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Implementing Proactive Code Nurse Rounds to Decrease Delay in Rapid Response Activation

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ORIGIN

Late in 2015, three events occurred, signifying the Thornton ICU (TICU) code team's need to initiate proactive rounding. First, there was a joint reflective practice meeting between the nurses on 2East and Thornton ICU, in which nurses from both units expressed a desire for the code nurses to consult with the unit charge nurses to identify patients that would benefit from early intervention by the code nurses. Second, there was a mock Code Blue called while the TICU code team was engaged in another rapid response. Due to competing priorities, the back-up team's response time was delayed. Third, the code blue team noted an increase with "delay in rapid response activations" throughout the hospital.

In response to the three factors listed above, the code nurse was relieved of all other responsibilities in order to focus on offering assistance, education and providing peer review to other units. They began rounding once per shift and had informal discussions with unit charge nurses to identify patients at a high risk for deterioration. Once identified, the code nurse and the charge nurse or bedside nurse would evaluate the patient together. This proactive rounding fostered collaboration and real time peer review and education. If the patient met criteria for a rapid response, it was called. This was done to ensure the formal rapid response process remained intact and to allow tracking through the I-report system. Any process issues were resolved through collaborative reflective practice.

Proactive rounding continued when the code team unit expanded to the new Jacobs Medical Center (JMC) and now includes the women and infants units. Additionally, proactive rounding is completed twice per shift with more focused rounding on patients who have been recently transferred from the Intensive Care Unit (ICU), high-risk obstetrical patients, and a new population of oncology patients receiving Chimeric Antigen Receptor T-Cell (CAR-T) therapy. With the success of proactive

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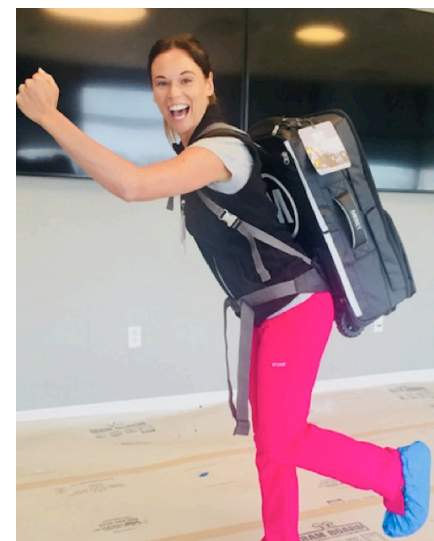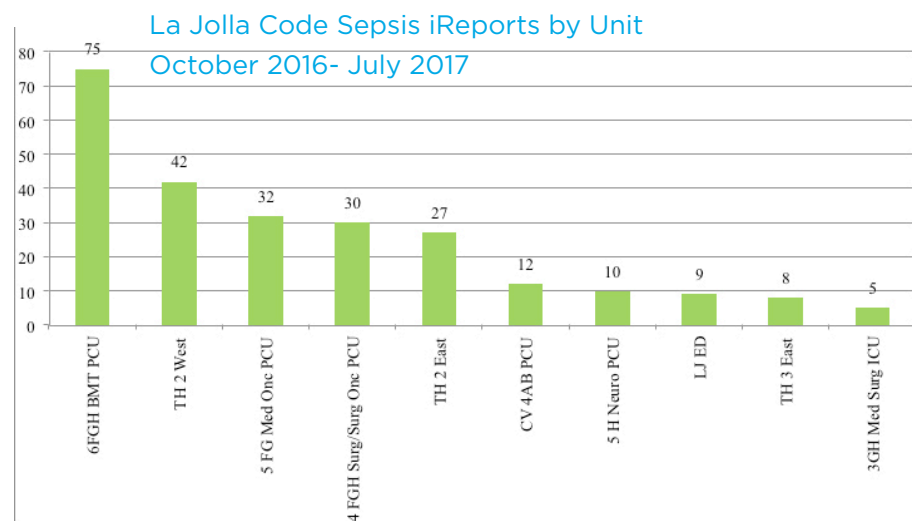
Code nurse in action.

rounding by the initial TICU code nurse, it has been established as an expectation for the Sulpizio Cardiovascular Center and Hillcrest Medical Center code teams.

