

# **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

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## 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

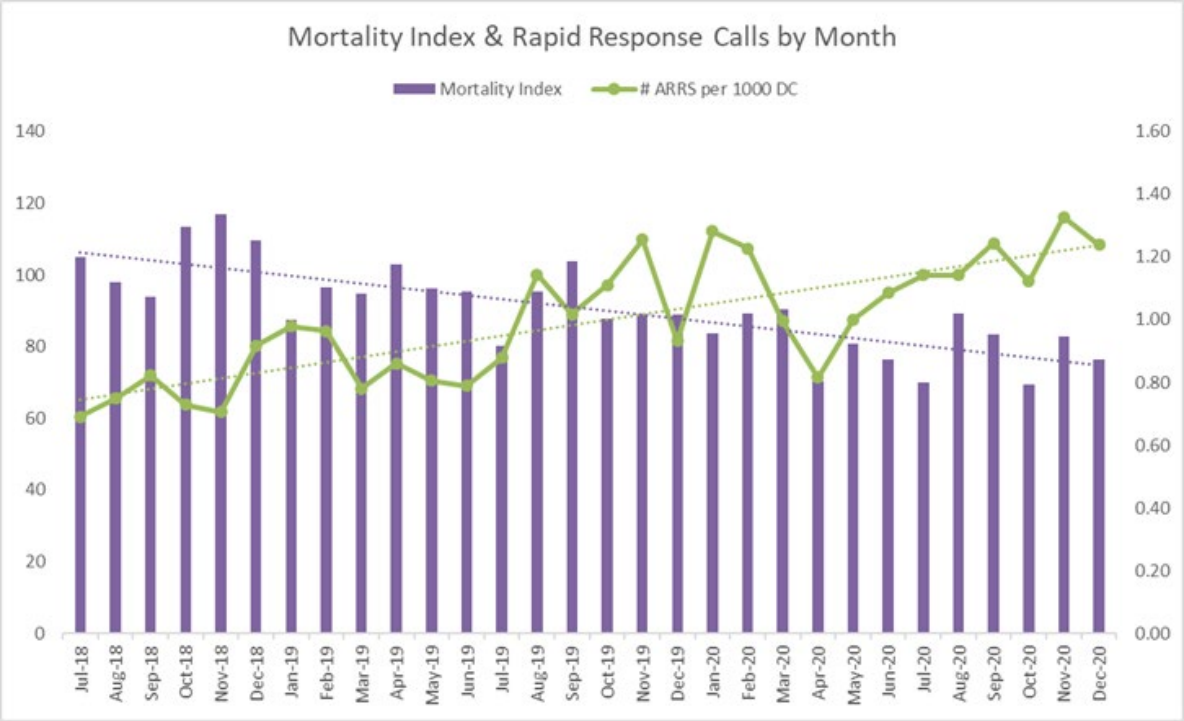
House supervisor

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.”

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## 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

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## Smart aim and change ideas

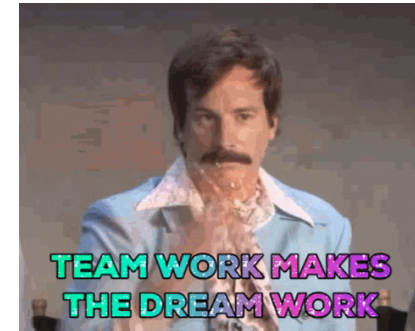
Enhancement of rapid response team performance through:

