Guide for completing the Rapid Response System Outcome Indicators form

Feb 2011
# Introduction

The introduction of documentation of all Rapid Response (RR) events is a mandatory requirement of the Recognition and Management of a Patient who is Clinically Deteriorating Policy (PD2010_026). This policy provides guidance related to a number of initiatives incorporated in the Between the Flags Project. The policy document also describes the standards and principles to be implemented by NSW Public Health Organisations to improve the recognition, response to and management of patients who are clinically deteriorating.

The Recognition and Management of a Patient who is Clinically Deteriorating Policy (PD2010_026) states that it is the role and responsibility of the Rapid Response Team (RRT) to ensure good documentation on any Rapid Response call with strong liaison with the patient's Attending Medical Team to ensure continuity of patient care.

## Frequency of completion of Rapid Response System Outcome Indicators form

It is a requirement that a Rapid Response System Outcome Indicator teleform is to be completed for each rapid response event including cardiopulmonary arrest.

## Rapid Response System Outcome Indicator form

The Rapid Response System Outcome Indicator Teleform was developed in April 2010, with a revision in November 2010.


## Instructions

1. The following documents should be read by staff completing the form:
   - Guide for completing the Rapid Response System Outcome Indicators (this document)
   - Local Clinical Emergency Response System (CERS) guidelines and escalation procedures

2. Number of audits for completion:
   - A Rapid Response System Outcome Indicator teleform is to be completed for each rapid response event including cardiopulmonary arrest.
   - A separate form is to be completed for each rapid response event, including where multiple rapid response events occur for the same patient.

3. It is recommended that the Rapid Response Team Nurse completes the teleform following the call.
Completing the audit tool

General instructions

- Use a black pen.
- Write using block letters.
- For check boxes place an 
- Sections of the guidance provided for answering these questions is sourced from Recognition and Management of a Patient who is Clinically Deteriorating Policy (PD2010_026)

Form heading fields

<table>
<thead>
<tr>
<th>Step 1. Date of Event</th>
<th>Write the date of the Rapid Response event in the boxes, in the format dd/mm/yyyy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 2. Time of Event</td>
<td>Write the time the Rapid Response event occurred in the boxes, in 24 hour time format hh:mm eg: 18:45 for 6.45pm</td>
</tr>
<tr>
<td>Step 3. Time of Notification</td>
<td>Write the time the Rapid Response Team were notified of the event in the boxes, in 24 hour time format hh:mm eg: 18:45 for 6.45pm</td>
</tr>
<tr>
<td>Step 4. Time of RR Team arrival</td>
<td>Write the time the Rapid Response Team arrived at the event in the boxes, in 24 hour time format hh:mm eg: 18:45 for 6.45pm</td>
</tr>
</tbody>
</table>
| Step 5. MRN, Gender, Surname, DOB | Affix a patient identification label over the grey shaded area to include
- MRN
- Gender
- Surname; and
- DOB OR |
| Step 5. MRN | Write the medical record number (MRN) of the patient in the MRN text boxes in the format 012345 |
| Step 6. Gender | Select the patient’s gender by placing an ☑ in the applicable box. |
| Step 7. Surname | Write the patient’s surname in the boxes |
| Step 8. DOB | Write the patient’s date of birth in the boxes, in the format dd/mm/yyyy |
| Step 9. Site | Select the site that the Rapid Response event occurred at by placing an ☑ in the applicable box. |
| Step 10. Ward | Select the ward type that the Rapid Response event occurred at by placing an ☑ in the applicable box. |
| Step 11. Ward identifier | Write a ward identifier (up to 10 characters) in the boxes adjacent to the Ward type to indicate a specific ward name, or other non-inpatient location |
Notes

Both the Ward type and ward identifier should be specified. Where the ward name is longer than 10 characters please use an abbreviation that distinctly identifies the ward i.e. MedI or HEW

Where a Rapid Response event occurs at a non-inpatient area, this should also be specified i.e. Cafeteria

Rationale

These fields enable reporting by Site, Ward type, Ward name, Year & Month. The MRN enables further review if required.

Q1: Did patient meet clinical review criteria in last 8 hours:

Notes

This question determines if the patient has met the clinical review criteria in the last 8 hours.

Step 1.

If the patient met the clinical review criteria within the last 8 hours prior to the rapid response event

Place an ✧ in the “Yes” box.

