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St Mary’s Hospital
London, UK

MET Reports from around the world
RRS in Italy

RRS in the Med: the Project

Conclusions
RRS in Italy
SIAARTI/IRC Recommendations for organizing responses to In-Hospital emergencies


www.ircouncil.it
The acronym CIELO is proposed “Committee for Internal Emergency and its Logistic Organization in Hospitals”.

The CIELO Committee should include at least one specialist in Anaesthesia and Intensive Care recognized as the reference figure.
SIAARTI-IRC Survey 2005-2006

RRS Italy Survey 2007

Results
Italy
Efferent arm in Italy

- Cardiologist
- ED physician
- EMS physician
- Anaesthetist
- Anaesthetist + nurse
MET Training

![Bar chart showing MET Training categories]

- None
- BLS
- BLSD
- ALS
- MET
- Other

Serie1
Training of the afferent arm

None: 12.80%
BLS: 60.50%
BLSD: 57.80%
MET: 24.80%
Other: 7.30%
Calling Criteria

- Cardiac Arrest: 60%
- Written: 20%
- Oral: 40%
- Undefined: 80%
- Other: 100%
RRS at San Luigi Hospital

- July 2004
- January 2006
- July 2006

MET

METal Project Started

METal Project implemented
METal Course

- Detecting the deteriorating patient
- Patient assessment
- MET call and early actions
- Interacting with the MET
IRC has recognized the METal Project for the education of afferent arm operators in Italy.

**METal**: San Luigi, Asti, Alba, Chivasso, Chieti, Chieri, Milan, Savona and Catania
Corso RTSim

The reference model for the education of efferent arm operators in Italy
MET Reports from around the world

RSS in Italy

RSS in the Med: the Project

Conclusions
Rapid Response Systems: where are we going?

The project
Intensive care training and speciality status in Europe: international comparisons

Bion J.F., Ramsay G., Roussos C., Burchardi H.

Int. Care Med. (1998) 24: 372-377
Intensive care in Europe

- Complete primary speciality with entry directly following primary medical qualification

- Sub-speciality of another discipline (e.g. anaesthesia, respiratory medicine)

- Multidisciplinary supra-speciality with a common core curriculum accessible to trainees from a range of base specialities
# ICM training in Europe (1997-98)

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* Questions
1. Formal training programme(s) in ICM with documented core competencies. (Y=Yes, N=No)
2. Common multidisciplinary training programme accessible to most of the major specialties, with entry during or after base-speciality training (Y/N)
3. Multidisciplinary training in intensive care medicine under discussion (Y/N)
4. Training is base speciality-specific (i.e.: subspeciality of . . .): A=anaesthesia, I=internal medicine, M=multiple subspecialties
5. Training programme accessible directly after qualification (ie: ICM as a primary speciality) (Y/N)
6. Maximum duration of training in ICM (months)
7. Type of exit examination recognising specialist abilities in ICM: O=oral, M=MCQ, D=dissertation, W=written, C=clinical, E=EDICM, S=supervisor's assessment alone, P=still in planning stage
8. Separate examination in ICM available, independent of base speciality (Y/N)
9. Examination in ICM mandatory (M) or optional (O) for accreditation as specialist
10. Formal inspection of ICUs to determine suitability for training in ICM (Y/N)

11. Accreditation: S=specialist in intensive care medicine D=dual certification (base speciality)+(ICM), B=single qualification as (base speciality+ICM) for that speciality alone N=no separate recognition of ICM training

### Table 1: Summary of data obtained from ESICM survey of training and accreditation in intensive care medicine

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1. **Do you have RRS in your hospital?**
   a. Yes
   b. No
   c. Other similar systems
      Please specify ________________________________

2. **The RRS is composed by**
   6. One doctor
   7. One nurse
   8. Two doctors
   9. Two nurses
   10. One doctor one nurse
   11. Other
      Please specify ________________________________

3. **Which specialist is involved in your RRS**
   a. Anaesthesiologist
   b. Cardiologist
   c. Internist
   d. Emergency doctor
   e. Surgeon
   f. Other
      Please specify ________________________________

4. **Which specialist is involved in your RRS during night-time and holidays**
   a. Anaesthesiologist
   b. Cardiologist
   c. Internist
   d. Emergency doctor
   e. Surgeon
Do you have RRS in your hospital?
The RRS is composed by?

Albania, Croatia, Slovenia, Lybia

No Cardiac Arrest teams
Do you have RRS in your hospital? The RRS is composed by?

France

One Doctor

Intensivist

No calling criteria
Do you have RRS in your hospital? The RRS is composed by?

Morocco, Turkey

One Doctor

Anaesthetist

MET criteria
Do you have RRS in your hospital? The RRS is composed by?

Spain

Two Doctors

Anaesthetist and Intensivist

Worried criteria
Do you have RRS in your hospital? The RRS is composed by?

Serbia, Tunisia

One Doctor
  Anaesthetist
One Nurse

Only cardiac arrest.
Do you have RRS in your hospital? The RRS is composed by?

Portugal, Cyprus

One Doctor

Intensivist, Emergency Doctor

One Nurse

Only cardiac arrest.
Do you have RRS in your hospital? The RRS is composed by?

Malta

Two Doctors

Intensivist, Anaesthesiologist

One Nurse

Only cardiac arrest.
Do you have RRS in your hospital? The RRS is composed by?

**Algeria:**

Four Doctors

(Internal medicine, anaesthetist, surgeon)

& two Nurses
MET Reports from around the world

RRS in Italy

RRS in the Med: the Project

Conclusions
Conclusions

• RRS not well implemented in the Med area
• The team leader is always a Doctor.
• Anesthetists are most involved in the team
• Nurses not always involved
• No minimum standards
1st Mediterranean Conference of Critical Care and Emergency Medicine

Organized by the Egyptian Society of Critical Care and Emergency Medicine (ESCCEM)

13 - 16 December 2005

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3rd MEDITERANEAN CONGRESS
CRITICAL CARE MEDICINE
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Thank you
GRAZIE