

RESPONSE TO “SICK” PATIENT

- No formal response
- Little training in what is “sick”
- Little formal response to at-risk patients
- Almost no undergraduate or postgraduate training in what to do when “sick” ie advanced resuscitation
- No skills maintenance program
- Little data collection on “sick” patients
- Little feedback to improve system

ACUTE CARE PHYSICIANS - HOSPITAL BASED

- Intensivists
- Emergency physicians
- Hospitalists

OTHER PHYSICIANS - COMMUNITY BASED

Becoming more ambulatory, chronic, diagnostic, proceduralists

CHANGING PHYSICIANS’ ATTITUDES

MET IMPLEMENTATION STRATEGIES

“Cause celebre”

MEETING WITH PHYSICIANS

- Coming in 24/7 to see sick person
- vs
- MET

1/0318

OTHER DRIVERS FOR CHANGE

- Adverse publicity – eg “Bristol” case
- Increased litigation
- Emphasis on patient safety

1.5/0042

A BRISTOL CASE IN SYDNEY

24/0112

1 LARGE METROPOLITAN HOSPITAL

Unexpected increase in patient deaths and potentially reversible serious adverse events

24/0113

SOLUTION

- 12 doctors
- Administrative support
- 2 senior administrators

24/0114

CRITERIA FOR CHANGE

- how would we like to be treated ourselves?

16/0224

DEFINING HEALTH CARE IN SOUTH WESTERN SYDNEY

- Closed 3 out of 6 EDs
- Closed 3 out of 6 ICUs
- Single 24/7 phone system
- Close 3 out of 4 obstetric units
- Redefined hospital functions
- Marketing to colleagues and community by clinicians

24/0095

SINGLE PHONE CALL SYSTEM

- 6 hospitals
 - 3 ICU + HDU
 - 1 HDU
 - 2 slow stream hospitals
- MET in each hospital
- TRANSFERS – 1 'phone call'
 - Transfer logistics arranged
 - Advise on immediate treatment and stabilisation
 - No LONGER transferers' problem

24/0108

HAVE WE GOT A PROBLEM IN OUR HOSPITAL?

1.1/0058

PROBLEM

- 80% of cardiac arrests
- 50% of non-NFR deaths
- 70% of unexpected ICU admissions

are preceded by at least 8 hours
of slow deterioration

1.2/0003

IMPLEMENTATION OF A MET SYSTEM

**Must measure potentially
preventable adverse events**

eg Preceded by MET criteria within 24 h
of events

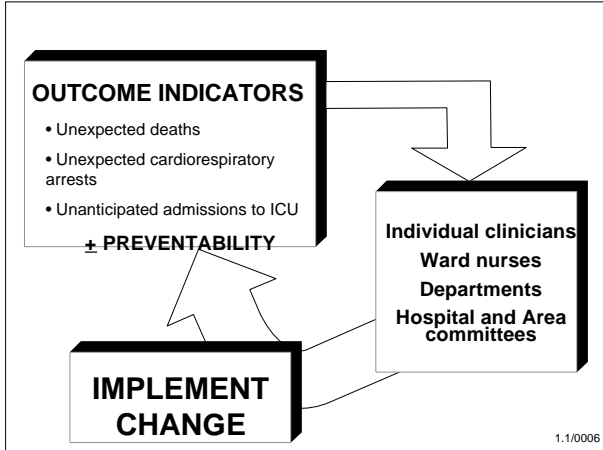
YOU MAY NOT HAVE A PROBLEM

1.1/0043

HOSPITAL-WIDE OUTCOME INDICATORS

- MET calls and action
 - DEATHS – 'NFR'
 - CARDIAC ARRESTS – 'NFR'
 - ADMISSION TO ICU – (ED + OR)
- PREVENTABILITY
DEFINED BY:
MET CRITERIA
WITHIN 24 HOURS
&
INAPPROPRIATELY
ACTED ON

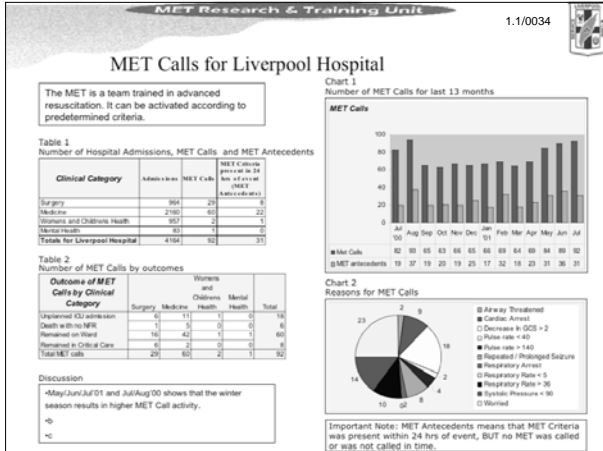
1.1/0026



1.1/0006



1/0278



1/0319

IMPLEMENTATION OF A MET SYSTEM

Nursing and trainee medical staff empowered to call for help

THERE IS NO DATA TO SUPPORT THE IMPLEMENTATION OF A RAPID RESPONSE TEAM!

1.1/0059

EVIDENCE

Overwhelming evidence of antecedents to serious adverse events

1.2/0088

EVIDENCE

- Many
 - Before/after
 - Prospective case controlled studies show
 - Decreased deaths
 - Decreased cardiac arrest
 - Decreased ICU admission

1/0320

MERIT

- Inconclusive – power
- Cross-contamination

1.4/0273

CHANGING PHYSICIANS' ATTITUDES

- Data supporting delay of treatment for the seriously ill
- What would you like for yourself/partner?
- Would you ethically approve a trial comparing waiting for someone to die or have a cardiac arrest vs intervening early

1/0293