



Summary of Changes Report – May 2009

Rapid Response Team Protocol

ICSI has developed a new format for all guidelines. Key additions and changes are:

- Citations are listed in the guideline utilizing the format of *Author, YYYY [report class]*. A full explanation of ICSI Evidence Grading System can be found in the Foreword of the guideline.

Algorithm, Clinical Highlights, Annotations

Created distinction in algorithms between inpatient and non-inpatient situations with subsequent renumbering of the algorithms.

Revised Scope to specifically indicate acute care facility versus other health care entities.

Added new Clinical Highlight statements to address use of SBAR for communication and the recommendation to include education of patients and families on how to activate rapid response teams. Additionally, statement added to highlight the distinction between calling a code team versus a rapid response team based upon assessment of cardiopulmonary arrest. Lastly, deleted two Clinical Highlight statements related to focus on team evaluation and inclusion of bedside nurse as team member as these no longer require specific focus.

Added Key Implementation Recommendation directed at establishing ongoing training, education, measurement and feedback both for patients, families, and staff. Recommendation further emphasizes use of quality improvement methodologies.

Added an Introduction with multiple references to provide background on the establishment of rapid response teams nationally as well as their effectiveness.

Added Definitions to provide greater clarity of terms discussed throughout the protocol.

Added Special Considerations statement for those organizations choosing to use a rapid response team creatively to meet other organizational needs.

3) Added specific content related to evaluation of cardiopulmonary arrest for use in determining most appropriate team to contact.

5) Added information and references related to early warning score system.

6) Added annotation content supporting communication with provider using SBAR.

8) Reorganized previous content to include rapid response team arrival, assessment and intervention into one annotation.

10) Added additional detail on rapid response team requirements when associated with inpatient transfer.

20) Added additional detail on rapid response team requirement when associated with transfer to emergency department.

Appendix B) Added additional patient outcome options.

Priority Aims & Suggested Measures, Measurement Specifications

Added two new Priority Aims.

- Priority Aim #3 – Decrease the overall length-of-stay for post-rapid response team patients who were transferred to a higher level of care.
- Priority Aim #5 – Decrease unexpected hospital mortality rate.

Added a new measure for Priority Aim #2.

- Number of minutes between activation of the rapid response team and a cardiopulmonary arrest.

Support for Implementation

Web site resources were updated.

**An asterisk indicates any changes in clinical practice recommendations*