OUTCOMES

Early identification of sepsis symptoms is critical with oncology and blood marrow transplants (BMT) patients due to their immunocompromised state. These patients can decompensate rapidly, thus prompt identification and utilization of Code Sepsis is crucial. BMT nurses are trained to identify and initiate Code Sepsis when the patient meets Severe Sepsis Criteria.
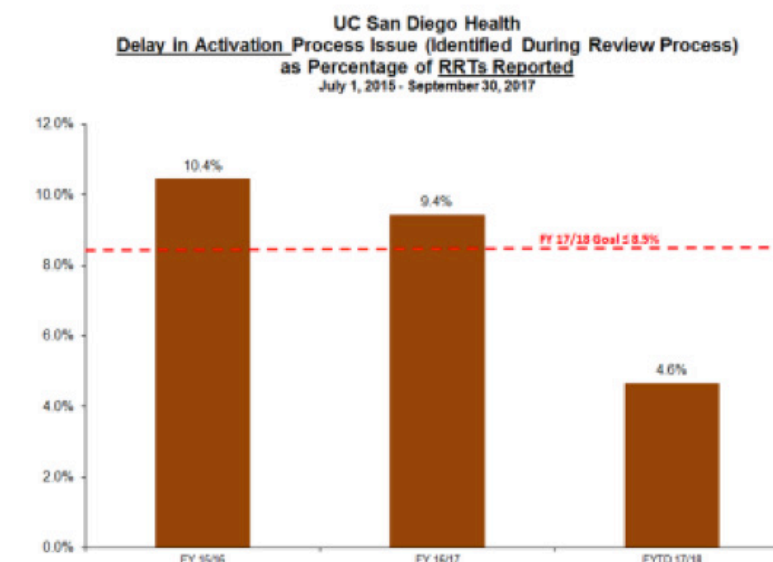
BMT is the biggest utilizer of Code Sepsis. Between October 2016 until July 2017, the unit called 75 Code Sepsis and of those, only 2 patients did not survive until discharge. Due to the collaboration between Code Nurse and BMT nurse through proactive rounding, the sepsis mortality rate has continually decreased since implementation in early 2017.

Post Survey Confidence Results

The data clearly shows that nurses on the units find proactive rounds helpful and that it has helped them escalate care when indicated.
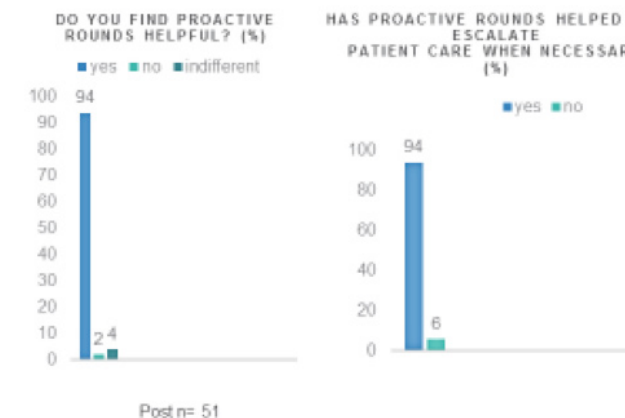
Finally, proactive rounding has been correlated with a reduction in delayed rapid response activation and an increase in the percent of patients that survive a Rapid Response Team (RRT) or code through discharge.

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Delay in Activation Process Issue (Identified During Review Process) as Percentage of RRTs Reported
July 1, 2015 - September 30, 2017

Delay in Activation Data

La Jolla Code Sepsis iReports by Unit October 2016- July 2017

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