Essential elements of Rapid Response System in Australia

Daryl Jones 1), 2), 3), 4), 5), 6)

Consultant Intensive Care specialist, Austin Health and Warringal hospital
Acting Deputy Director Austin Department of Intensive Care
Adjunct Professor University Melbourne
Associate Professor DEPM Monash University
Medical Director Critical Care Outreach Austin Hospital
Past president International Society of Rapid Response Systems

Studies conducted in the 1990s and early 2000s revealed that patients in hospital suffered adverse events in approximately 10% of admissions. In addition, in-hospital cardiac arrests occurred in approximately 1/300 patients. Other studies showed that such events were preceded by signs of instability that manifested as derangements in the patient's vital signs. In response to these fidnings, hospitals in Australia and around the world have implemented rapid response systems.

The rapid response system involves the use of standardised criteria to alert ward clinicians when a patient might be becoming unwell. When a patient breaches these criteria a system is activated and expert responders come to review the patient. This is similar to a cardiac arrest team, but occurs before a patient has suffered a cardiac arrest.

Australia was an early adopter of this model of care, and they are now mandatory in all Australian hospitals. Systematic reviews reveal that the introduction of rapid response systems is associated with reductions in in-hospital cardiac arrests and all cause hospital mortality.

This presentation will summarise the essential elements of rapid response systems in Australian hospitals. In particular it will highlight the role of the Australian Commission on quality and safety in healthcare and the consensus statement surrounding deteriorating patients. It will also emphasise the elements of a successful rapid response system. Finally, it will summarise the evidence for this approach within the Australian healthcare context.