



Outcomes of Rapid Response Team (RRT) Activations at Harbor-UCLA



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Learning Objective

A quality improvement project to evaluate the utilization and effects of the rapid response team (RRT) and code blue activation at Harbor-UCLA Medical Center

The RRT activation guideline at Harbor-UCLA is as follows: heart rate <40 or >130, respiratory rate <8 or >28, systolic blood pressure < 90, O2 saturation <90% or clinical signs of deterioration.

Fig 1. Comparison of Expired and Alive Patients

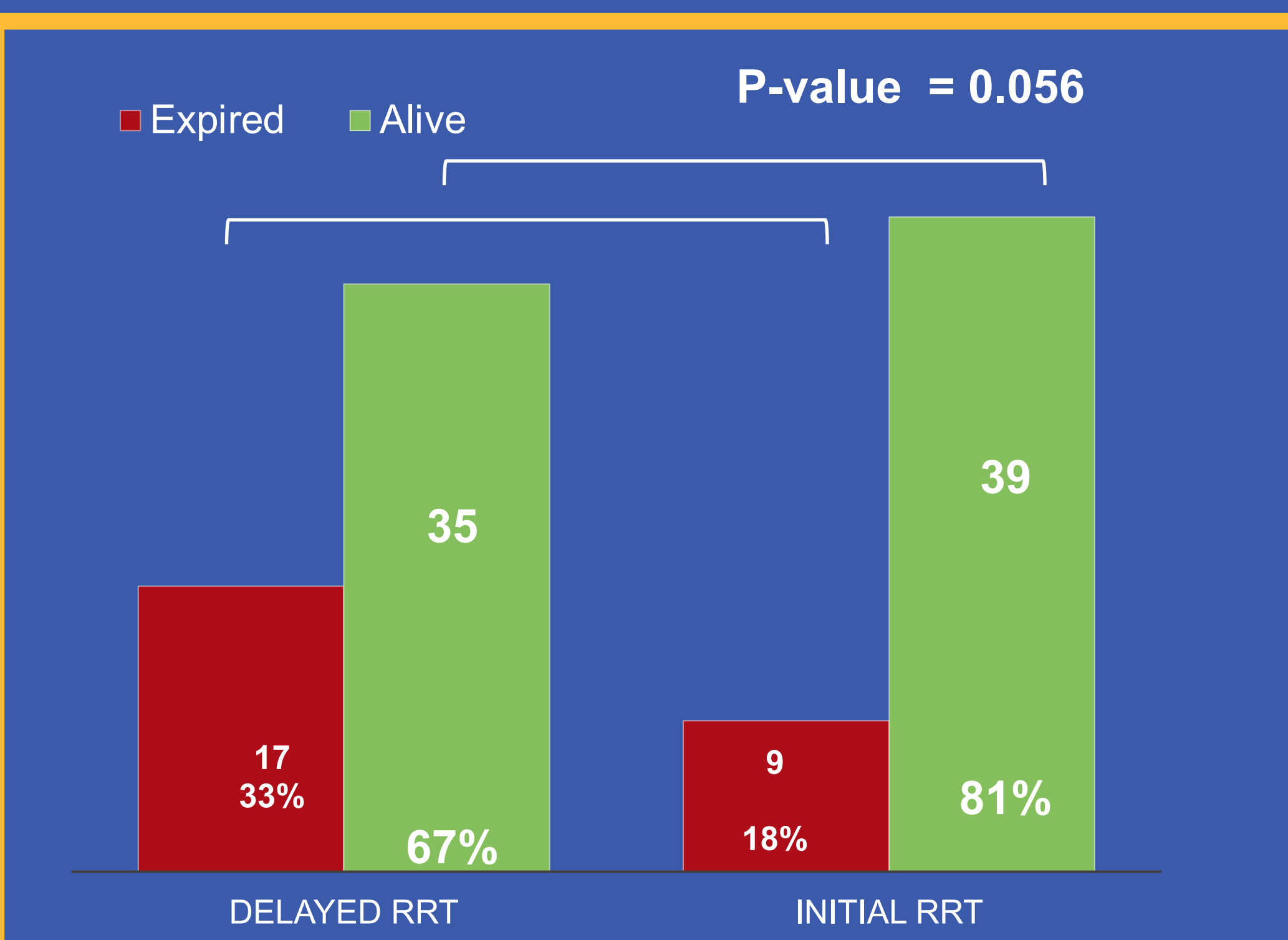
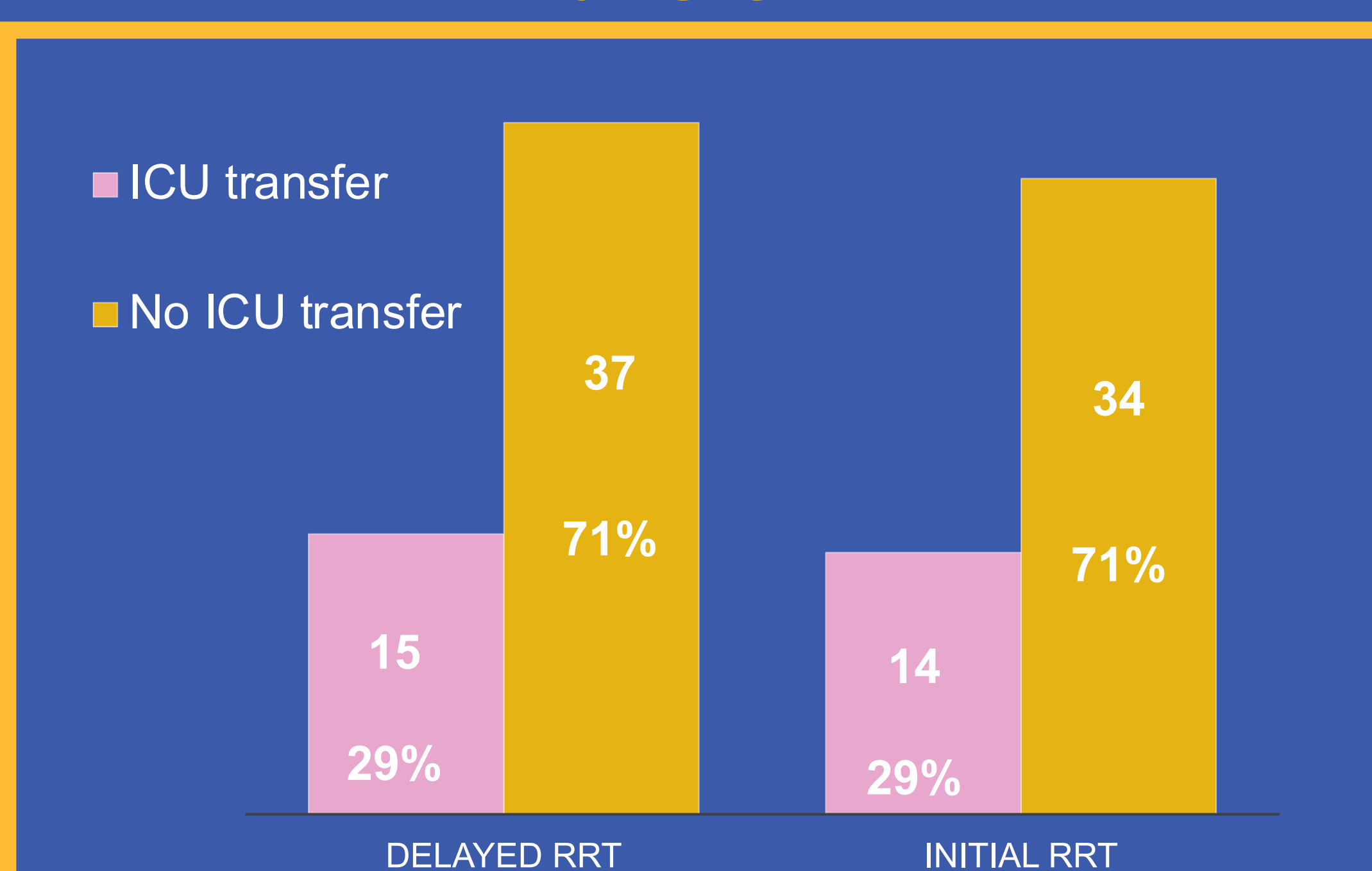
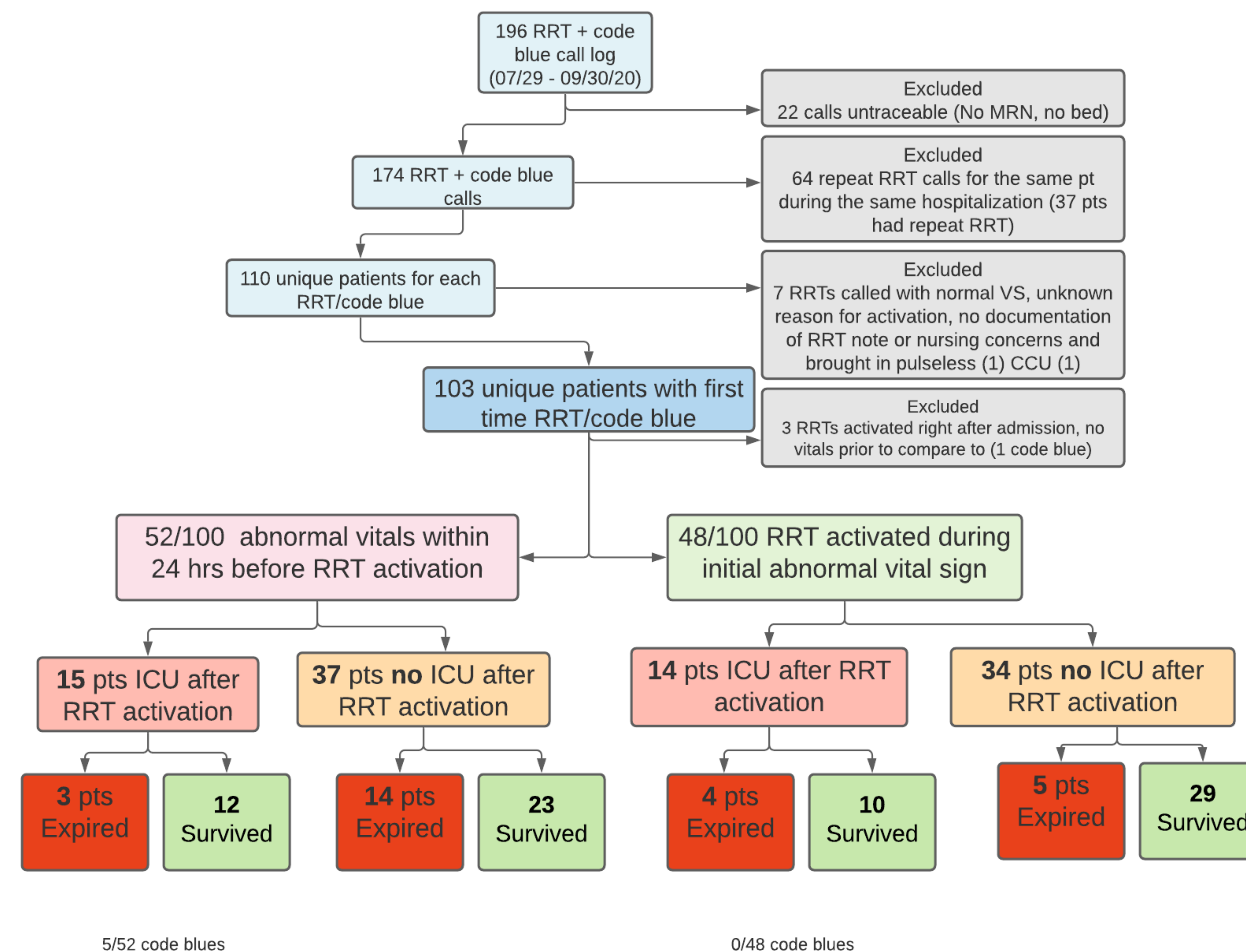


