INTENSIVE CARE FACULTY HANDBOOK FOR TRAINEES

A GUIDE FOR POSTGRADUATE DOCTORS AND STAFF IN

SURREY & SUSSEX HEALTHCARE NHS TRUST

**Introduction**

Welcome to the Intensive Care Unit (ICU) at the Surrey and Sussex Healthcare NHS Trust. This Faculty Handbook is written for you as a postgraduate doctor and all who will be working with you during your time here. Its purpose is to give you information about how your ICU attachment works and who the key people are who will be working with you. Please take the time to read it as it will help you understand the ICU and what is expected of you during your time here.

This is the first time this handbook has been produced in line with South Thames Foundation School recommendations and therefore it will not be perfect. It will be updated annually and therefore your suggestions, feedback and solutions are most welcome.

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**Location of Trust**

During your time with us you will be working at East Surrey Hospital (ESH). The Postgraduate Centre is on the ESH site. The Trust’s Website is [www.surreyandsussex.nhs.uk](http://www.surreyandsussex.nhs.uk).

**Short cut to/from the Hospital if coming from the M25 J8 down the A217.**

Turn right out of the hospital up the A23 towards Redhill. At the traffic lights coming down hill into Redhill turn left into Mill Street. Go along here and take the 4th (ish) right into Whitepost Hill- you will then be by a big church and you need to turn right then left onto main A25. (which runs between Reigate and Redhill).

Go left along here for about 100 yards then take a right turn into Wray Common Road. Follow this to the end (the road does a big 90 deg bend at the start). At the end take a right onto Croydon Road and then a left turn down Raglan Road and go all the way to the end where you will meet the A217 again (Reigate Hill). You need to turn right here up the hill which may be tricky and then you will find yourself back at junction 8.

This will cut off the whole of Reigate and Redhill and probably save you 10-15 journey time in the morning. You can do the whole thing in reverse on your way to work!

The other good shortcut which you can only do on your way from work is instead of turning left into Raglan Road- instead keep going a bit further and then go left (at mini roundabout) into Wray lane. Follow this all the way up- it gets v narrow and will bring you out right at the top of Reigate Hill (A217)- you can’t come down this way as it’s one way.

**Car Parking**

Staff car parking is available in 2 hospital car parks (West and East) as well as on the Redhill Football Ground car park (Three Arch Road).

Car parking charges were brought in during December 2011. Each member of staff will require a valid parking permit (available at the same time as the Staff ID badge) and also will need to purchase scratch cards (available from the cashier’s office and the canteen). These will cost £1.25 per day and are available in strips of 5. These will need to be used for day **and** night staff.

Seasonal passes are also available.

<http://intranet.sash.nhs.uk/_uploads/intranet/documents/forms/estates-and-facilities/application-car-parking-season-ticket-1st-dec-2013-amended-21-11.pdf>

**Key People**

There are many people who will help you during your time with us. Their full addresses are in Appendix A where there is also a list of permanent staff within the Department.

This may all seem confusing due to the nomenclature changes for the training grades and also the organisation of training, but if in doubt please contact the Tutor Dr Patrick Morgan who will attempt to advise you.

|  |  |  |
| --- | --- | --- |
| **College Tutor** | The John Hammond Department of Anaesthesia, East Surrey Hospital | Dr Fred Van Damme |
| **ICM faculty tutor** | The Intensive Care Unit, East Surrey Hospital | Dr Patrick Morgan |
| **Director of Medical Education** | Post Graduate Centre, East Surrey Hospital | Dr Sarah Rafferty |

|  |  |  |  |
| --- | --- | --- | --- |
| **FY1 lead** |  | FY1 | Dr Sunil Zacharia |
| **FY2 lead** |  | FY2 | Dr Kofi Nimako |
| **Foundation Administration** |  | FY1  FY2 | Vikki Bates  Kari Pusey |
| **Medical Education Manager** |  | All Trainees | Tina Suttle-Smith |
| **Educational Supervisor** |  |  | TBA at start of year |
| **Clinical supervisor** |  |  | To change during each 4m module |

**How to complete your ICU Module**

You will be supported during your time on Critical Care by an allocated Educational Supervisor and Clinical Supervisors, all of whom will give you regular feedback about your progress. You should never be in any doubt about your progress and what you can do to improve this.

