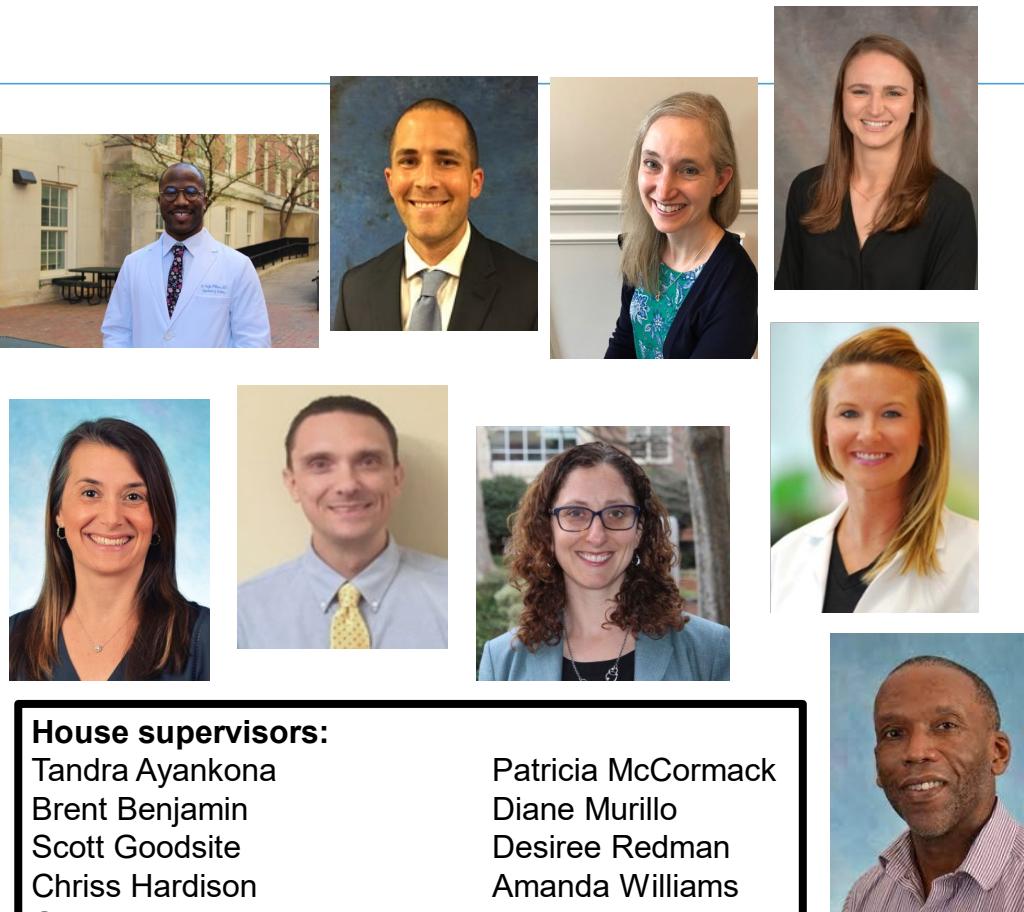
- Large scale change of culture and communication is hard...but can be done!
- Team empowerment and recruitment of stakeholder champions is critical
- Our rapid response nurses are INCREDIBLE, IRREPLACEABLE, and a true ASSET to our institution and patients

Acknowledgements (y'all the best)

Rapid response nurses:

Dwayne Bell
Alma Cecile Chung
Brittany Davis
Jason Farley
Ellenita Kornegay
Janice Galloway
Jacob Jacoby

Kelly Long
Olivia (Liv) Lunardo
Jennifer MacDonald
Cassandra Mayhew
Kesha Mensah-Bonsu
Erin Shelton
Sandra (Sandi) Thomas
Barry Warren



UNC

INSTITUTE FOR HEALTHCARE
QUALITY IMPROVEMENT

House supervisors:

Tandra Ayankona
Brent Benjamin
Scott Goodsite
Chriss Hardison
Ginny Ingersoll
Christa Jones-Hooker
Patrick Lallier

Patricia McCormack
Diane Murillo
Desiree Redman
Amanda Williams
Jessica Williams
Lindsay Yount