



Applying Patient- and Family-Centered Concepts to Rapid Response Teams

An important innovation and step toward enhancing quality and safe care is the expanding of the Rapid Response Team process to include patient and family activation. While exact composition varies by hospital, Rapid Response Teams consist of multidisciplinary clinicians and staff, who bring critical care expertise to the patient's bedside for consultation and, if needed, early intervention for clinical deterioration that could lead to acute respiratory and/or cardiac arrest. Research shows that a majority of adult patients show signs of instability six to eight hours prior to a cardiac arrest. The Rapid Response Team is not intended to take the place of the patient's physician, however, if needed, the Rapid Response Team assesses and stabilizes the patient's condition during this window of critical instability if the patient's physician is not readily available. Hospital protocols for Rapid Response Teams identify typical condition changes that are indicators of clinical deterioration of a patient and clinicians have noted that family members may be the first to detect trouble.

Increasingly, staff are partnering with patients and families in the planning, implementation, and evaluation of patient/family activation of Rapid Response Teams. The following serves as guidelines for patient and family activation of Rapid Response Teams within the context of partnership and collaboration with patients and families.

- Consider patient and family activation of Rapid Response Teams as an opportunity to model patient and family partnership and collaboration.
- Involve patients and families in the planning, implementation, and evaluation of patient and family activation of Rapid Response Teams *from the beginning*.
 - The Rapid Response Team process design team could invite patient and family advisors to serve as members of the working group.
 - If the hospital has a Patient and Family Advisory Council, then the Rapid Response Team and its implementation, tracking, and evaluation should be included on its agenda.
 - In order for patients and families to participate, training, preparation and support should mirror that which is offered to staff participants. They may require context-setting education on Rapid Response Teams and the teams' history at your organization.
 - Clinicians and staff members of the design team would require training in working collaboratively with patients and families.

- Consider reimbursement for time and travel to support patient and family participation as advisors (e.g, related expenses, such as childcare, transportation costs, parking meals, etc.). Coordinate your efforts with your patient- and family-centered care leadership as they often have set up operational processes for advisor involvement.
- Ask patients and families what needs to be communicated to support patient and family activation of Rapid Response Teams. Use clear and supportive language that communicates the importance of patient and family perception of a potentially critical situation.
- Consider the following issues when developing a Rapid Response Team that can be activated by patients and families:
 - Determining whether your model of activation will have patients and families use the same notification process as staff or whether patient and family calls will be triaged and assessment completed by an alternate team.
 - Naming the Rapid Response Team.
 - Defining the roles of its members.
 - Articulating the criteria for calling for the Rapid Response Team.
 - Determining the ways that patients and families will be informed about the Rapid Response Team, how to activate it, and other ways patients and families can enhance patient safety.
 - Designing information materials for patients, families, staff, and clinicians.
 - Developing the follow-up processes for patients, families, staff, and clinicians after activation of a Rapid Response Team.
 - Developing an evaluation, monitoring, and measurement strategy to monitor implementation and evaluation of your patient and family activation experience.

The following serves as patient- and family-centered guidance for a Rapid Response Team activated by patients and families.

- Introduce the concept of patient and family activation as part of the admission process.
 - Most hospitals with patient and family activation of Rapid Response Teams include patient and family activation in their admission orientation. Written or audiovisual materials are helpful; some hospitals have volunteer patient/family consultants who orient and prepare patients and families for their role in activation of Rapid Response Teams.

- Include information about a Rapid Response Team on the hospital’s website, in patient and family handbooks, and unit, clinic, departmental welcome brochures and media, posters and a variety patient safety resources. Consider posting the activation telephone number in a visible location in every patient room.
- Choose language that sets the tone for partnership.
 - Use clear, simple language to describe criteria and procedures for calling the Rapid Response Team. Encourage reinforcement of patient and family activation of Rapid Response Teams in general hospital communication tools on safety and/or care commitment statement.
- Consider the following topics to include in the various informational resources for patients and families:
 - Explanation of why the hospital has a Rapid Response Team.
 - Explanation of the importance of patient and family activation.
 - Description of the members of the Rapid Response Team and what to expect when they arrive in a patient room.
 - Criteria and/or reasons to call a Rapid Response Team.
 - Expectations for response time when Rapid Response Team is called; what to do if the timing of the response to the call does not meet expectations.
 - Types of concerns not appropriate for Rapid Response Team calls BUT can be investigated through other hospital services and contact information for these services.
- Encourage patients, families, and providers to partner in care and decision-making. Support and reinforce ongoing communication and information sharing with patients and families through nurse change of shift report and rounds.
- Ask patients and families at the beginning or end of every shift if they have any safety concerns.
- Provide education and training for administrative leaders and frontline staff and clinicians on patient and family activation of Rapid Response Teams.
 - Structure the format and setting for planning and teaching clinical care staff so that patient and family activation of Rapid Response Team addresses the needs and priorities of all constituencies—patients, families, clinicians, staff, clinicians-in-training, and faculty.

- Ask staff and Rapid Response Team members if they have concerns about patient and family activation and what could be done to resolve these concerns.
- Develop training modules for clinician and staff education days.
- Reinforce patient and family activation in annual clinician and staff required education on Rapid Response Team competencies.
- Include articles in hospital publications. Profile patients and families helped by Rapid Response Teams and include quotes from clinicians, administrators, patients, and families in support of Rapid Response Teams and patient and family activation. Proactively address concerns expressed by clinicians and staff in these publications.
- Prepare patients, families, and providers to partner at the clinical level to assure strong communication before, during, and after Rapid Response Team activation.
 - Include suggestions for conversations to have with patients and families at the following times:
 - During admission to introduce the concept of the Rapid Response Team and how to access it; and
 - After Rapid Response Team activation to address any remaining concerns and questions and any ideas for improvement.
 - Some hospitals have found a structured debrief tool/interview after a Rapid Response Team encounter is helpful in monitoring and improving the process, especially during its early implementation phases. Consider designing a simple process to provide patients, families and staff with an opportunity to debrief about what they experienced during the Rapid Response Team care experience. Ideas of what to include in this monitoring tool:
 - Reason patient or family activated the Rapid Response Team;
 - Evaluate the effectiveness of instructions given before and communications during Rapid Response Team responses;
 - Patient or family comfort in initiating a Rapid Response Team;
 - Degree to which Rapid Response Team members were respectful and responsive to patient and family concerns and needs;
 - Identification of aspects of the process that worked particularly well; and
 - Recommendations for change or improvement.

Resources

For the most recent references on this topic, please see the *Patient Safety and Quality Improvement Bibliography* in the Institute's *Compendium of Bibliographies* at <http://www.familycenteredcare.org/advance/supporting.html>

Dean, B. S., Decker, M. J. Hupp, D., Urbach, A. H., Lewis E., & Benes-Stickle, J. (2008). Condition HELP: A pediatric rapid response team triggered by patients and parents. *Journal for Healthcare Quality*, 30(3), 28-31.

Deploy Rapid Response Teams - Institute for Healthcare Improvement (IHI)

<http://www.ihl.org/IHI/Programs/Campaign/RapidResponseTeams.htm>

This special section of the IHI website offers a multitude of resources and tools for establishing Rapid Response Teams.