If the patient DID NOT meet the clinical review criteria within the last 8 hours prior to the rapid response event

Place an ✧ in the “No” box.

Step 2.

If the patient DID meet the clinical review criteria within the last 8 hours prior to the rapid response event

Place an ✧ in the box to indicate what action was taken:

- Clinical review – if a clinical review occurred
- Other – if other action was taken
- Unknown – if it cannot be determined what/if any action was taken.

Q2: Did patient meet clinical review criteria in last 24 hours:

Step 1.

If the patient met the clinical review criteria within the last 24 hours prior to the rapid response event, BUT NOT WITHIN the last 8 hours,

Place an ✧ in the “Yes” box.

Step 2.

If the patient DID NOT meet the clinical review criteria within the last 24 hours prior to the rapid response event,

Place an ✧ in the “No” box.
Step 3. If the patient **DID** meet the clinical review criteria within the **last 24 hours** prior to the rapid response event,

Place an ✗ in the box to indicate what action was taken:

- **Clinical review** – if a clinical review occurred
- **Other** – if other action was taken
- **Unknown** – if it cannot be determined what/if any action was taken.

**Notes**

This question determines if the patient has met the clinical review criteria **in the last 24 hours**.

The patient may meet both the clinical review criteria i.e. within the last 24 hours and again within the last 8 hours if the criteria were met on more than one occasion.

“Yes” should only be answered for both the 8 hour clinical review AND 24 hour clinical review questions if the patient met the clinical review criteria within the last 24 hours and then again within the last 8 hours.

If the patient met the clinical review criteria within the last 8 hours, but not again within the 24 hour period, you must answer “No” to this question.

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**Q3: Did patient meet the rapid response in the last 8 hours?**

**Notes**

This question determines if the patient has met the rapid response criteria **in the last 8 hours**.

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**Step 1.** If the patient **met** the rapid response criteria within the **last 8 hours** prior to the rapid response event,

Place an ✗ in the “**Yes**” box.

If the patient **DID NOT** meet the rapid response criteria within the **last 8 hours** prior to the rapid response event,

Place an ✗ in the “**No**” box.

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**Step 2.** If the patient **DID** meet the rapid response criteria within the **last 8 hours** prior to the rapid response event,

Place an ✗ in the box to indicate what action was taken:

- **Rapid response call** – if a rapid response call was made
- **Cardio/Pulmonary Arrest system** – if the cardio/pulmonary arrest system was activated
- **Other** – if other action was taken
- **Unknown** – if it cannot be determined what/if any action was taken.
Q4: Did patient meet the rapid response in the last 24 hours?

<table>
<thead>
<tr>
<th>Step 1. If the patient met the rapid response criteria within the last 24 hours prior to this rapid response event, <strong>BUT NOT WITHIN</strong> the last 8 hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Place an ⓜ in the “Yes” box.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Step 2. If the patient <strong>DID NOT</strong> meet the rapid response criteria within the last 24 hours prior to the rapid response event,</th>
</tr>
</thead>
<tbody>
<tr>
<td>Place an ⓛ in the “No” box.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Step 3. If the patient <strong>DID</strong> meet the rapid response criteria within the last 24 hours prior to the rapid response event,</th>
</tr>
</thead>
<tbody>
<tr>
<td>Place an ⓝ in the box to indicate what action was taken:</td>
</tr>
<tr>
<td>• <em>Rapid response call</em> – if a rapid response call was made</td>
</tr>
<tr>
<td>• <em>Cardio/Pulmonary Arrest system</em> – if the cardio/pulmonary arrest system was activated</td>
</tr>
<tr>
<td>• <em>Other</em> – if other action was taken</td>
</tr>
<tr>
<td>• <em>Unknown</em> – if it cannot be determined what/if any action was taken.</td>
</tr>
</tbody>
</table>

**Notes**

This question determines if the patient has met the rapid response criteria in the last 24 hours.

The patient may meet both the rapid response criteria i.e. within the last 24 hours and again within the last 8 hours if the criteria were met on more than one occasion.

“Yes” should only be answered for both the 8 hour rapid response AND 24 hour rapid response questions if the patient met the rapid response criteria within the last 24 hours and then again within the last 8 hours.

If the patient met the rapid response criteria within the last 8 hours, but **not again** within the 24 hour period, you must answer “No” to this question.

