

An Acute Problem?

The intensive care perspective

***'Rein n'a changé, et pourtant,
toute est différent'***

Georges Moustaki – French singer / songwriter



***“Nothing has changed, but for
all that, everything is different”***

Georges Moustaki – French singer / songwriter

Papers

Confidential inquiry into quality of care before admission to intensive care

Peter McQuillan, Sally Pilkington, Alison Allan, Bruce Taylor, Alasdair Short, Giles Morgan, Mick Nielsen, David Barrett, Gary Smith

Abstract

Objective: To examine the prevalence, nature, causes, and consequences of suboptimal care before admission to intensive care units, and to suggest possible solutions.

Design: Prospective confidential inquiry on the basis of structured interviews and questionnaires.

Setting: A large district general hospital and a teaching hospital.

medical emergency teams, and widespread debate on the structure and process of acute care.

Introduction

Seriously ill patients may be identified by the clinical signs of life threatening dysfunction of the airway, breathing, or circulation, but these may be missed, misinterpreted, or mismanaged by clinicians of all grades. Avoidable components therefore contribute to physio-

*Editorial by
Garrard and Young*

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Sample size

– what went wrong?

The image features a stack of several light blue, semi-transparent papers or documents, slightly offset from each other, creating a sense of depth. The papers are set against a darker blue background. In the center of the topmost paper, the text "Advisors or Assessors?" is written in a bold, black, sans-serif font.

Advisors or Assessors?

`Advice is what we ask for when we already know the answer but wish we didn't.

– **Erica Jong**

- **Their role was to review case records and comment**
- **Advice; *guidance or recommendations offered with regard to future action* (Oxford English Dictionary)**
- **Review; *a formal assessment of something with the intention of instituting change if necessary***
- **Assess: *evaluate or estimate***
- **Advisors involved in planning study?**

Non-survivor cohort

- Missed detailed information from notes of survivors (the largest proportion)**
- May / may not be representative of total**

Non-participation of ICUs

- Why did so many units not participate?**

'Just because something doesn't do what you planned it to do doesn't mean it is not useful'

A. Edison (1847 - 1931)



1 ☆ 2 ☆ 3 ☆ 4 ☆ 5 ☆ 6 7 ☆ 8 ☆ 9 ☆ 10 ☆ 11 ☆

13 ☆ 14 ☆ 15 ☆ 16 ☆ 17 ☆ 18 ☆ 19 ☆ 20 ☆ 21 ☆ 22 ☆ 23 ☆

25 ☆ 26 ☆ 27 ☆ 28 ☆ 29 ☆ 30 ☆ 31 ☆ 32 ☆ 33 ☆ 34 ☆ 35 ☆

37 ☆ 38 ☆ 39 ☆ 40 ☆ 41 ☆ 42 ☆ 43 ☆ 44 ☆ 45 ☆ 46 ☆ 47 ☆

49 ☆ 50 ☆ 51 ☆ 52 ☆ 53 ☆ 54 ☆ 55 ☆ 56 ☆ 57 ☆ 58 ☆ 59 ☆

61 ☆ 62 ☆ 63 ☆ 64 ☆ 65 ☆ 66 ☆

	Key Findings	Recommendations
Pre-ICU care	✓	Sold
Patient Observations and Review	✓	Sold
Referral Process	✓	Sold
ICU Admission Process	✓	Sold
Patients who died	✓	Sold
Outreach	✓	Sold
Quality of Medical Records & Audit	✓	Sold
Pathology	✓	Sold

Pre-ICU care

Representative?

- **Severity of pre-ICU illness unknown for 439 patients in non-survivor group**
- **Likely to have been sicker than survivor cohort**
- **Consultant physician input recorded in approximately 10% of non-survivor group**
- **Only in about half of these did a consultant physician review < 24hrs**

- **Poor record-keeping**
- **If 1/10 of this group had incomplete history & examination, what is the 'norm'?**
- **In legal terms, if it is not documented, it did not happen....**

Location of pre-ICU care

- **2/3 of patients in hospital for > 24 hrs had clearly identifiable gross physiological abnormalities for > 12 hrs**
- **Compared with 6% for those < 24 hrs**
- **? A&E / MAU 'safer' than general wards**
- **Don't get sick on a general ward!**

Patient Observations and Review

'Even if you're on the right track, you'll get run over if you just sit there'

Will Rogers (1879 - 1935)

- **4 out of 439 (<1%) had respiratory rate observations ≥ 4 hourly**
- **Why do triggers systems not work?**
- **Inappropriate use / false reassurance of pulse oximetry unsurprising**
- **Outreach contribution uncertain**

***'Much learning does not teach
understanding'***

Heraclitus (540 BC - 480 BC)

Referral Process

'Beware of the young doctor and the old barber'

Benjamin Franklin (1706 - 1790)

- **'Post-take' Ward Round outdated?**
- **'Don't call consultant' culture still exists**
- **'Low' (82%) of review by ICU services prior to admission (not related to day/night)**
- **Over 1/3 of admissions delayed by lack of ICU bed availability**

