

Lismore Base Hospital

MET system and report

Lismore Base



- Lismore Base is a level 5 , Base Hospital situated in northern N.S.W
- Lismore Base has approximately 215 beds
- The I.C.U is a combined I.C.U/H.D.U and C.C.U with 13 beds

Some Background

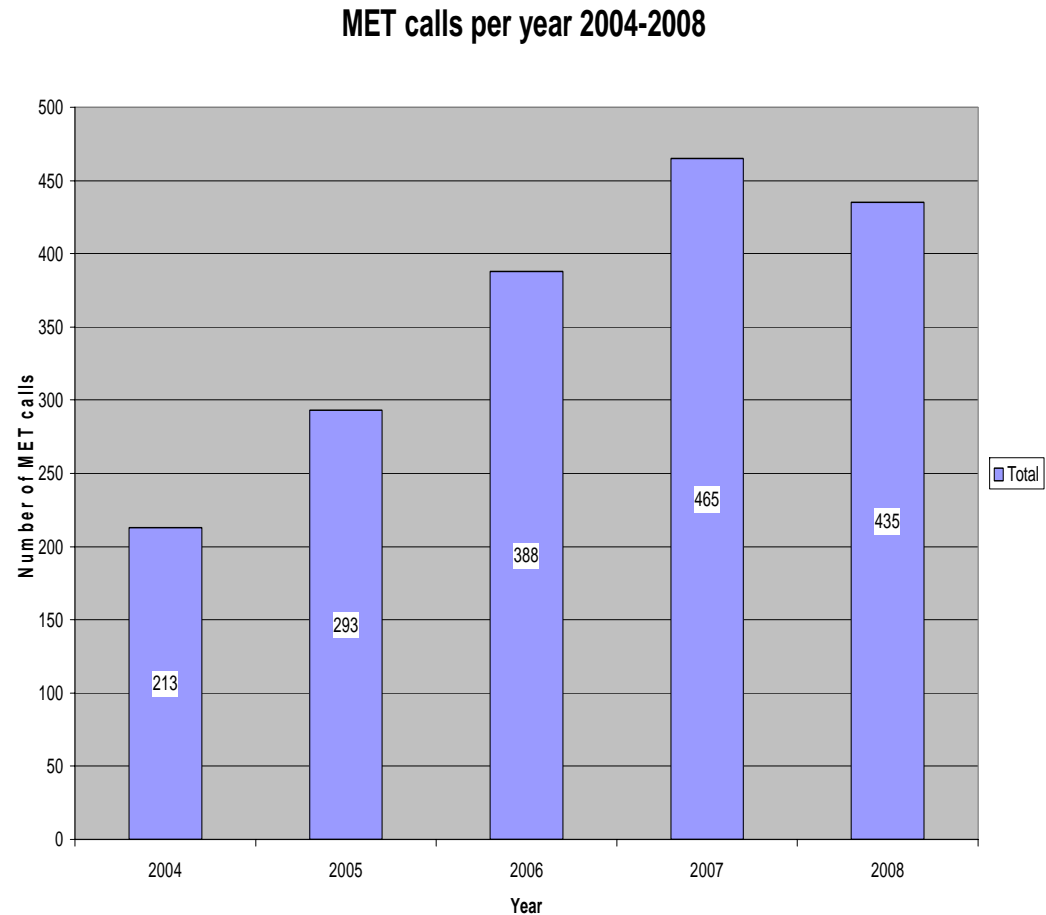
- MET system in place at LBH since 2000
- After hours medical cover in Hospital consists of two J.M.O's
- The M.E.T system is run out of the I.C.U
- Initial response = I.C.U A.L.S accredited R.N and I.C.U R.M.O
- Database managed by I.C.U R.N
- Responsibility for ward staff education on MET system/ calling is the general Nurse educators within the hospital

Some interesting points on review

- Most M.E.T calls get made on weekdays (Monday the highest rate)
- Most calls are made mid morning
- The majority of M.E.T calls are from Medical wards
- Hypotension was the most common reason for calling
- Most patients remain on ward after review and intervention
- The majority of patients are >70 years

