

Implementing a Medical Emergency and Rapid Intervention Team

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Background Information: 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 clinic, the need to implement a rapid rescue team was identified to mitigate the risk of failure to rescue.

Objectives of Project: The goal of this initiative 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. A standardized process was developed for MERIT activation by healthcare providers within the facility. In-Service all employees in the facility and empower them to activate MERIT for identified patients.

Process of Implementation: The current MERIT policy for inpatients was reviewed and collaboration was formed with institutional leaders to revise it for an ambulatory center. A needs assessment was conducted and knowledge deficits were identified. 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.

Statement of Successful Practice: The assessment survey indicated 83% of staff were able to identify all the correct situations to call MERIT, 9% of staff were not sure what situations require MERIT and 25% of staff did not know the correct extension to request MERIT. Post implementation of MERIT service, the building team members indicated 84.4% of the staff were able to identify correct situations to call MERIT, and 98% of the staff knew the correct extension to request MERIT. Post education survey was done 2 weeks after go live and showed improvement in knowledge and comfort level in calling MERIT.

Implications for Advancing the Practice of Perianesthesia Nursing: Providing a MERIT service in an outpatient facility could mitigate the risk of failure to rescue, and improve patient outcomes.