- **Delay in ICU admission perceived only to have adverse effect only in one patient**
- **Could be either wrong, or good judgement by ICU teams**
- **'Acuity' loss from questionnaire**

ICU Admission Process

***'Equal opportunity means everyone will
have a fair chance at being incompetent'***

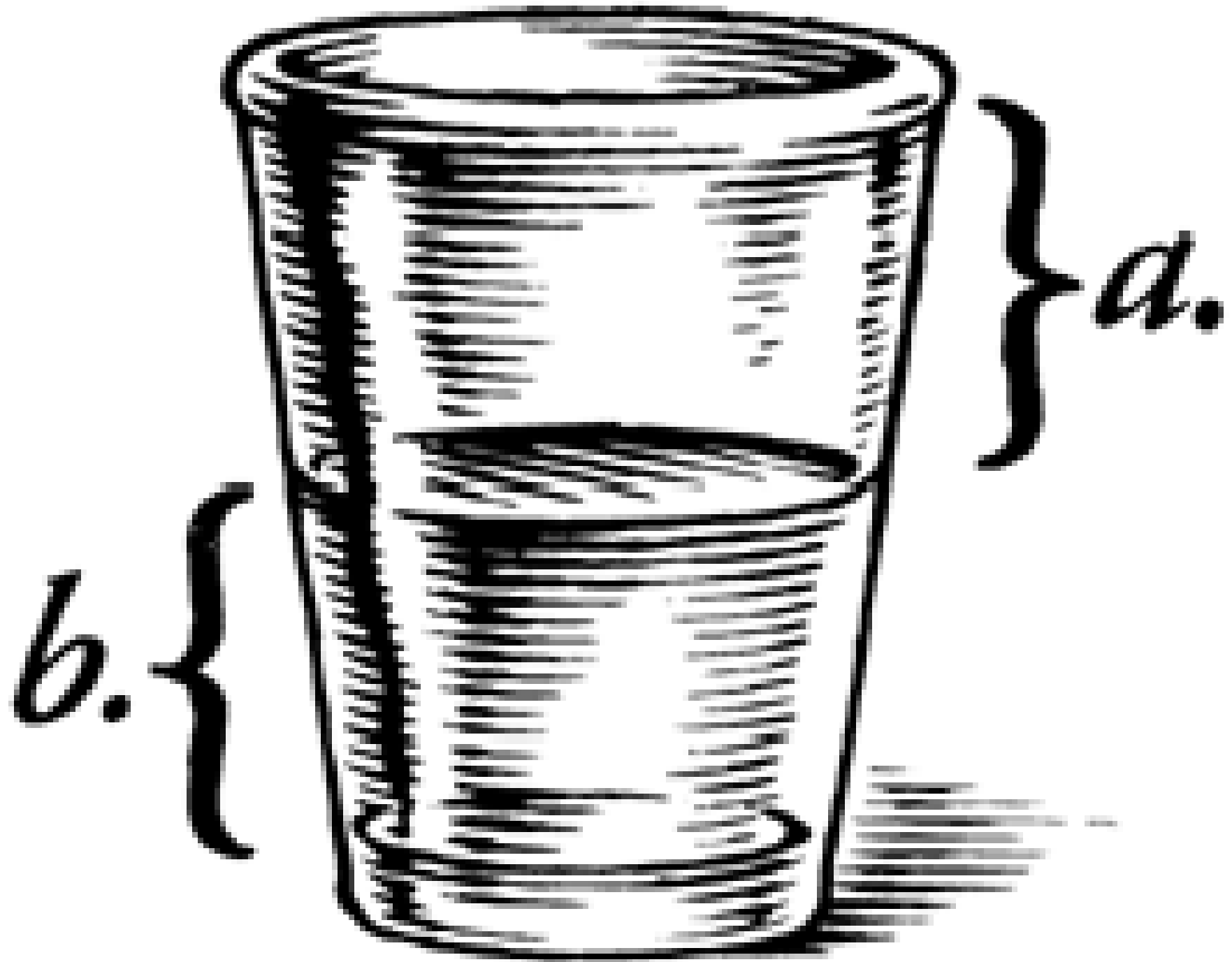
Laurence J. Peter (1919 - 1988)

- **27% admitted without intensivist involvement (37% overnight)**
- **Approximately 15% referred / admitted by junior trainees**
- **76% reviewed within 12 hours (i.e. 25% not!)**



