

**PURPOSE:** Over the years, the imaging division in a large comprehensive cancer center has expanded to over 400,000 square feet. Such a large area, in combination with extremely varied levels of Basic Life Support (BLS)/Advanced Cardiac Life Support (ACLS) training has made high quality, consistent urgent care difficult to provide. In order to solve this, an urgent response team was developed, educated, implemented and initiated.

**METHODS:** Physicians, nurses, and technical staff worked in concert to create the Diagnostic Imaging Urgent Response Team (DIURT). The DIURT is composed of one nurse, one technologist and other support staff personnel as delegated. Each member is cardiopulmonary resuscitation (CPR) certified, and has undergone simulation training with the nursing educator. The mock code training situations were based on actual prior events. Three DIURTs were formed to simultaneously cover the imaging department for 16 hours per day. Team members rotate carrying the call pager. Nursing leadership drafted the guidelines and created the treatment algorithms and medication order sets necessary to rapidly administer care for the most common urgent situations (e.g. contrast reaction, vagal reaction). This was vetted through the required institutional channels for approval. All DIURT activation calls were documented and regularly reviewed by nursing leadership. The following metrics are captured and manually loaded into an institutional database: patient name and medical record number, event date, time, individual activating DIURT call, event history, interventions and outcomes. A survey was completed by staff to evaluate the program and to offer feedback.

**RESULTS:** Over the last 12 months (March 2010 until March 2011), the DIURT has been activated 19 times. The average response time was 5 minutes, and the most common indication was "contrast reaction". The majority of calls were managed completely by DIURT; in 3 instances, the institutional Code Blue team was activated. A departmental survey demonstrated that 95 % of responders were aware of the DIURT roles and responsibilities, and 70% agreed that DIURT improves patient care and has been a beneficial addition to the diagnostic imaging department.

**CONCLUSION:** It has been well documented that the use of standard response teams (e.g. Code teams, rapid response teams) has improved patient care. In a large, busy, healthcare facility, these teams may be overwhelmed with acute situations and unable to render aid in diagnostic imaging. Further compounding the problem is the variation in training and competence of the radiologists and staff in treating a situation involving a clinically decompensating patient. Rather than attempting to train everyone, a decision was made to educate select groups and make them rapidly available for urgent situations in diagnostic imaging. Armed with order sets and treatment algorithms, they can quickly initiate best practices in a consistent fashion. The pilot has clearly shown improved response times, consistent care, positive outcomes and decreased utilization of institutional Code and rapid response teams. Its success has led to similar urgent response team development in other areas within the institution.





## **Diagnostic Imaging Urgent Response Team** (DIURT) Guidelines

**Purpose**-The purpose of the Diagnostic Imaging Urgent Response Team (DIURT) is to respond to acute patient care situations occurring within the Division of Diagnostic Imaging. The DIURT will provide and support clinical staff in the care of patients showing clinical deterioration by assisting the First Responder Nurse and/or First Responder Technologist until the Merit/Code Team arrival and/or stabilization and transport.

**Scope**-The Team will consist of a URT trained RN and Technologist with BLS credentials with American Heart Association Health Care Provide Basic Life Support certification.

**Hours of Operation**-The Urgent Response Team will operate from 7 am -10 pm Monday-Diagnostic Imaging will provide teams for DID, DIC and ACB. Before 7 am and after Friday. 10 pm and on weekends; DI staff will proceed with Merit/Code Team activation as the patient condition warrants.

For Interventional Radiology, see IR Urgent Response Team Plan.

Strategic Vision: Strategic Goal 1: Patient Care Enhance the excellence, value, safety and efficiency of our patient care.

**Definitions:** 

trained RN and technologist.

## An Urgent Response Team in Diagnostic Imaging: Better, Faster, and More Consistent Care

Kathleen Bugarin, BSN, RN, CRN; Yu-Fan Ma, BSN, RN, CRN; Danna Stone, MBA, BSN, RN, CRN; Anna McGavin, BSN, RN, CRN, Joanna V. Po, MSN, CNS, RN, BC; Joseph R. Steele, MD, Associate Professor, Diagnostic Radiology, The University of Texas MD Anderson Cancer Center

The DIURT Team

**URT** - Urgent Response Team- The team in Diagnostic Imaging which responds to acute patient care situations to provide support until proper management from Code/Merit team can be provided or patient is stabilized and transported. The team will consist of a URT



- patient is responsive.

## THE UNIVERSITY OF TEXAS MDAnderson Cancer Center

Making Cancer History<sup>®</sup>



