



UNC  
SCHOOL OF MEDICINE

THE UNIVERSITY  
of NORTH CAROLINA  
at CHAPEL HILL

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February 1, 2023

Dear IHQI Review Committee Members:

As Physician Chair of the Adult Rapid Response Committee and Hospitalist Service Line Leader at UNC Medical Center, I am writing to express my support for Lindsey Phillips, MD, and Ellenita Kornegay, BSN, RN, CNIII, as co-leads of the IHQI grant application titled: "Comprehensive Resident Simulation Training to Improve Patient Outcomes After Rapid Response Events at University of North Carolina Medical Center."

As a leader in quality and safety at UNC, I am committed to improving the performance of our rapid response system. The UNC adult rapid response system is instrumental in averting adverse clinical events, particularly in-hospital cardiac arrests. UNC has gaps in coverage by attending physicians at rapid response events (RREs), however, which has raised concerns from multiple stakeholders regarding patient safety. In current state, most inpatient RREs are led by trainees; drawbacks to this include a lack of experience and knowledge in clinical practice as well as principles of leadership, teamwork, and communication. The concerning downstream effect of these issues includes the under triage of patients, which leads to worse outcomes. In an internal data analysis, the ARRS Committee found that general medicine inpatients who experienced at least one RRE at UNCCMC and were cared for primarily by licensed independent practitioners had better outcomes (e.g., lower length of stay (LOS), lower mortality index, lower repeat RREs, fewer cardiac arrest events, etc.), as compared to those primarily being cared for by resident physicians.

The project initiative proposed by Dr. Phillips and RN Kornegay directly addresses the aforementioned gaps in quality. By creating a novel, standardized program for educating and training all UNC resident physicians in how to manage the acutely deteriorating patient, this project will improve trainee performance (e.g., communication, teamwork, medical decision making, task completion, leadership, consistency, etc.) during RREs and have a measurable positive impact on clinical outcomes. As such, this project aligns with UNCH's priority to prevent patient harm and reduce inpatient mortality.

I have already met multiple times with the project leads to discuss goals and implementation. We have also recruited the enthusiastic support of key hospital leaders in this endeavor. I plan to advise Dr. Phillips and RN Kornegay as their project progresses and will continue to make efforts to build a strong network of support from key hospital groups. I am also committed to assisting them in tackling any-and-all unforeseen barriers to project implementation.

I am personally committed to improving the performance of our rapid response system and feel that the intervention proposed in this grant application would be a huge step toward this goal; I'm excited to sponsor this crucial work. For the benefit of patients who seek care at UNC, I certainly hope this



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project receives your support. If you have any unanswered questions, please do not hesitate to contact me directly.

Sincerely,

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