

**Prognostic characteristics of a Medical
Emergency Team population with a
known life limiting illness.**

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Introduction

- Conflicting evidence on MET effectiveness
 - Reduction in arrests, unanticipated ICU admissions and mortality
 - Multi-centre studies fail to demonstrate this
- SUPPORT Study
 - 4804 patients with advanced disease
 - Failed to improve care or patient outcomes
- No studies assessing outcomes or symptom issues in patients with life-limiting illness.

Support Investigators *A controlled Trial to Improve Care for Seriously Ill Hospitalized Patients*. JAMA, 1995. 274(20): p. 1591-1598.

Study Details

- Retrospective cross sectional review (81 pts)
- **Inclusion Criteria**
 - ≥ 18 yrs, MET call during July/August 2008
- **Exclusion Criteria**
 - MET for obstetric complications, in mental health unit or trauma pts without pre-existing co-morbidities
- **Data Collected**
 - demographics, admission type and diagnosis, co-morbidities, prognostic variables, symptoms, MET details (reason for, intervention and outcomes), goals of care, discharge destination

Study Setting

■ Nepean Hospital

- 420 bed tertiary referral hospital in Western Sydney
- All services except cardiac surgery, transplant surgery and immunology
- 21,000 admissions annually
- 750 MET calls annually
- 18 bed ICU/HDU

Demographics

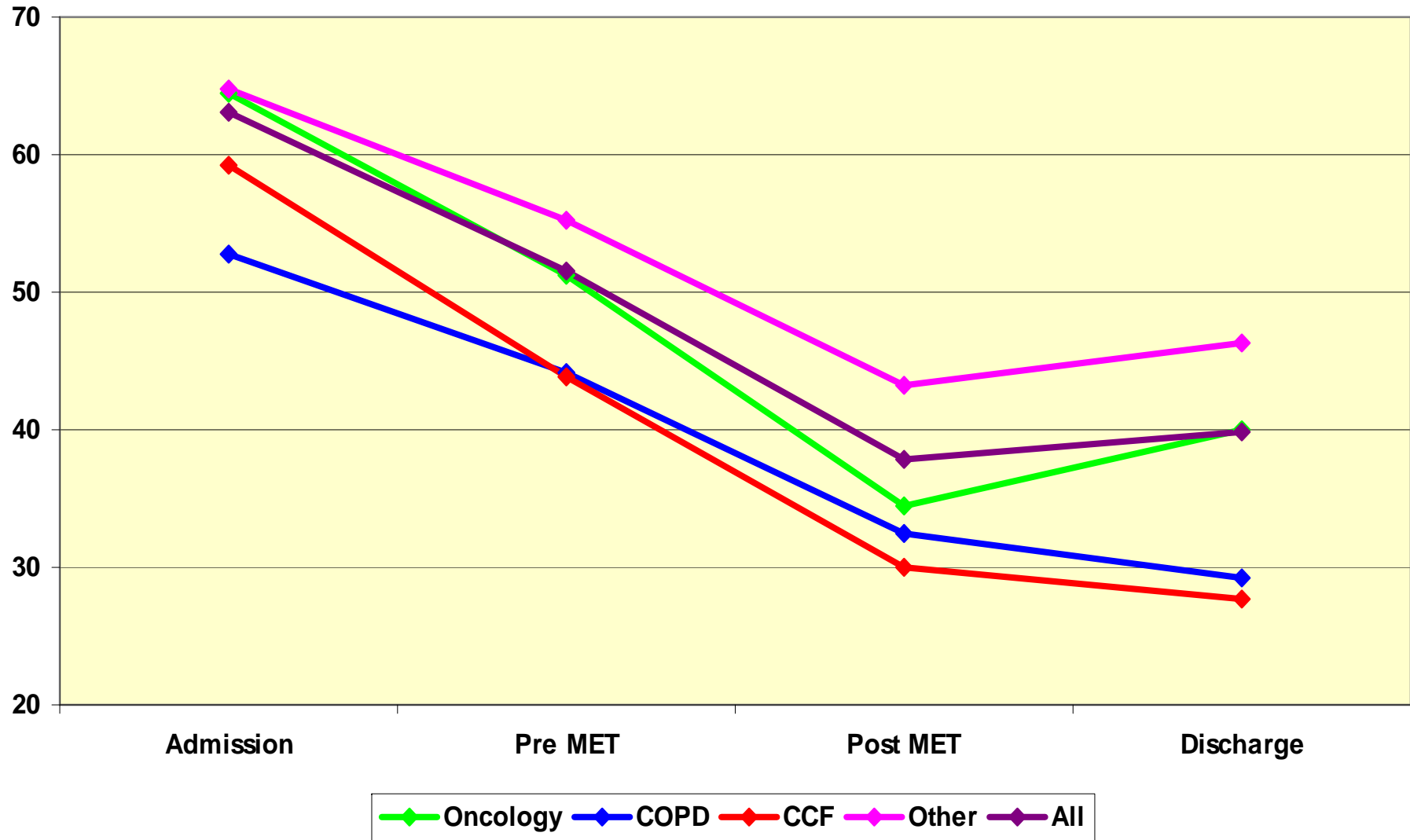
Age	Mean, range	68 (18-97)
Gender	Male	44 (54%)
Admission Type	Medical	55 (68%)
	Surgical	26 (32%)
Admission Dx	Resp Infection	11 (14%)
	Musculoskeletal	10 (12%)
	Gastrointestinal	9 (11%)
Comorbidities	Oncology	24 (30%)
	COPD	12 (15%)
	CCF	13 (16%)
	Diabetes	18 (22%)
	CRF	23 (28%)

