

MEWS and MET initiative

Local implementation experience:
AMNCH

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Background

- PWC report:
 - identified absence of an EWS and MET in AMNCH
 - recommended implementation of both
- MET development group set up

(MEWS) MET development group

- Chaired by Medical Board Chairman
- Representatives from Medicine, Surgery, ICU Medicine, ICU Nursing, General Nursing, Risk Management, Resuscitation office and NPD
- Sub-groups----multiple meetings

Tasks of MET development group

- Introduction of a standardised communication tool---
ISBAR
- Implementation of an EWS allied to a graded
response escalation protocol (track-and-trigger
system)
- Introduction of a standardised nursing observation
chart
- Formation of a MET

MEWS KEY

Resuscitation Status should be Established by the Primary Medical Team

Score	3	2	1	0	1	2	3
Parameter: <u>Respiratory rate (bpm)</u>	< or = 8			9 - 19	20 - 30	31 - 35	>35
Parameter: <u>SpO₂</u>	< 85%	85 - 89%	90 -92%	> 93%			
Parameter: <u>Inspired O₂</u>				On Air			Supplemental O2 > 35%
Parameter: <u>Temp (°C)</u>	<34.0	< 34.1 - 35.0	35.1 - 35.9	36 - 37.9	38 - 38.5	> or = 38.6	
See Table 2.Parameter: <u>Systolic BP (mm-Hg)</u>				See Table 1			
Parameter: <u>Pulse (BPM)</u>	< 40		41-50	51 - 99	100 - 110	111 - 130	> 130
Parameter: <u>AVPU / CNS Response</u>			New Agitation	Alert	Voice		Unresponsive/Pain
Parameter: <u>**Urine Output (after 4 hours)</u>	<80mls	80-119mls		120-800mls	>800mls		

MEWS 'Track & Trigger' Algorithm	Response Section	
Stage1 Mews score 1	Inform CNM/nurse in charge and document in patient record	
Stage 2 Mews score 2 or 3	Inform CNM/nurse in charge . Request SHO of Primary team to review within 1hr, specify frequency of observations, formulate care plan and document.	
Stage 3 Mews score 4-6	Inform nurse manager. Request primary team registrar to review within 30mins, specify frequency of observations, formulate care plan and document. Consider transfer of patient to higher level of care. Stay with patient. Activate MET if available.	T R I G G E R E D
Stage 4 Mews score > or = to 7	Inform nurse manager. Request immediate review by primary team registrar. Registrar to specify frequency of observations, care plan and document. Plan to transfer to higher level of care. Team consultant and anaesthetist to be notified within 10mins. Stay with patient. Activate MET if available	
Mews score 3 in any single parameter	Inform nurse manager. Request immediate review by primary team registrar. Registrar to specify frequency of observations, care plan and document. Team consultant and anaesthetist to be notified within 10mins. Stay with patient Activate MET if available.	
	If response not carried out as specified above, nurse manager to contact team SPR and/or Consultant.	

Standardised nursing observation chart

- Implementation of a standardised nursing observation chart in all areas hospital-wide
- One chart to be utilised from admission to discharge
- incorporates the MEWS and response escalation protocol

Composition of MET (in-hours)

- Cardiology Registrar on-call
- ICU Registrar on-call
- ICU nurse----new bleep

Composition of MET (out-of-hours)

- Medical Registrar 2 on-call
- ICU Registrar on-call
- ICU nurse
- Plus out-of-hours Nurse Manager

Function of the MET

- Called if dictated by MEWS ≥ 4 , or = 3 in any single parameter
- Assess the patient
- Determine immediate clinical needs
- Institute appropriate clinical intervention to stabilise the patient.
- Engage with primary team

Function of the MET (2)

- Determine if the patient requires transfer to ICU/CCU
- Log the event in an audit folder
- One member of MET will hand-over to the following day's MET (in ICU)
 - MET folder will be utilised

Roles of the MET members

- Delineated roles for each of the members of the MET
 - written policy
- Minimises ambiguity over the MET's responsibilities and powers
- Clearly defines interaction between MET and primary team

Core hours of operation of the MET

- The MET will be contactable on a 24/7 basis

Bleep system

- Nurse will dial 2222 as per “crash” call, but will specify “MET call” rather than “crash call”
- Available registrar on each team must be available daily to answer MEWS calls
 - Unfortunately no current method of differentiating MEWS calls and “routine” calls

Pilot of MEWS/MET initiative

- Commencing July 18th 2011
- 2 ward areas---SACU and Gogarty
- Duration 2 months
- 4 elements
 - utilisation of ISBAR communication tool
 - implementation of new nursing observation chart incorporating MEWS
 - utilisation of the track-and-trigger response escalation protocol: MEWS and MET calls
 - Recording of MEWS events for audit

Education

- Education programme for medical and nursing staff
- Initially focussed on pilot areas, then rolled out
- Will include all new staff
- Compass education programme

Education for nurses

- Education programme being carried out by ward CNM's in the 2 ward areas:
 - ISBAR communication
 - MEWS scoring and new nursing observation sheet
 - Function and roles of the MET and Primary Team
 - Logging the MEWS/MET event for audit purposes

Physician education/information dissemination

- Completed presentations to
 - Medical Executive FAIR committee
 - Medical Board
 - Division of Medicine
 - Division of Surgery
 - Grand Rounds
- Integral part of induction day for new doctors
 - Information pack will be given to all as part of induction documentation

Documentation and audit

- All MEWS/MET calls/events logged in an audit folder
 - by the senior ward nurse and MET team
- Sticker placed in the patient's medical notes
- The following will be audited:
 - appropriateness of calls to MET/primary team
 - nature of emergency ? what triggered the call
 - nature of intervention
 - time to respond/who responded
 - patient outcomes
 - user satisfaction (medical/nursing)

MEWS/MET coordinator role

- The Group recommends the establishment of a MET Coordinator role
 - to manage ongoing education, audit, database management
 - to evaluate and coordinate the MET team
 - to manage team debriefings

AMNCH policy document on MET

- When the pilot is completed, a policy document will need to be developed around the MET process in AMNCH, with all relevant stakeholders' input.

The bottom line:

- The MEWS/MET initiative will ensure that:
 - medical and nursing staff can identify the deteriorating patient
 - nursing staff always have rapid access to medical opinion and review
 - the appropriate management plan is implemented in each case

Thank you.