

Louise Dennington Senior sister Bronte critical care unit





"Has half a million pounds benefited level 2 patients In an Acute Trust?"

Objectives of presentation:

1. Critical care provision in the Trust
2. History of the unit
3. Setting up and opening the unit
4. Results so far!
5. Future plans and lessons learnt.



Critical care provision:

- 9 ICU beds
- 4 CCU beds
- 10 surgical level 2 beds
- 6 medical level 2 beds = 29/538 (5.4 %)



History of the unit.

- Government documents
- Gap in medical provision
- Small Outreach team
- Level 2 audit in medicine
- Business case (inc staffing levels etc)
- Planning and rebuild (MAU)
- Opened 8th November 2007





Setting up and opening the unit.

- £5000,000 rebuild and equipment
- Weekly MDT meetings with project manager
- Recruitment and training
- Building bridges with MAU
- Chasing equipment, orders + consumables
- Organisation of the unit
- Compiling documentation
- Troubleshooting along the way!
- Setting up the unit for the launch!!



What level 2 covers in this unit:

- Arterial/CVP line transduced and full monitoring
- Up to date transportation monitoring
- ECG monitoring





- NIV/CPAP



- Vapotherm



- ABG analysis



- Inotropes

- Long term trache care – NIPPY 3+!

- MDT specialism



Results so far!

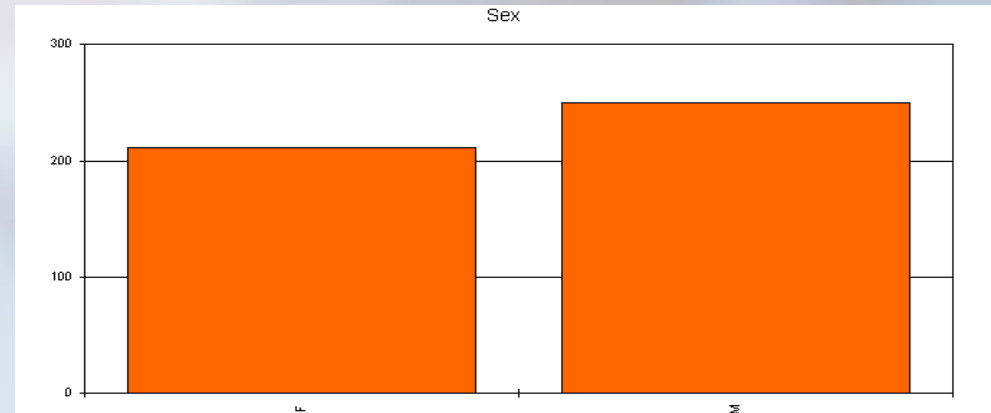
(Data Captured on 'Wardwatcher')

