**­­­­**

**­­­**

**Roadmap to Effective Rapid Evaluation Teams (RETs)**

*Improving your organization’s process for any staff to call for, and receive, support*

*to rapidly evaluate and address an urgent or concerning situation.*

**BACKGROUND:**

As part of Safe Care for Seniors, LeadingAge Minnesota started a process for collaborative learning and sharing called Safe Tables. A Safe Table is a safe space to come together and explore a targeted safety issue by conducting a deep dive into the key factors contributing to the safety events and developing and sharing prevention strategies and tools.

Based on review of Minnesota OHFC substantiated report data, the first topic we set out to address was DNR status and response. We reviewed several substantiated events in which CPR was not performed due to confusion on how to access DNR status in a timely manner and the steps staff should take to respond when finding a resident/client/patient unresponsive.

Through the Safe Table process, we identified the need to develop recommendations and tools for strengthening an organization’s processes for responding to an urgent or concerning situation. For purposes of creating a common language as we work together on this issue, we are calling this response process a *Rapid Evaluation Team (RET).* The RET approach provides the type of structure needed to support a more systematic approach for responding when a resident/client/patient is found unresponsive, and an effective response for staff when encountering other situations where additional staff and/or resources are more urgently needed, such as a concerning change in condition, a resident fall with injury needing urgent assessment and intervention, or an escalating verbal or physical aggression situation.

**What is a Rapid Evaluation Team (RET)?**

A RET is a systematic process for any staff to call for help in an urgent or concerning situation and for available staff to respond to the RET location quickly to provide support and complete structured tasks to rapidly evaluate the situation and intervene. The goal is to create a response system and culture that is structured and proactive to assess and intervene before a situation becomes an emergency. Most organizations already have components of a RET in place. This project is designed to provide the support needed to assess your current processes, identify opportunities for improvement, and create an action plan to create a more efficient and effective response process.

The product of our first Safe Table is this ***Roadmap to Effective Rapid Evaluation Teams*** that outlines practices and tips for implementing an effective RET within your organization along with tools you can use and tailor as you work to strengthen your own RET process. The roadmap is designed to be used as an interactive tool to assess your current practices and develop an improvement action plan.

**The Roadmap is divided into two sections:**

**Section 1: Getting Started – Base Recommendations**

The practices outlined in this section provide a strong starting point for establishing and/or strengthening your RET and addressing key issues that have been identified as improvement/prevention opportunities in the substantiated OHFC reports.

**Section 2: Advancing Your RET Practices**

These are more advanced practices for strengthening your RET processes for those organizations that have the base practices in place and are ready to move to the next level, or organizations that want to assess and work to implement the full set of practices (base + advanced) within their initial implementation plan.

**Rapid Evaluation Team Safe Table Advisory Group Members:**

Thank you to the **Rapid Evaluation Team Safe Table Advisory Group** for committing their time and sharing their experiences and expertise in the development of these important resources. A special thank you to **Carris Health** for generously sharing their resources and experience, and especially to **Amanda Thorson, Director of Nursing**, for serving as a champion for Rapid Evaluation Teams. Advisory Group Members:

* ***Julia Biehn, Crest View Seniors Community at Blaine***
* ***Rachel Evers, Vista Prairie at Monarch Meadows***
* ***Sheila Miller, Cuyuna Regional Medical Center***
* ***Emily Nyberg, Jones-Harrison***
* ***Melissa Plachecki, Vista Prairie Communities***
* ***Natalie Seehausen, Vista Prairie at Garnette Gardens***
* ***Brianna Olson, Knute Nelson***
* ***Brenda Schrupp, Westwood Ridge II, Walker Methodist***
* ***Ruth Snyder, Gunderson Tweeten Care Center***
* ***Amanda Thorson, Carris Health***

**Using the RET Roadmap**

You can use the RET Roadmap to assess the practices currently present in your organization by clicking on the checkbox next to each practice. You can choose to initially focus on the Getting Started Recommendations or complete an assessment of the full set of practices.

Based on the findings of your assessment, you can use the Action Planning Document (or another action planning tool) to create a plan to address one or more of the practices identified as an area of initial focus.

Toolkit items and implementation tips are included in each section to provide examples that you can use as reference or customize for your program.