Prognostic Variables

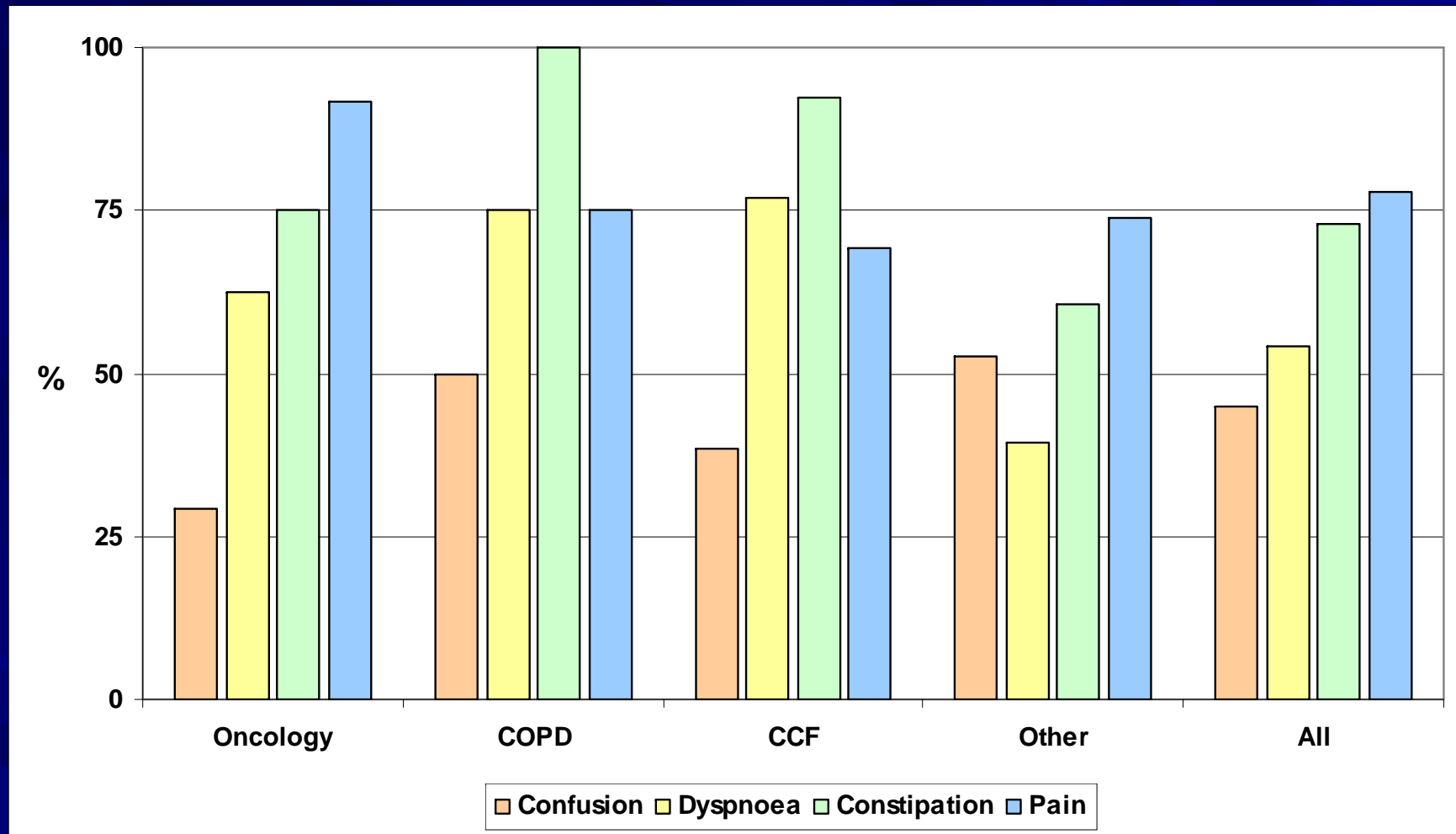
- **Oncology** (24 pts, 3.9 co-morbidities)
 - 42% early, 58% advanced disease,
- **COPD** (12 pts, 5.7 co-morbidities)
 - 11 pts >65yrs, 4 home oxygen, 4 steroids, 3 both
 - BMI not recorded, FEV1 in 1 pt only
 - Admission ABG: 4/5 abnormal, MET ABG: 6/7 abN
- **CCF** (13 pts, 6.5 co-morbidities)
 - 10 pts >60yrs, average LVEF 43%, NYHA 3-4 4/7, 3 diabetic, 2 insulin, admission SBP<100 in 4 pts, Sodium normal, Cr elevated in at least 80% pts

