Agenda Item No 99/04

MINUTES

CRITICAL CARE COMMITTEE MEETING

23 AUGUST, 2004

Present:	Maxine McVey	Head of Nursing, Surgery, Anaesthesia & Burns & Plastics (Acting Chair)
	Gordon Bingley	Senior Nurse, ITU, HHGH
	Sue Boardman	Head of Acute Physiotherapy Services
	Tracey Collins	Head of Nursing, Burns & Plastics
	Dr Russell Griffin	Clinical Director, Anaesthesia
	Donna Hakes	Beds & Herts Critical Care Network
	Mark Jarvis	Divisional Manager, Surgery, Anaesthesia, Burns & Plastics
	Dr Tom Stambach	Consultant Anaesthetist
	Lindsay Woodbridge	Senior Nurse, ITU, WGH
In attendance:	Sheila Marsh	PA to Director of Nursing, Midwifery, Quality & Risk
	Jeanette Dickson	Consultant Clinical Oncologist & Clinical Tutor, MV
	Sarah Payne	Modern Matron, Cancer Services

ACTION

1. Apologies:

Gary Etheridge, Director of Nursing, Midwifery, Quality & Risk, Dr David Evans, Consultant Physician, Pat Reid, Head of Nursing, Acute Medical Care, Stephen Duncan, Service Manager Theatres, Surgical & Anaesthetics Division.

2. Minutes of Meeting Held on

Minutes of the Meeting held on 17th May 2004 , were agreed as correct.

3. Matter Arising

- **Provision of Non-Invasive Ventilation at West Hertfordshire Hospitals NHS Trust**

  The draft documents "Clinical Guidelines for the use of NIV", and Protocol for NIV use at WHHT", were tabled, with Tom Stambach outlining their content. He explained that the Clinical Guidelines had been extrapolated from the "British Thoracic Society 2002 Guidelines" and that they aimed to clarify who should be prescribed NIV at both Hemel Hempstead and Watford hospitals, with the Protocol describing the processes of administering HIV, which differed on each site.

  It was confirmed that these draft documents had been forwarded to Dr David Evans for consideration. The group accepted that the Clinical Guidelines were to be used Trustwide, and agreed to return any comments on the Protocol to Tom

be used Trustwide, and agreed to return any comments on the Protocol to Tom Stambach within two weeks, for onward consideration and agreement by the medical/surgical teams. **ALL**

- **Outreach Provision ~ Update**

  It was acknowledged that the position with regard to outreach provision had not changed, with Hemel Hospital benefiting from the service, but that no funding to date being identified to introduce a similar provision at Watford Hospital.

- **Integration of Level 2 & 3 Patients from Mt Vernon, Burns & Plastics Unit to ITU at WGH**

  Mark Jarvis reported that no further progress had been made on the provision of a further level 3 bed at the Watford ITU, which although not dedicated to burns & plastics patients, would accommodate the integration of level 2 & 3 patients from Mount Vernon. He explained that this issue would be raised in the broader discussions surrounding the movement of services from Mount Vernon to Watford in future business planning sessions. **MJ**

- **Transfer of Patients from Mt Vernon ~ Amended Policy**

  Lindsay Woodbridge tabled a paper regarding adult critical care transfers from Mount Vernon Hospital, but informed the group that issues had been raised surrounding the level of anaesthetic cover which could be provided. It was agreed to further debate this issue under agenda item 4.

- **HDU Transfers within the Trust**

  Nothing further to report.

- **Clinical Ownership/Responsibility/Protocol**

  Tom Stambach reported that little progress had been achieved and it was agreed to defer this item to the next meeting.

4. **<u>Anaesthetic Support for Level 2 Patients at Mount Vernon Hospital</u>**

Jeanette Dickson, Consultant Oncologist & Clinical Tutor and Sarah Payne, Modern Matron, Cancer Services, were welcomed to the meeting. Jeanette explained that the European Working Time Directive rota changes had led to a number of issues being highlighted which affected anaesthetic support for all patients at Mount Vernon.