- Total admissions (8.11.07 – 29.8.08)= 462
- 250 (54%) Male
- 212 (46%) Female

- Age Range = 16-93
- Mean Age = 61
- Median Age = 64

- Readmissions = 34

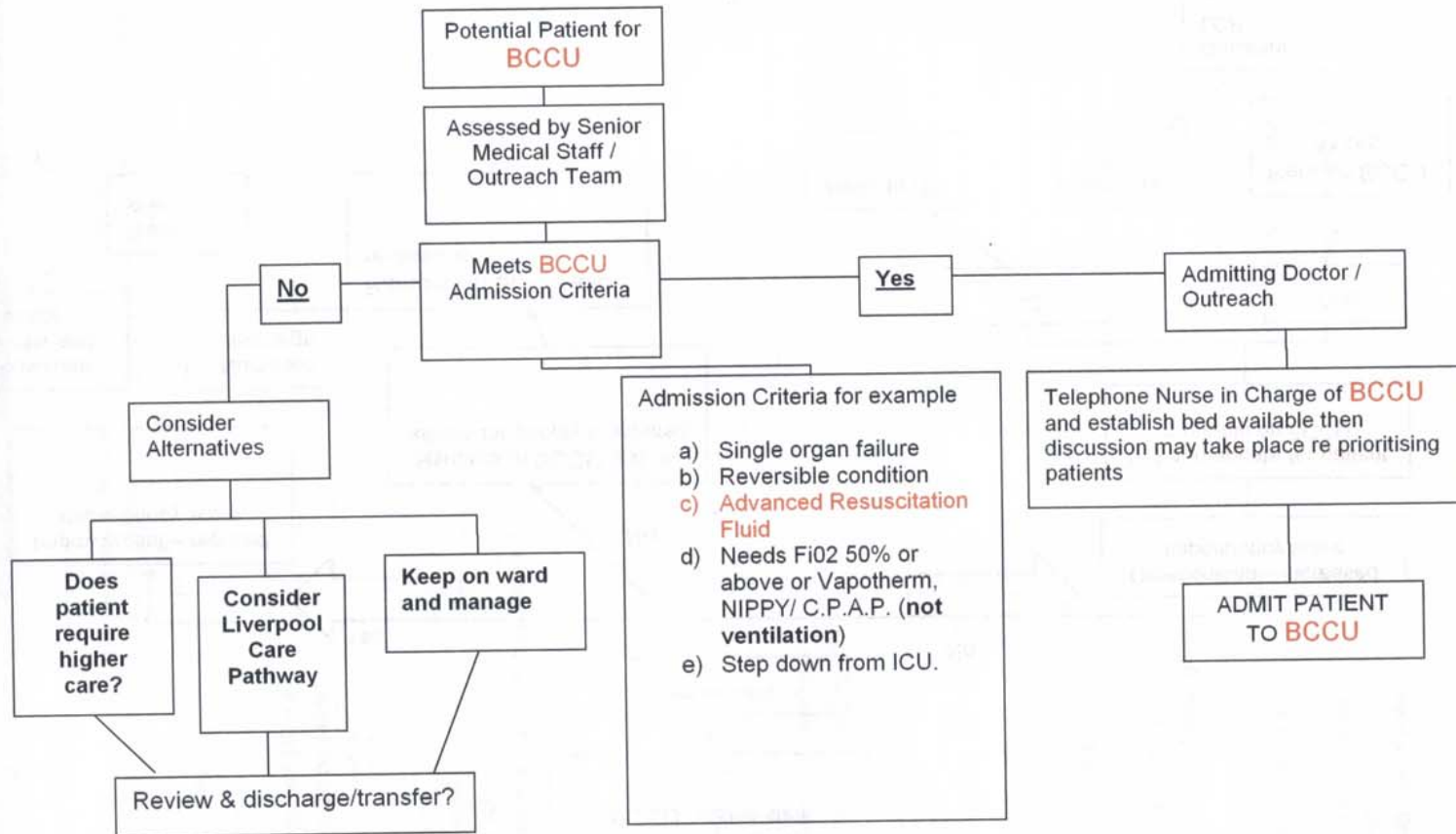
- Inappropriate admissions = 37



MEDICAL HIGH DEPENDENCY UNIT OPERATIONAL POLICY

7 Flowchart – Emergency Elective Admission

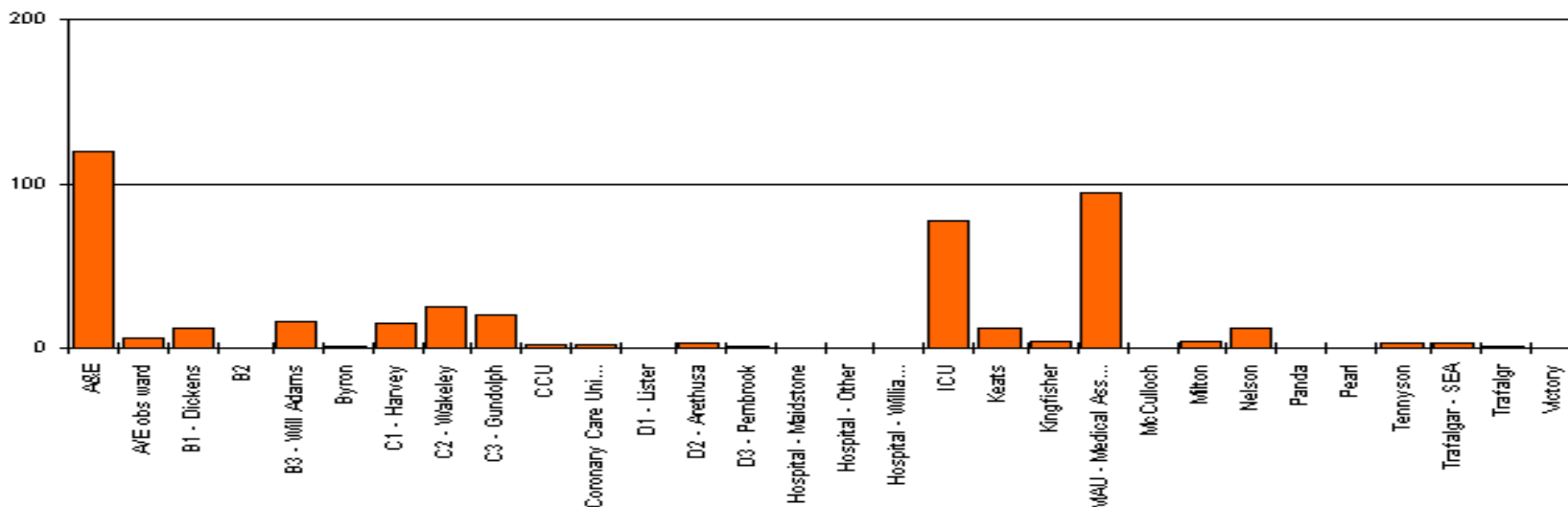
Appendix 1





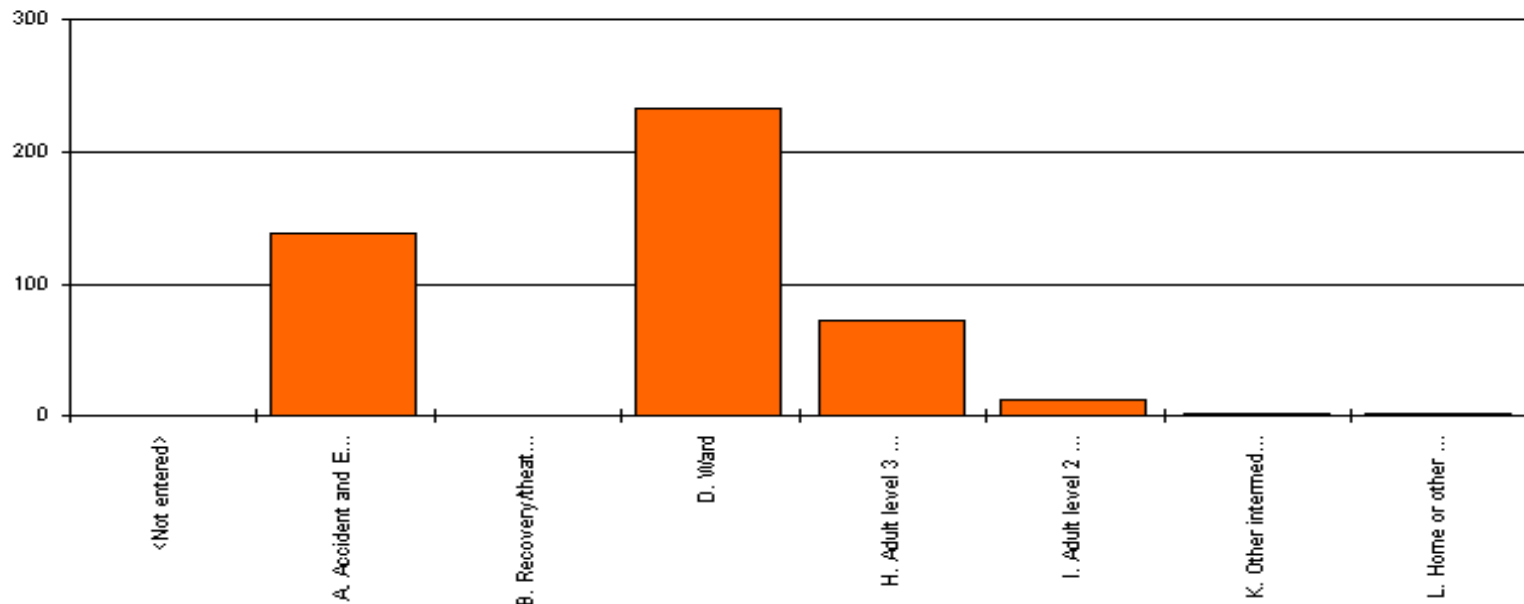
Admitted from (name)	Count	Percent
A&E	120	26%
A/E obs ward	7	1.5%
B1 - Dickens	13	2.8%
B2	1	0.2%
B3 - Will Adams	17	3.7%
Byron	2	0.4%
C1 - Harvey	16	3.5%
C2 - Wakeley	26	5.6%
C3 - Gundolph	21	4.5%
CCU	3	0.6%
D1 - Lister	1	0.2%
D2 - Arethusa	4	0.9%
D3 - Pembrook	2	0.4%
Hospital - Maidstone	1	0.2%
Hospital - Other	1	0.2%
Hospital - Ashford	1	0.2%
ICU	78	16.9%
Keats	13	2.8%
Kingfisher	5	1.1%
MAU -	95	20.6%
McCulloch	1	0.2%
Milton	5	1.1%
Nelson	13	2.8%
Panda	1	0.2%
Pearl	1	0.2%
Tennyson	4	0.9%
Trafalgar - SEA	4	0.9%
Trafalgr	2	0.4%
Victory	1	0.2%

