

# Patient outcomes post medical emergency team calls and user compliance of track and trigger based observation and response chart in cardiology patients



Early recognition of clinical deterioration has been associated with a lower level of intervention and reduced adverse events.

A widely used approach in Australia is the Medical Emergency Team (MET) system.

We conducted a prospective observational study of all inpatients, using the observation charts and the hospital database under the general cardiology and heart failure teams for 30 days.

Information was collected on a standard data form from observation chart and the hospital database daily.

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## Results

There were 23 MET calls for total of 443 patient episodes for the indications as per the hospital policy and listed in the table.

There were 20 episodes where there were appropriate modifications in place hence MET was not called. There was only 1 episode where MET call and 4 episodes where preMET call was inappropriately not called.

Of the patients (n=27) who had met the MET call criteria, 63% were admitted under the heart failure team.

22% of the patients who met the MET call criteria required a procedure/ device insertion, 15% required ICU admission and 15% died.

There average length of stay was 6.41 days.

MET criteria	Total number of calls
Pulse<40bpm	4
Pulse>140bpm	11
SBP<90mmHg	4
Resp Rate >30	2
RN worried	2
<b>Total number</b>	<b>23</b>

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## Conclusion

The higher MET call rate in heart failure vs general cardiology patients is expected. This reflects the difference in patient population and their co-morbidities.

Most patients requiring activation of MET system were critically ill and needed emergency treatment or procedure highlighting importance of this system.

Continued exploration of workplace issues influencing the recognition and responses to unmet needs of a deteriorating patient in cardiology ward is recommended.