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Rapid Evaluation Teams (RET): No Longer Just for Hospitals

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Rapid Evaluation Teams (RET): No Longer Just for Hospitals

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Carris Health Care Center and Therapy Suites, Willmar MN

Plan

- Improve long-term care staff's ability to call for, and receive, support to rapidly evaluate and address an urgent or concerning situation.
- Need for this plan is supported by increased number of OHFC substantiated events related to code status in MN and number of residents with Full Code status in long term care facilities.
- Barriers to Change: amount of education needed to increase number of CPR certified staff and to train on RET process, establishing one true source for code status for residents, establishing facility equipment needs for crash cart

Do

Implement Rapid Evaluation Teams at Carris Health Care Center and Therapy Suites.

Pre-Work 2017-2018:

- Reviewed case studies at Carris Health Care Center regarding code status and emergency situations
- Audited crash carts and supplies for working condition and expiration dates
- Audited staff knowledge on what to do in an emergency event

Implementation of Rapid Evaluation Structure 2018:

- Established communication system for calling for RETs
- Established RET workflow, identified roles during RET activation
- Established policy and procedure for consistency
- Provided training to all staff
- Developed RET checklists and documentation
- Developed drill and audit process

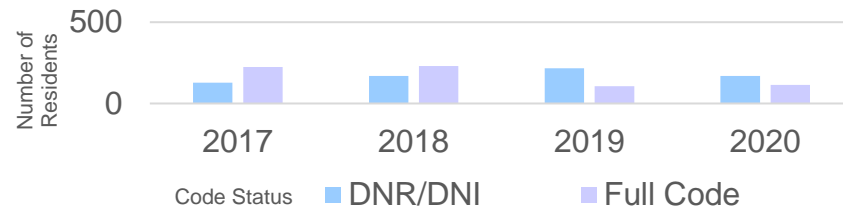
Spread 2018-Present:

- Presentation at LeadingAge MN (LAMN) Institute (MN largest association of aging services providers)
- Participate in LAMN Safe Care for Seniors Round Table for Improving Code Response Times in Long Term and Assisted Living Settings; Shared RET Practices and Resources

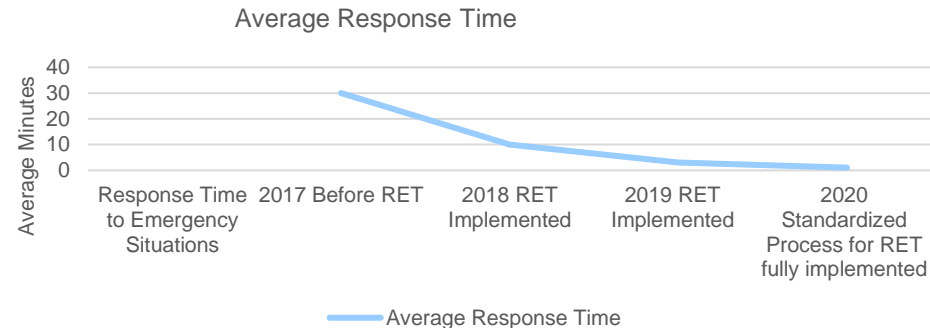
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Study

- Everyone goes to the Nursing Home for End of Life - Right? **Wrong**
Cumulatively, over a 4-year study there were 678 residents with Full Code status residing at Carris Health Care Center and 687 residents with DNR/DNI status.
That is only a 10-resident difference between Full Code and DNR/DNI



- Pre and Post Measurements of Response Times after RET Implementation
Response rates went from 30 min to 1 min and under with RET implementation



RET systematic processes and resources shared with other LAMN members in 2020.

As a result of sharing systematic processes and resources, several LAMN members have implemented RETs

Year:	Number of Members with RETs:
2017	0
2020	44

2017

0

2020

44

Act

Standardizing RETs from 2017-2020 included developing a process that any facility could implement. LAMN partnered with Carris Health Care Center and developed a RET tool kit and video so that any facility could develop a RET no matter the size or location. The roadmap includes:

- Base Recommendations
 - Establishing Equipment
 - How to Call for RET
 - Code Status location
 - RET Drills
- Advanced Recommendations
 - Engaging EMS, Staff, Residents (Be the eyes and ears in your community)
 - Utilize SBAR for Physician Communication
 - Utilize Documents for Audits
 - Develop Process for Post-RET huddles
- Training Materials
 - <https://youtube.com/watch?v=iO1cDVWgPZE>
 - Roadmap: <https://www.leadingagemn.org>



References

Medicare and Medicaid Programs; Reform of Requirements for Long-Term Care Facilities. Federal Register. (2016, October 4). <https://www.federalregister.gov/documents/2016/10/04/2016-23503/medicare-and-medicaid-programs-reform-of-requirements-for-long-term-care-facilities>.

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