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Q5: How many times did a clinical review occur before the RR call?

<table>
<thead>
<tr>
<th>Step 1. Write the number of times the patient had a clinical review within the previous 24 hours prior to the RR event in the text boxes.</th>
</tr>
</thead>
</table>

| Step 2. If the patient had **no clinical reviews** before the RR event, write “0” zero in the text boxes. |
**Q6: Existing Not for CPR Order**

**Step 1.** If the patient has an **Existing Not For CPR order** in place at the time of the RR event

Place an ✗ in the “Yes” box.

**Step 2.** If the patient **DOES NOT** have an **Existing Not For CPR order** in place at the time of the RR event

Place an ✗ in the “No” box.

**Q7: New Not for CPR Order established**

**Step 1.** If a **New Not For CPR order** is established at the time of the RR event

Place an ✗ in the “Yes” box.

**Step 2.** If the patient **DOES NOT** have a **New Not For CPR order** established at the time of the RR event

Place an ✗ in the “No” box.

**Q8: Criteria for RR call**

**Step 1.** Place an ✗ in the criteria boxes that apply to the RR event.

Select all criteria that apply. At least one box MUST be selected.

**Q9: RR Interventions**

**Step 1.** Place an ✗ in the intervention boxes that apply to the RR event.

Select all interventions that apply. At least one box MUST be selected.

**NOTE**

As per Local Clinical Emergency Response System (CERS) guidelines and escalation procedures, ward staff should initiate emergency treatment including oxygen therapy.

Please place an ✗ in the “**Oxygen Therapy**” intervention box if oxygen therapy was already in place on RR team arrival.
Step 2. If an “Other” intervention is selected

Place an ✗ in the “Other intervention” box.

If the “Other intervention” is listed in the “Other Interventions” list

Place an ✗ in the relevant intervention boxes

If the “Other intervention” is NOT listed in the “Other Interventions” list specify what the other intervention was by writing in the “Specify other interventions or Drug Treatment” comments box.

Step 3. If “Drug Treatment” intervention is selected, please specify what the drug treatment intervention was by writing in the “Specify other interventions or Drug Treatment” comments box.

Q10: Outcome of RR call

Step 1. If the patient was left on the ward following the RR event,

Place an ✗ in the “Left on ward” box

Step 2. If the patient was transferred following the RR event,

Place an ✗ in the “Transferred” box

Then write where the patient was transferred to in the

“If transferred, where to” text boxes below (up to 16 characters)

Step 3. If the patient was deceased following the RR event,

Place an ✗ in the “Deceased” box

Step 4. Following the RR event, the RR Medical Officer is to contact the patient’s Admitting Medical Officer.

If the RR MO has contacted the patient’s AMO,

Place an ✗ in the “RR MO has contacted patient’s AMO” box

If the RR MO has NOT contacted the patient’s AMO,

Leave the “RR MO has contacted patient’s AMO” box BLANK.

Step 5. Write the patient’s Admitting Medical Officer Surname in the text boxes.
Q11: Total time at RR call

Step 1. Write the total number of minutes that the RR team were in attendance at the RR call in the boxes provided.

Q12: Have the actions taken been documented in the patient’s progress notes in the medical record?

Step 1. Any actions taken during the rapid response call must be documented in the patient’s medical records in the Progress Notes section.

If the actions taken are documented,

Place an ✅ in the “Yes” box

If the actions taken are NOT documented,

Place an ❌ in the “No” box

Q13: Comments

Step 1. Write any relevant comments or clinical information in the comments box.

Q14: Completed by

Step 1. Write the surname of the rapid response team member completing the Rapid Response System Outcome Indicator teleform in the “Completed by (Surname)” text boxes.

Step 2. The rapid response team member completing the Rapid Response System Outcome Indicator teleform should sign their signature in the “Signature” box.
**Reports:**

Key Performance Indicators (KPI's) relating to deteriorating patients are reported monthly to NSW Health

- Number of Cardio-respiratory arrests/1,000 separations
- Number of Rapid response calls/1,000 separations

These KPI's are sourced from the completed Rapid Response System Outcome Indicator forms.

In addition to these KPI's, network reports are available on the Global Exchange folder Z:\Private\TeleformsDocumentationAudits\RR Data\Reports.

Each network report details the number of rapid response calls by each site by month, and other information sourced from the teleform.