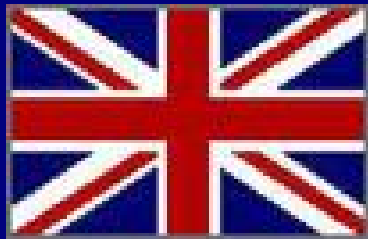


MET - Reports from around the world: United Kingdom



Mandy Odell

Nurse Consultant, Critical Care

Royal Berkshire NHS Foundation Trust

Reading, UK

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



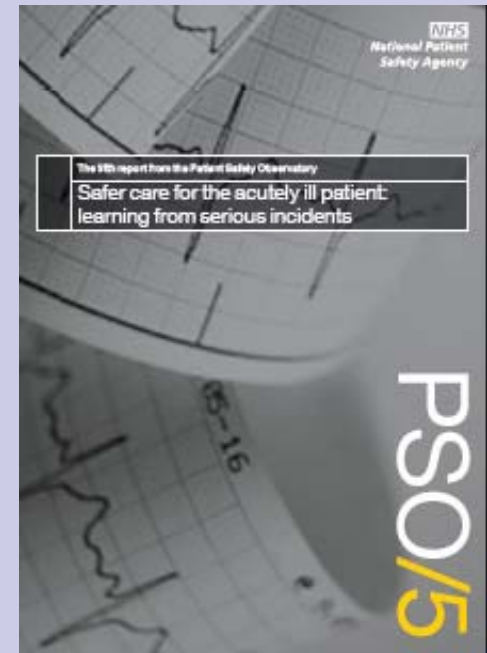
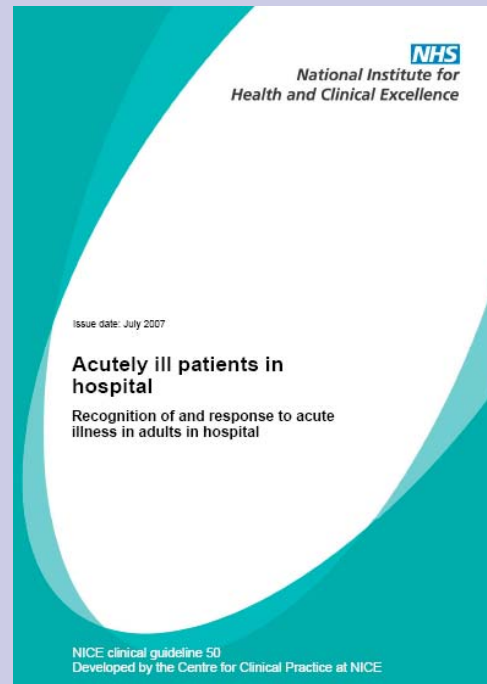
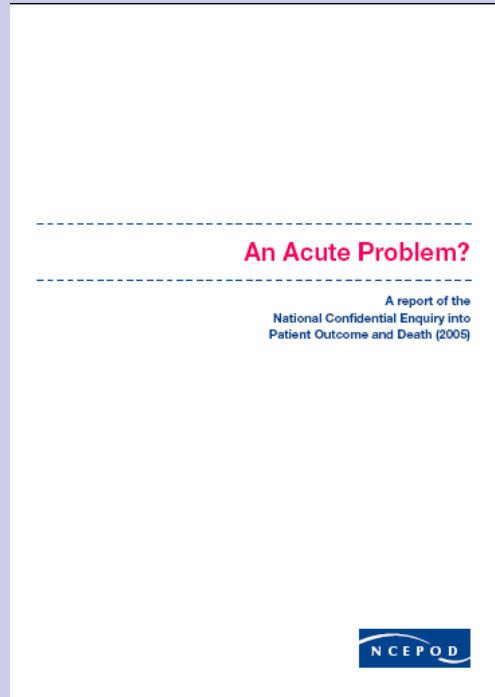
2002

- 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

mandy.odell@royalberkshire.nhs.uk