

# “CRISIS HANDLING WITH SILENCE”

All types of clinical crisis to the patient get addressed in structured manner with predefined steps by efficient workforce to achieve complications free outcome and least suffering.



“IT’S NOT ABOUT  
PERFECT. IT’S  
ABOUT EFFORT AND  
WHEN YOU  
IMPLEMENT THAT  
EFFORT IN TO YOUR  
PROFESSION...  
CHANGES  
OCCURS.”



## INTRODUCTION

- The Rapid Response Team (RRT) in the hospital is to intervene swiftly and effectively when patient show signs of deteriorating health thereby preventing the progression of clinical deterioration and improving patient outcomes.
- As per NABH 5th edition standard AAC 5e guidelines, Ruby General Hospital adheres to effective RRT management. We are empowering the bedside nursing staff to respond effectively to early warning signs and preventing the progression to cardiac arrest and related complications.

## AIM

- To ensure early detection of warning signs of patient deterioration and prevention of cardiac arrest.

## OBJECTIVES

- Early detection
- Timely intervention
- Comprehensive management
- Enhanced Communication and Collaboration
- Education and Training



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# STUDY DESIGN / METHODOLOGY



## POPULATION

Entire patients admitted in general wards & all staff nurses.



## STUDY PERIOD

**3 years**  
(Jan 2021 – Dec 2023)



## DATA COLLECTION METHOD

Prospective and retrospective studies, PDCA (Plan, Do, Check, Act ) Model

### The data collected through following steps :

- Modified Early Warning Score (MEWS) monitoring.
- RRT assessment checklist.
- Code Blue Running Sheet
- Pre & Post Training evaluation
- Daily Round Observation
- Monthly data analysis of RRT & Code blue



## MEASURING STANDARDS

- Total patient admission in general wards
- Total number of RRT identified
- Total number of Code Blue announced
- Total number of False Code Blue
- Staff knowledge regarding RRT , MEWS, monitoring and escalation on basis of score

## PLAN

## DISCUSSION / FINDING



- Data collected by nursing team (Incharges, Supervisors, Educator & Nursing admin)
- Root cause analysis of the problem
- Trained and empowered the bedside nurses
- Skill and competency assessment of nursing staff in identification of early warning signs.
- MEWS –Score based steps of nursing interventions, coordination and escalation



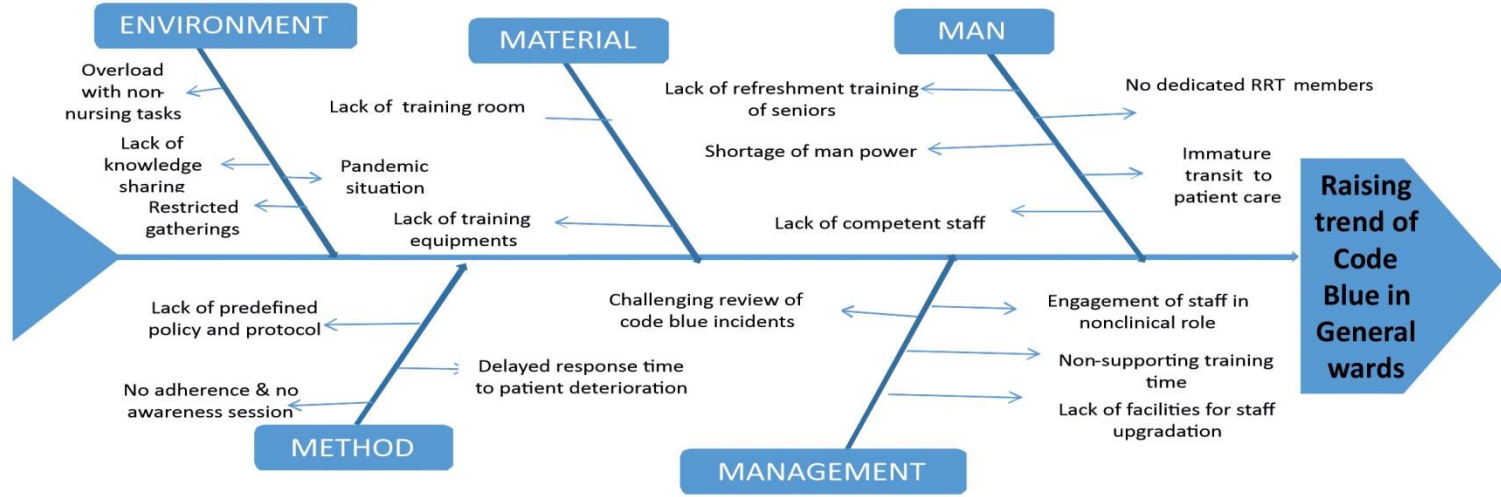
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# ROOT CAUSE ANALYSIS



TRAINING SESSIONS

DO



INDUCTION CLASSES



CNE



UNIT TEACHING



SPOT TEACHING





# “ EARLY RECOGNITION OF CLINICAL DETERIORATION ”

## RRT TEAM :

- Introduced new RRT team to cover each shift (Incharge/Shift incharge, On-duty Nursing supervisor, On-duty doctor) to take prompt and effective action which can minimize/prevent the clinical deterioration of patients.

## RRT ASSESSMENT CHECKLIST :

- Developed a new checklist with specific clinical parameters including diagnosis, cause of deterioration, action taken and remarks.

## CRITICAL ALERT VALUE :

- Close monitoring of critical parameters to endorse and transfer in a timely manner to procure relevant therapeutic interventions.

## HAND HOLDING BY SENIORS :

- Preceptorship- The new joiner staffs are handholded by seniors for a specific period of time at bedside, and as when necessary.

