



## Abstract

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Learning from Multiple Clinical Perspectives: A Qualitative Pilot Study of a Rapid Response System in the Midwest United States

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### Objectives:

Pilot study to characterize established Rapid Response System (RRS) processes and Rapid Response Team (RRT) structure within a large academic Midwestern hospital.

### Methods:

Thematic analysis of 8 semi-structured, in-depth interviews with key stakeholders of the hospital's RRS as responders and bedside staff: 1) Medical Director, 2) Intensive Care Unit Supervisors, 3) Intensive Care Unit Nurses, 4) Respiratory Therapist, 5) Hospitalist, 6) Nursing Unit Managers, and 7) Bedside Nurses.

### Results:

We found RRS processes and responders varied by unit type, shift, and hospital geography. RRT members perceived themselves as mostly autonomous in decision-making. RRT and bedside staff had competing patient care duties to consider during RRT events, but unlike hospital leadership, did not report this as a significant challenge. RRT and bedside staff reported that activation patterns could be affected by staff nurse experience and expertise, in addition they felt feedback, debriefing, simulations, or formal team training could improve the RRS.

We also found evidence of local RRS adaptations in response to published evidence, clinical demands, and available resources. Changes included splitting the team by geography to improve response times, dividing surgical versus medical critical care staff to focus assessments and interventions according to the nature of the activation, paging the emergency department along with the RRT, and participating in "Get With the Guidelines - Resuscitation," a national quality improvement program to benchmark performance and improve outcomes using a data-driven approach. Additional program changes considered included a dedicated team and new potential RRT members. While hospital leadership reported changes in response to data and committee recommendations, RRT members and nursing staff were largely unfamiliar with both process and outcome data.

### Conclusions:

Our findings provide insights regarding how an individual hospital adapted a standardized international patient safety program within its context and available resources.