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

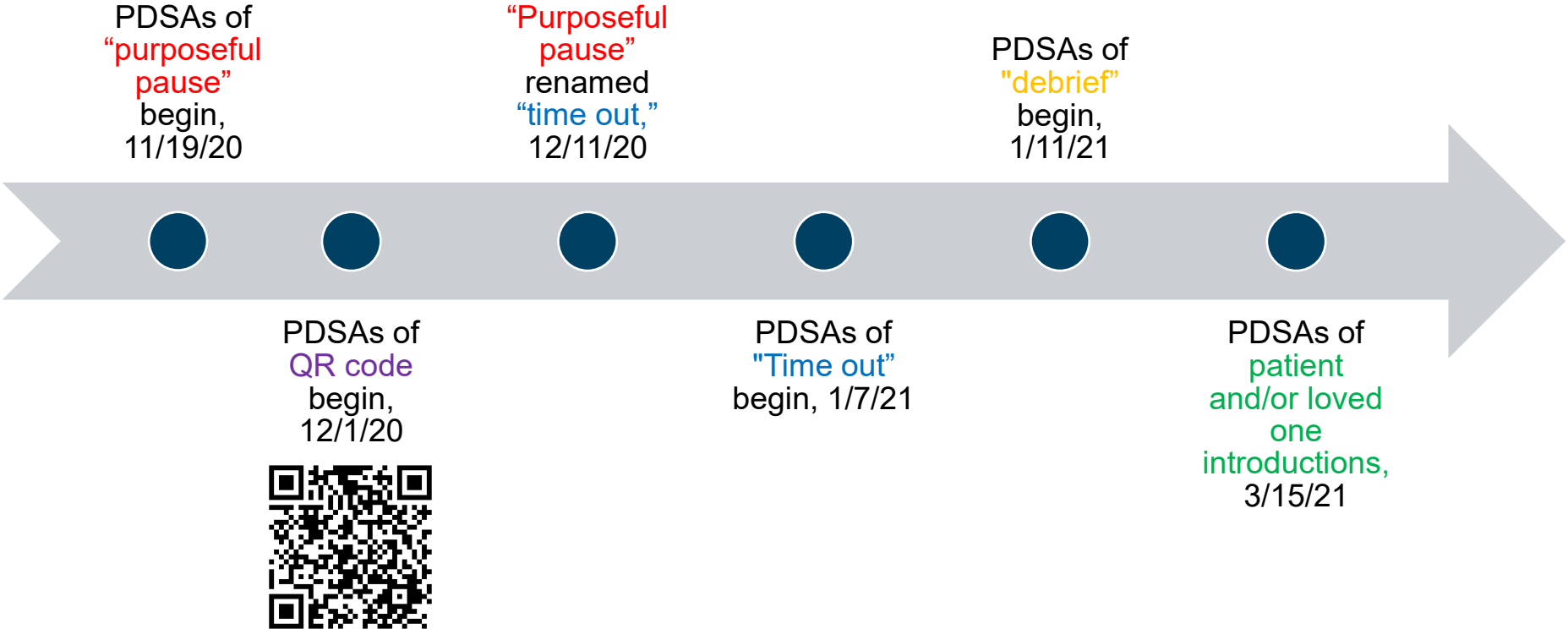
**Smart aim:**

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

\*Communication bundle = introductions, synopsis, and debrief



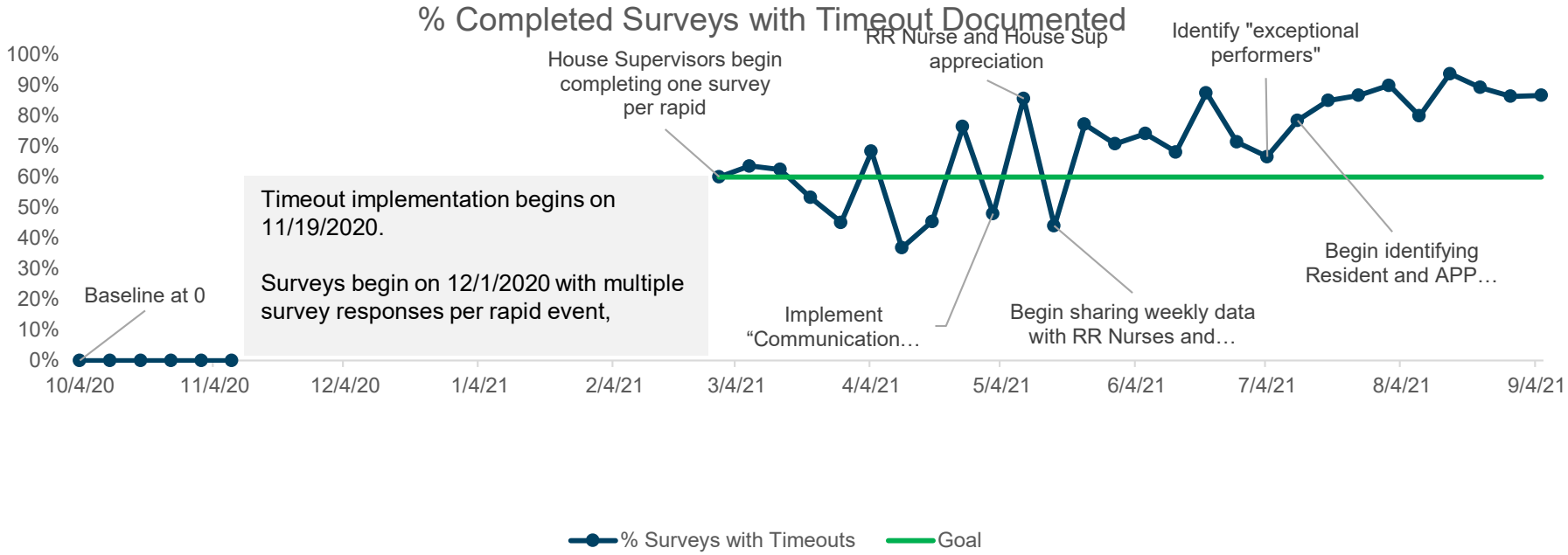
# The story of our process



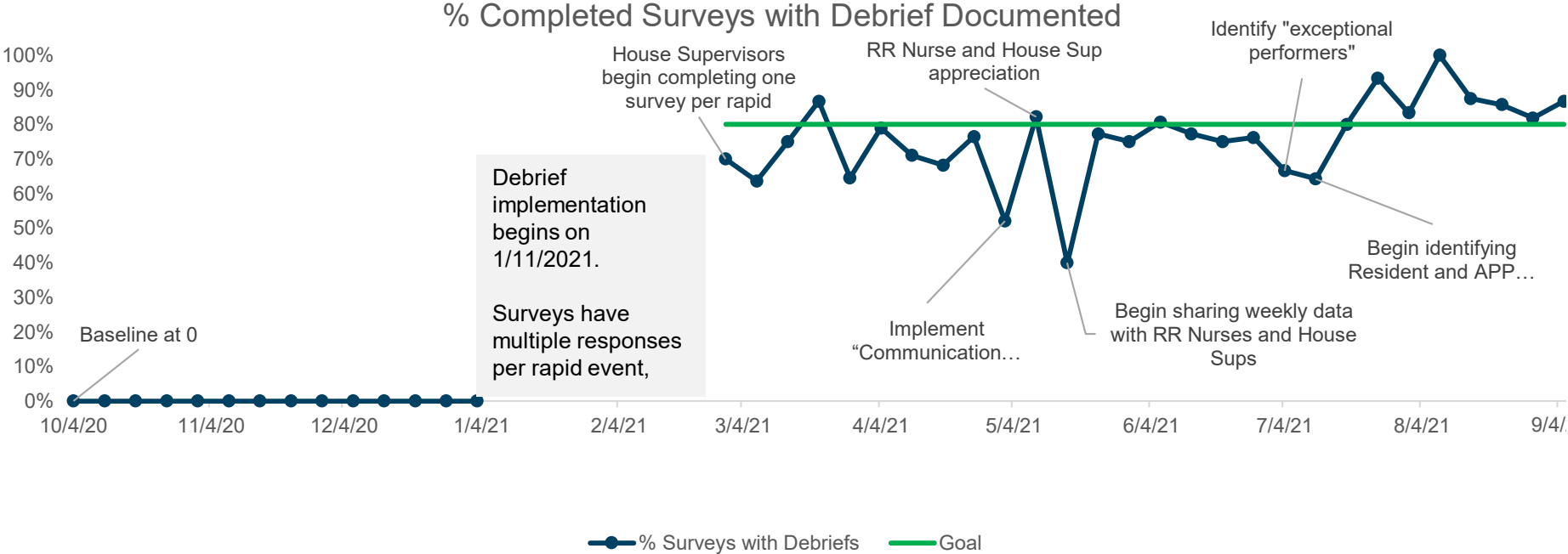




# Process measure: Time out

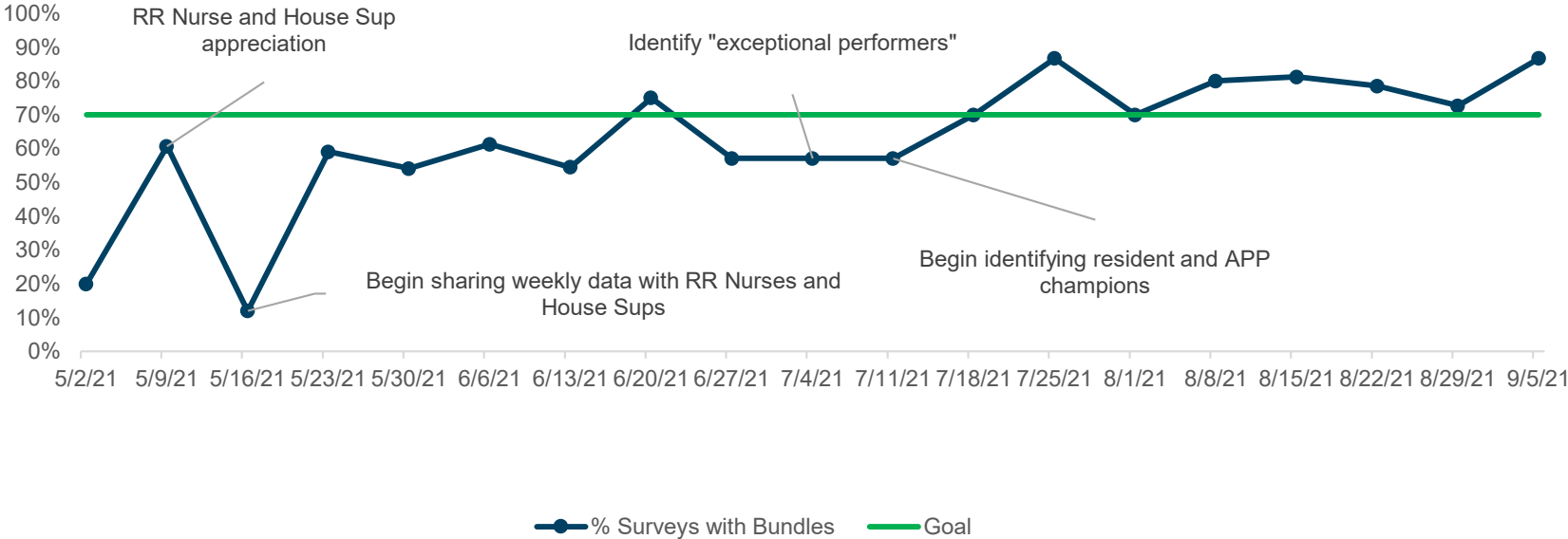


# Process measure: Debrief



# Outcome measure: Communication Bundle

## % Completed Surveys with Communication Bundle Documented



## Quotations