NB: 2 pts with COPD/CCF, 2 pts with Onc/COPD, 1 pt with Onc/COPD/CCF

Performance Status



Symptom Burden



MET Outcomes

Cardiac Arrest	10 (12%) 60% had life-limiting Dx
ICU Transfer	10 (12%) 60% had life-limiting Dx
Death	3 (4%) 67% had life-limiting Dx

Oncology Outcomes (24pts)

Cardiac Arrest	4 (17%)
ICU Transfer	4 (17%)
Death at MET call	1 (4%)
Death during admission	6 (25%)
Discharged Home	13 (54%)
Discharge to Hosp.	5 (21%)

COPD Outcomes (12pts)

Cardiac Arrest	1 (8%)
ICU Transfer	0
Death at MET call	0
Death during admission	5 (42%)
Discharged Home	5 (42%)
Discharge to Hosp.	2 (17%)

CCF Outcomes (13pts)

Cardiac Arrest	2 (15%)
ICU Transfer	2 (15%)
Death at MET call	1 (4%)
Death during admission	6 (46%)
Discharged Home	6 (46%)
Discharge to Hosp.	1 (8%)

Outcomes

	Died	NFR Documented
Oncology	6/24 (25%)	4 (67%)
COPD	5/12 (42%)	3 (60%)
CCF	6/13 (46%)	3 (50%)
Other	7/38 (18%)	5 (71%)
All	22/81 (27%)	13 (59%)
Diabetes	8/18 (44%)	5 (63%)
CRF	11/23 (48%)	5 (45%)

Discussion

- Sick patients with multiple co-morbidities and symptom issues.
- Outcomes are therefore not unexpected.
- Would you be surprised if your patient died in the next 12 months?
- There is evidence that patients want to discuss their prognosis and resuscitation preferences
- There is room for improvement in goals of care discussions and symptom recognition and management.