|  |  |  |
| --- | --- | --- |
| **Stage** | **Appraisal & Assessments** | **By whom** |
| Start of post | Initial appraisal & Educational contract. Completion of personal development plan. | Educational Supervisor (if this is your 1st placement), Clinical supervisor for other 2 placements |
| Interim/mid point | Interim/ mid point appraisal | Educational supervisor |
| Start and end of each placement | Start/End of placement appraisal form | Clinical Supervisor |
| End of post | Final appraisal | Educational supervisor |
|  | Annual Appraisal and Portfolio evaluation including completed log book, assessment tools and General Assessment (Trust) Workplace based assessments. | Educational supervisor |

**Your Educational Supervisor – roles and responsibilities**

Your Educational Supervisor is responsible for overseeing your training and making sure that you are making the necessary clinical and educational progress during your time at the Trust. You will have regular feedback from your Educational Supervisor. For your information the responsibilities of an Educational Supervisor are given in the following;

* [Standards for Training in the Foundation Programme](http://www.google.co.uk/search?q=operational+framework+for+foundation+training&btnG=%3CSPAN+class%3Dsbico+style%3D%22DISPLAY%3A+block%3B+BACKGROUND%3A+url%28%2Fimages%2Fnav_logo115.png%29+no-repeat+-20px+-111px%3B+WIDTH%3A+13px%3B+H_for_Training_270307.pdf)
* [Operational Framework for Foundation](http://www.foundationprogramme.nhs.uk/download.asp?file=Operational-Framework-FINAL.pdf).

### **Your Clinical Supervisor – roles and responsibilities**

Your Clinical Supervisor is responsible for your progress on a day to day basis eg the Consultant you are working with on that day. You will have regular feedback on your clinical performance from your Clinical Supervisors. The process by which information about your progress is collated by your Educational Supervisor and from your Clinical Supervisors is via your completion of assessment tools, participation in audit and teaching and feedback from Senior Staff meetings and the Local Anaesthetic Faculty.

# Your Role as a Learner

You are responsible for your own learning within the programme with the support of key people as above. You should ensure that you

* Have regular meetings with your supervisors
* Maintain your e-portfolio
* Keep up to date with assessments as required and continue to have your workplace assessments signed off.

**E-learning Portfolio**

Each trainee will have a log-in for their e-Portfolio. Your educational supervisor will be able to view your progress during the year. In order to perform Work Place Based Assessments (WPBAs) the trainee will need to either sit down with a computer, their e-portfolio open and the assessor present or e-ticket the assessor to invite them to complete an assessment. Further guidance and training on this will be given during your induction.

**Work Place Based Assessments (WPBAs)**

During the year assessments will be performed to monitor adequate progress of trainees. These involve mini-CEX (clinical evaluation exercise), DOPS (directly observed procedural skills), CBD (case based discussion) and MSF (multi-source feedback).

Further information about WPBAs can be found on the South Thames Foundation school website

<http://www.stfs.org.uk/>

The assessments are collected into your Portfolio and also noted by the Educational Supervisor on your annual report. It is your responsibility to undertake the assessment process in accordance with your specialty curriculum guidance.

**The Local Anaesthetic Faculty Group (LAF)**

This Faculty consists of Senior Staff from the Department who are actively involved in training. Its remit is to

* Ensure that the local Anaesthesia/ICU programme is fit for purpose and in line with curriculum requirements for the following bodies
  + National (eg NHS, NICE)
  + professional (eg PmetB, RCoA) and
  + Trust (see Work Force Development site on Intranet for timetable of Trust Mandatory training on Trust Educational Half Days 14.00-15.00)
* Provide Quality control for the local programme.
* Ensure that trainee progression is tracked, supported and audited.

