MET Calls; Does Pharmacy Answer?

Pharmacist Contribution to Patient Care Around Time of MET Call.

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BACKGROUND

While Medical Emergency Team (MET) calls have been a standard of practice in most Australian hospitals for the better part of 20 years, pharmacists at our site don't attend MET calls and there was interest in exploring their contribution to patient care during these situations.

AIM

- To review medication related MET calls to determine current pharmacist contribution at this point in care.
- To explore current review of medications and documentation by the pharmacist around the time of a MET call as well as opportunities for pharmacist MET call involvement.
- To identify medication classes contributing to MET calls as well as potential future staff educational targets around medications and MET calls.

METHODS

A retrospective medical record review of medical and surgical patients recorded in Riskman2® as having a MET call over a six-month period was conducted.

Data collected included:

- Medications potentially causing or contributing to the call
- Documentation of pharmacist recognition of the MET call.
- Time from MET call to pharmacy review.
- Subsequent medication management actions.

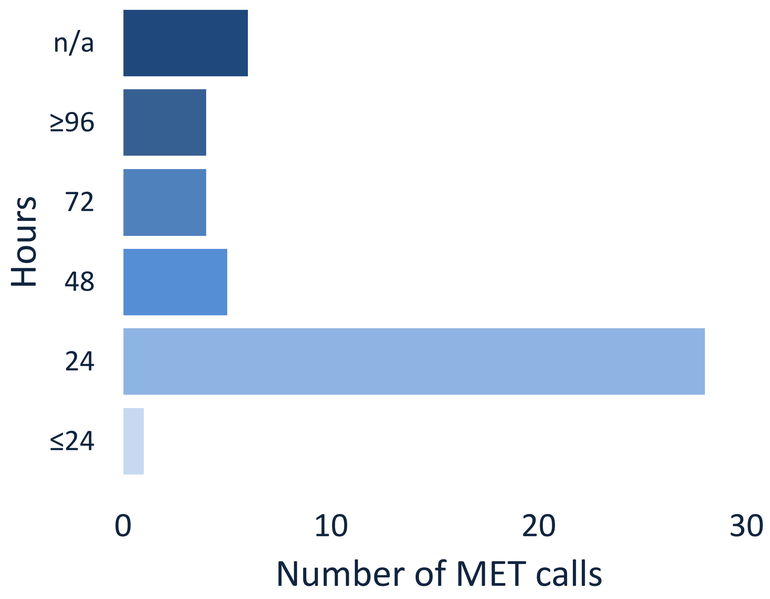
Patients in the emergency department and ICU were excluded due to the altered documentation of MET calls in these areas.

For the purpose of measurement, 'pharmacist review' included the medication order annotated and signed by a pharmacist, the daily review section of the medication charted being signed, the medication management plan (MMP) updated with medication changes or issues arising, or the MET call documented on the MMP.

KEY RESULTS

- 48 MET calls in 6 months
- 60% Pharmacist review within 24 hours
- 13 medication related MET calls
- 16% Changes to medication recorded
- 12.5% MET calls recorded on MMP

Graph 1: Time to Pharmacist Review



n/a – patient discharged or deceased prior to opportunity for pharmacy review

OTHER RESULTS

- Time to pharmacist review after MET call is shown in Graph 1.
- There was no clear process identified for pharmacist medication review after a MET call.
- Pharmacist documentation of the MET call and medication changes was not sufficient for most patients.
- Ketamine, benzodiazepines and anti-epileptics were medications commonly prescribed around the time of MET calls. Delayed antibiotics, refused medications, patients at high risks of falls, medication titration and polypharmacy were other contributing factors.
- For 13 MET calls, medications were the most likely cause; including a call for seizure in an epileptic patient who had refused all medication for the 24 hours prior. The remaining 35 cases were a mix of factors and there was difficulty in determining a medication as the single causative agent.

CONCLUSION

This review suggested more clarity is required about the role of the pharmacist following a MET call, and greater consistency could contribute to reduced risk and improvement of patient care. The pharmacist is in a position to identify if critical medications are being given, or if a patient is on medications that may increase the risk of a MET call. Although most MET calls were not clearly medication related, some classes of medication were identified as commonly contributing and education can be provided around these.

WHERE TO FROM HERE

This review identified a number of gaps in current practice. Next steps include a follow up pharmacist survey to understand why these practice gaps occur and to identify further areas to focus clinical education and training. Education, in combination with the development of appropriate clinical pharmacist guidelines for the role of pharmacists in MET calls, may improve the pharmacist contribution to MET calls.

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