Fig 2. Comparison of ICU Transfer



Study Design



Conclusion

- In the time period from 07/29 – 09/30/2020 not all vital signs that met requirement for RRT activation led to RRT activation at Harbor-UCLA.
- During this study period, 52/100 RRT calls had initial abnormal vital sign that met RRT activation criteria 24 hours prior (Delayed RRT). Patients with the delayed RRT activation had a higher rate of mortality compared to patients with RRT activation during initial sign of meeting RRT activation requirement (Fig 1.).
- At the time of the recorded RRT activation both groups of patients were transferred to the ICU at similar rate (Fig 2.).
- There was no statistical difference in the age or gender of the expired patients (Fig 3. & Fig 4.) This does not include patients transferred to the ICU.

Fig 3. Expired Patients by Gender

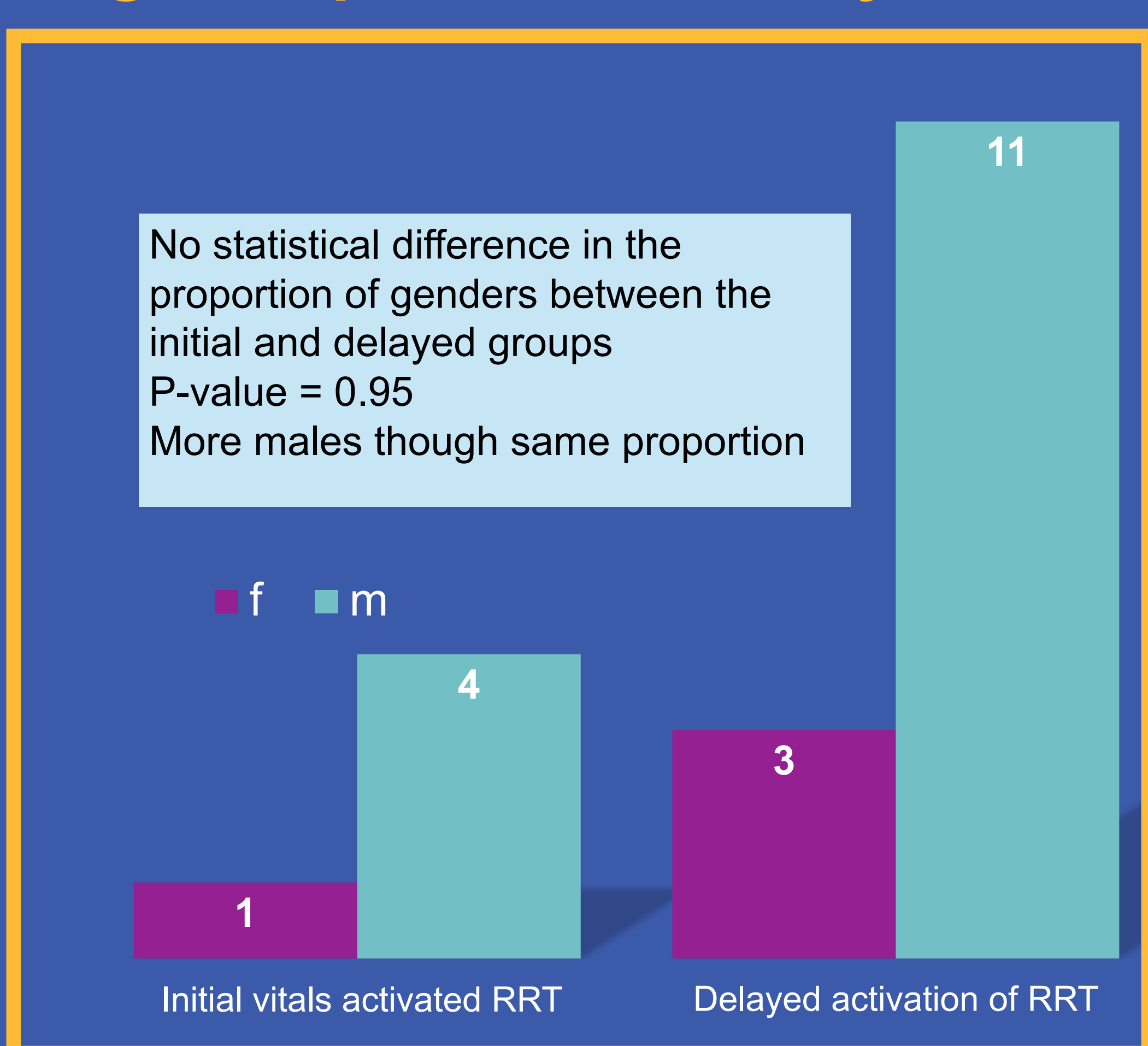
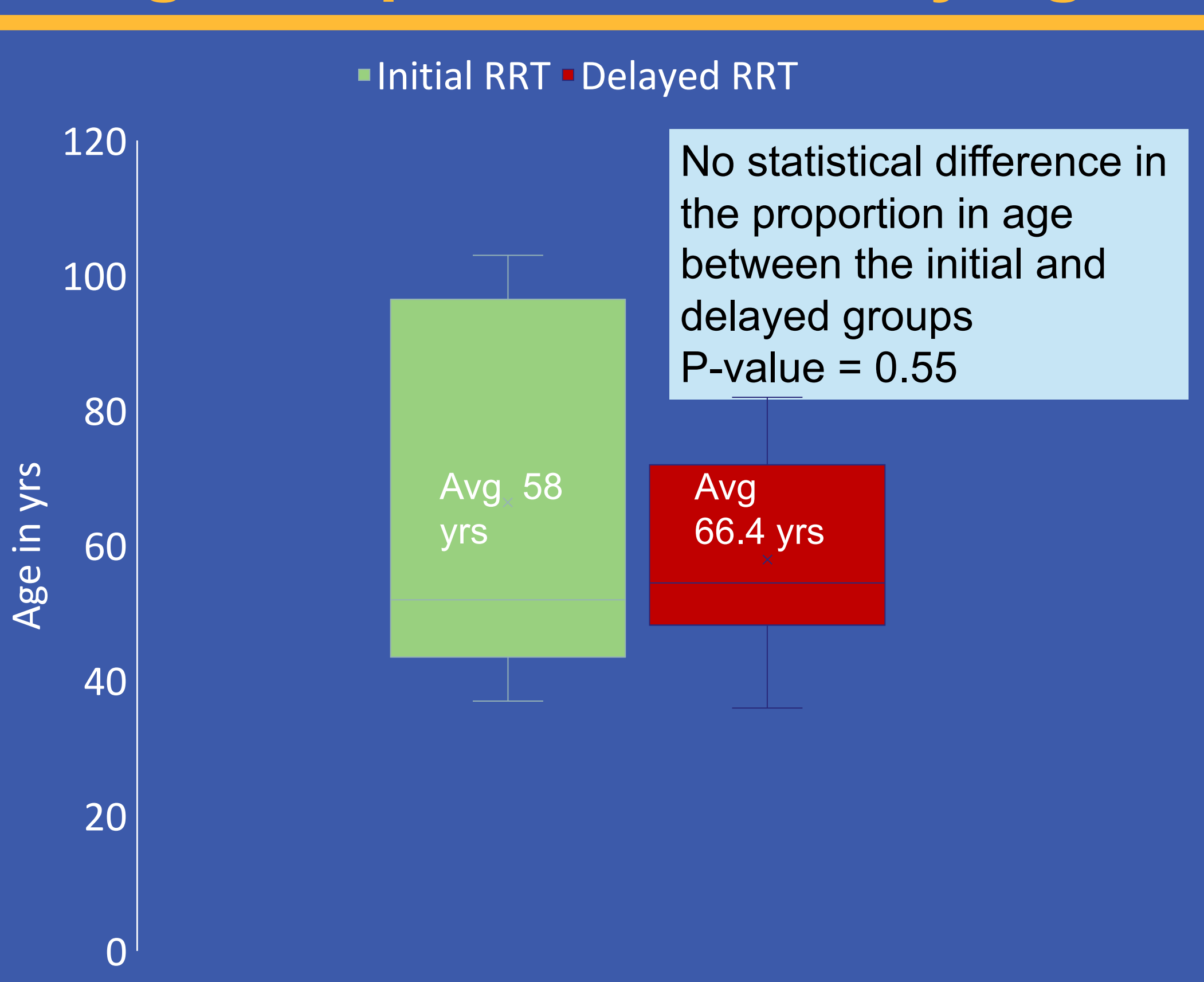


Fig 4. Expired Patients by Age



Limitations

- Not a randomized study
- Study looked at retrospective vital signs and not clinical status
- Vital signs 24 hours before the RRT was assessed, data might defer depending on the time cut-off