www.barzelle.it

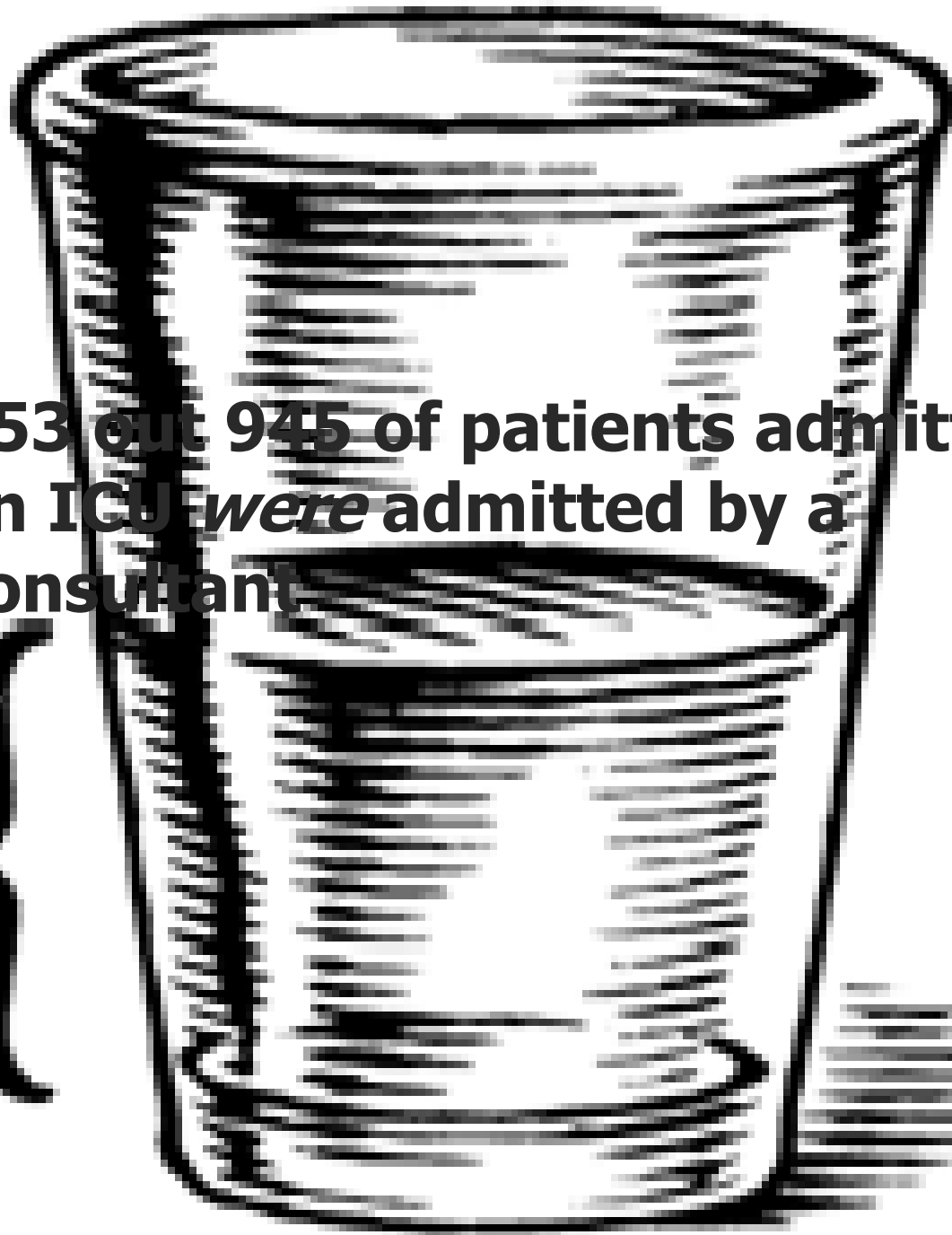




- 653 out of 945 of patients admitted to an ICU *were* admitted by a consultant

b.

a.



***'One never notices what has been done;
one can only see what remains to be done'***

Marie Curie (1867 - 1934)

Patients who died

'Learning is not compulsory... neither is survival'

