



Use of rapid response teams hides hospital inadequacies, patient expert says

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The use of rapid response teams could be masking underlying patient care problems in hospitals, according to a patient safety expert writing in the Journal of the American Medical Association.

Rapid Response Teams (RRTs) are teams of doctors and nurses assigned to provide rapid bedside care for patients who are in critical condition.

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The co-author of the article, Peter Pronovost, MD, PhD, a professor of anesthesiology and critical care medicine at Johns Hopkins University School of Medicine, says hospitals should focus more on why patients are deteriorating in the first place, instead of waiting until they crash.

Pronovost argues that the use of rapid response teams illustrates that the way hospitals manage patient flow can have an impact on patient health. For example, overcrowding can lead hospital managers to move patients who still need intensive care out of the ICU to free beds for even sicker patients. When patients are moved out of the ICU, they fail to receive the care they need, leading their conditions to deteriorate, and sometimes to a crash, at which point, a rapid response team takes over.

The main problem, however, isn't lack of beds but rather how hospitals manage patient flow. For instance, many hospitals schedule all their surgeries during the beginning of the day and week; therefore, the ICU becomes overcrowded in the middle of the day and the middle of the week.

Pronovost worries that hospitals are using RRTs as a crutch. Instead, he says, hospitals need to better manage these conditions so as to prevent patients from worsening so that they don't need to appeal to the use of rapid response teams, which, he says, only look good because patients are allowed to get so bad.

Source: [RT Magazine online](#)

You can read the original article in JAMA [here](#) (registration required) J

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