

# What's New in the Patient Safety World

February 2017

## BOGO Applies to Adverse Events, Too

Given the recent holiday shopping season, most of you are familiar with the acronym “BOGO” (Buy One, Get One). It turns out that with critical adverse events, if you have one on a med-surg unit you are also more likely to get another one!

Researchers at the University of Chicago analyzed data from 13 med-surg wards where rapid response teams were used and looked at cardiac arrests and urgent transfers to ICU's ([Volchenboun 2016](#)). They found that in the 6-hour window following a cardiac arrest or urgent transfer to ICU, the likelihood of a second similar event increased 18%. And if 2 events occurred the likelihood of a third event on that ward increased 53%. These results remained statistically significant when the time window was changed to 3 hours or 12 hours after the first event.

The authors explained the findings by likely diversion of resources to critically ill patients, resulting in less attention to other patients on the ward. Anyone who has observed all the events taking place on a ward when a patient has a cardiac arrest or other critical event would not be surprised that less attention gets paid to other patients on the ward. But this is the first time, to our knowledge, that anyone has formally quantified this phenomenon.

The authors stress that although the absolute increased risk was small, these events were associated with high morbidity and mortality.

We don't know what the best solution for this issue is. Obviously, key personnel from the ward are needed to work with the Rapid Response Team (or equivalent group of people responding to a critical event) but there probably should always be clear designation of someone to maintain surveillance over the remaining patients on the ward. And that should be an element covered in your training for Rapid Response Teams.

### **Our other columns on rapid response teams:**

- August 2007 “[Responding to Patients with Clinical Deterioration](#)”
- November 27, 2007 “[More on Rapid Response Teams](#)”
- August 2008 “[AHRQ's New Patient Safety Primers](#)”

- December 2008 “[Rapid Response Teams Don’t Live Up to Expectations](#)”.
- April 2009 “[Early Emergency Team Calls Reduce Serious Adverse Events](#)”
- December 29, 2009 “[Recognizing Deteriorating Patients](#)”.
- February 2010 “[Rapid Response Teams Still Not Cutting It](#)”
- November 11, 2014 “[Early Detection of Clinical Deterioration](#)”
- April 28, 2015 “[Failure to Escalate](#)”

## References:

Volchenbom SL, Mayampurath A, Göksu-Gürsoy G, et al. Association between In-Hospital Critical Illness Events and Outcomes in Patients on the Same Ward (Research Letter). JAMA 2016; Published online December 27, 2016  
<http://jamanetwork.com/journals/jama/article-abstract/2594707>

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