



**Rural METs in Sweden**

- Two examples

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**Skåne in the south of Sweden**





**Ängelholm district hospital**





**Ängelholm district hospital**

- Internal medicine and rehabilitation
  - 120 beds
- Orthopedic day surgery
  - Some patients stay to next day
- Dialysis
- Emergency department





**Ängelholm district hospital**


- ICU closed 3 years ago
  - 2 patients died due to late transfer to nearest ICU
- Introduction of modified MET system



**Modified MET system**

- Education of staff
  - Recognition of vital signs deterioration
  - MEWS-score
  - Plans for ALERT courses
  - MET-team
    - Anesthesia nurse + attending physician
  - If score > 4 consider transfer




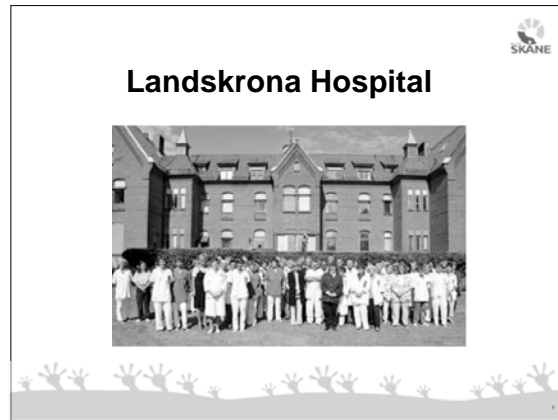




**If you are worried about your patient, if oxygen saturation is < 90% on oxygen or if MEWS is > 4 call MET!**



**Modified Early Warning Score**

Score	3	2	1	0	1	2	3
Resp		<9		9-14	15-20	21-29	30
HR		<40	41-50	51-100	101-110	111-129	≥130
Syst BP		≤70	71-80	81-100	101-199		≥200
Temp - C		≤35	35,1-36	36,1-38	38,1-38,5		>38,5
CNS			Agitation	Alert	Voice	Pain	Unresponsive
Urine ml/h	0	<20	< 35		Excess		





- ### Landskrona hospital
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- Internal medicine
    - About 100 beds
  - Surgery, Mon-Fri
    - Mostly day surgery
    - Gastric by pass 4 cases a week
  - No ICU
  - Emergency Department
    - Mon-Fri
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- ### Landskrona Hospital
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- MET system
    - ALERT, one day course on vital functions
    - MEWS scoring
    - MET team
      - Anesthesia Nurse 24/7
      - Attending Physician
- Planned rounds in the wards  
If MEWS score > 4 consider transfer
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- ### MET in southern Sweden
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- Emphasis on education
    - ALERT course
  - Criteria for calling
    - MEWS
      - Tracking vital functions
      - Trigger on different levels
  - Proactive rounds
    - Educational situation promoting safety
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