A STUDY ON COMPLAINCE OF "RAPID RESPONSE TEAM"

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Research Objectives:

1. To analyze the compliance of RRT protocol followed at both the wings- East and West, of Max Super Specialty Hospital, Saket.
2. To explore the touch points of problems in achieving 100% compliance of RRT protocols.
3. To confer recommendations for further improvement in the RRT procedures.

Research Methodology:

Type of study *:* Descriptive cross-sectional

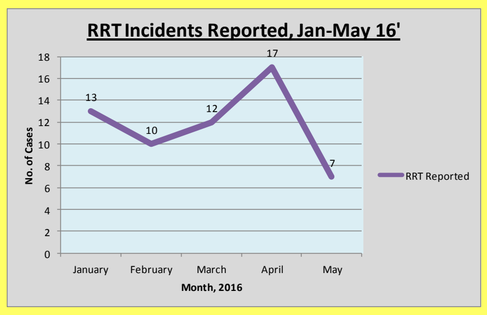
Duration of Study – 20 weeks (January 2015 to May 15, 2016)

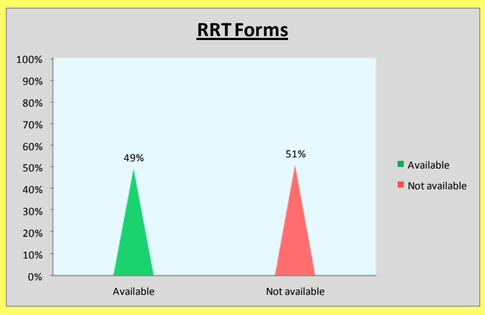
Tool – *RRT forms*

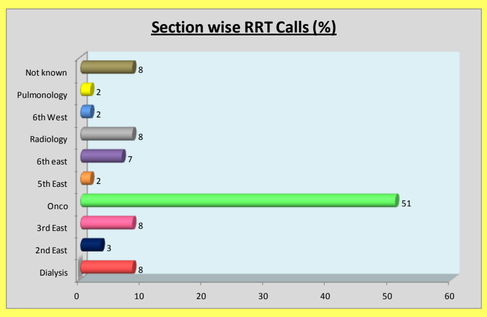
Sample size – All the RRT incidents in the duration of study, i.e. **59**

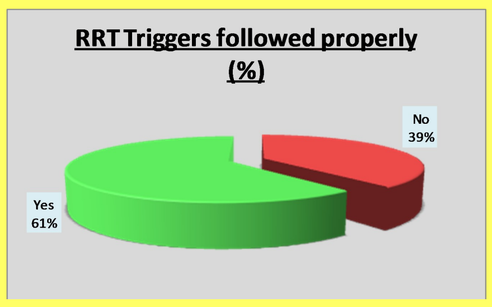
Data collection –Secondary

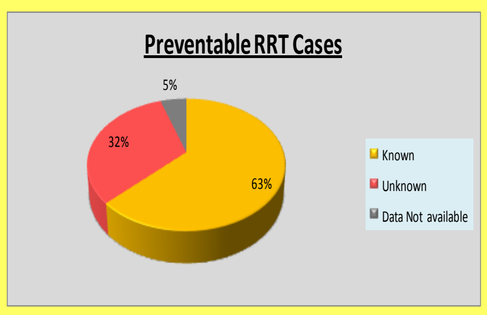
Data Analysis:

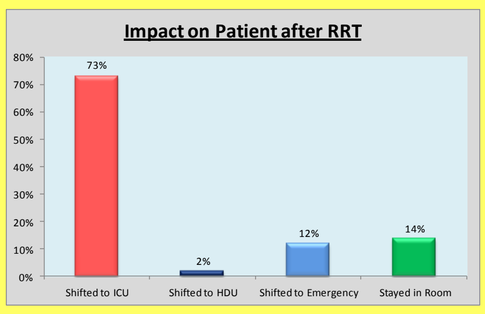


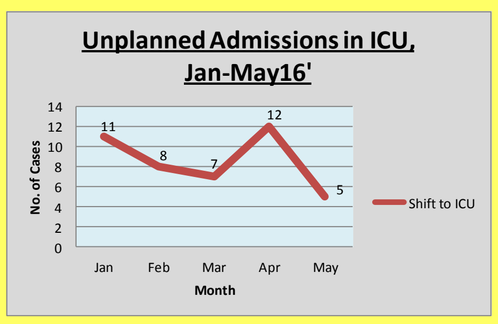


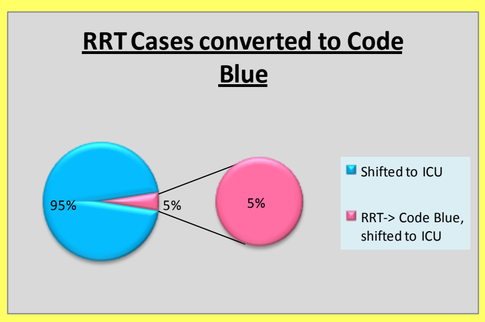












Touch Points of Problems in achieving 100 percent Compliance:

1. Unavailability of Rapid Response Team records.
2. A particular section reporting more number of Rapid Response Team calls.
3. Improvement in following of RRT triggers.
4. The greater number of known RRT cases.
5. The increasing number of unplanned admissions to ICU after RRT.