2008 Medical Emergency Team Report

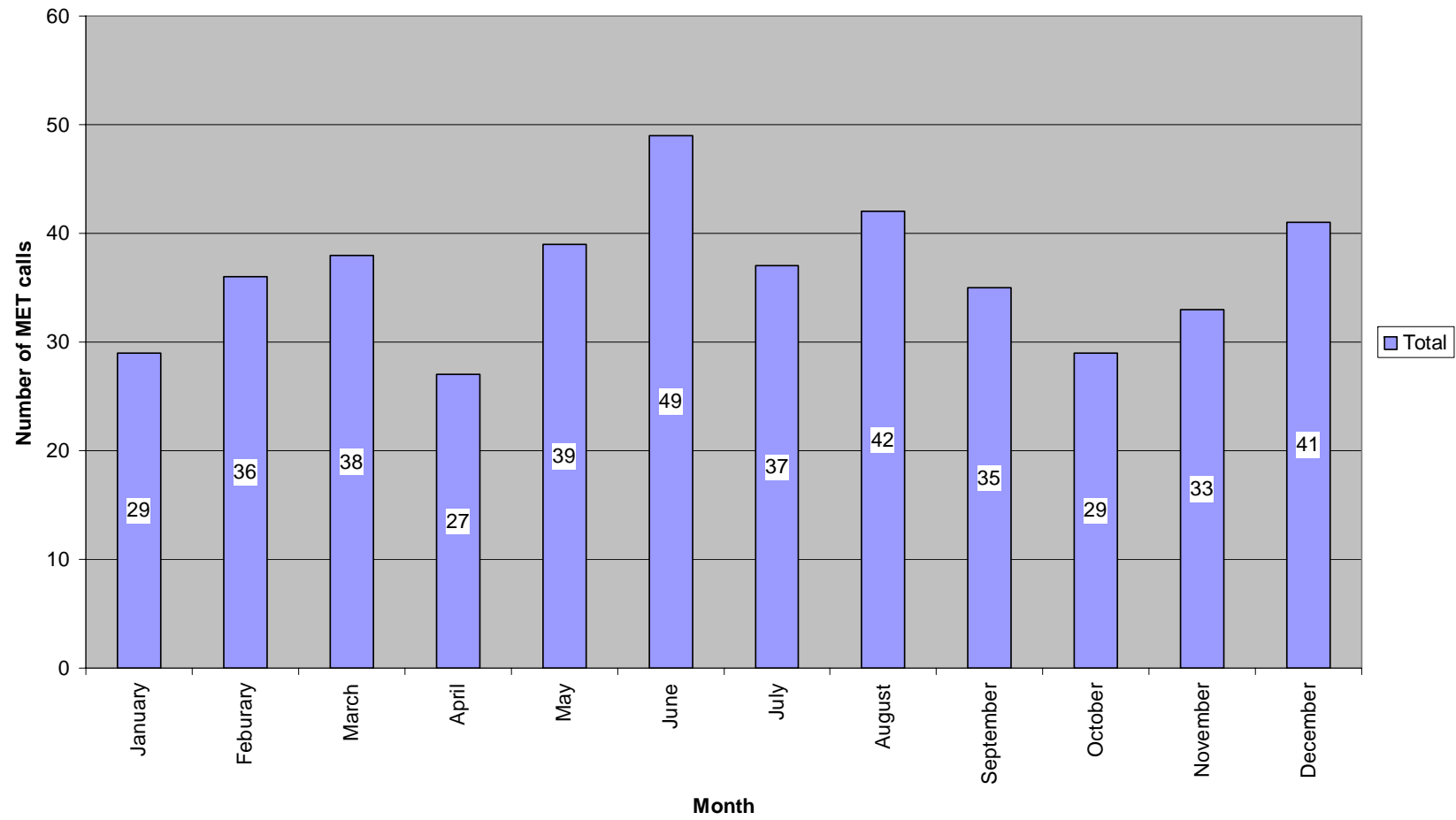
- ICU attended 435 MET calls for the year
- The total time spent at MET calls for the year was 292.4 hours
- average time per MET for the year was 40.34 minutes.
- 51 patients had 2 MET calls made
- 14 patients had >2 MET calls made



