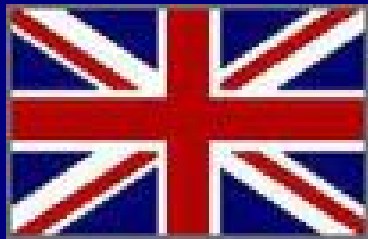


# **MET - Reports from around the world: United Kingdom**



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# The 'MET' model in the UK

- Critical Care Outreach
- Nurse led
- Mostly England and Wales
- Majority use an aggregated Early Warning Score



# critical to success

The place of efficient and  
effective critical care services  
within the acute hospital

## *Comprehensive Critical Care*

A REVIEW OF ADULT CRITICAL CARE SERVICES

# National Outreach Forum 'Track and Trigger' survey



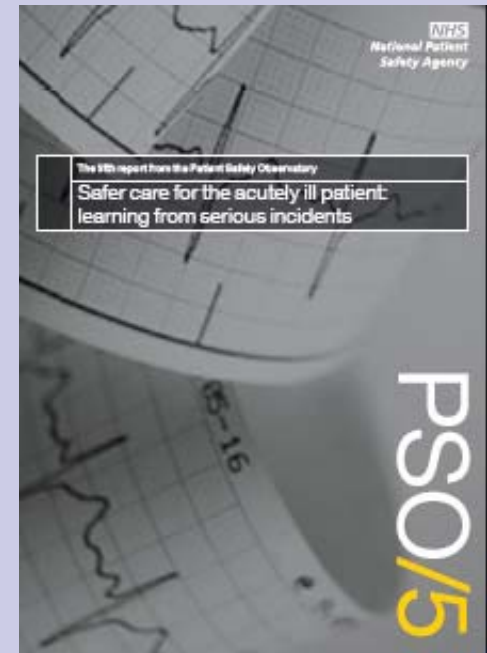
## 2002

- 121/167 (72%) hospitals surveyed reported having an Outreach service
- 34% provide 24/7 cover
- Most use aggregated scoring system (87%) (2003)

## 2007

- 15/17 hospitals in two Northern regions
- 12 had an Outreach service (80%)
- Most are nurse led
- Staff and funding from ICU

# National policy





*National Institute for  
Health and Clinical Excellence*

- Adult patients in acute settings should have;
  - physiological observations recorded at admission
  - a clear written care plan
  - a physiological track and trigger monitoring system
  - observations monitored at least every 12 hours
  - a graded response to abnormal physiology



*National Institute for  
Health and Clinical Excellence*

- Staff caring for patients in acute hospital settings should be provided with education to ensure they have competencies in;
  - Monitoring
  - Measurement
  - Interpretation
  - Prompt response



*National Institute for  
Health and Clinical Excellence*

- Transfer to critical care should involve both the consultant caring for the patient and the critical care consultant
- Transfers from critical care to the ward should be done between 07:00hrs and 22:00 hrs
- The critical care team and the ward team should take shared responsibility for the care of the patient during the transfer process
- There should be a formal structured handover of care



# Thank you

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