***Disclaimer:***

*Information shared in the RET Roadmap and tools are intended for purposes of sharing, learning and improvement only. The practices outlined in this document should not be interpreted as setting a standard of care.*

**Section 1: Getting Started – Base Recommendations**

|  |  |  |
| --- | --- | --- |
|  | **RET Practice (check box if practice is in place in your organization)** | **Toolkit Items** |
| **Equipment** | [ ]  Establish/Evaluate crash cart/emergency kit to use when responding to an RET to determine missing items; add/update equipment and items as needed (including RET documentation and audit forms)[ ]  Establish a consistent storage place for crash cart/emergency kit for easy access[ ]  Establish a process to regularly audit crash cart/emergency kit to stock and maintain items*Advanced Equipment Recommendations:*[ ]  The RET kit is regularly audited, with responsibility assigned for conducting audits, to check for availability and functioning of items[ ]  Process to address any issues identified in audits | **Tools:**[**RET Emergency Kit/Crash Cart List & Audit Tool**](http://www.leadingagemn.org/assets/docs/RET_Emergency_Kit_-_Crash_Cart_List__Audit_Tool.docx) |
| *Notes:* |
| **Calling RET** | [ ]  Establish a communication system for calling an RET (i.e., overhead page, walkie talkie, staff phones) for all departments; all shifts[ ]  Establish initial criteria for when to call a RET *(this will likely expand over time)**Advanced Calling RET Recommendations:*[ ]  Establish an SBAR communication process for communicating key information when calling for an RET[ ]  Continue to revisit and expand criteria for calling a RET as staff gain more experience with the RET process | **Tools:**[**Examples of RET Triggers**](http://www.leadingagemn.org/assets/docs/Examples_of_RET_Triggers.docx)[**SBAR for Calling RET**](http://www.leadingagemn.org/assets/docs/SBAR_for_Calling_RET.pptx)**Implementation Tips:** Clearly communicate to staff that if uncertain to treat the situation as an emergency – better to over respond than not respond |
| *Notes:* |
| **Code Status** | [ ]  Establish the one place that has the verified and up-to-date information (Single Source of Truth) for Resident’s Current Code Status[ ]  Ensure Code Status is readily available to staff and consistently in same location [ ]  Establish audit process, and assign responsibility for regularly completing audits, to ensure that code status is accurate | **Implementation Tips:** To check for accessibility, ask “can overnight staff get to the code status information if an urgent situation happened in the middle of the night?”Engage staff in discussion of process for accessing code status to ensure information is easy to access in an urgent situationInclude the task of finding code status as a step in RET drills |
| *Notes:* |
| **RET Process Steps & Tasks** | [ ]  Establish our RET workflow and identify roles accountable for each RET Task[ ]  Establish a RET Policy and Procedure and ensure consistency with RET Process[ ]  Provide training to staff on RETs, your RET process, and their RET role[ ]  Conduct Regular (i.e., monthly, quarterly) RET Drills on all shifts[ ]  Process for timely notification to family members including key information to communicate and timing of notification[ ]  Process for determining when staff should contact physician/medical provider regarding resident’s status to receive instructions/orders or to inform provider of change in condition*Advanced RET Work Flow Recommendations:*See Advanced RET Process Steps and Tasks on next page | **Tools:**[**Sample RET Workflow**](https://www.leadingagemn.org/assets/docs/Sample_RET_Workflow.pdf)[**Sample RET Policy**](https://www.leadingagemn.org/assets/docs/Sample_RET_Policy.pdf)[**RET Drill Scenario – GI Bleed**](https://www.leadingagemn.org/assets/docs/RET_Dril_Scenario_-_GI_Bleed.docx)[**RET Drill Scenario – Stroke**](https://www.leadingagemn.org/assets/docs/RET_Drill_Scenario_-_Stroke.docx)[**RET Drill Scenario – Unresponsive**](https://www.leadingagemn.org/assets/docs/RET_Drill_Scenario_-_Unresponsive.docx)[**RET Drill Scenario – Near Syncopal**](https://www.leadingagemn.org/assets/docs/RET_Dril_Scenario_-_Near_Syncopal.docx)[**RET Drill Scenario – Fall from Wheelchair**](https://www.leadingagemn.org/assets/docs/RET_Drill_Scenario_-_Fall_from_Wheelchair.docx)[**Effective, Systematic Processes**](https://www.leadingagemn.org/assets/docs/Systematic_Effective_Processes.docx)**Implementation Tip:** Identify staff roles that are consistently available to perform tasks. For example, do not select administrative staff that are only available Monday through Friday; select staff roles available across shiftsConducts drills at least monthly on every shift and with influx of new staffReinforce during staff meetings, stand up meetings, 1-1s, orientation |
| *Notes:* |

