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International Network of
Health
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REDUCING UNEXPECTED CARDIAC ARRESTS IN SURGICAL WARDS

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BACKGROUND

In 2021, the incidence rate of unexpected cardiac arrests in our surgical ward ranged from 0‰ to 1.97‰ per month. However, in January 2022, the rate rose to 4.93‰. Therefore, a project team was established to make improvements. Analysis revealed that the main reasons were as follows:inadequate awareness among nurses regarding changes in patient's health conditions, insufficient confidence and skills in activating Rapid Response Teams (RRT), and the lack of an alert system for risk patient. Objectives were:as cardiac arrests in patients can severely endanger lives, the target was to reduce the incidence rate from 4.93‰ to 0‰, aiming for zero occurrences of such events.

RESULTS

The project team implemented medical team resource management andsimulation-based learning, enhancing nurses resilience in facing changes in patient's health conditions, communication skills, and confidence and skills in activating RRT. They collaborated with information engineers to build a clinical alert system, utilizing a patient information risk systems to detect high-risk patient populations early and organize educational training to enhance professional care abilities. Following project implementation, statistics from January to December 2023 showed that the incidence rate of unexpected cardiac arrests in the surgical ward decreased from 4.93‰ to 0‰, achieving the project objectives.

CONCLUSIONS

Patients experiencing unexpected cardiac arrest can suffer severe physical harm, such as death, disability, impaired limb function, and even medical disputes. Utilizing simulation-based learning can effectively enhance nursing staff's adaptability when facing changes in patient's conditions. Introducing clinical alert systems can assist and reinforce nursing staff in promptly seeking support from Rapid Response Teams (RRT), enabling early and proactive medical interventions to maintain patient safety.

RELEVANCE TO HPH

Nursing staff can effectively manage high-risk patients and promptly seek support from Rapid Response Teams (RRT) through clinical alert systems. This can effectively prevent unexpected cardiac arrest events, reducing resuscitation, decreasing mortality rates, and improve poor prognosis, thereby enhancing the quality of medical care.