

The Triggers Program: A Resource-Neutral Rapid Response Team

The Problem

Hospital ward inpatients with serious, acute decompensations are a particularly vulnerable group. The literature documents (1) these patients have extremely high mortality rates, (2) at least one-third of them receive suboptimal care before ICU transfer, and (3) delay in ICU transfer results in a 30% absolute increase in mortality. Most of these patients have warning signs ("Triggers") before their critical decompensation.

Goal

We aimed to reduce unexpected mortality at the Beth Israel Deaconess Medical Center without hiring additional staff. The literature defines unexpected mortality as deaths outside of an intensive care unit of patients without do-not-resuscitate orders.

The Team

Many departments across the institution participated in the creation and implementation of this program. Particularly key participants included:

- Medicine
- Surgery
- Patient Care Services
- Health Care Quality
- Graduate Medical Education

The Interventions

Our rapid response team model focuses on reliable detection of decompensation and activation of the response team, rather than on sending specialty-trained providers to the bedside. Our team is composed of:

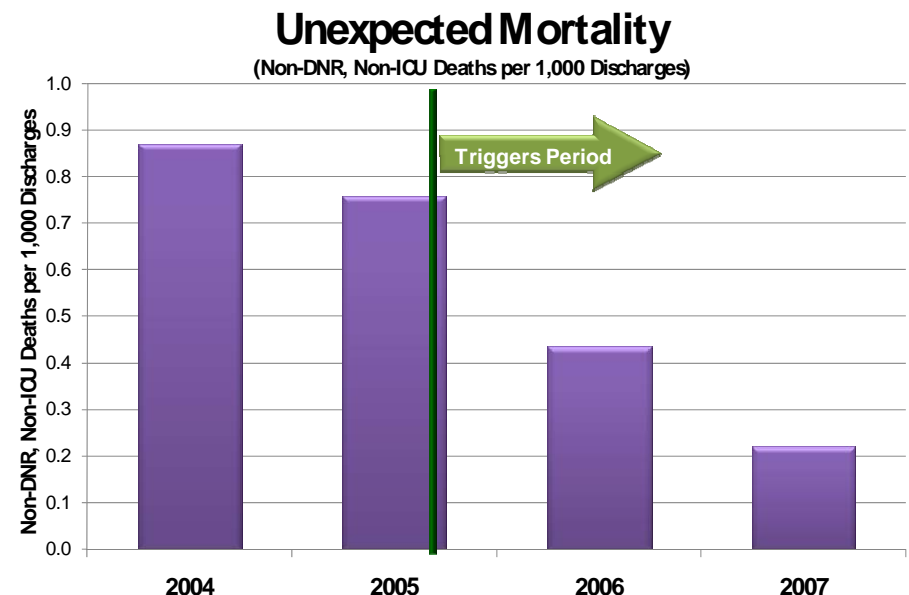
- Primary physician(usually and intern)
- Primary nurse
- Senior nurse (usually, nurse educator; not a critical care nurse)
- Respiratory therapist (for respiratory events)

The Interventions, continued

The teams were required to discuss the case with the attending physician and to write an event note in the chart, summarizing their decision making.

Notably, each provider on our team already had responsibility for caring for the decompensating patient under our prior system. Instead of allocating additional personnel, we instead standardized surveillance procedures for, and reorganized the response to, acute clinical decompensations.

The Results

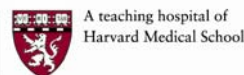


Next Steps:

The main challenge is sustainability of these results. However, we are planning two major related future initiatives: (1) a program to prevent the need for Triggers; and (2) patient- and family-activated Triggers.



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