W. Edwards Deming (1900 - 1993)

Inappropriate ICU Admissions

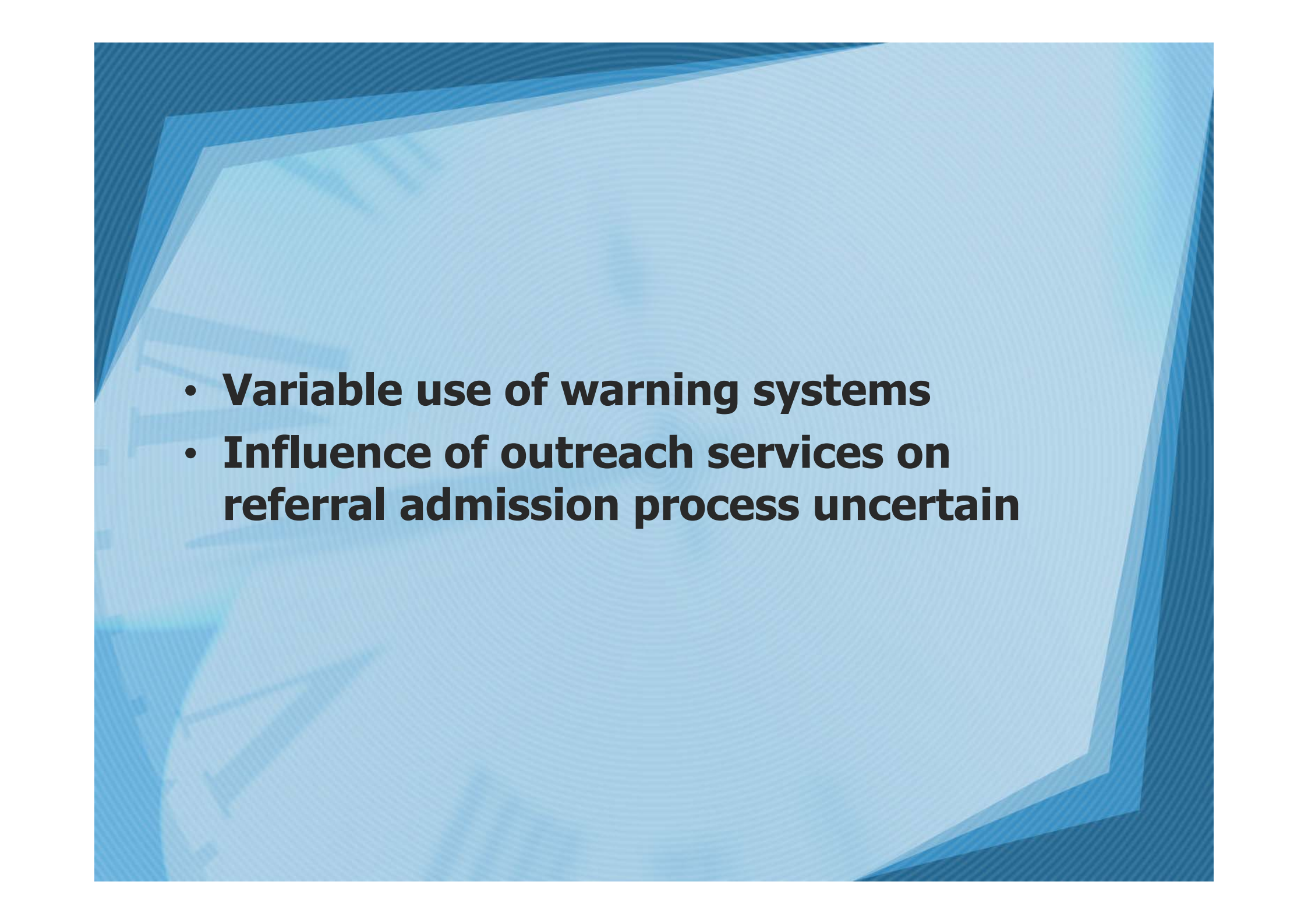
- **8% inappropriate (poor predicted outcome) - but 92% appropriate!**
- **71% patients expected to die referred by non-consultants**
- **Consultant involved / aware in only 40% of these**
- **23% of patients expected to die admitted to ICU without intensivist involvement**

- **22% referrals not timely**
- **21% admissions considered avoidable**
 - **better care**
 - **treatment limitation order**
- **Serious concerns about**
 - **'ABC' management**
 - **ability to seek advice**
 - **appreciation of clinical urgency**
 - **supervision**

Outreach

'Give us the tools and we will finish the job'

Sir Winston Churchill (1874 - 1965)

- 
- **Variable use of warning systems**
 - **Influence of outreach services on referral admission process uncertain**