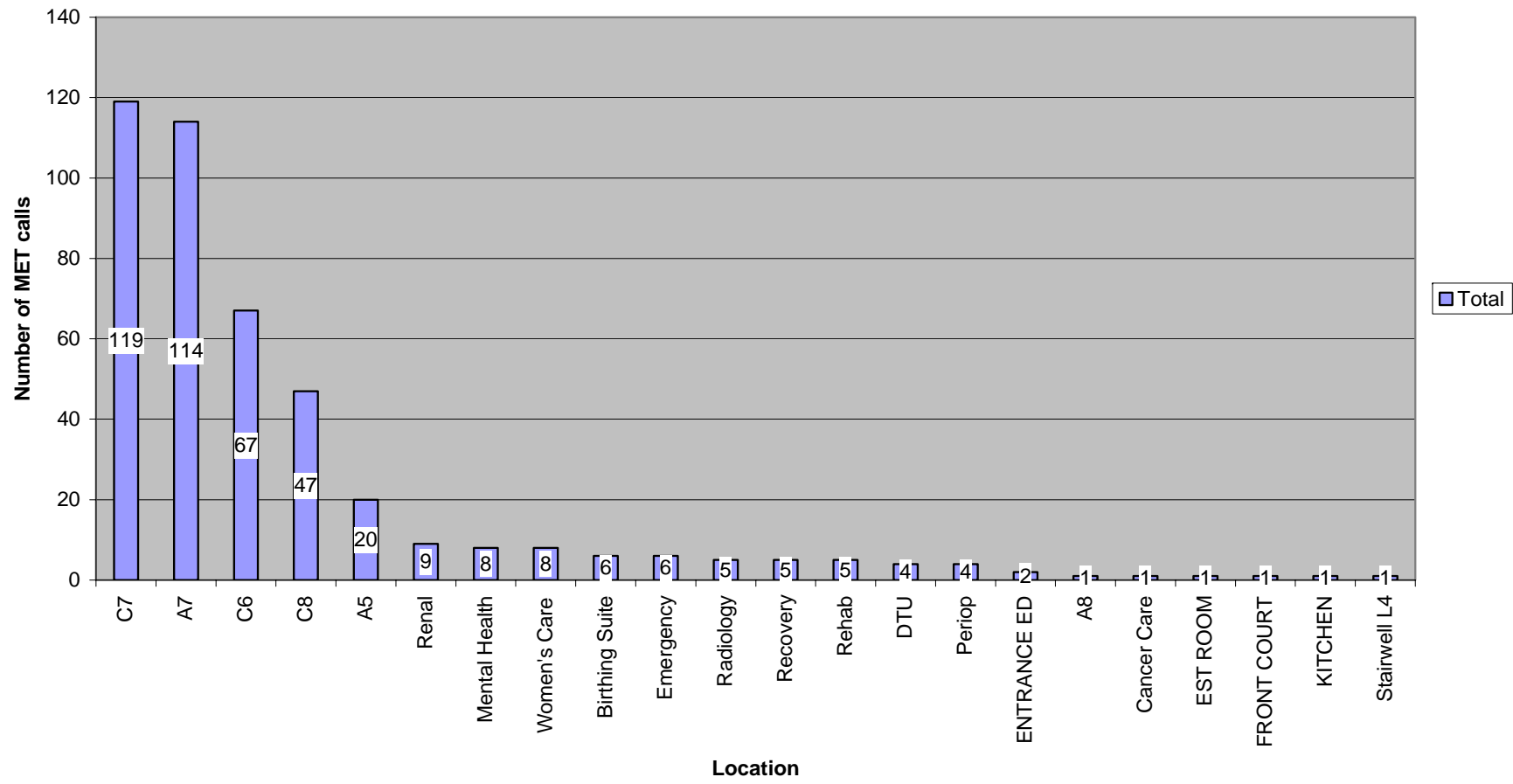
Some Issues for discussion

- Average time per MET call is 40 minutes
- The MET system is run out of the ICU and not funded.
- The “best placed nurse” at the time goes to the MET, generally during the day this is the team leader (T/L) who is supernumerary but after hours may be a staff member with a patient load
- We have had to use this argument with executive to maintain the supernumerary T/L on our day shift
- We have not studied how this aspect has impacted on patient care within the Unit

