
Benchmarking Rapid Response Teams



1 in 4 patients on general wards in hospital who trigger a Rapid Response Team intervention require admission to an intensive care unit, according to the analysis of 1188 patients from 51 centres in 5 countries, published in *Resuscitation*.

Jonathan Bannard-Smith and colleagues, on behalf of the Medical Emergency Teams: Hospital Outcomes in a Day (METHOD) study investigators, looked at the cases of 1188 general ward patients in 51 countries across five countries, who were reviewed by a Rapid Response Team. The researchers offer a standardised benchmarking dataset for short-term outcomes of RRT interventions.

Their study looked at the management and short-term outcomes of patients who were reviewed by RRTs and also compared patient outcomes in UK and non-UK hospitals.

See Also: [6 Ways to Improve Medical Emergency Team Performance](#)

Short-Term Outcomes

Within 24 h of an RRT event:

- 1 patient in 10 will be dead
- 1 in 4 will be transferred to ICU,
- 1 in 4 will have limitation of care orders.

Regarding limitation of care orders, the researchers note that this study found a higher percentage than in previous studies. They suggest this may indicate transfer of responsibility for such decisions away from the treatment team to the RRT. They write: "It is unclear what might drive such a development but changes in training of medical staff and potentially unrealistic expectations about the effectiveness of Intensive Care might be contributors."

UK Differences

Among the differences between UK and non-UK hospitals was that RRTs in the UK were mostly nurse-led, rather than physician led. The UK data showed more deaths with "full care" status, and processes for ICU transfer in the UK took almost four times longer in UK hospitals.

The researchers recommend further exploration of the factors that contribute to these outcomes and differences in care as well as research into long-term outcomes.

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