A national trend is occurring within hospitals where seriously ill in-patients are at greater risk for increased mortality because there are no Intensive Care Unit (ICU) or telemetry beds available. These at-risk patients are occupying medical-surgical beds or are in the emergency department. From 2003 to 2005, the hospital’s Resuscitation Committee revealed deficits in knowledge, skill and judgment in the hours preceding 75 percent of its non-ICU patient’s cardiac/respiratory arrests; 46 percent of these arrests occurred outside the ICU and had an associated 60 percent mortality rate. In October 2005, Mission Hospital created a specialized nurse-driven Rapid Response Team with the goal of reducing the incidence and mortality of non-ICU arrests by 50 percent by the end of the third quarter 2006.

Achievements

- From October 2005 to September 2006, non-ICU arrests decreased from 36/year to 16/year.
- The associated mortality rate for floor code patients decreased from 62 percent to 23 percent during the same time frame.
- In-patient call frequency averaged 102 calls per 1,000 discharges compared to the Institute for Healthcare Improvement critical indicator effectiveness of more than 25 calls per 1,000 discharges. An additional 120 calls per month were in support of vulnerable patients in the emergency department.
- Unanticipated transfers of patients from the non-critical care units to the Intensive Care Unit dropped significantly—from 8 percent of all transfers per hospital discharge to 5 percent—by intervening before their conditions deteriorated. This was done through RRT calls and proactive RRT rounding on high risk non-ICU patients.
- Emergency department patients in extremis were provided with an immediate Intensive Care Unit level of nursing care.