Admitted from (name)

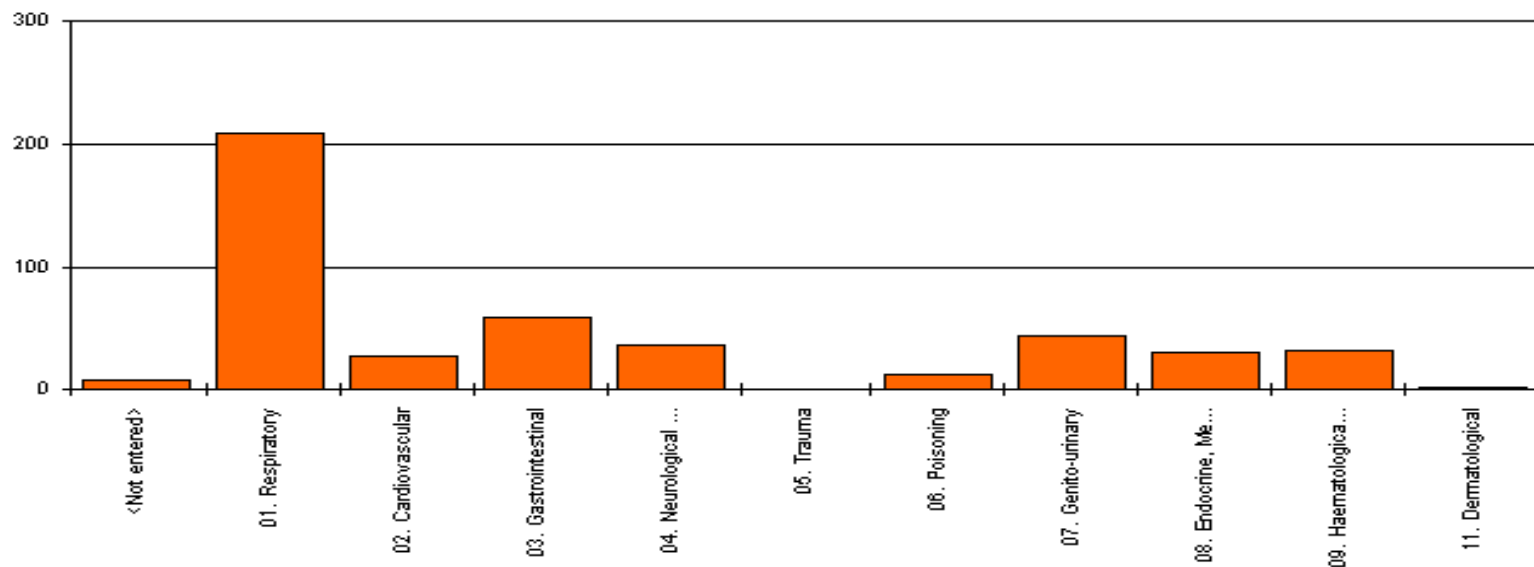




CCMDS Location Source



Primary system

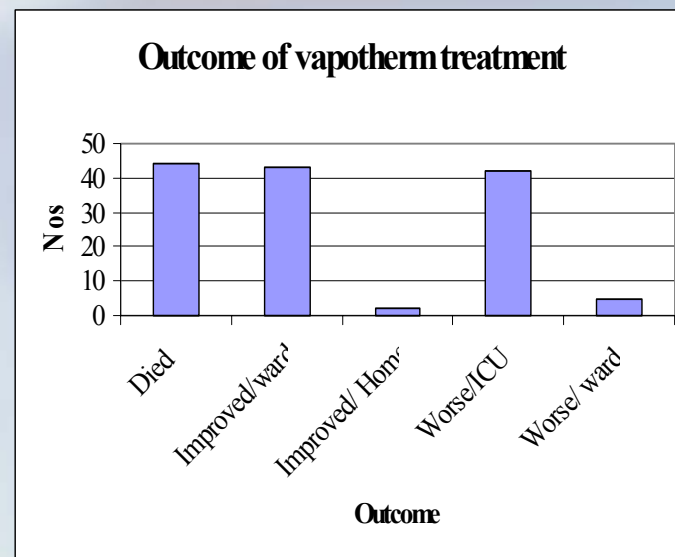
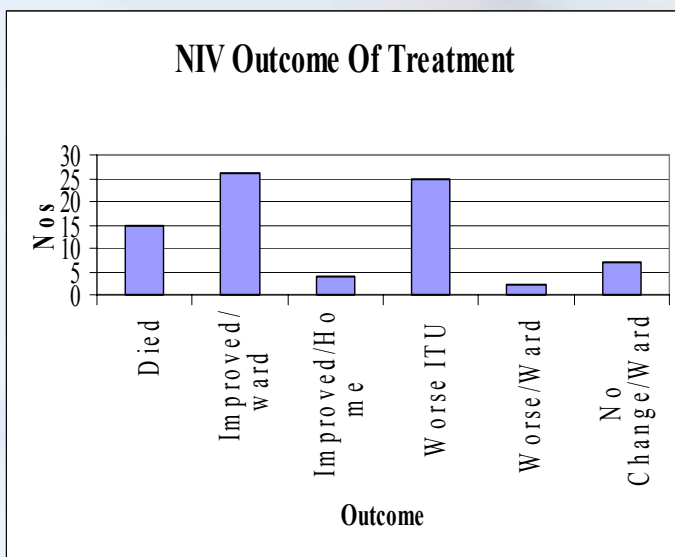




NIV/Vapotherm Uses:

NIV – 55 (12%)

Vapotherm – 94 (20%)



Trust board requirements!

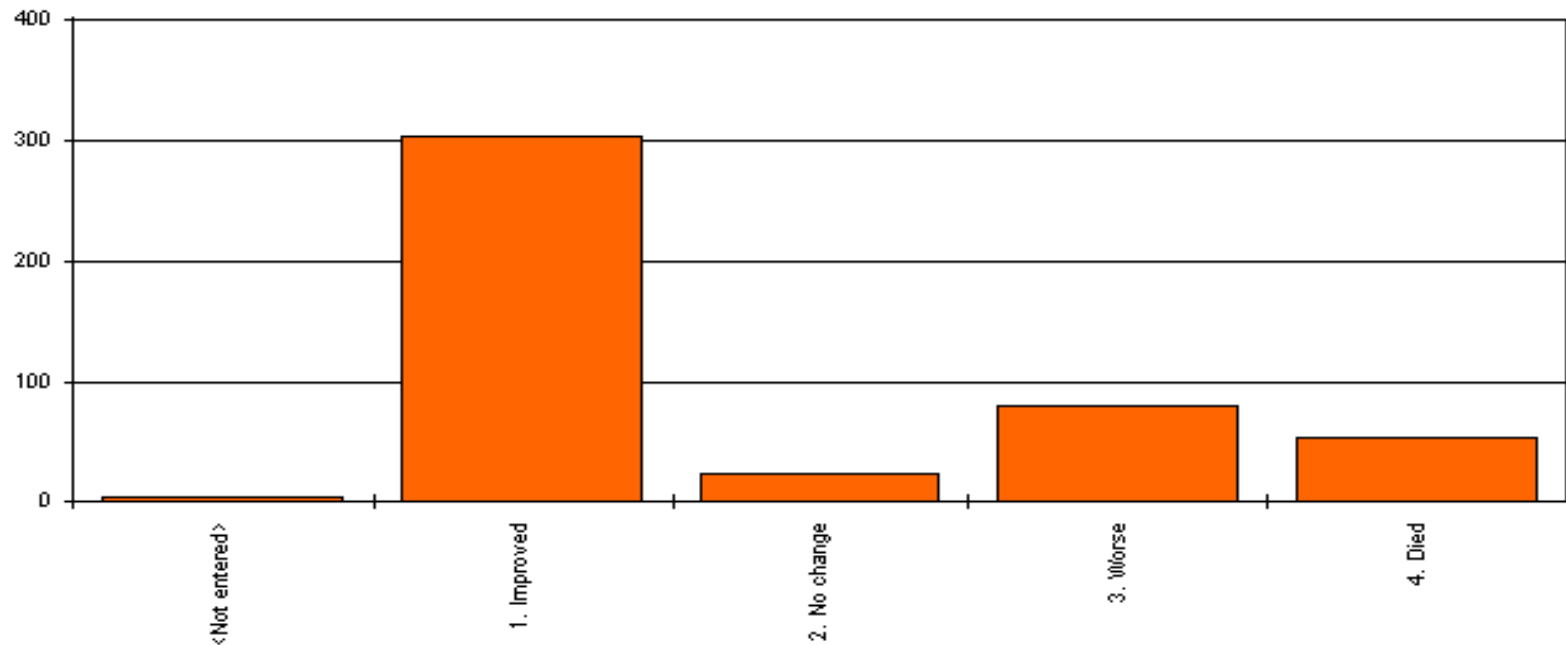
- Decrease mortality
- Patient and relative satisfaction / complaints
- Reduce length of stay