Quality of Medical Records & Audit

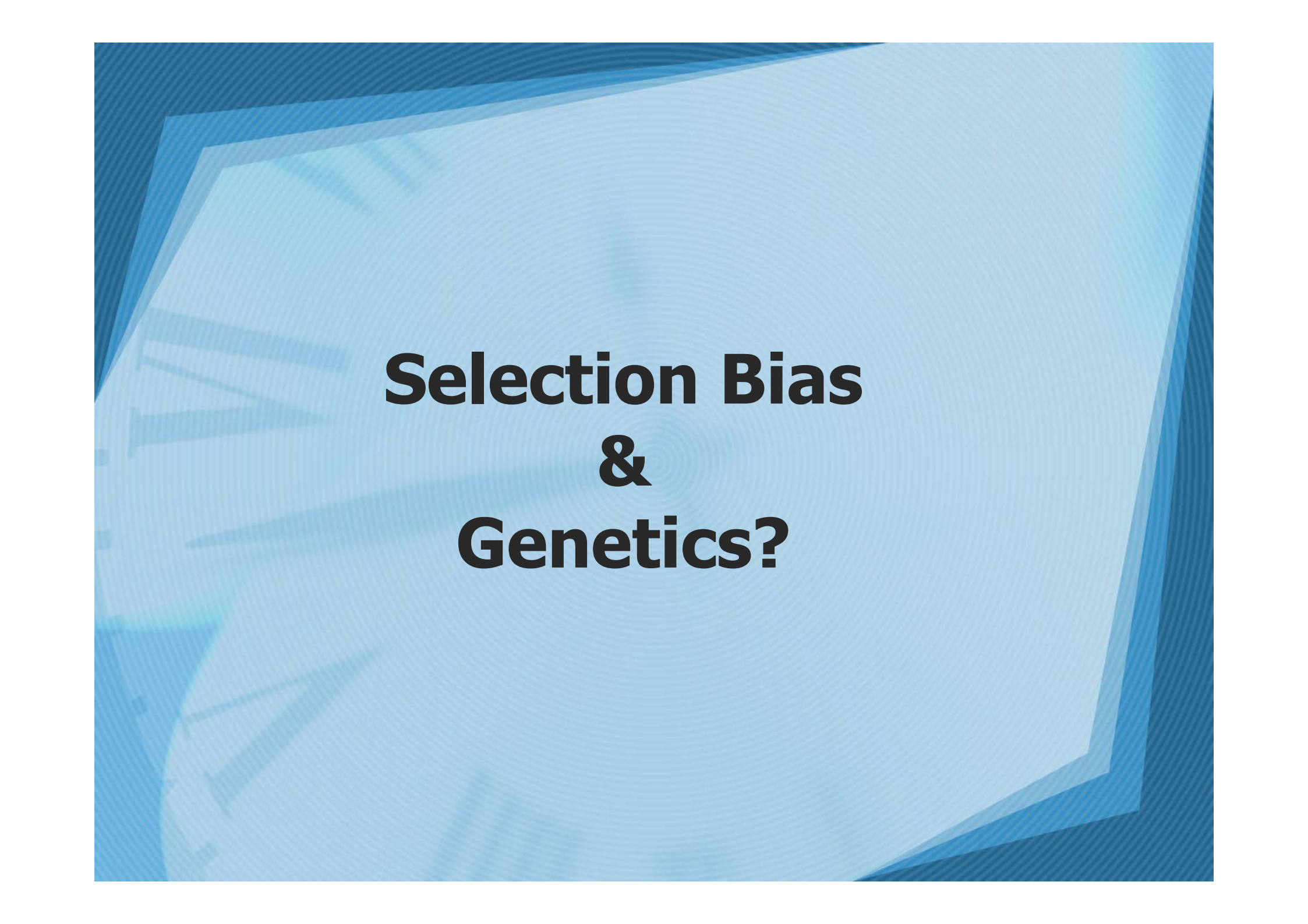


- **'Contact details' – longstanding problem**
- **Resuscitation poorly addressed**
- **'True' multidisciplinary M&M meetings rare**
- **ICU management reviewed at MD M&M in only 20% of cases**
- **Low physician participation**

Pathology



- **How many families refused autopsy?**
- **Echoes clinicians concerns that changes in public opinion have increased difficulty of achieving consent for PM**
- **Coronial PMs often do not investigate issues of interest to intensivists**

The background features a stack of papers in various shades of blue, with a pen resting on the top sheet. The papers are slightly offset, creating a sense of depth. The text is centered on the top sheet.

Selection Bias & Genetics?

• **Medicine**

- **long established speciality**
- **historically 'juniors need to gain experience'**
- **legacy of the multi-skilled senior registrar**
- **slower pace?**
- **more patience?**
- **evolving gradually**

