

# "The Medical Emergency Team (MET): Hospital Outcomes after a Day" study

No registrations found.

|                              |                            |
|------------------------------|----------------------------|
| <b>Ethical review</b>        | Positive opinion           |
| <b>Status</b>                | Recruitment stopped        |
| <b>Health condition type</b> | -                          |
| <b>Study type</b>            | Observational non invasive |

## Summary

### ID

NL-OMON23082

### Source

NTR

### Brief title

METHOD

### Health condition

deteriorating patient; medical emergency team; outcome

## Sponsors and support

**Primary sponsor:** "The METHOD study investigators"e.g.\* Jonathan Barnard-Smith, Central Manchester University Hospitals, Manchester, UK \* Daryl Jones, Austin Hospital, Melbourne, Aus\* Rinaldo Bellomo, Austin Hospital, Melbourne, Aus\* Geoff Lighthall, Stanford University Hospital, Palo Alto, Ca, USA\* Lesley Durham, Director North of England Critical Care Operational Delivery Network, UK\* John Welch, University College Hospital, London, UK\* Ralph So, Albert Schweitzer Hospital, Dordrecht, the Netherlands\* Chris Subbe, Ysbyty Gwynedd, Bangor, Wales, UK

**Source(s) of monetary or material Support:** selffinanced

## Intervention

## Outcome measures

### Primary outcome

- \* 24-hour mortality
- \* number of intensive care unit (ICU) admissions
- \* number of urgent transfer to the operating room (OR)
- \* number of use of limitations of therapy orders

### **Secondary outcome**

- \* 30-days mortality

## **Study description**

### **Background summary**

Patients admitted to hospital wards have increasingly complex conditions and multiple co-morbidities. Rapid Response Teams (RRTs) and similar services have been introduced in order to identify, review and treat at-risk and deteriorating ward patients in an attempt to reduce serious adverse events, cardiac arrests, and unplanned admissions to the intensive care unit (ICU).

Most of the literature related to RRT calls evaluates the effects of introducing a RRT on the outcomes of all hospitalized patients. Much less information exists on the epidemiology of the group of patients subject to RRT review. A small number of studies have assessed the triggers for RRT calls. Less information exists on the interventions performed by the RRT, and the immediate outcomes of patients after RRT review. There is also no information on how patient outcomes after RRT review may vary between countries. This information is important, as patients subject to RRT review have an in-hospital mortality rate in the order of 20%.

The purpose of this study was to examine the short-term (24 hours) outcome of patients triggering RRT review. Specifically, we examined the proportion of patients who died, were admitted to ICU or were transferred to the operating room. Moreover, we assessed whether there were new limitations of medical treatment order were applied, and whether the patient's physiological condition had improved or not. Finally, we assessed variations in such outcomes between different hospitals internationally.

Countries: UK, the Netherlands, Danmark, USA, Australia

## **Study objective**

Patients subject to MET review have a high in-hospital mortality (20%). Thus, understanding the outcome of patients within the first 24hr of MET review is important in developing quality improvement and interventional studies to reduce this mortality. The present study will provide an initial analysis of these outcomes, and the inter-hospital variability of them.

## **Study design**

Collection of patient data at the time of and 24 hours following MET review.

## **Intervention**

Collection of patient data at the time of and 24 hours following MET review.

## **Contacts**

### **Public**

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## **Eligibility criteria**

### **Inclusion criteria**

Participants will include all adult clinically admitted patients, who are subject to MET review over a month period in the participating hospitals.

## Exclusion criteria

< 18 years

## Study design

### Design

Study type: Observational non invasive

Intervention model: Other

Allocation: Non controlled trial

**Control:** N/A , unknown

### Recruitment

NL

Recruitment status: Recruitment stopped

Start date (anticipated): 01-02-2016

Enrollment: 1000

Type: Actual

### IPD sharing statement

**Plan to share IPD:** Undecided

## Ethics review

Positive opinion

Date: 23-12-2015

Application type: First submission

## Study registrations

**Followed up by the following (possibly more current) registration**

No registrations found.

## Other (possibly less up-to-date) registrations in this register

No registrations found.

## In other registers

| Register | ID   |
|----------|--|
| NTR-new  | NL5418   |
| NTR-old  | NTR5535  |
| Other    | METC WOAC Albert Schweitzer Hospital Dordrecht : 2015.91 |

## Study results

### Summary results

So RKL, Bannard-Smith J, Subbe CP, Jones DA, van Rosmalen J, Lighthall GK; METHOD study investigators. The association of clinical frailty with outcomes of patients reviewed by rapid response teams: an international prospective observational cohort study. Crit Care. 2018 Sep 22;22(1):227. doi: 10.1186/s13054-018-2136-4. PMID: 30241490; PMCID: PMC6151016.