

Book report

Medical emergency teams: implementation and outcome measurement

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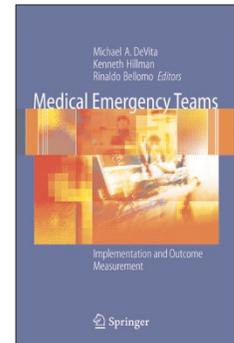
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Technical advances in critical care medicine have seen the rapid development and expansion of the specialty. Inevitably, this has created a dichotomy between the standards of care in the intensive care unit and those on general wards. To redress this balance, teams of staff trained in critical care have been established in some institutions to deliver critical care throughout the hospital regardless of geographical location. The medical emergency team (MET) is one approach to this problem. It is reported that other initiatives such as the establishment of trauma teams took up to 10 years to prove a reduction in morbidity and mortality. It is therefore forecast that the MET will over time become established practice, improving the quality of care for the patients it serves.

The aim of this book is to provide a manual describing the approach to creating a MET service and evaluating its performance. The book presents a comprehensive overview of the concept, including the theoretical underpinnings and key drivers to maximise patient safety while identifying factors that threaten. The pragmatics of establishing a service that challenges the traditional boundaries of hospital care are also explored. The editors and contributors include many of the pioneers of this concept. As such they are better qualified than any others to produce such a book.

Examples from practice are frequently cited from a global perspective. There is a general consensus that a MET should be pre-emptive and that certain quality indicators should therefore be audited to determine its success. Contributors openly highlight the barriers to establishing such a team, such as issues of hospital culture and ownership of care. Aside from the clinician's perspective, the hospital administrator's

views and the cost effectiveness of the MET are also considered.

Chapters are self-sufficient units that each review one aspect of the MET. For this reason there is some repetition across the chapters. Perhaps a slight oversight has been not to explore the allied health care professional's view, because such staff frequently interact with METs and in certain circumstances are recruited to be an active MET member. Such a handbook will require periodic updating to ensure that the evaluation of the impact and future developments of METs is secured. Although this book is not essential reading for every member of the critical care team, it is an important guide to the dos and don'ts of establishing a MET.

Competing interests

The authors declare that they have no competing interests.

MET = Medical Emergency Team.