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**“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

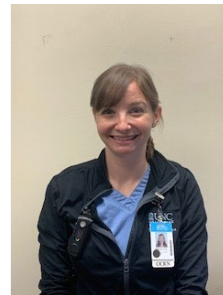
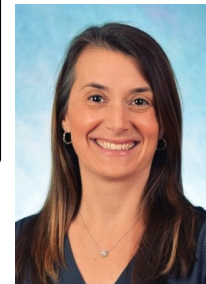
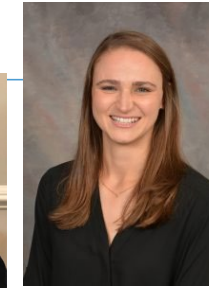
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- Large scale change of culture and communication is hard...but can be done!
- Team empowerment and recruitment of stakeholder champions is critical
- Our rapid response nurses are INCREDIBLE, IRREPLACEABLE, and a true ASSET to our institution and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

## Acknowledgements (y'all the best)

**Rapid response nurses:**

Dwayne Bell	Kelly Long
Alma Cecile Chung	Olivia (Liv) Lunardo
Brittany Davis	Jennifer MacDonald
Jason Farley	Cassandra Mayhew
Ellenita Kornegay	Kesha Mensah-Bonsu
Janice Galloway	Erin Shelton
Jacob Jacoby	Sandra (Sandi) Thomas
	Barry Warren



**House supervisors:**

Tandra Ayankona	Patricia McCormack
Brent Benjamin	Diane Murillo
Scott Goodsite	Desiree Redman
Chris Hardison	Amanda Williams
Ginny Ingersoll	Jessica Williams
Christa Jones-Hooker	Lindsay Yount
Patrick Lallier	



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