**Section 2: Advanced RET Process Steps and Tasks**

***We have systematic processes in place to:***

|  |  |  |
| --- | --- | --- |
|  | **RET Practice (check box if practice is in place in your organization)** | **Toolkit Items** |
| **Engage Partners** | [ ]  Communicate with First Responders (i.e., EMS, Law Enforcement, Fire Department) to share our draft RET process and gather feedback/input[ ]  Engage Residents and Families in the RET process (i.e., start a speak up campaign encouraging residents and families to speak up if they see a neighbor in distress/needing help) | **Tools:****[Resident/Family Poster](https://www.leadingagemn.org/assets/docs/scfs-ret_%282%29.pdf)** **Implementation Tips:**Consider expanding ability to call RET to residents/families |
| *Notes:* |
| **Task – RET Lead Staff** | [ ]  Clear roles are assigned for who should serve as RET Lead Staff[ ]  RET Lead Staff receive additional training for running a RET case, i.e., Assessing situation and resident, directing intervention, managing high-stress events[ ]  A structured communication process, such as SBAR, is in place to effectively communicate with physician/medical provider | **Tools:** [**SBAR for Physician Communication**](https://www.leadingagemn.org/assets/docs/SBAR_for_Physician_Communication.doc) |
| *Notes:* |
| **Task – EMS** | [ ]  Clear roles are assigned for notifying EMS[ ]  Scripting is available to staff responsible for contacting EMS to consistently communicate key information[ ]  Expectations for timeliness in contacting EMS is established [ ]  Timeliness of contacting EMS against expectations is tracked to identify opportunities for improvement[ ]  Establish roles responsible for waiting for EMS to arrive and directing EMS to patient/resident/tenant/client[ ]  Establish systems for EMS to gain access when doors are locked or it is difficult to access (i.e., after hours, locked units, staff not available to open door)[ ]  Process to efficiently gather information needed to send with EMS in transfer situation | **Tools:** [**Script for Communicating Information to EMS**](https://www.leadingagemn.org/assets/docs/Scipt_for_Communicating_Information_to_EMS.docx)**Implementation Tips:**Explore lock boxes or other access for emergency responders |
| *Notes:* |
| **Task – Assist with Intervention** | [ ]  Establish roles expected to perform CPR and staff expected to serve as a back-up[ ]  Process to establish and maintain up-to-date list of CPR Certified Staff[ ]  If staff are not expected to perform CPR, establish clear process for contacting EMS and staff’s role until EMS arrives[ ]  If staff are not expected to perform CPR, a process is in place to clearly communicate this policy to clients and families. [ ]  Clear guidelines for how to effectively administer CPR that address potential issues, such as resident found on bed, that may arise in performing effective CPR. | **Implementation Tips:**Consider adding a visual method for quickly knowing which staff are CPR certified (for example, a heart on their badges)Clearly communicate to staff with a role to perform CPR their responsibility to continue CPR until care is transferred |
| *Notes:* |
| **Task - Document** | [ ]  RET Checklist/Documentation tool in place to complete checklist of completed steps and include the time task was completed and staff completing task | **Tools:**[**RET Documentation Form**](https://www.leadingagemn.org/assets/docs/RET_Documentation_Form.xlsx) (*Keep on Crash Cart/Emergency Kit*) |
| *Notes:* |
| **Post-RET** | [ ]  Process to notify internal staff (e.g., DON, administration)[ ]  Process to perform a huddle as soon as possible after care is transferred to debrief on event and discuss process strengths and opportunities for improvement (OFIs)[ ]  Process to gather feedback from staff involved in RET on their experience and opportunities for improvement[ ]  Recognize staff for initiating the RET process[ ]  Periodically review feedback reports and identify opportunities for improvement[ ]  Process to periodically audit process through informal observational audits (i.e., is RET Kit stocked and items in working order; can staff describe their role in the RET process; is DNR information accurate and available)[ ]  Establish periodic check-ins with First Responders to evaluate effectiveness of the process and opportunities for improvement[ ]  Place to report RET activities/performance (such as quality or safety committee; leadership meetings) to identify opportunities for improvement and create and monitor action plans | **Tools:**[**Feedback Form I**](http://www.leadingagemn.org/assets/docs/Feedback_Form_I.doc)[**Feedback Form II**](https://www.leadingagemn.org/assets/docs/Feedback_Form_II.doc)[**Sample Thank You**](https://www.leadingagemn.org/assets/docs/Sample_Thank_You.pptx)**Implementation Tips:**Add internal staff and family notifications as a step-in checklist |
| *Notes:* |



**Rapid Evaluation Teams (RET) Action Plan**

**Action #:**

**Category:** [ ] Equipment [ ] Calling RET [ ] Code Status [ ] RET Process Steps/Tasks [ ] Engage Partners [ ] Advanced Tasks [ ] Post-RET

**Practice:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Action(s)** | **Target****Date** | **Person Responsible** | **Notes** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |