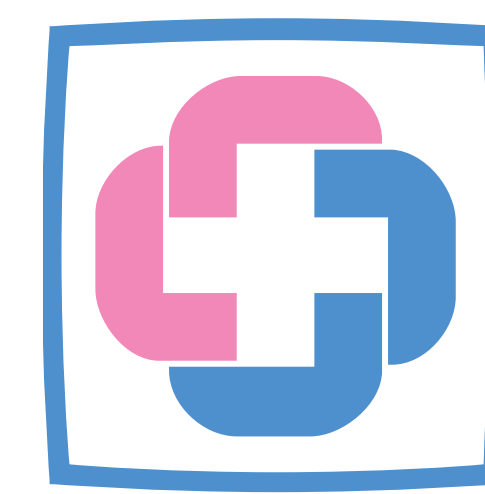




Singapore Healthcare Management **2021**

Rapid response team in a women's and children's hospital



KK Women's and Children's Hospital
SingHealth

Kirk Hui Ping Angela, Huang Fang, Julia Eng Chui Lee, Chua Li Jun Priscilla, Xu Xuelian, Mok Yee Hui

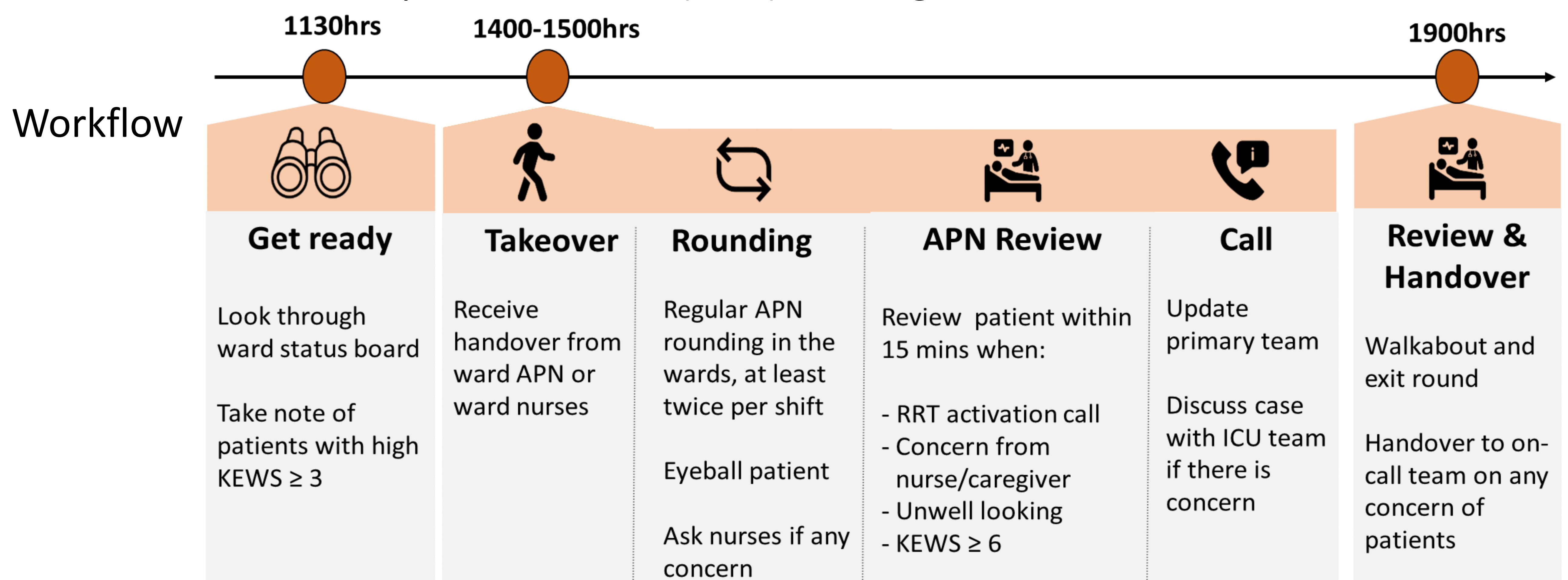
Introduction

Why Rapid Response Team (RRT)?