There are also Trainee Representatives on this committee. The LAF meets at least three times a year and reports to

* For FY1 to the Foundation Faculty Group and the Local Academic Board
* For CT 1-2, ST3-5 to the Local Academic Board and ultimately HEKSS.
* For ST 6+ to the St George’s School of Anaesthesia and ultimately the Academy of Anaesthesia

# Trainee Representatives of the LAF

The LAF also has representatives from the trainees to convey the views of all the trainees. The representatives should meet with or contact the other trainees at least 3 times a year to collect these views. There should be representatives for

* FY1
* CT 1-2
* ST 3-4
* ST 5-7
* Clinical fellows

**The Foundation Faculty Group**

The LAF reports to the Trust’s Foundation FacultyGroup meeting which oversees the whole of the Trust’s Foundation Trainees to ensure they receive education and training that meets local, national and professional standards.

**The Local Academic Board (LAB)**

The LAF reports to the Trust’s Local Academic Board for the CT 1-2 trainees and to the Foundation Faculty meeting for the FYs. It oversees the whole of the Trust’s postgraduate medical trainees to ensure they receive education and training that meets local, national and professional standards. The LAB undertakes the quality control of postgraduate medical training programmes. It receives Annual Audit and Review Reports from Local Faculty Groups throughout the Trust including the LAF.

**Feedback**

This is a crucial aspect of your programme. You can expect to receive detailed feedback on your progress from your Educational Supervisor and from your Clinical Supervisors. This will happen during on-going review meetings with your Educational Supervisor. You should have a clear idea of your progress in the programme at any given time and what you have to do to move to the next stage.

At each Departmental Senior Staff Meeting which occurs approximately monthly, each trainee is discussed. This information is then fed back into the closed part of the LAF meeting where the trainees and their education and learning are discussed in detail. In addition either a MSF or General Assessment is also done at the end of your time at the Trust. The LAF will also feedback to the Trust’s LAB and Foundation Faculty Group

The Department also values your feedback; this can be done directly with your educational supervisor, the College Tutor or indirectly through the Trainee representative on the LAF.

**Appeals Process**

Where there is a conflict regarding training, reviews and assessments the Director of Medical Education (DME) may be contacted after discussion with the Educational Supervisor/FY1 lead.

# Available Help

The Educational Supervisors and Clinical Supervisors and FY1 lead and Postgraduate Centres operate an ‘Open Door’ approach and here you can find information about local trust policies e.g. Grievance; Bullying (Anti-bullying Policy) and Harassment (Grievance Procedure) and Equal Opportunities (Equal Opportunities policy) on the Trust intranet.As well as in-house support, doctors working at East Surrey Hospital may contact MedNet who offer a confidential consultation service for doctors by doctors for career or emotional support.

KSS Deanery also offers support for trainees in difficulty as does the

|  |  |  |
| --- | --- | --- |
| DoH | Practitioner Health Programme  [www.php.nhs.uk](http://www.php.nhs.uk) | Tel 020 30494505  [php.help@nhs.net](mailto:php.help@nhs.net) This e-mail address is being protected from spam bots, you need JavaScript enabled to view it |
| HEKSS | [www.surreyandsussex.nhs.uk/our-services/a-z-of-services/post-graduate-education-centre/](file:///\\sash02\data\PGMC\FACULTY%20HANDBOOKS\Faculty%20Handbooks%202015\ICU%20%20Anaes\www.surreyandsussex.nhs.uk\our-services\a-z-of-services\post-graduate-education-centre\) |  |
| Med Net | [MedNet website](http://www.londondeanery.ac.uk/var/career-planning-personal-development/MedNet/index_html/?searchterm=MedNet) | [mednet@tavi-port.nhs.uk](mailto:mednet@tavi-port.nhs.uk)  020-8938-2411 |

# Career Support

# Information about the HEKSS Career Service can be accessed at <http://careers.kssdeanery.org>. Locally careers information and support can be accessed through the Clinical and Educational Supervisors initially.

**INFORMATION GOVERNANCE**

Do not remove patient identifying data from the hospital after the end of your shift. Any sheets of paper with patient details on (theatre lists/ICU lists) should be placed in the ‘shred on site’ disposal units as these can cause a breech of patient confidentiality. Only encrypted memory sticks can be used to save data from hospital computers, these can be purchased/borrowed from the PGEC. Non-encrypted sticks can be successfully opened on site for the purposed of presenting power-point presentations etc but new data can not be saved on them.

