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PURPOSE:

The purpose of the M.E.T. response is part of Firelands Regional Medical Center's commitment to the Institute for Healthcare Improvements 5 Million Lives Campaign. It is to provide early intervention in order to recognize and react to a change in patient condition. The M.E.T. provides 24 hour assistance to staff in assessing, stabilizing and, if necessary, transferring patients to a higher level of care. While the M.E.T. will be providing assistance, it is important to realize that the primary care nurse is still responsible for the patient.

This early intervention will help reduce the incidence of cardiac arrests outside the Intensive Care setting and decrease overall hospital mortality. The M.E.T. will help organize information to be communicated to the patient's physician or responding Hospitalist. The overall teamwork will encourage staff to work together toward a common goal for the patient, while building the critical thinking capacity of nurses who do not normally work in an Intensive Care setting. Clinical situations provide a unique opportunity for real-time education.

POLICY:

The M.E.T. may be activated by any team member, for any victim (patient, visitor, staff member, etc.) in any location of the acute care facility.

Patients and/or their families may request activation of the M.E.T. if concerns regarding condition/status cannot be resolved by assigned caregivers. All staff will comply with the request by patients and families for M.E.T. activation. The team response and role will follow the same process regardless of how activation occurred.

PROCEDURE:

To Activate an M.E.T. Response, use the following steps:
1. Dial 7711, inform the operator to page an M.E.T. response team and indicate the unit.
2. The Operator will audibly page M.E.T. Response and the location 3 times.
3. The Operator will also activate the alpha-numeric pager system and enter the location. This will alert the following team members: Nursing Supervisor, Respiratory Therapists, Assigned 4C Critical Care Nurse, Adult Hospitalist, House Intern, and Laboratory Technician.
4. All the notified team members will immediately report to the M.E.T. Response Location.
5. The 4C Critical Care Nurse responding to the MET will bring a Rapid Sequence Intubation (RSI) Kit.

Criteria for Calling the M.E.T.
1. Desire an additional clinical opinion.
2. Significant change in vital signs or acute changes.
3. Alteration in LOC.
4. Oxygen Saturation with a new decline of < 88% with supplemental O2.
5. Respiratory Rate <10.
6. Respiratory Rate > 28.
7. Heart Rate < 50 sustained, or change of 20 from baseline.
8. Heart Rate > 130 sustained, or change of 20 from baseline.
9. Change in telemetry pattern.
10. Systolic BP < 90 mmhg or Symptomatic.
11. Urine output of < 50 ml in 4 hours (in patient without pre-existing renal problems).
12. Uncontrolled or excessive bleeding.
13. New, repeated or prolonged seizures.
14. Has had no/inadequate response to previous interventions.
15. Stroke/TIA Symptoms

It is the responsibility of the staff member caring for patient to have the following items available at bedside for the M.E.T.:

1. Paper Chart in Room and Electronic Chart Accessed with most recent set of Labs, EKG, Chest X-Ray and Report available
2. MARS
3. Current Vital Signs
4. Portable Vital Signs Machine
5. Pulse Oximeter
6. Report on patient

Staff Member Caring for Patient
1. Becomes part of the M.E.T.
2. Retains responsibility for the patient.
3. Communicates with the physician.
4. Administers medications and treatments unless they require specialized skills.
5. Completes required documentation in the medical record and on the corresponding evaluation tools.

M.E.T. Role
1. Assess the patient and provide support to the Med/Surg RN.
2. Stabilize and treat according to M.E.T. Protocol.
3. Assist in patient transfer (if needed).
4. Complete required documentation on Medical Emergency Record (PS-4474 rev. 10/11). Complete Post-Intervention Evaluation Form (PS-4477 rev. 07/10) and forward to Quality Department.

REFERENCE:

Institute for Healthcare Improvements 5 Million Lives Campaign

Jones, C., Bleyer, A., Petree, B. (2010,June). Evolution of a Rapid Response System from Voluntary to Mandatory Activation. The Joint Commission Journal on Quality and Patient Safety, 36, 266-270.

Sarani,B., Scott, S. (2010,November). Rapid Response Systems: From Implementation to Evidence Base, The Joint Commission Journal on Quality and Patient Safety, 36, 514-517.

Simonds, T. (2005). Best-practice protocols: Implementing a rapid response system of care, Nursing Management, p. 42.