Medical Emergency Teams: A Guide to Implementation and Outcome Measurement

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According to Bismark et al., complaints that are brought to a Commissioner in New Zealand offer a potentially valuable “window” on serious threats to patient safety. In Italy, the Consultative and Conciliatory Commissions (“Commissioni miste conciliative”) and the ombudsmen (second level organisations) supply unsatisfactory results or are not even established. Furthermore, epidemiological data such as those of the NZOHS are very scarce. We therefore carried out a survey to explore whether an independent patient agency could facilitate local learning and action to improve the quality of health services.

Two hundred and forty complaints and accounts of presumed untoward events presented by people to our voluntary patient agency in Milan (Cittadinanzattiva) were analysed. Every complaint included one or more clinical record. Our aim was to compare allegations contained in the written complaints and the results of a retrospective review of the case records. An expert physician examined all the clinical records produced and identified when an “avoidable adverse event” was present. A medicolegal expert independently reviewed 89 complaints. The causes of the complaints according to the complainants are shown in table 1.

In the physician record review, 87 of the 240 complaints were associated with a preventable adverse event (mainly occurring in hospital); 22 were serious and preventable and 12 resulted from a failure or a complication of an indicated operation.

This study has a number of potential shortcomings. Nevertheless, the survey confirms the kind of useful information that can be gathered about substandard medical care from this type of documentation. Without any patient lawyer or representative present in the hospital and with the management of claims firmly controlled by the medical experts, those wishing to complain will be more motivated if the management of the claims is supported by an independent agency to ensure objectivity before the disputes, taking on responsibility for reporting the incident to the interested organization and providing feedback to the citizen.

In my opinion, however, the Italian voluntary patient agencies have a very weak voice.

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References

BOOK REVIEWS

Medical Emergency Teams: A Guide to Implementation and Outcome Measurement

The rapid adoption of hospital Medical Emergency Teams (METs), also called Rapid Response Teams, has been remarkable. This has been hastened by the inclusion of METs as one of the six strategies employed by the Institute for Healthcare Improvement’s 100 000 Lives Campaign. More than 3000 US hospitals have indicated their participation in this ambitious initiative.

METs consist of two or three health professionals—often a nurse, respiratory therapist, and physician—working as a team with a specific plan for responding to a patient crisis. Using defined criteria, a team is called to the bedside of a hospitalized patient whose clinical condition has become unstable. This simple strategy is designed to cut through hospital hierarchy and lead to quick recognition, rapid response, and swift treatment. The aim is to treat patients before they enter a critical state where their chances of recovery are poor. While the idea is simple, implementation of METs can be daunting because of the complicated logistical, cultural, and information challenges faced by hospital administrators and health professionals.

This book offers a world class guide for navigating these challenges. Readers who are charged with leading the implementation of METs in their hospitals will find much that is of value in it. Several chapters address strategies for success in MET design and provide warning signs for predictable pitfalls in strategy. Other chapters provide general models of METs as well as formulae for adapting MET design to local variables such as the size, type, and location of a hospital and the department in which the MET is implemented. A particularly pragmatic chapter describes the equipment, medications, and supplies necessary for an emergency cart. The chapter by Hillman and colleagues entitled “The Evolution of the Health Care System” explores how METs address the mismatch of needs and resources in many healthcare systems. Mininni and Scholle explore the positive impact METs can have on nursing morale and retention, and provide helpful blueprints for much needed interprofessional teamwork. The chapter by Duncan on nurse led METs is complete with practical examples and tools for implementation. Lam and Flabouris’ chapter entitled “Medical Trainees and Patient Safety” addresses with clarity one of the more complex issues surrounding MET implementation—namely, the linking of resident education with the teamwork and error detection and prevention inherent in the implementation of METs in teaching hospitals. In a complementary chapter, Lighthall explains how METs can enhance resident education. Two chapters address the role for technology; Fiedor et al. explore the place for simulation while Young et al address the central role of information systems in tracking the effectiveness of METs.

The book is divided into three sections: (1) salient aspects of patient safety and its context for METs, (2) implementation of METs, and (3) MET measurement and evaluation. The book has few drawbacks. The chapters do not always flow logically from one to the next and some chapters seem somewhat tangentially related to METs—for example, the chapter on early goal-directed therapy as a means of treating severe sepsis and another on general quality improvement methods such as root cause and failure mode and effect analysis.

Most readers will find this text is best used as a resource from which they can pick and choose. There is indeed something here for a broad readership including administrators, educators, and frontline health professionals. The book is actually about more than the specific topic of METs; it serves as a useful

Table 1 Patients’ complaints and preventable adverse events (AEs)

<table>
<thead>
<tr>
<th>Reasons for complaining according to complainant</th>
<th>Total</th>
<th>Preventable AEs according to the expert</th>
<th>All preventable</th>
<th>Preventable and serious</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delay in diagnosis and treatment</td>
<td>89</td>
<td>36</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Failure or complication in the technical performance of an indicated operation</td>
<td>82</td>
<td>30</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>Failure of complication in the technical performance of an indicated invasive procedure</td>
<td>24</td>
<td>9</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Lack of care or attention, lack of monitoring</td>
<td>19</td>
<td>3</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Delay or failure in treatment</td>
<td>9</td>
<td>2</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Others</td>
<td>9</td>
<td>7</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>No reason</td>
<td>8</td>
<td>8</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>240</td>
<td>87</td>
<td>22</td>
<td></td>
</tr>
</tbody>
</table>
compilation, authored by world experts, of best practices in patient safety and METs. METs are fundamentally changing the structure, process, and outcomes of health care. This book represents an invaluable resource for administrators, educators, and clinicians whose goal is to transform medicine to become more reliable and safe. It is a "must-read" for those seeking to advance METs and safer health care.

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Screening in disease prevention: What works?


Despite a rather uninviting title which gives little away about the key areas and messages covered in the book, this is a helpful addition to the literature. Its main aim seems to be not so much to explore "what works", but rather to examine how the issues and debate in screening have developed with new advances. There are many such areas including antenatal and neonatal screening, and in the elderly age group too, but the principal example of development comes from genetics. The authors explore how this area has altered the scope and nature of screening and, to an extent, this redefines screening itself. Clearly it may be detecting disease (such as cystic fibrosis in neonatal testing), but it is more likely to be testing for risk of disease and carrier status. The latter can be undertaken in the form of carrier testing, prenatal testing, pre-implantation testing, newborn screening, or preventive screening (such as BRCA1/2 tests). The developments in predictive testing and overlap with "traditional" screening require a redefinition of the conventional criteria and characteristics of "effective screening" programmes. The authors take a critical look at the practice of screening throughout the various stages of life, examining practical, ethical, and economic and other delivery implications for a range of specific screening or testing programmes. They note how the term "patient" is more difficult now to justify within these service developments, and we think more in terms of consumers and service users. Such terms more appropriately describe people who have most often hitherto not been identified to have health needs in relation to the given tests. With this shift, though, come changes in the way we should look at uptake of tests (whether it is desirable to maximise uptake), variation in uptake between sociodemographic groups in the population, and the ways we communicate information about screening or testing programmes to enable users to make informed choices about participation in screening programmes. These consequences of the developments in screening are also explored, and so this book is likely to be useful for a range of health and policy professionals and those in training to orientate briefly but effectively to wide ranging debates in this important area.

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