How preventable are MET calls at end of life?

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RESEARCH WEEK
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Background

A considerable proportion of medical emergency team (MET) calls involve dying patients. Little is known regarding the quality of care for these patients and whether MET involvement in a dying patient is preventable.

Aims

To analyse a cohort of patient deaths at a metropolitan teaching hospital and compare the characteristics of those patients who received a MET review during their last admission with those who did not.

Methods

A retrospective analysis was conducted of all deaths occurring on general wards during 2022. Patients admitted for palliative care, cared for solely in the intensive care unit or emergency departments were excluded. Demographics, co-morbidities, frailty scores and resuscitation status were ascertained. For the patients who had a MET call during their last admission the number and aetiology of calls, intensive care unit (ICU) admission and time between last MET review and death were also recorded.

Results

- 568/605 (93.9%) deaths on Northern Hospital general wards analysed, **320** (**56.3**%) had a **MET call**
- 643 MET calls in these patients
  - Over **75%** were one of **hypoxia, hypotension, tachypnoea** or **worry**
  - 28 (**8.8%**) admitted to **ICU**
  - 154 (48.1%) had multiple MET calls
- Patients who **did not have a MET** review on final admission (248)
  - **More likely for ward-based care only** on previous GOPC (p = 0.001)
  - **Higher rate of terminal care on admission GOPC** (p = 0.01)
- **MET review** on final admission (320)
  - More likely to have **no prior treatment limitations** (p = 0.022)
  - **Higher** rate of **no limitations** (p= 0.02) or for consideration of ICU (p=0.01)
  - **Shorter** median **time** between **final documented GOPC & death** (p=0.01)

Conclusions

Over half the patients who died on general wards had a MET call. These patients often had multiple reviews, were less likely to have treatment limitations and may have had delayed transition to comfort care.