## STAFF COMPETENCY ASSESSMENT :

- Competency use to be assessed with predetermined criteria at the time of joining, after 06 months and after one year.

## MONTHLY RRT/CODE BLUE ANALYSIS :

- Meeting conducted every month on RRT and Code Blue analysis report to evaluate the quality of process adherence and outcome.



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# “ PROCESS UPGRADATION ”

## 1. INTRODUCTION OF MEWS :

The Modified Early Warning Score System in hospitals is to improve patient safety, facilitate early intervention, standardize assessment practices, enhance communication among healthcare providers, and drive quality improvement efforts.

## 2. RRT ESCALATION MATRIX :

To provide a structured protocol for escalating patient care when there's deterioration in patient's condition. It outlines clear steps for when and how to call for additional resources or expertise, ensuring prompt and appropriate response to prevent adverse outcomes.

## 3. DAILY TRAINING ON RRT :

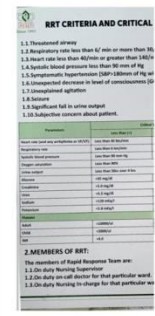
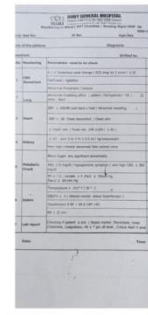
Daily training on RRT for nursing staff is essential for maintaining preparedness, confidence, and proficiency in responding to medical emergencies.

## 4. WEEKLY MOCK DRILL:

Conducting weekly Mock drills of RRT in hospitals helps to ensure readiness, identify areas for improvement, reinforce training and promote team work, ultimately enhancing the hospital's ability to respond effectively to medical emergencies without delay.

## 5. EMPLOYEE RECOGNITION :

Employee recognition contributes to creating a positive organizational culture when employees feel valued, respected and motivated to perform at their best. This can have ripple effects throughout the hospital, improving overall performance and patient satisfaction.



**CHECK****STATISTICAL  
ANALYSIS OF  
PRE DATA  
(JAN'21 – DEC'21)**

2021	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL	AVERAGE
TOTAL WARD ADMISSION	657	761	964	912	658	453	463	555	579	483	612	569	7666	638.8
TOTAL RRT	11	12	17	13	12	14	11	12	15	12	14	10	153	12.75
TOTAL CODE BLUE	1	2	2	1	5	2	3	2	2	3	1	1	25	2.08
TOTAL FALSE CODE BLUE	3	2	0	2	1	2	0	0	2	1	0	1	14	1.16

**STATISTICAL  
ANALYSIS  
OF PILOT STUDY  
PERIOD DATA  
(JAN'22 – DEC'22)**

2022	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL	AVERAGE
TOTAL WARD ADMISSION	503	545	781	752	855	937	984	1056	1157	1067	1101	1037	10775	897.91
TOTAL RRT	20	16	19	18	15	16	14	19	18	17	17	19	208	17.33
TOTAL CODE BLUE	3	2	2	3	0	2	1	2	1	2	2	1	21	1.75
TOTAL FALSE CODE BLUE	1	0	0	1	0	0	1	0	0	1	0	0	4	0.33

**STATISTICAL  
ANALYSIS OF  
OUTCOME DATA  
(JAN'23 – DEC'23)**

2023	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL	AVERAGE
TOTAL WARD ADMISSION	1111	1199	1095	1046	1226	1134	1271	1459	1790	1220	1457	1497	15505	1292.08
TOTAL RRT	22	24	27	22	25	29	28	21	13	10	11	16	248	20.66
TOTAL CODE BLUE	0	2	2	1	0	1	1	2	1	1	0	0	11	0.91
TOTAL FALSE CODE BLUE	0	0	0	1	0	0	0	1	0	0	0	0	2	0.16

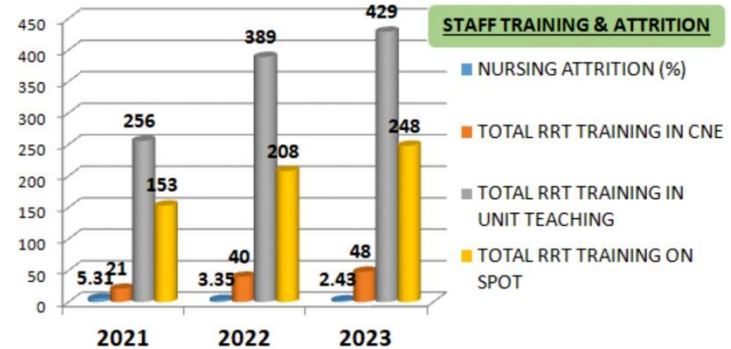
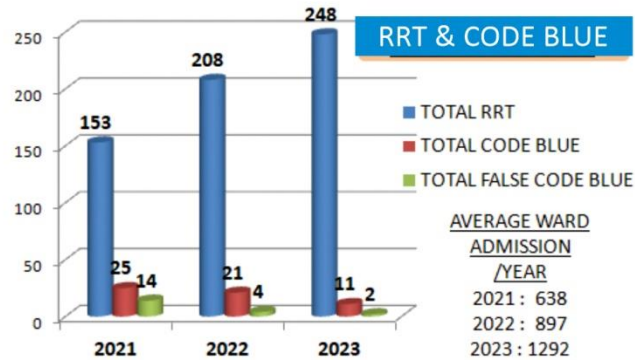


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## RESULT



## ACT

- Reinforce the gains attained
- Continuous staff training
- Monitoring gap analysis

## CONCLUSION

By fostering a culture of vigilance and preparedness, RRT contribute to a safer healthcare environment, enhance the quality of patient care efficacious, effective, economical and equitable.



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