

Decrease in cardiac arrest and death with anesthesiologist-led emergency team, study finds

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Physician anesthesiologist-led rapid response teams led to a significant decrease in cardiac arrest and death, after a transition from nurse-only rapid response teams at the Anesthesiology Institute, Department of Intensive Care and Resuscitation, Cleveland Clinic, Ohio, according to a study presented at the ANESTHESIOLOGY 2021 annual meeting.

"As anesthesiologists, we care for the entire spectrum of a patient's life from 'in utero' to end of life," said lead study author Faith Factora, M.D., medical director, Surgical Intensive Care Unit, Cleveland Clinic. "Our training gives us experience performing practical skills like resuscitation and CPR, in addition to more subtle skills like implementing quality improvement projects and developing safety processes for patient care. Our specialty affects entire patient populations of hospital care and this study represents an example of the care we provide across the spectrum of our patients' lives and our health care institutions."

The study analyzed 458,233 patient hospitalizations; 103,103 patients were cared for by the original nurse-led rapid response team and 355,130 patients were cared for by the physician anesthesiologist-led rapid response team between 2010 and 2018. Overall, 1,437 cardiac arrests and 7,727 deaths were identified. The study found that patients of the physician-led team had a 50% less chance of experiencing [cardiac arrest](#) and a 27% less chance of death, compared to the original nurse-led rapid response team.

Rapid response teams address early clinical deterioration (patients whose condition becomes progressively worse) and initiate critical care interventions before an emergency or intubation occurs outside of the intensive care unit. By implementing a hospital-wide system led by

anesthesiologists, using principles of monitoring and [patient safety](#) that guide the specialty, the physician-led team showed a decrease in cardiac arrests and deaths. The system included early warning systems, including regular monitoring of patients' conditions and vital sign checks on a regular basis that triggered alerts if critical criteria were met. Examples of conditions that triggered alerts were [low blood pressure](#) or high heart rates.

Physician anesthesiologists are champions of patient safety, uniquely educated and trained for critical moments in health care. No other type of practitioner can match their ability to navigate life-and-death moments in [patient care](#). Their education and training include up to 14 years of education, including [medical school](#), and 12,000 to 16,000 hours of clinical training.

Provided by American Society of Anesthesiologists

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