She outlined issues as:

- Anaesthetic support for theatres at Mount Vernon, (X 2 lists per week), was uncertain when annual leave occurred, which could lead to essential lists being cancelled.

- Concerns were raised regarding the level of anaesthetic support for Level 2 patients (day and night), although it was acknowledged that this was an intermittent problem.

- Difficulties which have arisen in the implementation of the Transfer Policy, particularly with liaison of where the patient was going to, identification of the

appropriate Anaesthetist to authorize and effect the transfer.

- Issues relating to the Arrest Team.

The group discussed in depth the issues Jeanette had raised, with Mark Jarvis confirming that a meeting was to be arranged to discuss pertinent resuscitation, risk, transfer and associated issues, and invited Jeanette to attend to pursue the discussion further in that forum. **MJ**

5. Anaesthetic Rotas

Mark Jarvis outlined issues that had been raised at a recently held Anaesthetic Meeting attended by David Law, which included gaining clarity from the feedback on the College visit, the European Working Time Directive and the fact that significant gaps had been identified in the rota, and the steps being taken to address this. He reported that a number of steps had been agreed to ensure that rotas were covered and that although these discussions had primarily centred on Watford and Hemel hospitals, they would also apply to Mount Vernon Hospital.

It was confirmed that agreed arrangements were currently in use and a further meeting was planned for September 2004 to review the position.

6. ITU/HDU Bed Capacity at Hemel Hempstead Hospital

Mark Jarvis confirmed that options surrounding the configuration of beds on the Hemel site had been considered. He explained that one of the proposals under consideration was whether the HDU and ITU beds should be sited together, which would impact on staffing and overall the budget, and that this proposal had been presented to a recent Executive Committee Meeting, which recommended that it be discussed at the Critical Care Committee Meeting.

The group were invited to discuss the proposal which was verbally outlined by Gordon Bingley as:

- Current Service at Hemel: 5 Level 3 beds in ITU with capacity for 6 patients and 4 Level 2 beds in the High Dependency Unit (situated on Boleyn Ward).

- **Proposal:** Close High Dependency Unit completely and increase capacity within ITU to accommodate 6 patients (X 2 Level 2 patients, and 4 Level 3 patients). The outreach service would be increased to a 24 hrs cover to offset the reduction in Level 2 bed capacity, with the outreach nurse being a primary member of the cardiac arrest team, and would supervise all critical clinical and non-clinical transfers out of the Trust.

The group discussed these proposals in depth, particularly whether an outreach nurse, or an appropriate A&E Nurse should accompany critical transfer patients. The group considered that such a major change required further consultation, and requested that a detailed proposal paper should be produced for consideration, with Donna Hakes proposing to raise this issue at the next Critical Care Network Steering Group Meeting, as she felt that such proposals would have a significant impact on the network. **MJ** **DH**

7. Quarterly Critical Care Dataset

The group were asked to consider the Critical Care Dataset and approve the new data format, with the request that in future, initiating critical care incident forms for patients with more than 4 hr delayed discharge be discontinued as this information was already being captured in ACP data. It was agreed that capturing information relating to delayed admissions, with a target figure of not more than 30 minutes from the decision to admit the patient, would be useful and that it would be more appropriate to use the critical incident form for this purpose. The wording on the dataset form was discussed and the following amendments agreed:

- "HDU patients in recovery" ~ change to "HDU patients delayed in recovery"
- "Inappropriate early discharges" ~ change to "Number of discharges between midnight and 06.00 hrs"

For the purposes of future capacity planning and to help determine efficiency it was agreed that more comprehensive data would be helpful, with Donna Hakes reporting that such data format was currently being trialled and she would keep the group informed of progress. **DH**

8. <u>Critical Care Patients ~ Recovery & Accident and Emergency</u>

Maxine McVey presented a paper, "Critical Care Patients ~ Recovery & Accident and Emergency", and asked the group to consider the five recommendations contained within it. The group discussed and endorsed the paper, with the following amendments:

- 2. Emergency Patients ~ transfers out of existing critical care patients would not be undertaken normally, as transferring one patient to the potential harm and safety of another is unethical and would not normally be undertaken.
- 3. Patients on General Wards ~ patients requiring level 3 care on a general ward should not be transferred to Recovery automatically and patients should be stabilized on the ward if practical, with this being a clinical decision, until safe transfer could be arranged. That CCU should not, at present, be considered a 'safe area' for the transfer of these patients.