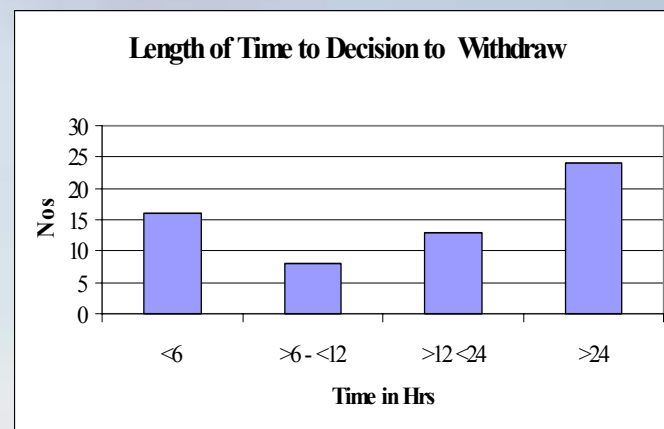
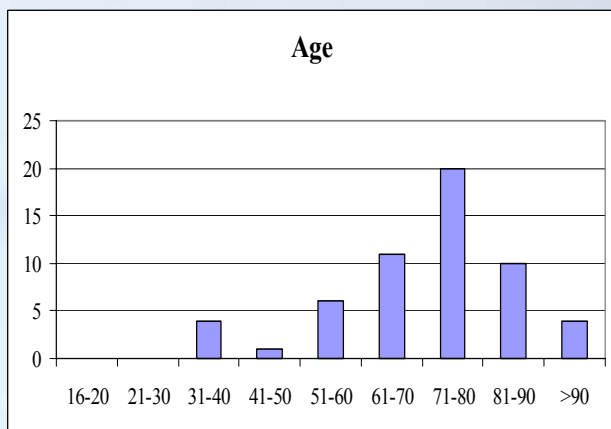
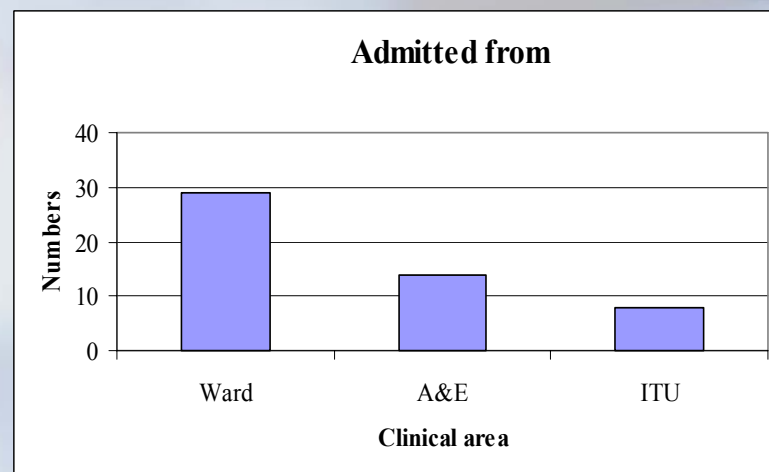
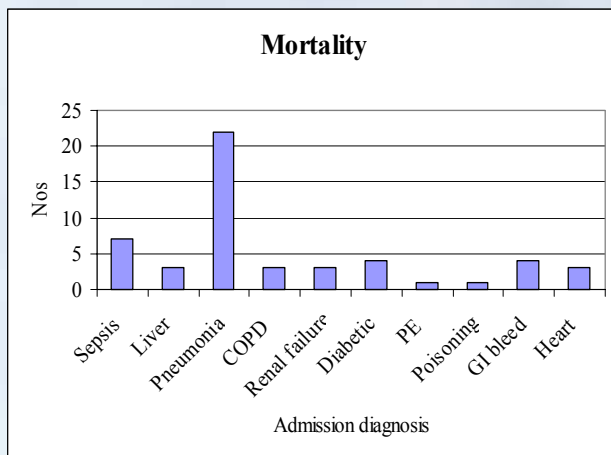
Mortality



