Introduction:  
The rapid response system (RRS) has been shown to decrease hospital mortality [1]. The Japanese Coalition for Patient Safety has set a major goal for hospitals to more widely implement the RRS. However, prevalence and actual circumstances of use in acute care hospitals (including small scale hospitals) in Japan are as yet not well-known.

Methods:  
Web-based questionnaires were sent to acute care hospitals (of scale 75 beds-or-larger) of 17 prefectures in western Japan. Each participant hospital selected a certain department which answered the questionnaire. The RRS included the medical emergency team (MET), the rapid response team (RRT), and the critical care outreach team (CCOT). We investigated the presence and circumstances of in-hospital emergency calls, RRS and other systems, and then illuminated issues to be solved.

Results:  
Among the 971 hospitals which questionnaires were distributed to, a total of 149 hospitals (15.3%) replied. The in-hospital emergency call and RRS were operated in 117 (78.5%) and 26 (17.4%) hospitals, respectively. Among the middle-to-small scale hospitals with \( \leq 200 \) beds, both in-hospital emergency calls and RRS were less frequently operated than larger hospitals with \( > 200 \) beds (69.6% vs. 83.9%, \( p=0.04 \); 5.4% vs. 24.7%, \( p=0.003 \), respectively). Several hospitals operated non-team services through a certified critical care nurse. Data of activities was registered to the In-Hospital Emergency Committee in Japan in 7 (4.6%) hospitals. Satisfaction rates with the effectiveness of their own RRS were 60%, and problems to be resolved were shortage of staff and knowledge, and a lack of flow during response.

Conclusion:  
Compared to larger hospitals with \( > 200 \) beds, the prevalence of the RRS was significantly lower in middle-to-small scale hospitals. For them, we suggest that efficacious activities and education programs for RRS be sought.

References:  
1. Lyons PG et al. Resuscitation 128: 191-197, 2018