  3c. Maxine McVey to be asked to raise the issue of pre/post cardiac arrest decisions with the Resuscitation Committee. **MMcV**

  3d. If patient was not in ITU, then an Anaesthetist should be immediately available in the vicinity of the patient, with the provision that a clinician trained to look after ventilated patients is caring for the patient.

- 4. PAR scoring ~ needs to be reinforced, particularly at Watford General.
- 5. Maxine McVey to liaise with Recovery clinicians to develop a discharge criteria for consideration by the group. **MMcV**

9. <u>Incidents Short Listing ~ Reports 1st May ~ 31st July 2004</u>

Information contained in the "Incidents Short listing" was considered by the group, with it being noted that the majority of incidents related to surgery.

The future continuation of producing this information was discussed and it was thought useful for Mark Jarvis to present this data as an informed three month 'snap- **MJ**

shot', at a forthcoming escalation/bed management meeting.

The group discussed whether 4 hour delayed discharges should be considered as a critical incident, and it was agreed that Maxine McVey, Lindsay Woodbridge and Gordon Bingley would discuss the format of the "Incidents Short listing" at a later date and would report their recommendations at the next group meeting. **MMcV/ LW/GB**

10. Draft Herts & Beds Critical Care Network ~ Service Delivery Plan 2004/05 ~ for consultation

Donna Hakes explained the background to the development of the Herts and Beds Critical Care Network Service Delivery Plan which had been circulated for consultation and was now in the process of being finalized by the Chair and Chief Executive for onward distribution.

11. Network Policies: Transfer, Admission and Discharge

Donna Hakes confirmed that the Herts and Beds Critical Care Network Guidelines for Discharge/Admission and Transfer from Critical Care Units had completed the consultation process and had now been approved. It was felt that these documents would make a useful addition to the Trust's On-call Manual and should be forwarded to Paul Mosley for this purpose. **GE**

12. The Impact of Delayed Discharges on the Provision of Critical Care Services at Watford General Hospital

Lindsay Woodbridge presented the above paper which aimed to identify whether effective discharge of patients form the Intensive Care Unit would facilitate direct admission to patients requiring Intensive Care beds, therefore avoiding the need to use recovery as a holding area. He explained the reasons for the delayed discharge of patients and the difficulties which arose as a result of this.

The group agreed that the first three recommendations of the paper should be relayed to Nigel Coomber, for inclusion in the On-call arrangements. **MJ**

13. Payment By Results ~ Critical Care

Donna Hakes reported that the response to the consultation process had now been published, and that the fixed and variable funding model had been favoured. A funding group had been established with DOH and Critical Care Managers to consider issues regarding funding, especially those pertaining to patients who had long stay, or multiple stays in critical care.

She also reported that the minimum data set had been piloted, which captured more detailed information on patient types, and emphasised the importance of accurate and timely data collection and inputting into the PAS system which affected funding. Donna Hakes agreed to arrange for the Trust's critical care data collection systems/processes to be audited to ensure their effectiveness. **DH**

14. Minutes for Noting

- Herts and Beds Critical Care Network Steering Group Meeting ~ 4th May 2004

15. Any Other Business

- The group were asked to note that the Alert Courses were due to finish in November 2004, and that no further courses had been arranged as further funding could not be identified. It was agreed that Maxine McVey would explore this further with Gary Etheridge. **MMcV**

Date of Next Meeting

Date: Wednesday, 24th November 2004
Time: 14.00 - 16.00 hrs
Venue: Gurney Lecture Theatre, Postgraduate Centre, HHGH