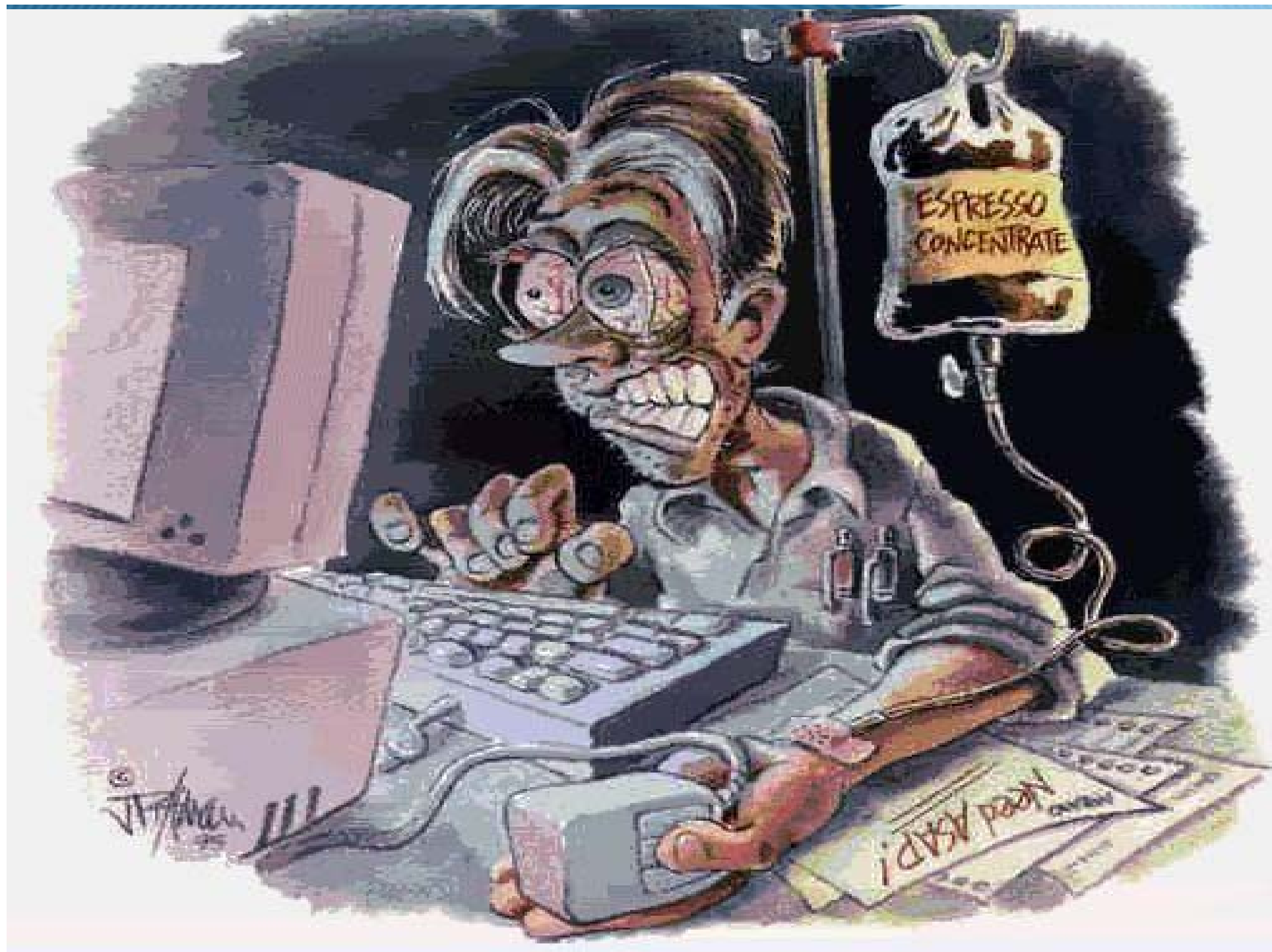
• **Critical care**

- **relatively 'young' speciality**
- **strong influence from anaesthesia background**
- **consultant delivered**
- **practical**
- **'immediate gratification'**
- **impatient**



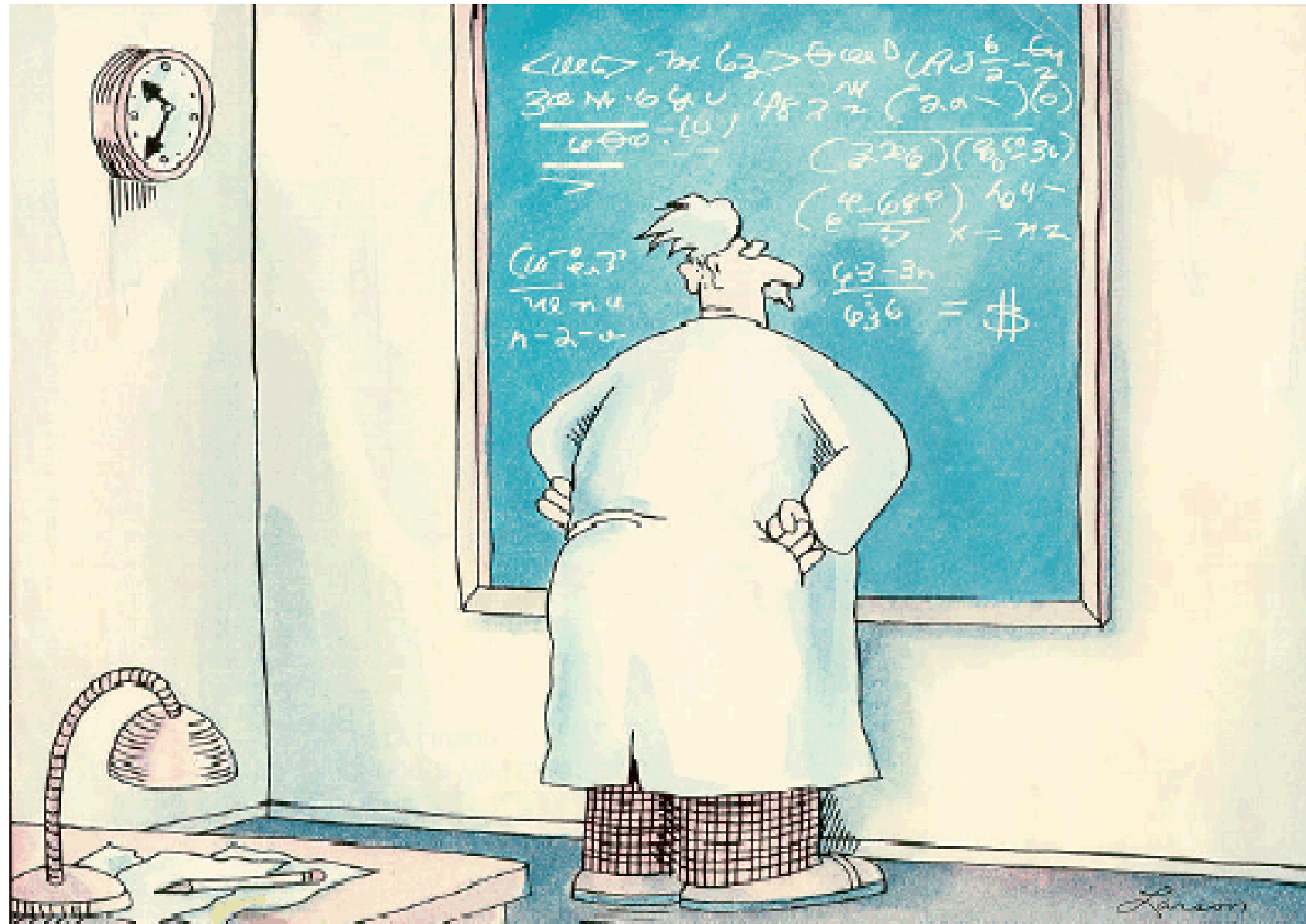


Do it Know!!





