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30 June 2009

RUH patients more likely to make good recovery

The intensive care unit at the Royal United Hospital (RUH) has some of the best survival rates in the UK.

Latest findings from the Intensive Care National Audit & Research Centre (ICNARC) show that seriously ill patients being treated in the intensive care unit (ITU) at the RUH are more likely to survive, than patients treated in most other similar units in the UK. The most recent report from ICNARC puts the unit in the top ten for the 183 participating intensive care units in the country, and third place when compared with the 35 similar intensive care units.

Commenting on ICNARC's assessment of the RUH, Dr Kim Gupta, consultant anaesthetist and clinical lead for the intensive care unit says: "I am delighted that, once again, our unit's survival and cost figures are amongst the very best in the country. Caring for the sickest patients in the hospital places great demands on all who work on intensive care and these results reflect the hard work and dedication shown by every member of the intensive care team".

Great emphasis is placed on teamwork on the intensive care unit. An intensive care consultant anaesthetist carries out a ward round at least twice daily and is joined by nursing staff, trainee medical staff and other healthcare specialists – for example a physiotherapist and, or occupational therapist - involved in the care of his or her patients. A critical care pharmacist is also present to ensure that the best available drug therapy is prescribed, while minimising side effects. Consultants from other specialties also help care for these patients. For example, as a result of having on the spot microbiology advice on antibiotic prescribing the unit has not experienced any cases of MRSA bacteraemias (infections of the blood) since August 2007.

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Research and improving practice is extremely important on the ITU. The unit has consistently been the top recruiter in a study funded by the Department of Health to investigate whether high frequency oscillatory ventilation (HFOV) is of benefit to adults with severely inflammed lungs. This form of ventilation delivers small breaths of air and oxygen very rapidly (up to five times per second) into the lungs. It is hoped that these smaller breaths will allow a patients lungs to recover more quickly. Although already been shown to be effective in neonates and children, this has not yet been demonstrated in adults.

Dr Kim Gupta continues: "We strive to provide state-of-the-art treatment for patients. We were one of the first intensive care units in the country to implement routine cooling of patients admitted after cardiac arrest, which has had fantastic results.

The medical team is immediately aware of any advances in the treatment of cardiac arrest through intensive care consultant anaesthetist Jerry Nolan. Jerry is the co-chair of the International Liaison Committee on Resuscitation, the organisation responsible for establishing resuscitation guidelines throughout the world. He is also Chairman of the Resuscitation Council (UK), Editor-in-Chief of the journal *Resuscitation* and a leading author of the international treatment guidelines.

Another RUH ITU Consultant anaesthetist, Dr Tim Cook, recently published a two year nationwide study into the major complications of spinal and epidural anaesthetics. The conclusion of the study was that epidural and spinal anaesthetics are much safer than previously thought.

Matron for critical care Neil Boyland has been in his current role for two years and has more than twenty years of critical care experience behind him. Neil says: "Up to 10 health professionals and support staff may be involved during the diagnosis, treatment and care of a critically or seriously ill patient. My role as matron is to provide patients, their families and the Nursing team with a link that is central to all aspects of care, from resuscitating a patient through to supporting the cleaning team in their vital role."

Increasing demands on the unit and new developments have led to the need for new ways of working with the unit. Neil has recently overseen a £80,000 reconfiguration of space bringing equipment and supplies nearer to the patient's bedside and providing a fourth side room. The 'Friends of the Hospital' have also recently provided funds for an additional therapeutic bed which the critically ill patient will benefit from. Neil's next task is to look at ways to further improve an already efficient patient and shift handover process, this is part of the "Productive Ward" as part of the Institute for Innovation and Improvement

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"As part of my role, I am constantly looking for opportunities to improve the way we do things, and encouraging staff to invest precious time and effort to make the best of these opportunities.

The most recent report from ICNARC covers the period from 1 April to 30 June 2008. It shows that the RUH has a standardised mortality ratio* of 0.7.

Findings from another national independent organisation, the Critical Care National Cost Block Program, also shows that the RUH ITU is one of the more cost efficient units in the country. Despite the very high quality of treatment received by patients, the cost per intensive care bed at the RUH is below the average for other units.

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Notes to Editors:

- *Standardized mortality ratio a way of comparing the chances of survival between intensive care units, taking into account any differences in the age, diagnosis, and severity of illness of the patients on each unit.
- The 11-bedded intensive care unit at the RUH treats around 600 patients a year. Ten consultant anaesthetists provide senior medical input as part of a multidisciplinary team which includes doctors, nurses, physiotherapists, pharmacists, radiographers, data collection staff and a number of other support and administrative staff.
- Intensive care can be defined as a service for patients with lifethreatening, but potentially recoverable illness or injury, who can benefit from more aggressive treatment and detailed observation than can safely be provided in general wards or high dependency areas. There is a high nurse to patient ratio and continuous presence of specially trained doctors.
- Intensive care provides the facility to support a patient's vital organs (for example the lungs, heart and kidneys) until the patient recovers from his / her illness. Some patients will be in an intensive care unit as a planned stage of their care e.g., after major surgery, while others may be there as a result of an emergency.
- The Intensive Care National Audit & Research Centre (ICNARC) is a charitable organisation whose aim is to foster improvements in the organisation and practice of critical care (intensive care and high dependency care) in the UK.

- The information comes from ICNARC's Case Mix Programme, a national, comparative audit of patient outcome from critical care units nationally. The RUH unit together with three quarters of intensive care units in England, Wales and Northern Ireland opt to submit to ICNARC information such as the condition, medical history and a diagnosis for all their adult patients. This data is then validated and assessed by ICNARC to show how various aspects of care and outcomes for intensive care patients compare across the country.
- The Critical Care Cost Block program is run by the Medical Economics and Research Centre (MERCS). MERCS is a charitable organisation undertaking research activities related to critical care. It's objectives are the advancement of education and preservation of the good health of the public by researching and developing the effectiveness of critical care resources within the health care community.