

HERT response team has cut code blues at DHMC by 40%

The patient's condition is deteriorating. He needs critical-care help—and fast. But he's not in the intensive care unit (ICU), where such expertise is readily available. "Call HERT," someone orders. In less than three minutes, a critical-care team is on the scene.

Blue: HERT—Hitchcock Early Response Team—is a new initiative to aid rapidly deteriorating patients before they "code." That term is short for "code blue," called when an unconscious patient goes into cardiac or respiratory arrest.

"We know we've saved lives," says Scott Slogic, who as director of respiratory care and life safety oversees HERT. The team's critical-care registered nurses, respiratory-care practitioners, and critical-care providers collaborate with the patient's physicians to develop a plan, provide treatment, and in some cases help transport the patient to the ICU.



IVs and oxygen masks are among the interventions used by the HERT teams.

The number of code-blue calls at DHMC has dropped thanks to HERT, which began earlier this year, and to the STAT Airway Team, another emergency response initiative that began in 2005. Typically, DHMC averages 200 to 225 code blues a year. But this year Slogic predicts that there will be only about 125. HERT has been activated 80 times since January.

The HERT team not only saves lives and reduces the number of days patients spend in the ICU, but "it helps improve everyone's ability to recognize, assess, and treat patients who are demonstrating early signs of deterioration," says Slogic.

Signs: Such early signs include respiratory distress (increased oxygen use and a breathing rate of more than 30 or fewer than eight breaths a minute); choking; acute mental status change; or a heart rate of more than 130 or fewer than 40 beats a minute. If a nurse, another provider, or even a family member is concerned, the decision may be made to call HERT.

"The signs can be quite subtle in the early phases," says Dr. Christopher Cook, a leadership preventive medicine resident. He and Dr. Stephen Surgenor, a critical-care specialist, are HERT's physician leaders. "Often it's nurses' intuition [or] a resident recognizes that something is not quite right," Cook says.

The concept of hospital early response teams began in Australia and has only recently begun to catch on in the United States, he adds.

Laura Stephenson Carter



Narath Carlile, left, and Gerard Carroll, right, are helping patients sleep better.

The rest of the story about sleep medicine

Cigarette burns dotted the man's chest because he kept falling asleep while smoking. He was overweight, had a family history of heart attacks, and had stopped working three months earlier. He spent 16 hours a day sleeping, he said, but never felt rested.

Although Narath Carlile, DMS '09, was only a first-year medical student, he knew the man needed a sleep evaluation. Carlile had been a sleep lab technician, so he recognized the symptoms of a sleeping disorder immediately. But sleep evaluations, or sleep studies as they are also called, are expensive—and this man had no insurance. Neither Carlile nor his preceptor, a physician in Newport, N.H., knew where to direct the patient for assistance.

Search: Frustrated by the situation, Carlile went looking for a way to help such patients. He enlisted his classmate Gerard Carroll in his search, and together they applied for an Albert Schweitzer Fellowship. Each

year, dozens of Schweitzer Fellows around the country work on projects to address unmet health needs in their communities. Carlile and Carroll are among 10 DMS students awarded fellowships this year. Now, with some basic funding and support, they are finding out what resources are available for patients with sleep disorders, identifying the steps required to access those resources, and working to streamline the process.

"The goal is to have the Good Neighbor Clinic be the knowledge center" for people seeking information about sleep disorders and treatments, says Carlile. The Good Neighbor Health Clinic (GNHC), in White River Junction, Vt., offers free primary-care and outreach programs, and DMS students and faculty volunteer there regularly. Carlile and Carroll will shepherd GNHC patients who may have sleep disorders through the process of getting an evaluation and possible treatment. And they've begun a recycling pro-