1. Provide prompt response to aid healthcare workers' concern of patients' condition
2. Strengthen the usage of KKH early warning system (KEWS)
3. Identify deteriorating patient proactively and institute prompt treatments to improve patient safety

Methodology

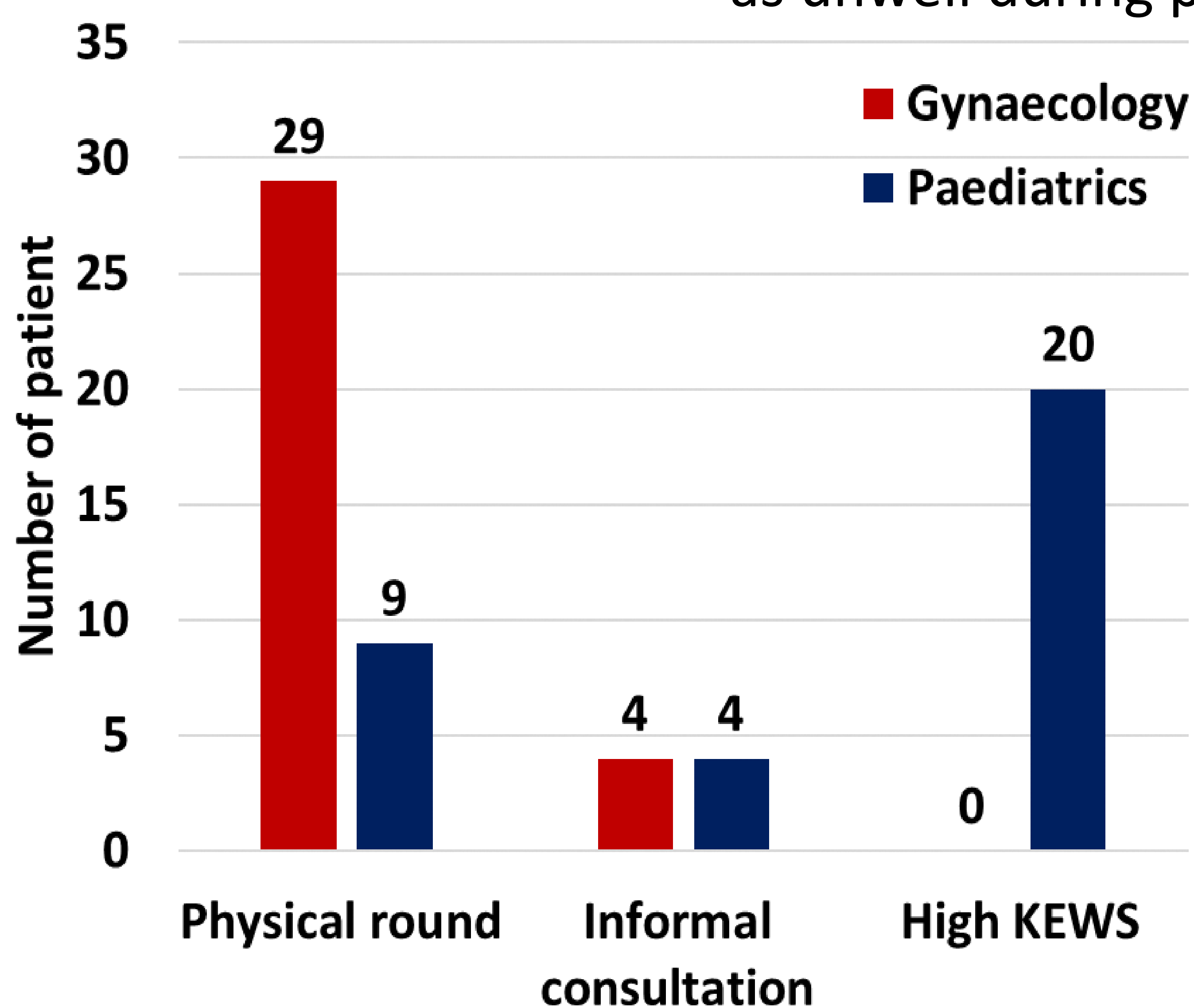
Pilot RRT started in January 2021, weekday from 11.30am to 8.30pm involving 4 gynaecological and 3 paediatric pilot wards. The team consists of advanced practice nurses (APN), ICU registrar and consultant.



RRT review and discuss cases seen by the team every month and gather nurses' feedback every quarterly.

Result

From January to March 2021, gynaecology and paediatrics RRT APNs each reviewed 33 patients. Patients were reviewed for high KEWS, discovered as unwell during physical rounds or from informal consultation.



Actions taken:

Updating primary team, escalating antibiotics, arranging emergency operation, transferring patient to higher level of care, ordering medications/investigations, halting unwell patient from discharging, and bedside teaching to the ground nurses.

Nurses' feedback on RRT service:

Areas to improve: Promote awareness of service, extend RRT service hours and increase visibility of RRT members.

Positive feedback: Improved patient safe, APNs are reliable, trustable, relatable and reassuring.

Conclusion

RRT improved patient safety through early detection, prompt response and teams' collaboration. RRT needs to continually review its service as it aims to extend to all the inpatient wards.