Recommendations:

1. Increase the number of critical care staff available all the time in Oncology department.
2. The documenter should have no other role during the resuscitation so that full attention can be given to collecting the needed data.
3. The RRT form should include the names of the team members who were present during the whole procedure.
4. A pharmacist may also be involved in the RRT team to ensure quick access to medication.
5. Feedback should be given to the providers for a job well done or improvement needed, so that staff see their input has been used to improve the quality of care.
6. The number of RRT mock drills should increase to educate and monitor the staff as to how to act fast and smart in the emergency situation.
7. There is a need of a RRT surveillance or review committee to review the effectiveness of the team and the event documentation by including rounds and quality checks in the high risk areas such as Oncology.

A STUDY ON PATIENT IDENTIFICATION IN A HOSPITAL

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Research Objectives:

1. To do a comparative analysis between the staff from various departments at Max Super Specialty Hospital, Saket.
2. To suggest recommendations for diminishing the misidentification of the patients.

Research Methodology:

Type of study *:* Analytical cross-sectional

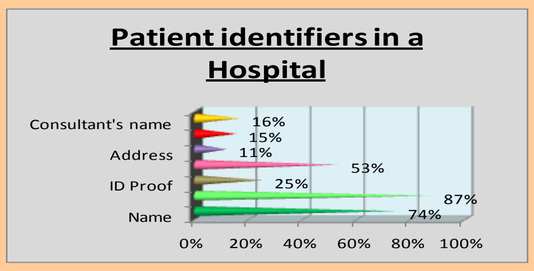
Duration of Study – 8 weeks (April-May, 2016)

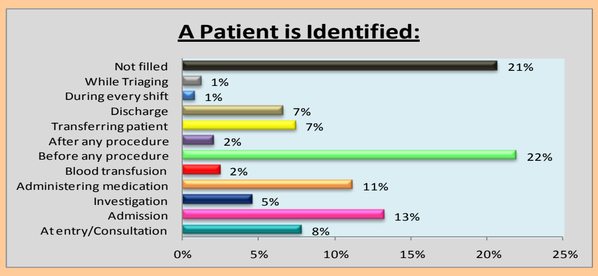
Tool – Unstructured Questionnaire

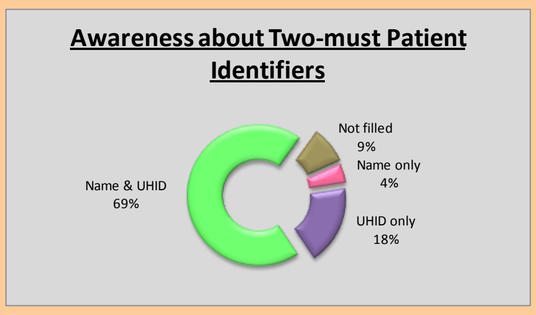
Sample size **- 174 (**Multi-stage sampling, **Stage I** Stratified Sampling to ensure participation from each department and **Stage II** Convenient sampling to make selection by convenience)

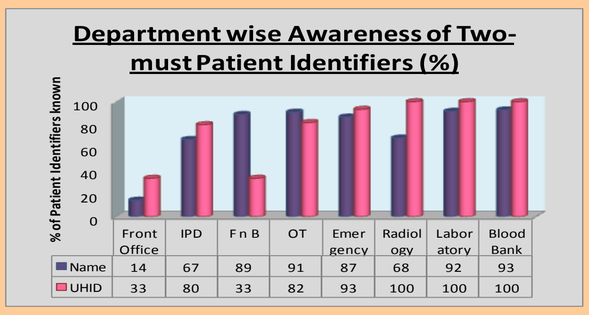
Data collection – Primary (2 months)

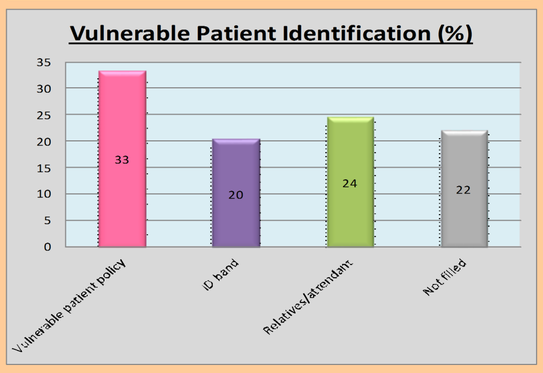
Data Analysis:

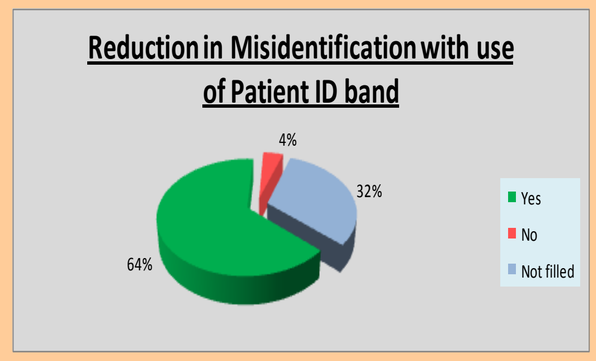


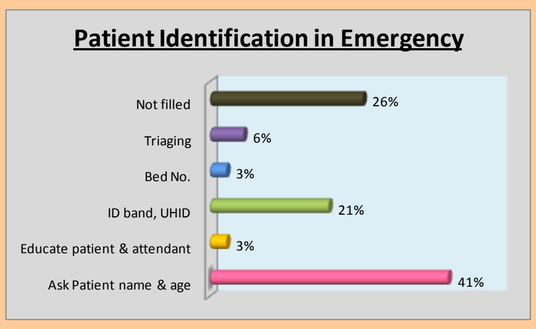


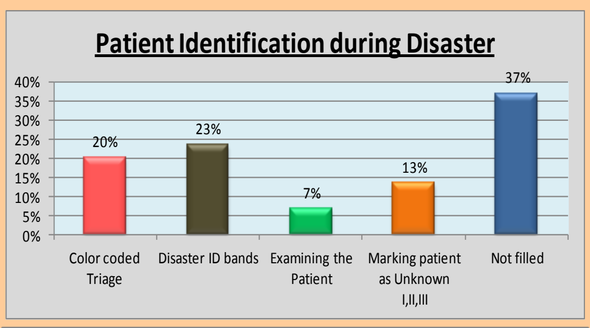


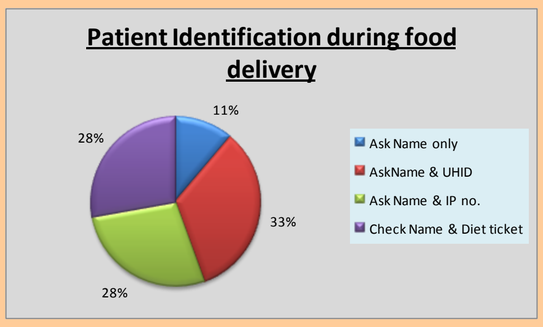


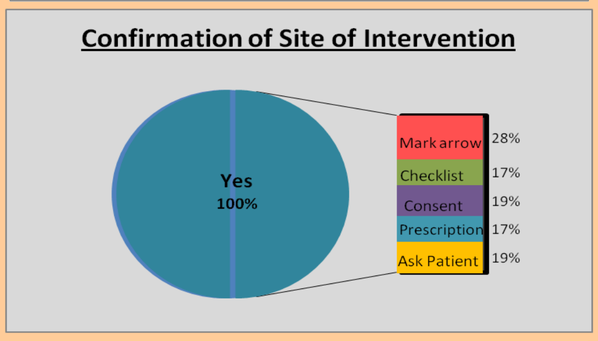


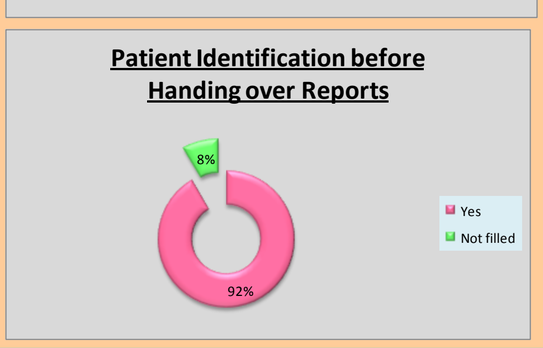


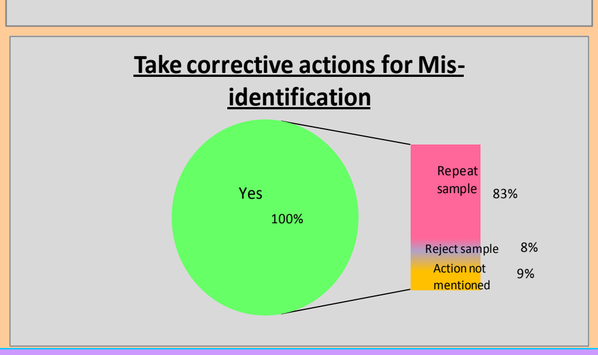












Recommendations:

1. Correct patient Identification posters should be pasted at visible & operational areas of hospital.
2. There should be quiz organized on a routine basis to analyze the awareness of patient identification among the staff.
3. "PATIENT WITH THE SAME NAME IN WARD" cautionary card must be applied to each patient's health care record to avoid misidentification of patients with similar names.
4. The protocol to be followed during disaster should be clearly written & visible in the emergency department.
5. There should be scanning of the food ticket also like medications, so to avoid delivery of food to the wrong patient.
6. The staff should be taught the lessons of time management during heavy workload, so to never misidentify the patient.
7. Incident forms should be filled more often on misidentifications of the patients.