<u>Unit outcome</u>	<u>Count</u>	<u>Percent</u>
<Not entered>	5	1.1%
1. Improved	302	65.4%
2. No change	23	5%
3. Worse	79	17.1%
4. Died	53	11.5%
(Treatment Withdrawn	33	61.1%)

Unit outcome





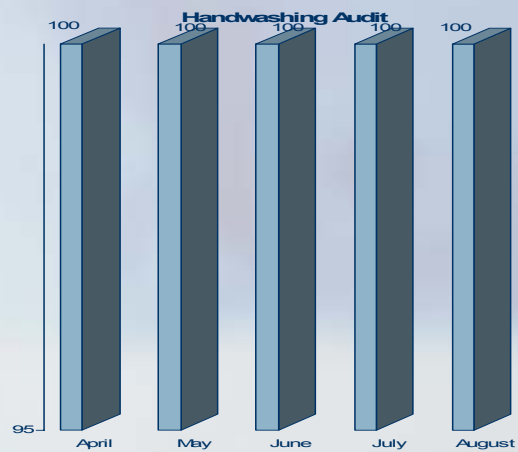
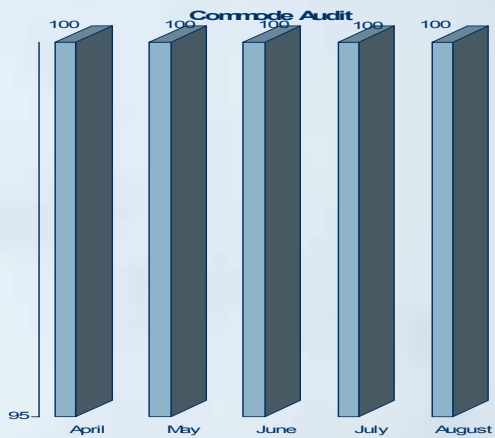
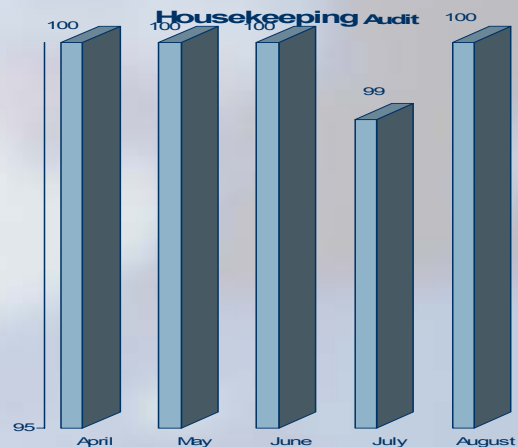
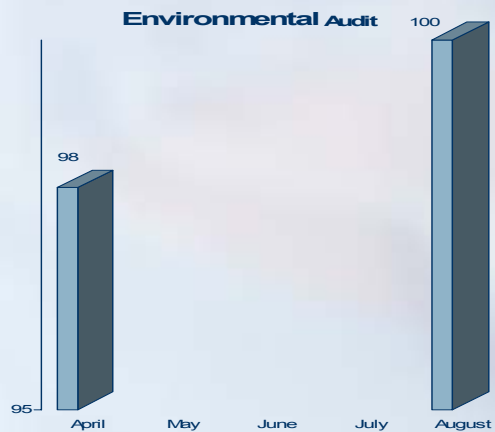


Patient and Relative satisfaction/Complaints.

