Implementing a Medical Emergency and Rapid Intervention Team

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Background

Failure to rescue accounts for approximately 60,000 deaths each year in Medicare patients under the age of 75. In a large outpatient oncology facility that encompasses an infusion center, multimodality procedure unit, radiation treatment center & multidisciplinary clinics, the need to implement a rapid rescue team was identified to mitigate the risk of failure to rescue.

Objectives

The goal of this quality improvement project was to implement a Medical Emergency and Rapid Intervention Team (MERIT) service to care for patients undergoing chemotherapy, blood transfusions, procedures, radiation and other oncology treatments. The aim was to develop a standardized process for MERIT activation by healthcare providers within the facility.

Planning

The current MERIT policy for inpatients was reviewed and collaboration was formed with institutional leaders to revise it for an ambulatory center outside of the main campus. A needs assessment was done in July 2019 to identify knowledge deficits. The skill mix of PACU nurses was reviewed to identify those with a high acuity background to be a core member of the MERIT team.

An orientation and competency check-off was developed, which included requiring members to have Advanced Cardiac Life Support (ACLS), Pediatric Advanced Life Support (PALS) and High Acuity Training. A post-implementation survey was conducted to assess needs and knowledge gaps.

Needs Assessment

- ❖ What extension would you dial to call MERIT?
- ❖ Which of the following situations require assistance from MERIT?
  - Feel uncomfortable with patient condition
  - Transfusion/infusion reaction
  - Vagal episode
  - Difficulty breathing
  - Change in mental status
  - All of the above

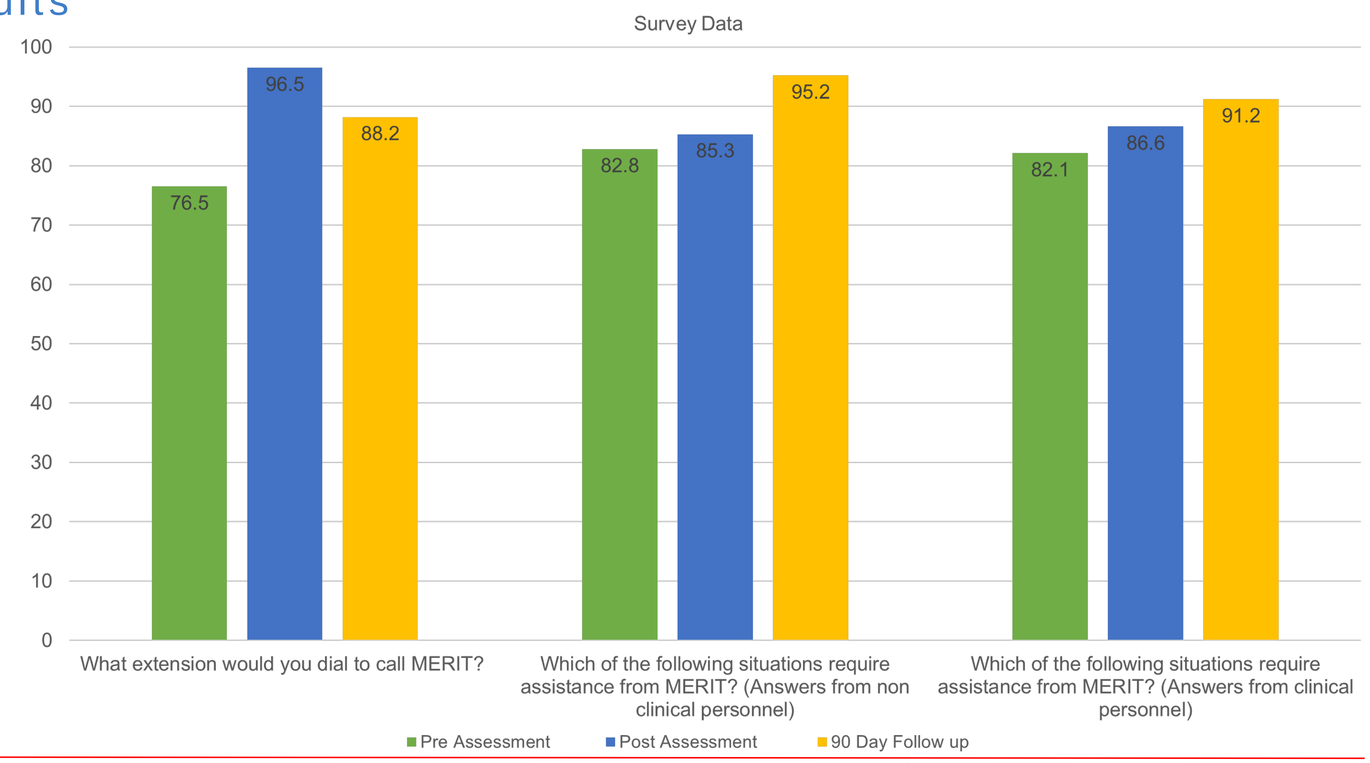
Intervention

- ❑ Update institutional policy to reflect addition of ambulatory center
- ❑ Identify core MERIT members with high acuity background
- ❑ Conduct a pre-assessment survey to identify areas of educational needs
- ❑ Develop in-service education for medical and non medical personnel
- ❑ Provide in-service to all employees in small groups of 15-20. Provide employees with quick reference sticker including telephone extensions to call for MERIT & CODE BLUE
- ❑ Conduct a post education survey and identify areas in need of reinforcement
- ❑ Provide in-service to all new employees and annual refreshers to all building staff

Statement of Successful Practice

The needs assessment survey indicated 82.4% of staff were able to identify all the correct situations to call MERIT, 9% of staff were not sure what situations require MERIT and 23.5% of staff did not know the correct extension to request MERIT. The MERIT team was implemented in September 2019. Post implementation of MERIT service, the building team members indicated 85.9% of the staff were able to identify correct situations to call MERIT and 96.5% of the staff knew the correct extension to request MERIT. A post education survey was completed in October 2019 showing improvement in knowledge and comfort level in calling MERIT. The results below are from a follow-up survey done in January 2020.

Results



Volumes & Call Types

Since go live, we have averaged 10-15 calls a month ranging from falls to cardiac concerns. We have called 911 EMS for patients who have become septic post procedure, SVT and hypersensitivity reaction. Now with an EMS contract in place, we can transfer non emergent cases to main campus.

Implication for Peri-Anesthesia Nursing Practice

Providing a MERIT service in an outpatient facility can mitigate the risk of failure to rescue and improve patient outcomes.

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