**MEASURING THE OUTCOME OF THE PATIENT WHO HAS BEEN THE SUBJECT OF A RRS.**

**Hospital mortality**

Traditionally hospital mortality is the way we have measured the outcome of the treatment of the critically ill. It is used, for example, as part of the scoring systems for patients admitted to the intensive care unit (ICU) Together with cardiac arrest rates it has also been one of the most important ways of evaluating the impact of Rapid Response Systems (RRS).

Over the last decade or so, there has been a decrease in the mortality of many diseases managed in the ICU (1,2,3,4).

However, over the last decade, there is increasing awareness about the sobering picture concerning longer term outcomes after management in intensive care (5-11) Many patients have died by 12 months and an large number have suffered post-intensive care syndrome (12), including weakness and psychological symptoms equivalent to post traumatic stress syndrome.

**Implications for patients who experience a rapid response system (RRS) call in acute hospital.**

Many patients who are the subject of RRS calls are also critically ill. So far, as with most measures of patient outcome in hospitalized patients we have tended to measure the effectiveness of RRSs using hospital mortality as an importand outcome. It may be that, as with critically ill patients admitted to intensive care, we also need to examine the post-hospital mortality as well as post-hospital quality of life in order to gain more insight into the type of patients where a rapid response call is most effective. As with patients admitted to the ICU, it could be that, as well as identifying a seriously ill patient with an acute condition that is potentially reversible, we are also identifying older patients with multiple co-morbidities who are near the end of life. In which case we may need to identify these patients in order to consider a different management strategy that would, of course, include honest and empathetic discussions with the patient and their careers.

Already up to one third of all RRS calls are related to end of life issues (13) These are usually patients where end of life is obvious and more imminent. It could be that the RRS could also identify patients who, even if successfully resuscitated, may have a high mortality and poor quality of life after discharge from hospital.

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