MET calls per month 2008



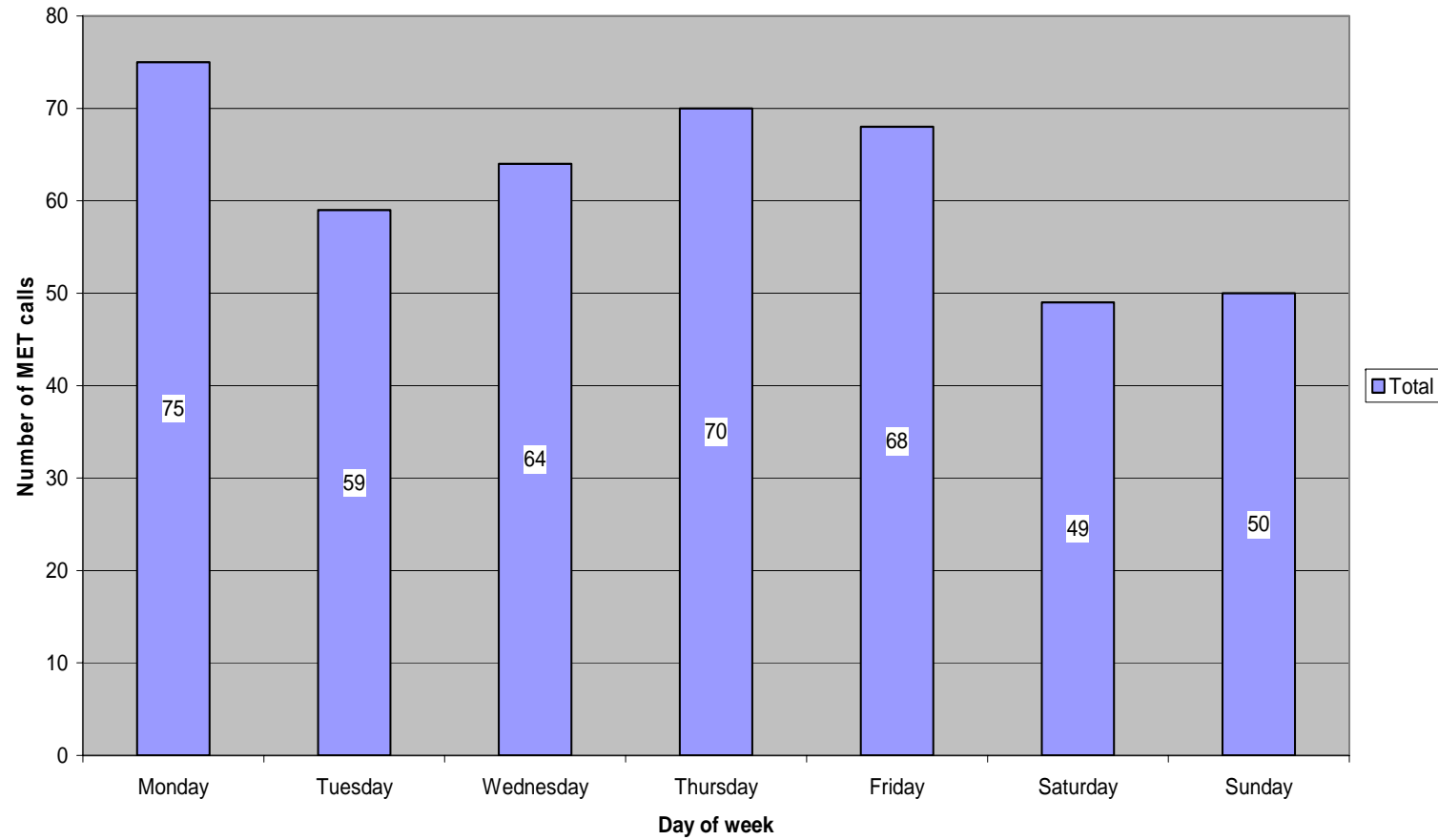
Location of MET call 2008



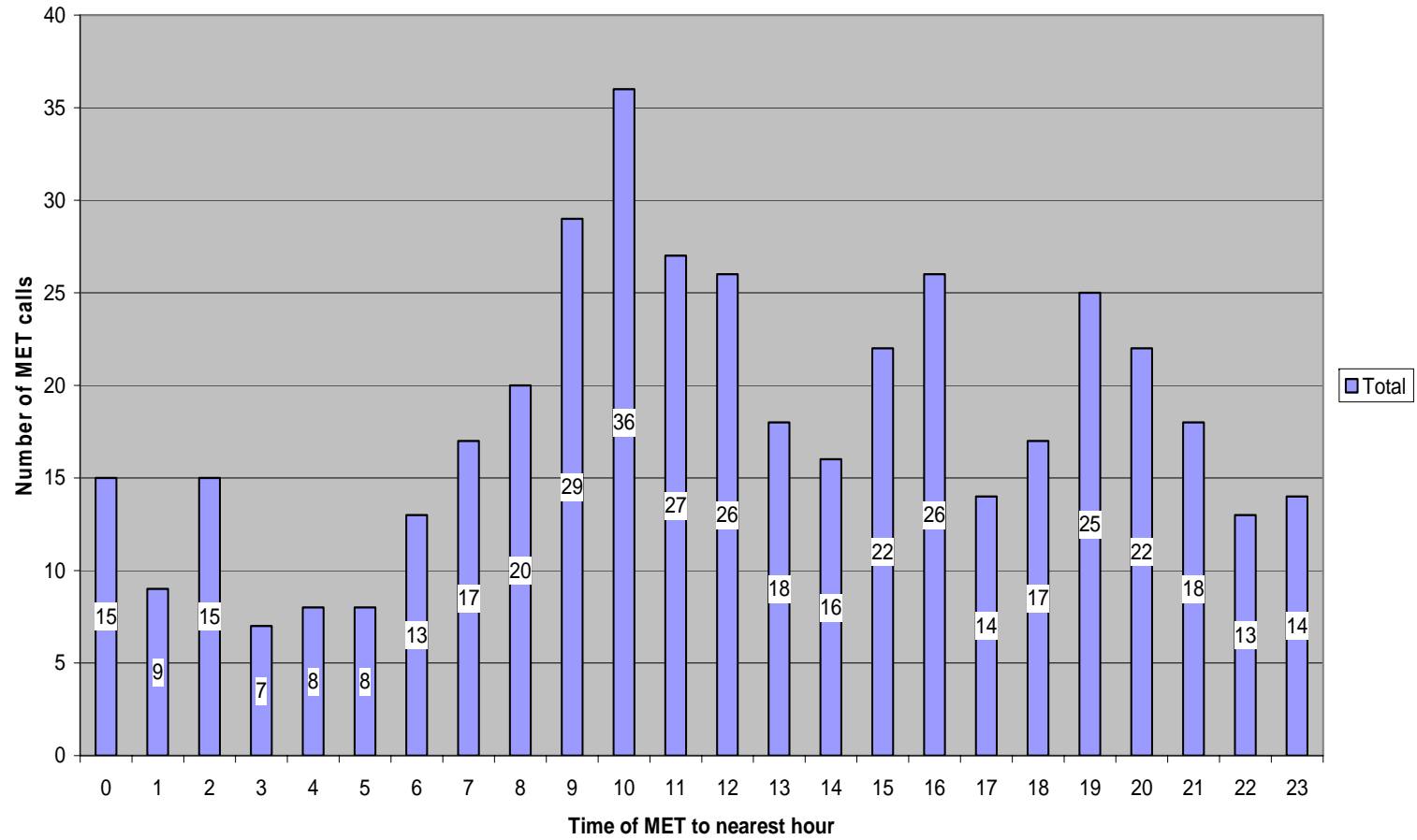
C7 and A7 = medical wards, C6 = orthopaedic/medical, C8 = surgical

A6 = medical/ rehab.

