

# METHODIST HOSPITAL

*“Serving Humanity to Honor God”*

REACHING THE NEXT LEVEL OF PATIENT  
SAFETY:  
THE PATIENT- AND FAMILY-ACTIVATED  
RAPID RESPONSE TEAM

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## BACKGROUND

- Patient & family-centered care (PFCC) critical component of healthcare
- Historically a term used in pediatrics
- Patient & family should be equal partners in care
- Expand PFCC by implementing a Patient- and Family-activated Rapid Response Team initiative (PF-RRT)
- Current process: Nurse, staff, or clinician activate RRT
- Implementation process: Patients and family can activate

Patient and Family Engagement = Increased Safety

(Baas, 2012; IPFCC, 2018)  
(Spruce, 2015)  
(Brady et al., 2015)

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## PROBLEM

- Within current organization, RRT activation comes from RN or other healthcare team members
- Staff witness change in patient's condition
- Without a PF-RRT initiative
  - Unable to enhance patient and family experience
  - Decreased autonomy
  - Reduced involvement
  - Reduce opportunity to increase patient safety



## METHODS

### What are we trying to accomplish?

- Develop and implement a PF-RRT
- Partner with Chair of Resuscitation Committee
- Partner with Director of Education
- Collaborate with Rapid Response Team

### What changes can we make that will result in an improvement?

- Develop educational tools – Brochure and poster
- Develop, test, implement a nursing, RRT, and ancillary staff education plan
- Create phone access for a PF-RRT - 59911
- Implement PF-RRT

## MEASURES

### How will we know if a change is an improvement?

- 1) Outcome Measure: The number of PF-RRTs in relation to traditional RRTs
- 2) Process Measure: Percentage of patients transferred to a higher level of care versus remaining within the current unit
- 3) Balancing Measure: Increased occurrences of non-critical RRTs could consequently increase the workload of the RRT members



## RESULTS

Reviewed Rapid Response data from 3 months prior to trial September 1, 2018 – October 31, 2018

Time	Total Rapid Responses	PF-RRT	% Patient/Family Activated	Number Patients Transferred to a Higher Level of Care	% Patients Transferred to a Higher Level of Care
Sept – Nov 2018	574	2	0.35%	0	0

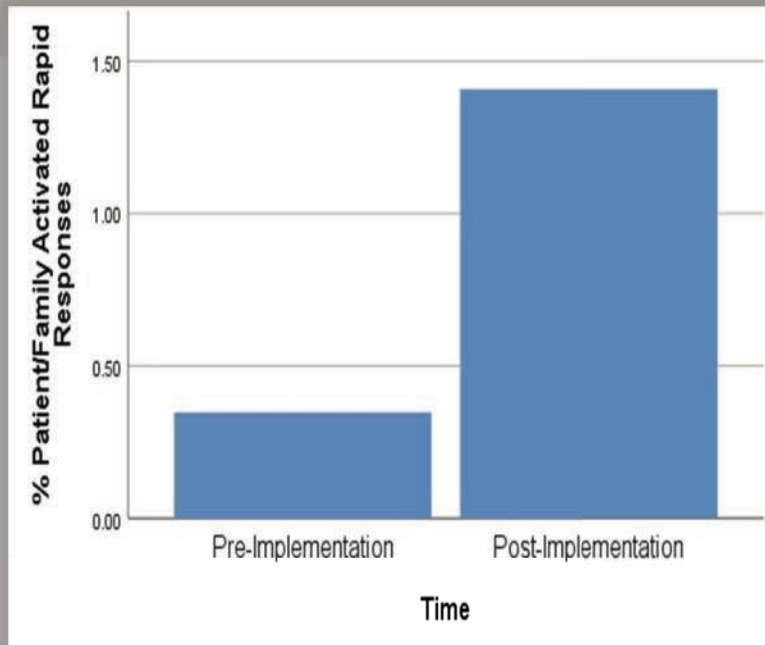
Trial period December 3, 2018 – February 28, 2019

Time	Total Rapid Responses	PF-RRT	% Patient/Family Activated	Number Patients Transferred to a Higher Level of Care	% Patients Transferred to a Higher Level of Care
Dec 2018 – Feb 2019	568	8	1.41%	3	37.5%

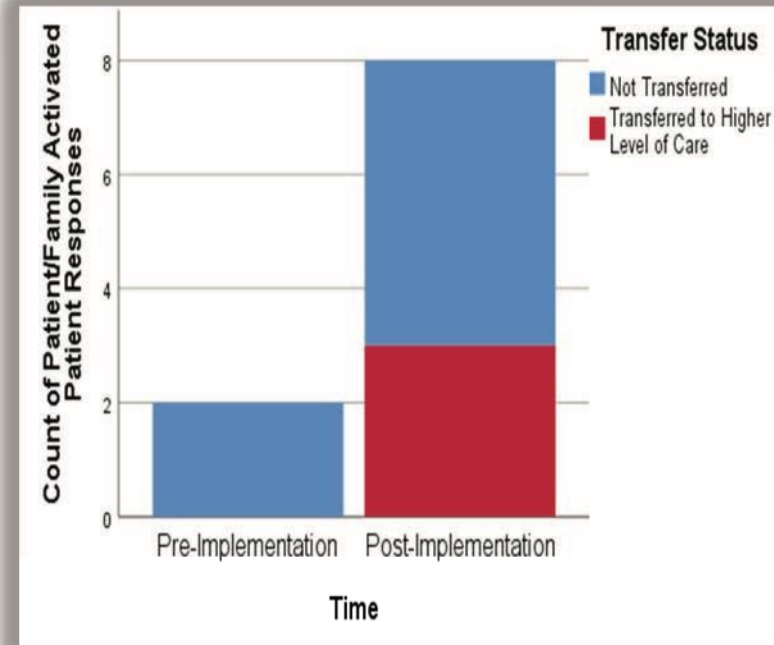
Post-implementation rate of PF-RRTs is **4.03** times higher than the pre-implementation rate.

## RESULTS

Bar Chart of Percent PF-RRT out of Total, Pre and Post-Implementation



Stacked Bar Chart of PF-RRTs Pre- and Post-Implementation, with Transfer Status



## STATISTICAL ANALYSIS

- **When comparing the Pre- and Post-Implementation of PF-RRT, this resulted in a p value of 0.063**
  - No statistical significant difference
- **When comparing the Pre- and Post-Implementation of Transfer Status, this resulted in a p value of 1.000**
  - No statistical significant difference
- **Small percentage of patient's transfer to higher level of care, no increased burden to the Rapid Response Team Staff**
- Statistically, No Significance
- However, Huge **Clinical and Practical Significance** between Pre- and Post-Implementation
- 3 patients required a transfer to a higher level of care
  - 77 year old male, Stroke, activated by daughter
  - 81 year old male, Respiratory distress, activated by son
  - 73 year old female, Respiratory failure –  $PCO_2$ , activated by daughter



## CONCLUSION

- Importance of relationship between healthcare worker and patient
- PF-RRT promotes PFCC
- Increased patient safety
- Prevents tragic occurrences
- PF-RRT significant to the patient!



## References

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