

Organizing MET in Hillerød Hospital

a 500 bed teaching hospital, in the north of Zealand



How to get started:

- Low budget for introducing MET. One nurse allocated project working.
- One month to teach and inform leaders and staff in three wards.
- What is possible?
- Daily or every other day in at least a two weeks period, the project nurse went to the wards on their coffee brakes. MET calling criteria and tasks we expected ward staff to do while waiting where introduced.

Tasks while waiting**A: Airway**

- Give the patient oxygen or increase current dose
- Place suction nearby the patient

B: Breathing

- Measure saturation and RR

C: Circulation

- Measure BP and HR
- Make IV access and sodium chloride ready

D: Disability

- Estimate consciousness
- Check pupils
- Measure blood glucose

E: Exposure

- Temperature

Bring IV-trolley and all medical reports to the room.

**If the patient aggravates or has a cardiac arrest -
or threatening cardiac arrest - call 112**

Cooperation

All 4 team members work together.

To avoid misunderstandings use "ISBAR" communication.

ISBAR:

Identification, **S**ituation, **B**ackground, **A**ssessment,
Recommendation

**Thank you for calling MET,
It can make a difference for the patient**

Methods for implementation

- Using the PDSA circle – plan- do - study - act. (Demings circle)
- While implementing MET through out the hospital, we constantly looked for effect and areas for improvement.
- Visibility – MET project nurse seen around the Hospital, answering questions, follow up visits.

How are we doing ?

- Since mid 2008 all wards, except children's units, can call MET.
- An average of 1½-2 calls pr 24 hours
- 2 out of 3 patients stays in the ward, this requires skilled staff with the necessary knowledge
- Ongoing education of ward staff is a key issue. With our data collection, we hope to be able to focus education in each ward.

Thank You

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