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ADULT RAPID RESPONSE TEAM
CODE BLUE TEAM
PROVIDER MODEL CHANGE
DT CAMPUS





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WHAT'S THE CHANGE?

A DEDICATED SENIOR MEDICINE RESIDENT WILL BE THE PROVIDER TEAM
LEADER OF THE ADULT RRT AND CODE BLUE TEAM





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WHEN'S THE CHANGE?

JULY 2017						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31	July Holidays Independence Day - 4				

free-printable-calendars.com



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WHY THE CHANGE?

EVIDENCE BASED PRACTICE INDICATES THAT MEDICAL EMERGENCY TEAMS WITH CONSISTENT CORE TEAM MEMBERS RESULTS IN:

- ✓ IMPROVED RESPONSE TIMES
- ✓ MORE EFFECTIVE COMMUNICATION
- ✓ MORE EFFECTIVE TEAM DYNAMICS
- ✓ IMPROVED PATIENT OUTCOMES



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MEASURABLE OUTCOMES: RRT

THE RRT (IN COLLABORATION WITH PRIMARY TEAM) WILL RECOGNIZE AND TREAT ACUTELY DECOMPENSATING PATIENTS, LEADING TO:

- ✓ DECREASED NUMBER OF TRANSFERS TO HIGHER LEVEL OF CARE (CURRENT AVG ~45%)
- ✓ DECREASED NUMBER OF CODE BLUE EVENTS OUTSIDE OF ICU
- ✓ DECREASED MORTALITY



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WHAT HAVE WE DONE ALREADY????

RRT:

- ✓ ROBUST MULTI-DISCIPLINARY MEMBERSHIP SPANNING BOTH CAMPUSES
- ✓ MONTHLY CASE REVIEWS INCLUDING THOSE INVOLVED AND OPEN TO ALL NURSING STAFF
- ✓ FORMALIZED POST REVIEW ACTION PLANS
- ✓ GRAND ROUNDS
- ✓ PEDS RRT NOTIFICATION PROCESS MIRRORS ADULT
- ✓ LIVE AT CANCER CENTER- *MAY 8TH!!*
- ✓ PROCEDURAL AREAS- *COMING SOON!!*



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MEASURABLE OUTCOMES: CODE BLUE

- ✓ UPSTATE UNIVERSITY HOSPITAL HAS JOINED AHA'S GET WITH THE GUIDELINES- RESUSCITATION PROGRAM TO IMPROVE ADHERENCE TO EVIDENCE BASED CARE OF PATIENTS WHO EXPERIENCE A RESUSCITATION EVENT
- ✓ THE PROGRAM ALLOWS US TO TRACK OUR COMPLIANCE AND BENCHMARK OUR DATA AGAINST HOSPITALS LOCALLY, STATEWIDE, AND NATIONALLY



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MEASURABLE OUTCOMES: CODE BLUE

UPSTATE'S CODE TEAM WILL ACTIVELY PARTICIPATE IN MANDATORY CODE SIMULATIONS. THIS WILL LEAD TO A SUCCESSFUL, HIGH PERFORMANCE TEAM, WITH A GOAL TO IMPROVE UPON:

- ✓ ADHERENCE TO AHA ALGORITHMS:
 1. TIME TO FIRST CHEST COMPRESSIONS \leq 1 MIN
 2. TIME TO FIRST SHOCK \leq 2 MIN- ***CORE MEASURE!!!***
 3. TIME TO FIRST EPINEPHRINE \leq 5 MIN- ***CORE MEASURE!!!***
- ✓ IMPROVE SURVIVAL OF PATIENTS WHO EXPERIENCE IN-HOSPITAL CARDIAC ARREST
- ✓ DECREASE MORTALITY



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GET WITH THE GUIDELINES- RESUSCITATION

- ✓ OVER 800 HOSPITALS ENROLLED NATIONALLY
- ✓ UPSTATE ONLY HOSPITAL IN REGION
- ✓ PRIMARY GOAL: ACHIEVE AND MAINTAIN $> 35\%$ RISK ADJUSTED SURVIVAL RATE (NATIONAL AVG $\sim 24\%$)



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UPSTATE DATA- HOW ARE WE DOING?

- ✓ WE HAVE NOT HAD THE ABILITY TO FORMALLY COLLECT DATA CONSISTENTLY
- ✓ IN 2016, THERE WERE OVER 250 CPAS. A RUDIMENTARY REVIEW OF THE QUALITY INDICATORS IDENTIFIED OPPORTUNITIES FOR IMPROVEMENT:
 1. TIME TO FIRST CHEST COMPRESSIONS \leq 1 MIN ~80% COMPLIANCE RATE
 2. TIME TO FIRST SHOCK \leq 2 MIN ~50% COMPLIANCE RATE
 3. TIME TO FIRST EPINEPHRINE \leq 5 MIN ~70% COMPLIANCE RATE



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HOW CAN WE IMPROVE????

- ✓ DRILL, DRILL, DRILL
- ✓ IDENTIFY TEAM LEADER!!!
- ✓ ESTABLISH CODE ROLES QUICKLY
- ✓ MANAGE CROWD CONTROL





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WHAT HAVE WE DONE ALREADY????

Resuscitation:

- ✓ BEGAN REPORTING ALL RESUSCITATION EVENTS FROM ALL AREAS TO RESUSCITATION COMMITTEE
- ✓ ENROLLED AS A GWTG- RESUSCITATION MEMBER
- ✓ IMPLEMENTED USE OF IO
- ✓ UPGRADED ZOLLS- ETCO2, CPR RATE & DEPTH, DATA UPLOAD
- ✓ ADDED PHARMACY TO CODE TEAMS
- ✓ OVERHAULED RESUSCITATION RECORD- **GO LIVE JULY!!**



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Debriefing

- ✓ EFFECTIVE APPROACH TO IMPROVING RESUSCITATION QUALITY
- ✓ CRUCIAL TO OCCUR IMMEDIATELY POST EVENT WITH ACTUAL CARE PROVIDERS PRESENT
- ✓ AHA RECOMMENDS USING A SHORT CHECKLIST
- ✓ TEAM LEADER TO FACILITATE





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