**Log books/portfolios should not contain patient identifiable data.**

The Trust also has a Careers Lead – Dr Simon Parrington [simon.parrington@sash.nhs.uk](mailto:simon.parrington@sash.nhs.uk)

Dr Parrington can be contacted at any time and will be able to meet with you individually.

# Learning in this programme

In this programme we adopt a variety of learning and teaching approaches. These include

* Web-based (eg BMJ learning, Doctors.net)
* Ward based clinical teaching
* Exposure to Emergency Department, ICU and theatres

The methods used will be

* Group learning
* Private study (E-learning)
* Reflective practice
* Workplace assessments
* New Assessment Tools
* Audit projects
* Regular ICU teaching on Wednesday afternoon incorporating learning sessions and Journal Club.
* Every Friday afternoon anaesthetic teaching, which every 4 weeks is on critical care
* Regular teaching specific to year and spec
  + protected Thursday/Tuesday afternoon teaching
* Trust Educational Half Days/M&M meetings

In order to progress satisfactorily through the FY1/FY2 programme trainees must attend over 70% of the protected teaching sessions.

**Educational Resources**

There is a medical library on the ESH site which can be accessed at all times of the day with the appropriate access. There are also journals available in the Anaesthetic Seminar Room. There are computers with full internet access in the Seminar room, consultants’ office and Secretaries office for trainees to use.

**Annual Leave**

We use an electronic system for the rota and for leave; we recommend that you book your leave as far in advance as possible. We recommend that no more than 2 trainees are on leave at the same time. If there is a single day when there are more than 2 trainees away, for example regional study days, this can be discussed with the consultant of the week and the faculty tutor To book leave it is best to go through the Anaesthetic office and to also submit a request on line.

All leave must be taken within the term of the contract. Leave cannot be carried over into your next post. Payment may be made in lieu of outstanding leave only in exceptional circumstances. Leave is allocated in proportion for each 4 month placement.

**Other Leave**

Full details of these are on the Trust’s Intranet site under Human Resources Policies.

* Parental and Carer’s Lea
* Medical or Sick Leave
  + For any period of absence from work greater than 2 hours, trainees should contact First Care who deals with the Trust’s sick leave 08454372601.

## **ICU WORKING HOURS**

**ROTA Aug 2015**

This rota has been agreed by our current staff and has been passed as EWTD compliant. The predicted hours are less than 48h per week.

* Trainees will be paid at 1A. This is because even though you work less than 48hrs per week, the frequency of weekend duties makes this a 1A.
* Full shift system, EWTD compliant
* Internal cover for Annual and Study Leave
* Including a 30 min handover period

Standard Rota Shifts Are:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Week | M | **T** | **W** | **T** | **F** | **S** | **S** |
| 1 | N | N |  |  | LD | LD | LD |
| **2** | D |  | N | N |  |  |  |
| **3** | D | D | D |  | N | N | N |
| **4** |  |  |  | D | D |  |  |
| **5** | D | D | D | D | D |  |  |
| **6** | T | T | T | T | T |  |  |
| **7** | LD | LD | D | D | D |  |  |
| **8** | D | D | LD | LD | D |  |  |

**Appendix A-Useful names, addresses & numbers**

|  |  |
| --- | --- |
| Surrey & Sussex Healthcare NHS Trust | [www.surreyandsussex.nhs.uk](http://www.surreyandsussex.nhs.uk) |
| S Thames Foundation website | [www.stfs.org.uk](http://www.stfs.org.uk) |
| KSS Deanery Careers | [www.kss.hee.nhs.uk/education-and-training/about-careers/](file:///\\sash02\data\PGMC\FACULTY%20HANDBOOKS\Faculty%20Handbooks%202015\ICU%20%20Anaes\www.kss.hee.nhs.uk\education-and-training\about-careers\) |