Is it a genetics thing?



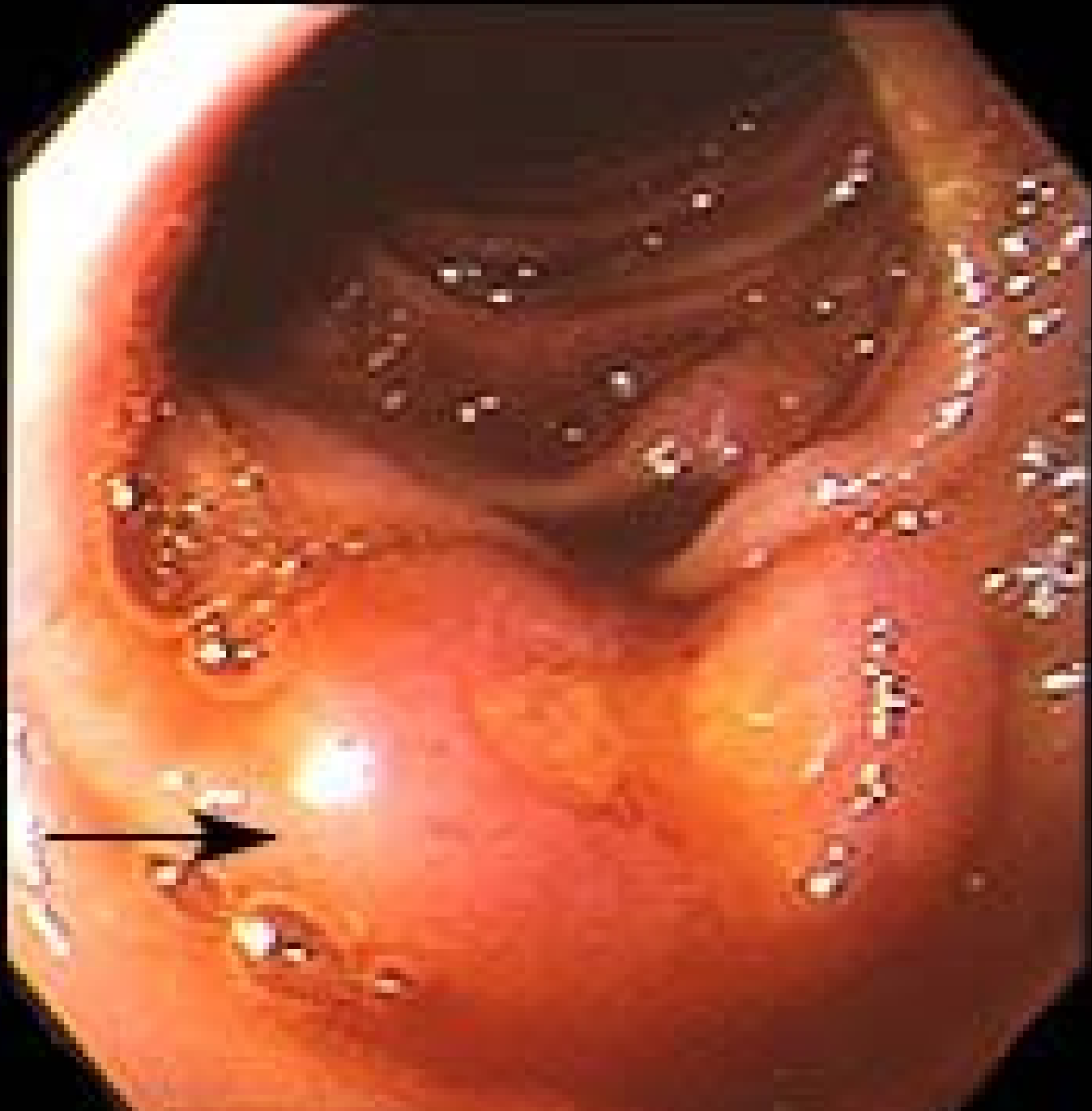
“Einstein discovers that time is actually money” - Gary Larson