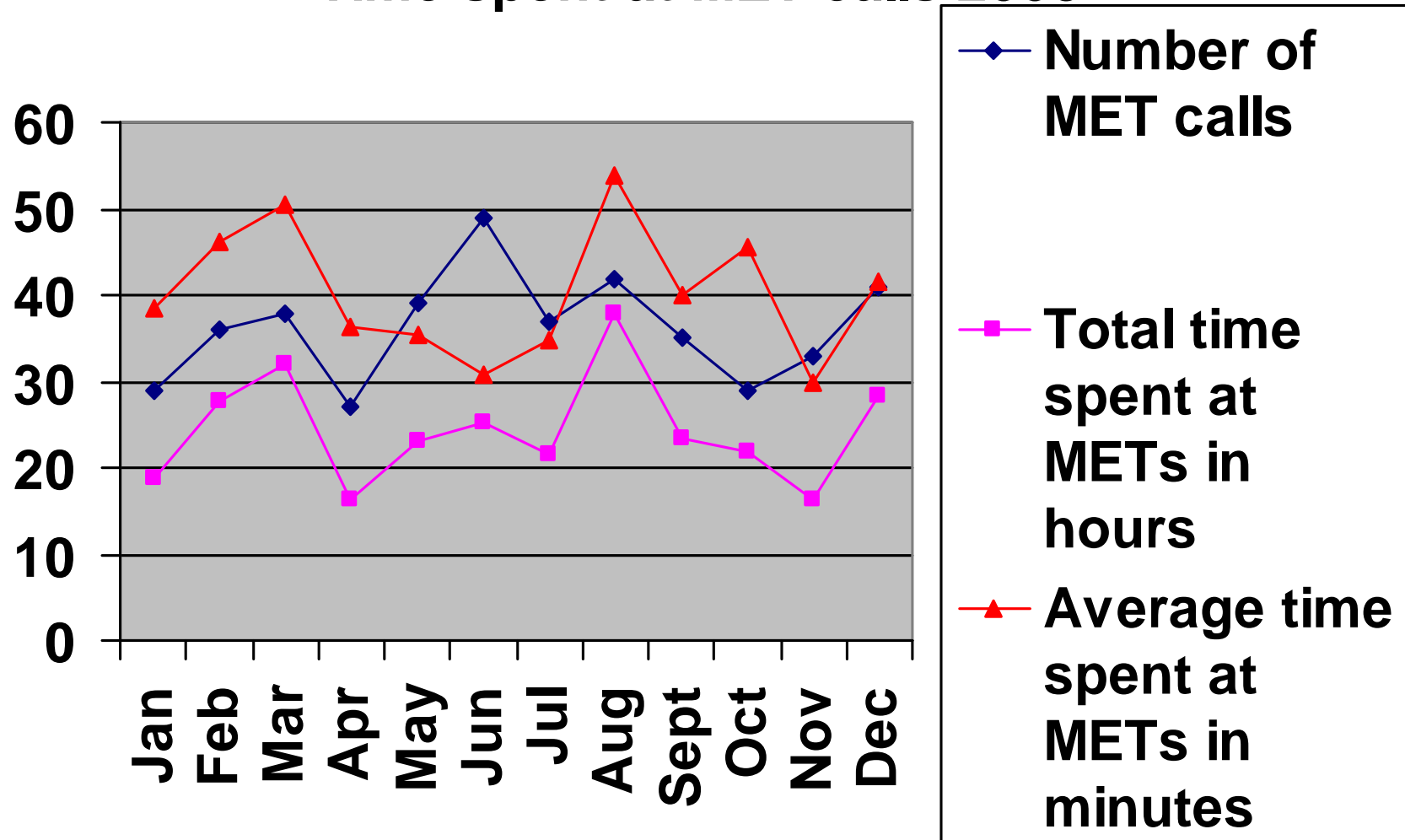
MET calls per day of week 2008



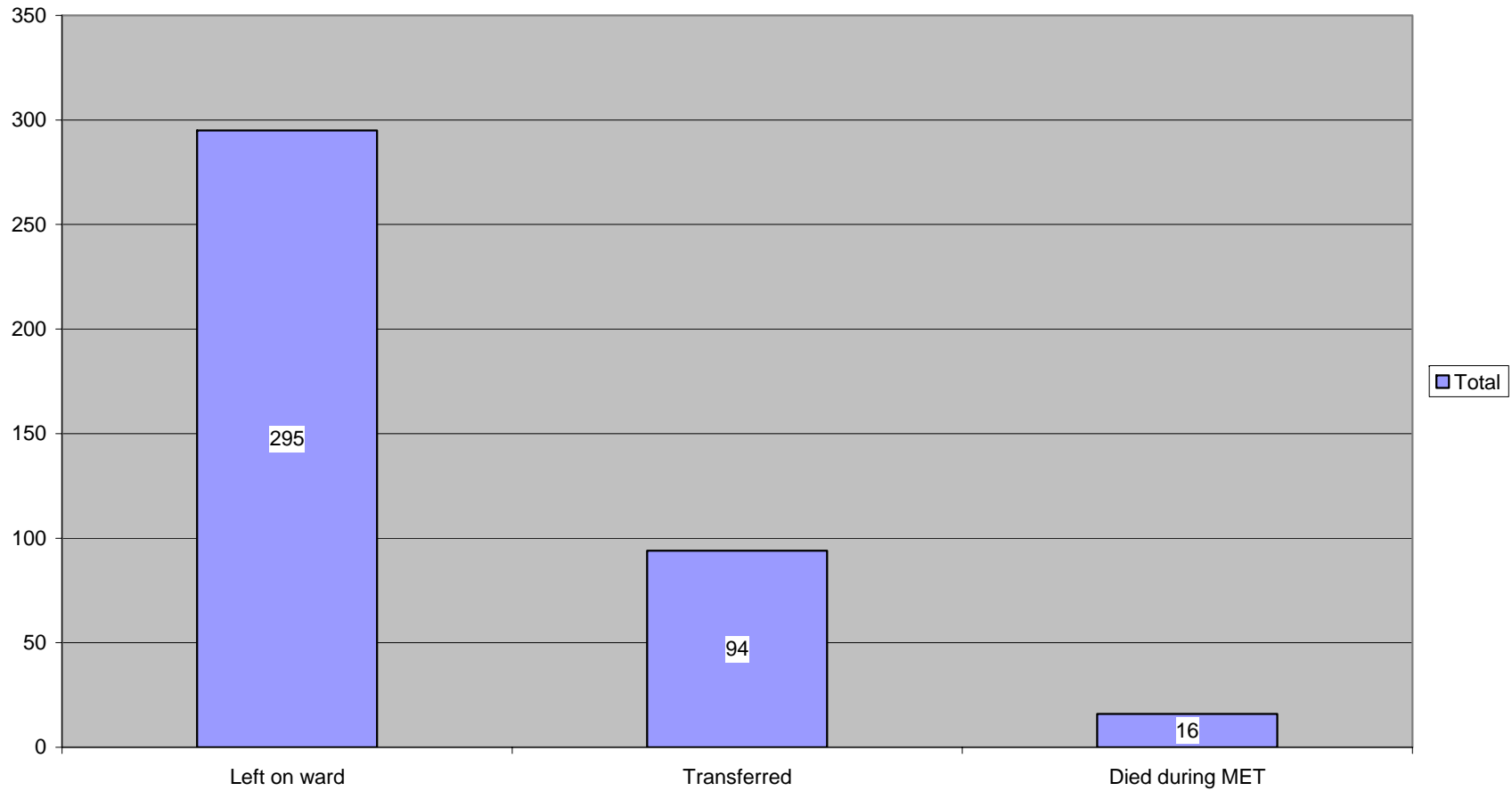
MET call to nearest hour 2008



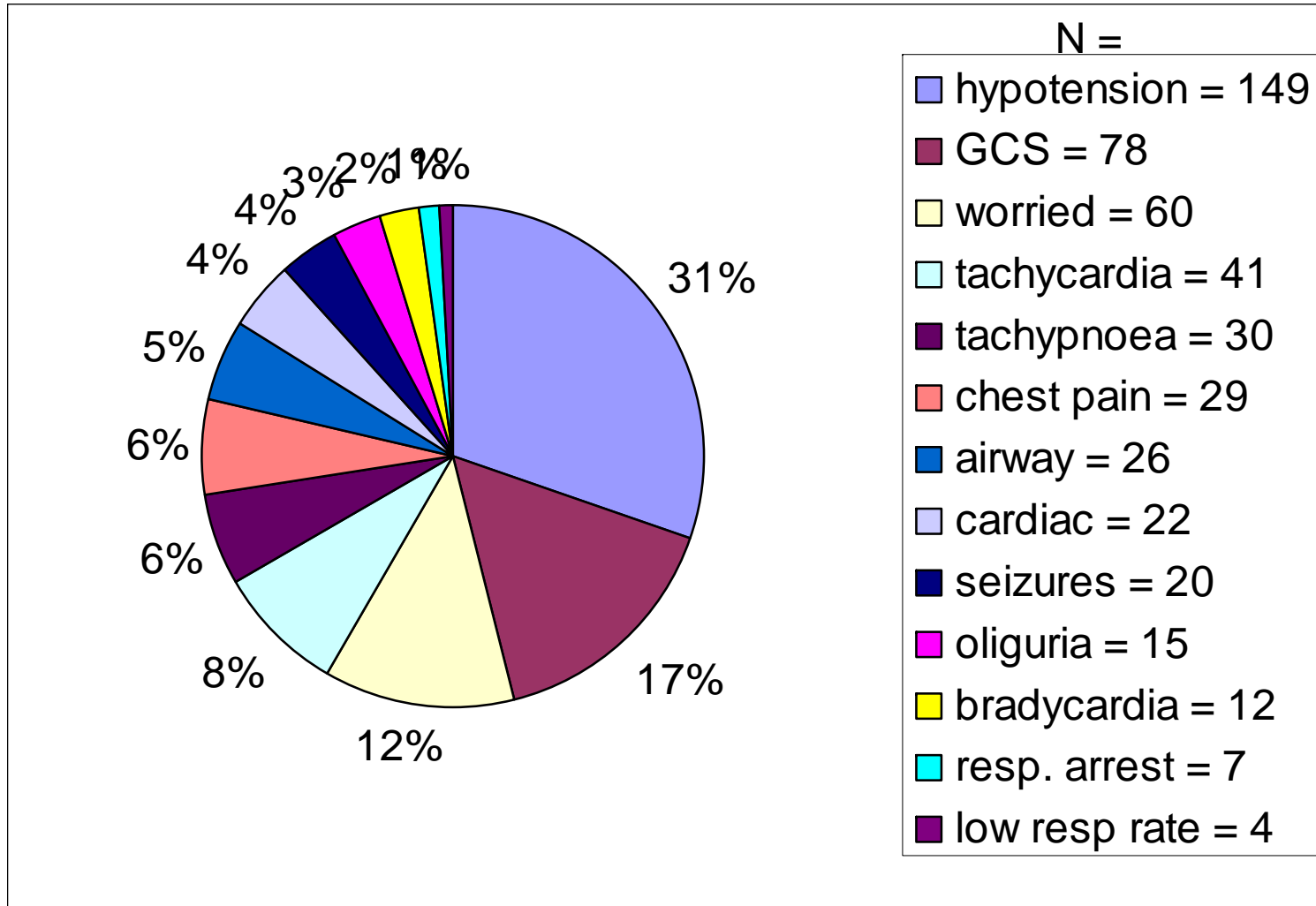
Time spent at MET calls 2008



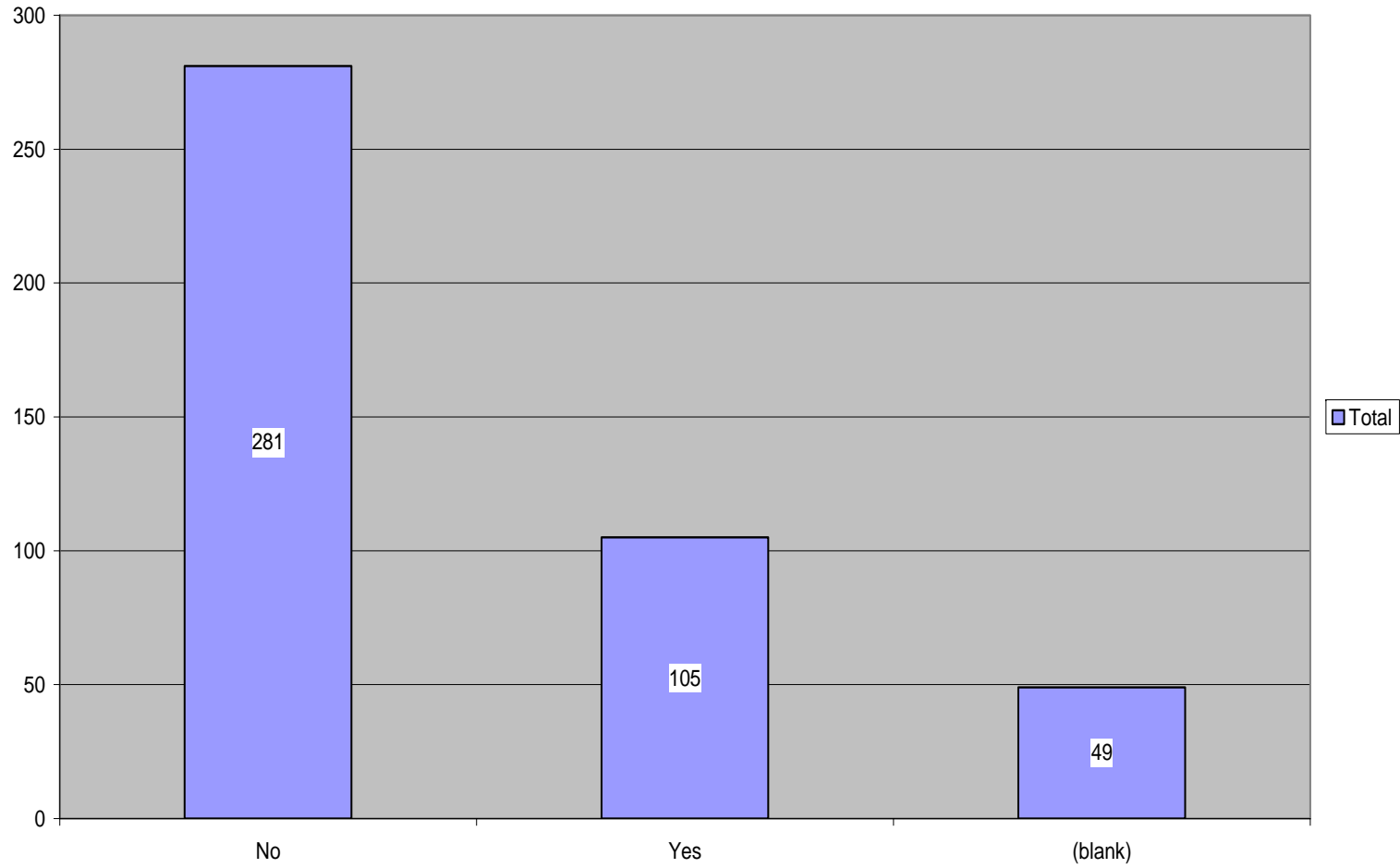
Outcome of MET call 2008



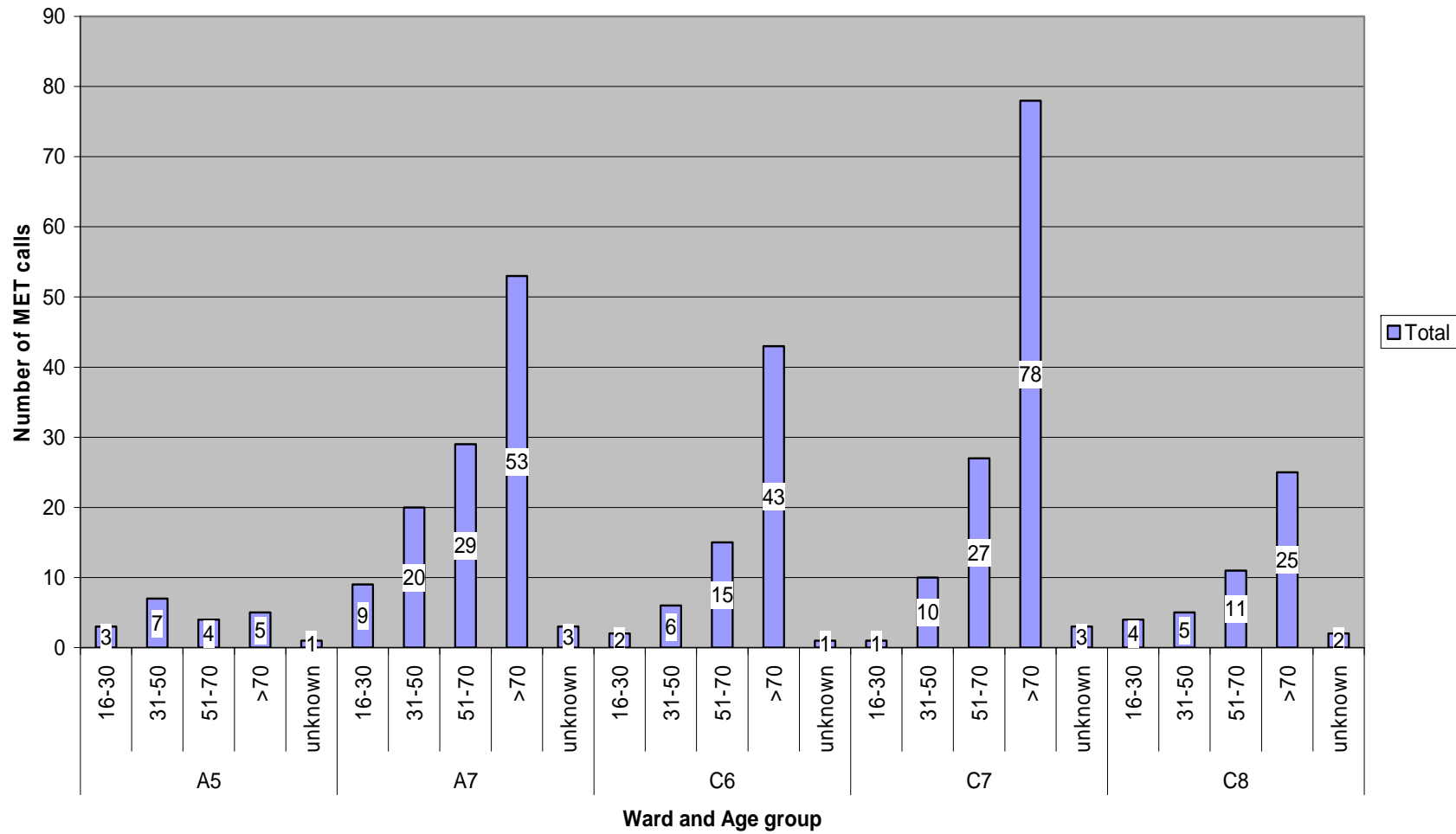
Reasons for MET call - 2008



Met MET criteria in previous 24 hours



Age group and location of MET call 2008



Are these trends similar in other
Base Hospitals?



Questions to follow up

- The most M.E.T calls are late morning (0900 – 1200), the fewest are early morning (0300 – 0500)
 - Is this due to reduced review of patients early in morning, and subsequent review of patients by next shift of nurses? (General observations are done at 0600 and then 1000)
 - Is hypotension medication related ? (0800 medication rounds)
 - Is increased calling midweek due to other factors ? (more staff available to review patient's issues)
- Why aren't staff calling more M.E.T's on weekends?
- Why are there still a large proportion of patients with M.E.T calls who met the M.E.T criteria within the previous 24hours?
- Did the patients presenting to ICU that met M.E.T criteria in the previous 24hour have worse outcomes than those that didn't?