|  |  |
| --- | --- |
| **Dr Fred Van Damme**  Anaesthetic college tutor | [frederick.van-damme@sash.nhs.uk](mailto:frederick.van-damme@sash.nhs.uk) |
| **Dr Patrick Morgan**  ICU tutor | patrick.Morgan@sash.nhs.uk |
| **Dr Sarah Rafferty**  Director of Medical Education | [Sarah.rafferty@sash.nhs.uk](mailto:sarah.rafferty@sash.nhs.uk) |
| **Tina Suttle-Smith**  Medical Education Manager | [tina.suttle-smith@sash.nhs.uk](mailto:tina.suttle-smith@sash.nhs.uk) |
| **Vikki Bates**  Faculty Administrator | [victoria.bates@sash.nhs.uk](mailto:victoria.bates@sash.nhs.uk) |
| **Lynne Youens**  Study Leave Administrator | [lynne.youens@sash.nhs.uk](mailto:lynne.youens@sash.nhs.uk) |
| **Dr Sunil Zachariah**  Foundation Year 1 Programme Director | [sunil.zachariah@sash.nhs.uk](mailto:sunil.zachariah@sash.nhs.uk) |
| **Dr Kofi Nimako**  Foundation Year 2 Programme Director | [kofi.nimakoi@sash.nhs.uk](mailto:kofi.nimakoi@sash.nhs.uk) |
| **Dr Ben Field** | [benjamin.field@sash.nhs.uk](mailto:benjamin.field@sash.nhs.uk) |

Postal address The John Hammond Department of Anaesthesia

East Surrey Hospital

Canada Avenue   
REDHILL, RH1 5RH

Telephone number 01737 768511 ext 6046

**List of permanent staff within the ICU department indicating their sub-speciality and also whether they are an Educational Supervisor**

|  |  |  |
| --- | --- | --- |
| **Consultants** |  |  |
| Dr S Ali | Intensive Care Medicine, Lead Consultant for ICU, FY1 Educational supervisor | Educational Supervisor |
| Dr B Bray | Intensive Care Medicine, Lead Clinician for Anaesthetics | Educational Supervisor |
| Dr R Kumar | Intensive Care Medicine, Examiner |  |
| Dr F J Lamb | Intensive Care Medicine | Educational Supervisor |
| Dr C Mearns | Intensive Care Medicine | Educational Supervisor |
| Dr P Morgan | Intensive Care Medicine Tutor,  FY1 Educational supervisor | Educational Supervisor |
| Dr G Morton | Intensive Care Medicine | Educational Supervisor |
| Dr S Rafferty | Intensive Care Medicine, Director of Medical Education | Educational Supervisor |
| Dr S Ranjan | Intensive Care Medicine |  |
| Dr F Sage | Intensive Care Medicine | Educational Supervisor |
|  |  |  |
| **Clinical Fellows** | Dr T Ghafoor |  |
|  | Dr A Kapuscinska |  |
|  | Dr Louise McDewit |  |

**ICU Department Administrative Support and others**

|  |  |  |
| --- | --- | --- |
| Chris Beevers, Caroline Allison | ICU Matron |  |
| Saleena Young | ICU Secretary | Ext 6385 |
| Helen Woodman | ICU Co-ordinator |  |
| Angela Ede | ICU Secretary |  |
| Carolyn Boyd | Audit Lead Nurse | Ext 6385 |
| Emma Little | Specialist Nurse Organ Donation |  |

**APPENDIX B**

**LEARNING OPPORTUNITIES ON ICU/HDU**

As well as time spent on ICU there will be opportunity to spend time with the Critical Care Outreach Team in the recognition and assessment of sick patients, as well as some time in theatre to practice airway skills. Trainees on ICU will be encouraged to shadow the anaesthetic trainees when they are asked to review sick patients in other areas of the hospital. At the end of the 4 month period in ICU, trainees may be able to be the first to review the sick patients on the ward, with supervision from the senior anaesthetic trainees and consultants.

Practical Skills-there will be a huge opportunity to perform practical procedures on ICU;

* Cannulation
* Blood cultures
* USS guided line insertion
  + Central venous catheters
  + Arterial lines
  + Vascular catheters for haemodialysis
* Chest drains
* NG tubes
* Paracentesis
* Intubation
* Assisting with percutaneous tracheostomies
* Urinary catheters
* Bronchoscopies

We are currently expanding our consultant numbers who perform trans-thoracic echocardiography and lung ultrasound so there will be opportunities in these areas to gain skills.

Trainees will be supervised in these skills initially and by the end of the training period may be able to perform some of these independently.

