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LETTERS TO THE EDITOR

## Rapid Response Teams: a great opportunity

## Equipos de Respuesta Rápida: Una gran oportunidad

*Dear Editor,*

We have read with interest the article published by Jung B et al.[1] which shows good results obtained after the implementation of a rapid response team (RRT), led by an intensivist physician who has been notified after really critical clinical parameters have been established. It also highlights the deployment method using progressive modules up to its beginning: education, advertising and bedside simulation. It is observed a reduction in total mortality from 39.6 to 34.6 per 1000 hospital admissions ($p = 0.012$), 1.5 lives saved/week; which is an excellent result, as well as reducing organic failure at ICU admission. It will undoubtedly lead to a better prognosis of those patients admitted to the ICU.

However, we consider it essential that RRT are reinforced by gain opportunity, especially in time-dependent pathologies, involving a performance immediately after early detection of patients at risk, not only critically ill, by employing automated detection systems.[2] In our experience (''without walls ICU model'', with progressive introduction in our center since 2008) the focus of this early detection must be multidisciplinary, emphasizing the use of technological systems such as, in this case, a computer application.[3]

To this proactive early detection of severity in the hospital, and intensivist performance in conventional ward and emergency services, in addition to clinical parameters, we add analytical parameters, which are altered with early physiological changes that are considered of interest to detect potentially serious diseases on patients. Rapid intervention can improve prognosis and reduce the occurrence of complications. These intelligent systems are associated with organizational changes in healthcare, both within and outside the ICU. Intensivist physician is the one who makes intervention without waiting to be called and, what is more, this is made in a collaborative way with different specialties. This involves early detection within a comprehensive security plan in healthcare. This model of care is aimed to good results even in off-hours periods, in which it is shown a worse prognosis for patients.[4,5]

Although there is an important work to do in the detection of severity and early intervention on patients at organ failure risk, it is important to stress that this work must be adapted to the circumstances of each institution and must include, as in the center studied in the article, training in severity detection, to which we add multidisciplinary work in the whole clinical process, managing efficient implementation of technological systems to analyze those physiological parameters monitored.

## References

1. Jung B, Daurat A, De Jong A, Chanques G, Mahul M, Monnin M, et al. Rapid response team and hospital mortality in hospitalized patients. Intensive Care Med. 2016;42:494–504.
2. Ludikhuize J, Brunsveld-Reinders AH, Dijkgraaf MGW, Smorenburg SM, de Rooij S, Adams R, et al., For the Cost and Outcomes of Medical Emergency Teams Study Group. Outcomes associated with the nationwide introduction of rapid response systems in The Netherlands. Crit Care Med. 2015;43:2544–51.
3. Gordo F, Abella A. Intensive care unit without walls: seeking patient safety by improving the efficiency of the system. Med Intensiva. 2014;38:438–43, http://dx.doi.org/10.1016/j.medin.2014.02.001.
4. Abella Álvarez A, Torrejón Pérez I, Enciso Calderón V, Hermosa Gelbard C, Sicilia Urban JJ, Ruiz Grinspan M, et al. ICU without walls project. Effect of the early detection of patients at risk. Med Intensiva. 2013;37:12–8, http://dx.doi.org/10.1016/j.medin.2012.08.006.
5. Abella A, Enciso V, Torrejón I, Hermosa C, Mozo T, Molina R, et al. Effect upon mortality of the extension to holidays and weekends of the ICU without walls project. A before-after study. Med Intensiva. 2015:00196–205, http://dx.doi.org/10.1016/j.medin.2015.09.001, pii: S0210-5691.

I. Salinas[a,b], A. Abella[a], A. Cuadrado[a], F. Gordo[a,b,*]

[a] *Hospital Universitario del Henares, Coslada, Madrid, Spain*
[b] *Universidad Francisco de Vitoria, Pozuelo de Alarcón, Madrid, Spain*

* Corresponding author.
*E-mail address:* fgordo5@gmail.com (F. Gordo).

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