

Rapid response team in a psychiatric hospital

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A twist on the RRT positions nurses as leaders in responding to non-life-threatening situations.

PSYCHIATRIC NURSES are trained to respond to individuals in psychiatric crises with resulting emotional and behavioral dysregulation, but what happens when inpatients need medical attention? In that situation, psychiatric nurses are expected to respond with the same quality care to meet the medical needs of all patients, and, when necessary, employees and visitors. One option to facilitate quality care is a rapid response team (RRT). Here we share our experience with developing, training, and implementing an RRT for responding to non-life-threatening medical events at a psychiatric hospital.

A unique situation

Emma Pendleton Bradley Hospital (Bradley) is unique in many ways. This freestanding psychiatric hospital in East Providence, RI, is about 15 minutes away from the closest tertiary hospital. In addition, it functions without advanced practice nurses or physicians for about 13 hours every day, as well as most weekends and holidays. Third-shift employees generally consist of RNs and milieu associates (MAs) with no advanced practice nurses or physicians on campus. The Joint Commission requires that hospitals provide the same level of care 24 hours a day, 7 days a week. Since nurses are the leaders in the hos-

pital during much of second and third shift, medical code teams must be led by RNs to ensure Bradley is complying with Joint Commission requirements.

In 2008, a code blue system was created to respond to all patient, visitor, and employee medical concerns. To ensure prompt emergency medical care and transport to another care facility if needed, hospital leadership determined that the East Providence Emergency Medical System (EMS) would be used for all code blue activations. At that time, code blue was used for all medical concerns no matter the severity or acuity—everything from a small cut to reports of chest pain.

In 2011, in response to code blues being called incorrectly, one of the authors (Hay) completed a retrospective analysis to review the number of code blues activated for life-threatening events versus non-life-threatening events and to determine if an adjunct program, such as an RRT, would be appropriate for non-life-threatening medical emergencies. The analysis revealed that 18 code blue activations had been called for non-life-threatening situations. Hay shared this data with hospital leadership and obtained approval for the creation of a multidisciplinary committee to develop a nurse-led RRT.

RRT development and implementation

The purpose of the RRT is to quickly respond to non-life-threatening medical needs of patients, visitors, and employees and, through interdisciplinary collaboration, develop a plan of care. The goals of the team are to reduce the number of code blues activated for non-life-threatening events, reduce the use of EMS for non-emergent medical needs, and reduce the number of



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unplanned transfers to the emergency department 15 minutes away, while also improving patient care and safety and maintaining high-quality medical care.

For a year, the RRT development committee, which included a pediatric nurse practitioner, clinical nurse managers, MAs, and a representative from the quality and risk management department, worked to design and implement the rapid response system, rolling it out in two phases. The first phase comprised development, education, training (using the Lifespan Medical Simulation Center and high-fidelity mannequins), and implementation.

The second or ongoing phase, overseen by a medical code committee composed of a pediatric nurse practitioner, a clinical manager, and several clinical staff, provides oversight of medical codes, ongoing education and training, and continued quality improvement. This phase also includes continued training of lead RNs using the Lifespan Medical Simulation Center, reorganization and restructuring of quarterly mock medical codes, implementation of medical code response training with high-fidelity mannequins during nursing development day, and implementation of emergency management response in the Bradley residential group homes.

To ensure effectiveness, efficiency, and standardization of the medical response process, the RRT is modeled after the code blue team. The RRT comprises four to six RNs and MAs, who are trained in cardiopulmonary resuscitation and use of an automated external defibrillator. Resuscitation interventions used by hospital staff are limited to basic life support.

The RN who acts as the leader of the RRT team assesses the ill or injured individual's medical needs, ensures vital signs are obtained, provides appropriate nursing care, and reviews the patient's medical history. This lead RN, who also has the authority to convert the RRT to a code blue as needed, shares pertinent information with the pediatric team, the attending, or the physician on call, using the acronym ISBAR (Identify, Situation, Background, Assessment, Recommendation) to formulate an appropriate plan of care and determine whether transportation to a higher level of care is required. Should a transfer be indicated, the lead RN is responsible for the hand-off of care and updating clinicians. (See *Leader training*.)

Leader training



Training for nurses who serve as the lead RN for the rapid response team at Emma Pendleton Bradley Hospital was developed by the pediatrics team and the medical code committee, working in collaboration with Lifespan Medical Simulation Center staff. This high-quality, intensive medical training is provided to nurse supervisors and staff RNs who have been identified as lead RN candidates. All candidates are RNs who respond to medical codes, have an interest in acting as a lead RN, and participate in simulation lab training. Lead RNs can function in this role as long as they complete annual training.

Simulation training consists of two sections: a didactic section and a return demonstration section using high-fidelity mannequins for in-the-moment feedback regarding the quality of cardiopulmonary resuscitation techniques. Lead RNs receive extensive training in leadership, delegation, communication, effective implementation of the rapid response policy, and physical assessment skills. The goal is to ensure designated RNs can function as competent and confident leaders.

RRT success

Implementation of the RRT at Bradley has been a huge success. In 2012, the year before implementation, the hospital had 18 code blue activations, all for non-life-threatening emergencies. In 2013, we had three code blue activations and seven RRT activations, and 2014 saw four code blue activations and nine RRT activations. Bradley has experienced a greater than 150% reduction in non-life-threatening code blue activations, and the number of unplanned transfers has been reduced by more than 65%. ★

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Selected reference

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