**Expected Duties of doctor covering ICU**

1. Attend handover from previous day’s team and daily consultant ward round.
2. Examine all patients, record findings and daily treatment plans on daily progress chart.  Present patients on daily ward round with Consultant.
3. Follow progress during duty period.  Liaising with nursing staff and instituting appropriate therapy after consultation with senior staff as appropriate.
4. Review patients who are referred by other specialities and/ or critical outreach team.
5. Admit new patients if beds available on discussion with senior nurse on duty. Inform the duty consultant of all proposed admissions and record admission details on admission sheet (irrespective of the time of day). Record reason for admission/ brief medical summary on Wardwatcher.
6. Prepare discharge summary on Wardwatcher for all patients leaving ICU.  This involves rewriting the current Wardwatcher details so that it forms a useful and readable summary for the ward staff/GP and is useful for the ICU team in the event of any patient needing readmission in the future.
7. Participation in twice weekly Multidisciplinary Meeting (Monday/Thursday 11.30am)

**Communication**

Please ensure you communicate with the medical/surgical admitting teams as appropriate.

1. All transfers from other hospitals **must** have an admitting team who should accept the patient prior to transfer.
2. All discharges/deaths/transfers out **must** be notified to the admitting team as early as possible.

**APPENDIX C**

**GUIDELINES ON ADMISSION TO THE INTENSIVE CARE UNIT/HIGH DEPENDENCY UNIT**

1. Patients are admitted to the Intensive Care Unit for multiple organ monitoring and/or support where the severity of illness and dependency of the patient on nursing care precludes its delivery elsewhere in the hospital.

1. The referring consultant, or on call consultant for that speciality, must be aware of the request for admission.  Where possible they should see the patient prior to referral. The consultant anaesthetist for the ICU should be informed of the referral and the admission discussed.  An admitting team (surgical or medical) need to be involved when patients are admitted from or referred from A&E.  This is to ensure an admitting consultant is identified and notified.  This also applies to patients being transferred from another ICU.
2. Patients should be prioritized according to clinical need, however where possible patients in A&E need to be rapidly assessed and decision made within the 4 hours A&E target.
3. The decision to admit a patient for intensive care should be discussed and agreed with the patient’s family/partners and where possible the patient.
4. There must be the potential for the patient to benefit from intensive care i.e. the patient has a reversible condition and account is taken of co-existing morbidities.
5. Where it is not possible to determine whether a patient will benefit from intensive care the patient will be admitted and assessment made of the response to treatment.
6. Complete the admissions box on the Wardwatcher database on the ICU computer with the patient’s details to facilitate handover.

**APPENDIX D**

**GUIDELINES ON DISCHARGE FROM THE INTENSIVE CARE UNIT**

A patient can be discharged from Intensive Care/HDU when the condition, which led to the referral, has been adequately reversed such that they can be safely managed on the general ward or Level 1 area.

Occasionally a patient is discharged who are no longer benefiting from intensive care management and where it is not possible to reverse the condition that led to admission.  This decision must be taken jointly with the referring consultant and the consultant anaesthetist on duty for ICU and should be clearly documented in the patient’s notes as well as on the Ward Watcher.

The continuing appropriateness of intensive care should be assessed at least daily in all patients so that beds can be used for those patients who will most benefit.

As the high dependency unit is part of the ICU, it is appropriate to keep long stay patients on the intensive care unit until it is sure they are able to cope on the general ward or Level 1 area.

Decision to limit further treatment should be made after consultation between the intensive care and referring team and should have full understanding and acceptance of the patient’s next of kin.

Where a decision is made to limit treatment the aim of intensive care is only to provide comfort.  It may be appropriate to transfer the patient from intensive care to another area of the hospital where they can die with dignity.

**Signing death certificates for patients who die on ICU**

Unless a patient who dies whilst on the ICU is referred to the Coroner’s Officer, a doctor working on ICU will need to complete the death certificate. When confirming death please consider that you may not be the person completing the certificate and where possible discuss with one of the consultants the cause of death and record it in the patient’s notes, including the decision to refer to the Coroner’s Officer.  Only someone who has looked after the patient can sign the death certificate (In addition to complete the first part of a cremation certificate when you will need to have seen the body after death.) **All death certificates should be discussed with a consultant before signing.** When a patient dies at night or weekends please hand over the information to the day staff or record in the medical staff diary.

