

Effect of Rapid Response Team Implementation on “Failure to Rescue”

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Objective and Background

- Assess impact of a Rapid Response Team on “Hospital Acquired Events” (HAE) and “Failure to Rescue” (FTR)
- Defined by AHRQ based on ICD-9 diagnosis codes and associated hospital mortality
- **HAE** = severe hospital acquired event or complication amenable to treatment if identified early and treated aggressively
 - *6 specific diagnosis:* DVT-PE, acute renal failure, sepsis, GI bleed, CPA/shock, pneumonia
- **FTR** = probability of death given the occurrence of an HAE

Methods and Results

RRT 22 months implementation (Feb 06 – Nov 07)

	2005	2008
HAE	2158	2748 (27.3%increase)
FTR Deaths/HAE	17.2%	17.3%
FTR for GI bleed	11.7%	19.2% (p=0.03)
FTR Shock/arrest	51.1%	45.2% (p=0.12)
FTR Shock/arrest (surgical)	43.9%	32.6% (p=0.06)
RRT or Code call / HAE	4%	13%

Conclusions

- No significant change in overall FTR rates pre-post RRT
 - subgroups analysis: GI bleed significant increase; shock/arrest trend for decrease
- Substantially more patients are being identified with HAE on administrative data
- The proportion of FTR candidates who had either a Code or an RRT call increased significantly among all types of HAE (except shock/arrest where the increase was suggestive p=0.07)