

Gentofte Hospital

REGION

Full-scale simulation training of MET and staff from general ward

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A University Hospital
500 beds
20.000 Admissions/year
General ICU 9 beds





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Operation Life

- The Danish Society for Patient Safety
- National safety campaign over 2 years
- April 2007 – april 2009
- Target group: all Danish hospitals
- Aim: To prevent 3000 hospital related deaths by implementing 6 interventions
- MET as one of the 6 main interventions of the campaign....

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MET implementation 1

- Early 2007: Preparation and a MET Pilot Study
- September 2007 – December 2008
- Aim: Multi-professional full-scale simulator based training of all members of MET team
 - 5 different specialities (surgery and medical)
 - Aprox. 800 staff members
 - 50% of staff completed training
 - 100% of ICU specialists + nurses
- From January 2009 all new staff receive training


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MET implementation 2

MET Team:
Ward: doctor + nurse
ICU specialist + nurse

Team receives a day of theory and simulator based training.

Size of team:
6-8 participants
2 educators
1 operator



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MET – the Course

- Theory
 - Interactive mini-lectures
 - The Deteriorating patient – ABCDE
 - Case discussions
- Multi-professional full-scale based training with debriefing
 - 2 cases
- Communication
 - Closed loop
 - ISBAR (structured way of communication)

Learning objectives

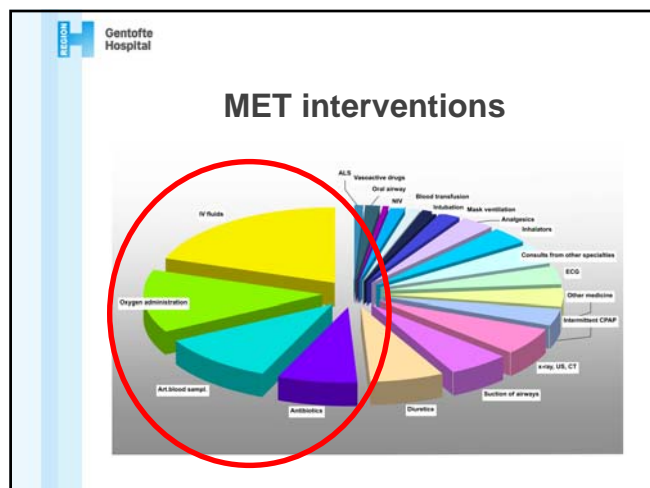
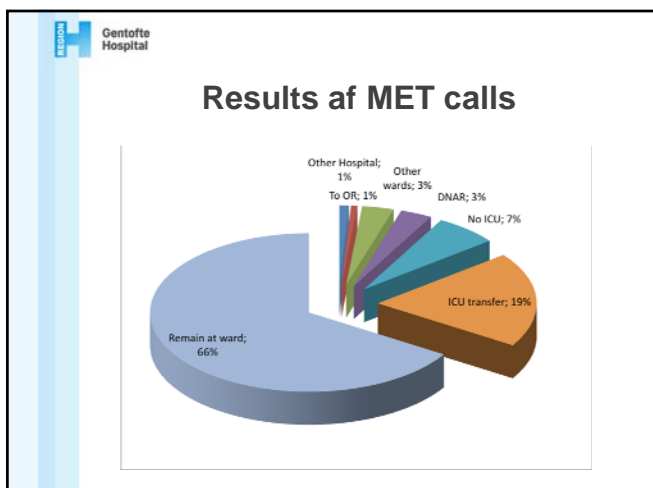
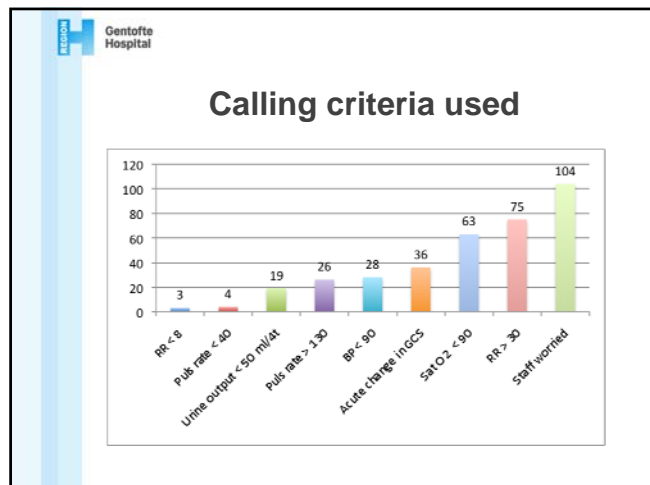
- Observe clinical signs
- Recognize deterioration
- Manage deterioration
- Communication
- Teamwork


Calling Criteria

Acute changes in	Physiology
Respiration	Respiratory rate <8 or >30 per min
Saturation	Pulse oximetry saturation <90% despite oxygen administration
Circulation	Systolic blood pressure <90 mmHg Heart rate <40 or >130 bpm
Renal function	Urinary output <50 ml during the last 4 hours
Neurologic status	Acute change in conscious state
Other	Staff member is worried about the patient, despite all other values are normal

Where are we now?


- Just finished implementation
- To early to measure an effect
- 280 MET calls in 2008
- Which calling criteria used?
- How many transfers to ICU?
- Which interventions?






Summary

- Staff training:
 - 50% of ward staff
 - 100% of ICU staff
- Multi-professional full-scale based simulation training with debriefing
- Majority of calls was "staff worried" and "respiratory"
- 66% of patients "remain at ward"
- 20% transfer to ICU
- >50% of calls where basic interventions



How can we improve this?

- Continue training of staff
- Improve Competence
- Back to basics
- Monitoring of vital signs
- Need of acute scoring systems in wards (MEWS)



Thank You 😊