

Letter

Medical emergency teams and rapid response triggers - the ongoing quest for the 'perfect' patient safety system

Philip F Stahel¹ and Philip S Mehler²

¹Department of Orthopaedic Surgery, and Department of Neurosurgery, Denver Health Medical Center, University of Colorado Denver, School of Medicine, Bannock Street, Denver, CO 80204, USA

²Department of Patient Safety and Quality, and Department of Internal Medicine, Denver Health Medical Center, University of Colorado Denver, School of Medicine, Bannock Street, Denver, CO 80204, USA

Corresponding author: Philip F Stahel, philip.stahel@dhha.org

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See related research by Iyengar *et al.*, <http://ccforum.com/content/13/4/R126>

We read with interest the article by Iyengar and colleagues [1] on the impact of standardized implementation of medical emergency teams (METs) for the early identification and management of acutely deteriorating patients on the ward. The vast majority (88%) of all preventable adverse events were classified as 'therapeutic errors'. The authors have to be commended for their proactive patient safety approach by implementation of a standardized method for root cause analysis and classification of preventable adverse events.

We and others have recently proposed an alternative model to the MET, namely one based on defined clinical triggers to initiate a rapid response escalation [2-4]. A clinical triggers system overcomes the 'classic' limitations of the MET system, as related to an overuse of resources and the fragmentation of patient care. The clinical triggers program established at Denver Health Medical Center involves a standardized 'afferent' limb of patient identification based on objective, physiological response triggers for a rapid response escalation. The 'efferent' limb is provided by the designated primary house staff team caring for the individual patient [2,3].

While the present study [1] was not designed to address issues related to response system modalities, the root cause analysis by Iyengar and colleagues supports the rationale of a clinical triggers-based response system. As such, the therapeutic errors identified as the major determinant of preventable adverse events [1] are likely recognized and corrected in a more accurate and timely fashion by a team of providers associated with the continuum of care, as opposed to a MET, which involves people who are unfamiliar with patients' pertinent medical conditions. These aspects should be taken into consideration in the ongoing debate and

controversy about safety and efficiency of the 'perfect' rapid response system [5].

Authors' contributions

Both authors contributed equally to the design and writing of this letter.

Competing interests

The authors declare that they have no competing interests with regard to this manuscript.

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