Theatre Schedule for Thursday 14/04/2005

Printed 03/05/2005

Endoscopy Room

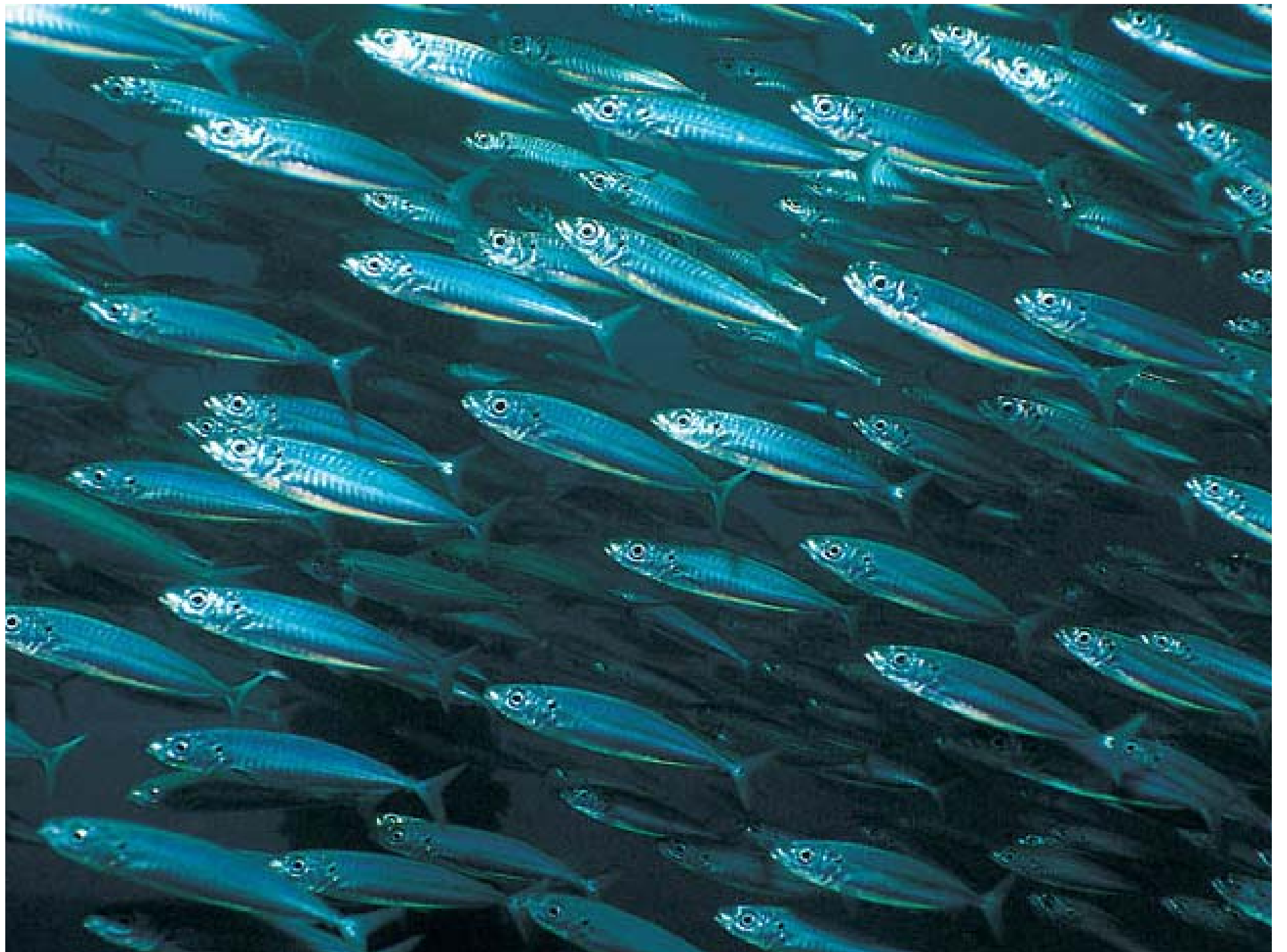
Consultant START TIME	Patient Name Procedure(s)	Anaesthetist Proc Description	Medical Record #	D.O.B.	Age	Sex	Room	
13:00	H2500	FLEXIBLE SIGMOIDOSCOPY + MANUAL EVACUATION G.A.	000049710	04/12/1959	45 y	F	XW2 204	1
13:20	G6500	GASTROSCOPY + BIOPSY	000119200	15/01/1944	61 y	M	XW2 207	1
13:30	G6500	GASTROSCOPY +/- CAUTERISATION SEDATION	000065395	19/03/1921	84 y	F	XW2 211	1
13:45	H2000	COLONOSCOPY SEDATION	000077595	22/05/1921	83 y	M	XW2 212	1
14:15	G6500	GASTROSCOPY SEDATION	000005050	22/04/1944	61 y	F	XW2 214	1
14:30	H2000	GASTROSCOPY + COLONOSCOPY SEDATION	000016724	19/10/1949	55 y	F	XW2 219	1
15:00	G6500	GASTROSCOPY + DUODENAL BX SEDATION	000086310	29/09/1963	41 y	F	XW2 221	1
15:15	H2000	COLONOSCOPY SEDATION	000047485	26/10/1938	66 y	F	XW2 222	1
15:45	H2000	COLONOSCOPY + GASTROSCOPY SEDATION	000138557	14/11/1968	36 y	F	XW2 205	1
16:25	H2000	COLONOSCOPY SEDATION	000139984	28/04/1952	53 y	F	XW2 224	1






Summary

- **Despite criticisms, a very useful study with thought-provoking findings**
- **Even with relatively small numbers conclusions probably valid**







'The important work of moving the world forward does not wait to be done by perfect men'

George Eliot (1819 - 1880)