- I complaint in 10 months
- 38 Thank you cards and letters (+ verbal)
- Facilitated I pt to wedding with Traché
- **Positive effects from Colleagues**
 - **Outreach/ site** – “vast difference, pts are actually being treated in the appropriate place now lessening our workload”
 - **ICU** – “Reduction in admissions in last year - More HDU patients admitted from surgery”.
 - **Medical Wards** – 1 senior sister - “ I think that the unanimous feeling of my nurses and doctors is that you are providing an excellent and timely service. The support that you give to this group of patients, and staff, is always good even if sometimes it is only for a short stay with you. I am sure it has meant less transfers to ICU, which was not always possible due to many reasons and therefore impacted on patient care. In our consultants words” Long may it continue”.



Infection control snapshot





Length of stay/ Abnormal discharges

■ Days	All patients	Lived	Died
■ <1	144	112	32
■ 1-<2	90	82	8
■ 2-<3	52	46	6
■ 3-<4	50	47	3
■ 4-<5	43	40	3
■ 5-<6	23	23	0
■ 6-<7	19	18	1
■ 7-<8	11	11	0
■ 8-<9	9	9	0
■ 9-<10	8	8	0
■ 10+	19	17	2

Average length of stay = 3.2 days (audit 33 days)

<u>Month</u>	<u>Out of Hrs</u>	<u>Discharges</u>
November 07	7	3
December 07	15	5
January 08	19	1
February	18	5
March	6	5
April	3	6
May	5	1
June	6	11
July	8	2
August	8	4
September		



Length of Stay Discharged to Wards

	Number	%
Delayed	251	53.2
> 1 day	72	15.4
Home	44	9.3
Out Of Hours	98	20.9
-clinical (ICU)	33	33.6
-non-clinical	64	65.3

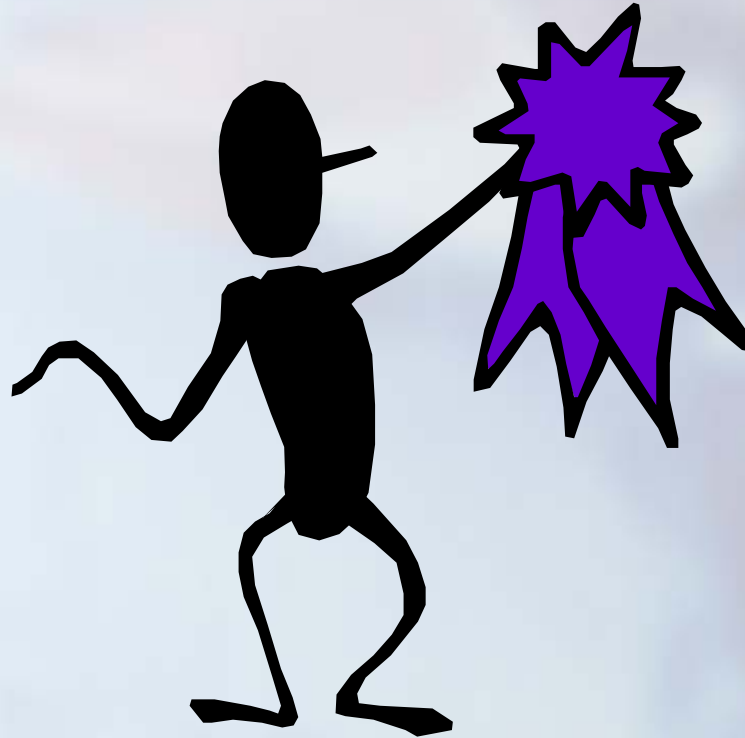


Future plans and lessons learnt:

- Expand unit
- Second staff within critical care
- Self sufficient unit
- Learn from our experiences
- Timely discharge for pts
- Work with outreach/medical teams in making sure 6 sickest pts on unit!

- Order equipment earlier
- Make friends with your neighbours!
- Make the most of the experience.

Acknowledgements and Summary!



Thank you



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BACCN Conference 2008

Caring, Competence & Collaboration

15th-17th September
York Racecourse