

## Clinical triggers: an alternative to a rapid response team.

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Moldenhauer K, Sabel A, Chu ES, et al. Clinical triggers: an alternative to a rapid response team. Jt Comm J Qual Patient Saf. 2009;35(3):164-74.

<https://psnet.ahrq.gov/issue/clinical-triggers-alternative-rapid-response-team>

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A national [campaign](#) to save lives in the hospital setting initially catalyzed implementation of [rapid response systems](#). Although past [research](#) led to [controversy](#) over their widespread adoption, the ability to identify at-risk patients and prevent them from clinically deteriorating remains important. This study developed a clinical triggers program that focused on systematic use of existing housestaff teams to respond to patients in distress. Rather than a dedicated and resource-intensive rapid response team, this hospital required nurses to trigger a [call](#) to the primary team based on specific physiologic parameters, and then required responding housestaff to complete a form following direct communication with the bedside nurse. The guidelines also required timely discussion with an attending physician, which ultimately led to a decrease in non-ICU cardiopulmonary arrests and ICU bounceback rates. While their model may apply only to similar teaching institutions, it does provide a unique prototype for addressing [failure to rescue](#) initiatives that leverage existing resources rather than creating new ones.