



Abstract

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The implementation of Rapid Response System and Reduce the Barrier Between the Physician.

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Objectives:

Though Rapid Response Team (RRT) / Medical Emergency Team (MET) was developed to treat unstable patients especially in US and Australia, this system was not common in Japan. We started Rapid Response System (RRS) at Osaka City General Hospital since 2012. This study aimed to evaluate an implementation of RRS at cardiovascular ward retrospectively.

Methods:

From April 2017 to September 2018, RRT treated the patients totally 1016 times. The activation system was informed to the all general ward, in addition, RRT had ward rounds to any general ward to detect deterioration. We evaluate our trial from retrospective view.

Results:

Our RRT treated totally 76 times (7%), 47 patients at cardiovascular ward. As the activated reasons are heart failure in 17 cases (36%), respiratory failure in 12 cases (25%), and pneumonia in 6 cases (13%). Unexpected death was not seen for first activation

Conclusions:

Heart failure is common reason for activation, however respiratory issues are also seen at cardiovascular ward. RRS is acceptable for attending physician to achieve preventable deterioration. We accept this result, and induce to announce our RRS in the beginning of staff when they were hired a fiscal year. The advantage of RRS is obviously exist for clinical safety, thus, this culture should be mature in Japan.