Factors that encourage or inhibit nurses’ effective use of the MET

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Introduction

- Patient outcome is often dependent on the nurse’s ability to identify and respond to critically deteriorating patients by calling for medical attention.
- Critically ill and at risk ward patients have often received delayed or suboptimal care due to delays in medical assessment and treatment.
- Slow or uncertain intervention by ward medical staff has led to poor patient outcomes and a review of the traditional cardiac arrest team system.
- In response to these issues, the Medical Emergency Team (MET) concept was introduced to speed the identification and treatment of these patients on the ward. The MET team consists of medical and nursing personnel trained in critical care and advanced life support. Since 1990, many hospitals throughout the world have implemented this system, which has superseded the traditional cardiac arrest team.
- MET activation criteria consists of predetermined objective and subjective criteria that are early indicators of significant patient deterioration.

Purpose

To explore and critically appraise the literature to determine what factors encourage or inhibit nurses’ effective use of the MET system.

Methods

- A literature search was conducted using electronic databases, reference lists of key studies and expert guidance towards relevant studies and theses.
- Inclusion criteria: Primary research studies, in English language, published between 1994 and 2007, that relate to factors that impact on MET utilisation by nurses in acute hospital settings.
- Exclusion criteria: Studies that focused solely on MET activation and patient outcomes; relating to other forms of rapid response systems.
- 15 primary research studies were reviewed, including 6 qualitative and 9 quantitative studies.

Findings

Five major themes emerged of factors that EITHER encouraged or inhibited nurses’ effective use of the MET system (see Figure 1 and Figure 2).

- Support by medical and nursing staff – support by MET staff, home medical staff and ward nurse staff was critical to nurses’ subsequent calls.
- Education on MET – effective education of ward staff regarding MET was a significant factor.
- Expertise – knowledge, experience and intuition of the nurse impacted on utilisation of the MET system.
- Familiarity with, and advocacy for the patient – nurse’s familiarity with the patient led to increased awareness of change and advocacy for treatment.
- Workload – distraction caused by heavy workload has led to delayed assessment of deteriorating patients.

Conclusion

Strategies that could assist nurses to utilise the MET system most effectively for patients in their care are:

- Further education for the MET team, home medical and ward nursing staff on the importance of positive support for the caller.
- Education of ward nurses on patient assessment, MET activation criteria and emergency interventions.
- Recruitment and retention of nursing staff with expertise in the ward environment.
- Continuity of care by permanent staff increases familiarity of, and advocacy for patients.
- Maintenance of adequate skill mix and staff numbers for management of patient acuity.

References