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## **NEWS**

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### **Value of rapid response teams in reducing hospital mortality questioned**

*Research at Saint Luke's Mid America Heart Institute suggests resources could be allocated toward more proven quality improvement strategies*

**KANSAS CITY, Mo.** – The case for in-hospital rapid response teams (RRTs), which have proliferated across hospitals throughout the U.S. in the past decade, may need further study to prove their effectiveness at reducing preventable hospital deaths, according to new research led by a cardiologist at Saint Luke's Mid America Heart Institute.

In a study published in the Jan. 11, 2010 *Archives of Internal Medicine*, Paul S. Chan, M.D., MSc., and colleagues conducted a systematic review and meta-analysis of rapid response team studies published from Jan. 1, 1950 through Nov. 31, 2008. Eighteen studies were identified, involving nearly 1.3 million hospital admissions. When the results from all these studies were collectively pooled together, the Chan study did not find that rapid response teams had improved overall hospital survival.

Rapid response teams are hospital teams of critical care specialists who are called upon to rush to the bedside of any patient who seems to be heading for trouble. Different from Code Blue teams that respond to patients experiencing cardiac arrest, a rapid response team can quickly provide potentially life-saving intervention at the earliest signs of clinical deterioration before a crisis occurs. The team doesn't replace the patient's nurse or doctor, but works collaboratively whenever a patient experiences a significant change in status, such as rapid or slow heart rate, rapid breathing, low blood pressure or deterioration in alertness.

Use of RRTs is one of six key strategies of the Institute for Healthcare Improvement's 100,000 Lives campaign to reduce preventable in-hospital deaths.

“Although rapid response teams may reduce rates of cardiac arrests outside the Intensive Care Unit, consistent and plausible evidence is not available to demonstrate that they lead to improved survival – the primary reason for their development. Given the enormous personnel time devoted to their development and maintenance, health care providers may

want to reallocate limited hospital resources for already proven strategies for reducing hospital mortality, where they know they are getting more bang for their buck.

“Moreover, health quality organizations may need to reconsider their promotion of RRTs without robust evidence to support their ability to reduce mortality,” concluded Dr. Chan.

*Saint Luke’s Mid America Heart Institute is a member of Saint Luke’s Health System, which consists of 11 area hospitals and several primary and specialty care practices, and provides a range of inpatient, outpatient, and home care services. Founded as a faith-based, not-for-profit organization, our mission includes a commitment to the highest levels of excellence in health care and the advancement of medical research and education. The health system is an aligned organization in which the physicians and hospitals assume responsibility for enhancing the physical, mental, and spiritual health of people in the metropolitan Kansas City area and the surrounding region.*