Referral to the Coroner’s Officer is necessary if the patient dies without a diagnosis; has been in an accident; dies as a result of substance or drug abuse; has an occupational illness; after an operation; where the patient’s care is the subject of a complaint.

Please document on the Wardwatcher in the discharge section, the cause of death for future reference. The ICU admin staff will fax a copy of the discharge summary to the GP after a patient dies.

APPENDIX E

AUDIT PROJECTS IN CRITICAL CARE

There will be plenty of opportunity to engage in the audit process in ICU. East Surrey ICU regularly presents abstracts at international meetings, approximately 6 a year, these are a great opportunity to improve your knowledge and CV.

It is important that audit projects are carried out to a certain standard on ICU to ensure that

1. meaningful results are obtained
2. results are feedback to staff
3. an action plan is written and carried out

Therefore please follow these guidelines

1. Having decided on your audit project please discuss it with one of the consultants to ensure that it is achievable and will not duplicate other projects recently completed.
2. Discuss the project with Carolyn Boyce (Audit coordinator for Critical Care) who will help you develop an appropriate audit form. The nursing staff have lots of paperwork to fill in every day so do not overburden them with forms. Your audits should also be registered with the Trust Audit Department.
3. Set out your proposal using the following headings:

Aim; standards/background; anticipated results; anticipated recommendations.

1. Fill out the registration form for the Audit Department. This can be obtained from Carolyn or from the intranet under Clinical governance, clinical audit and proposal form. Once completed (not every box will need an answer) Carolyn will send it to the Audit Dept for you.
2. If you wish others to complete your audit forms please communicate so that enough staff are sufficiently aware of what is required. If you wish the nursing staff to complete your forms it is appropriate to discuss it with Caroline Allison (Nurse Manager), Ruth Cork Education & Development Sister) as well as the senior nurses on the ward.
3. Once completed, discuss your results with your chosen consultant and formulate an Action Plan of what (if anything) needs to be done to improve the service or patient care.
4. Make arrangements to feedback your results to the ICU staff eg by presenting it at clinical governance half day or giving a summary sheet to Caroline for display and give a copy to Carolyn Boyce for filing.

Dr Barbara Bray Jul 08

**APPENDIX F**

**Induction Check list for New Doctors on ICU**

|  |  |  |
| --- | --- | --- |
| **Induction checklist for New ICU Doctors *please tick*** | **Tours** | |
| ICU/HDU, SSDU, Paediatric room | |
| Relatives room and Interview room | |
| Rest room, coffee room, changing rooms, storerooms, seminar room | |
| Frequented peri-ITU areas: Resus in Accident and Emergency, Recovery | |
| **Introductions** | |
| Staff including Unit Coordinator, Secretary & Audit coordinator | |
| Initial meeting with Educational Supervisor and College Tutor | |
| Critical Care Outreach Staff | |
| **Equipment Familiarisation** (location & correct usage) | |
| ABG machine/blood chute | |
| CVC/ procedure trolley | |
| Intubation and difficult intubation boxes | |
| LIDCO, Vigileo | |
| Transfer monitor/ventilator/capnography & Transfer bag/drugs | |
| USS machine | |
| Ventilators and Haemofiltration (incl rental) | |
| Percutaneous Tracheostomy (checklist, order form, cleaning and audit form) | |
| **Processes** | |
| Computer programs incl familiarity with PACS, apex, CRS, Ward Watcher | |
| Daily routines & ward round structure including:  Monday and Thursday MDM Friday teaching Hospital at Night meeting | |
| Diary, 830 referral book | |
| Death Certification/bereavement office and Coroner | |
| Documentation including  ICU chart, admissions & daily progress sheets, pre-made drug labels and results stickers | |
| **Policies & Guidelines** | |
| Admissions process and policy | Antibiotic & Blood culture policy |
| Discharge summaries, process | Sepsis / ventilator bundles &  gastric / thromboprophylaxis |
| Overnight discharges |
| *Most policies can be found desktop folder along with link to STRS paediatric retrieval guidelines* | |

**APPENDIX G**

**Contact Details for Department**

|  |  |
| --- | --- |
| Name |  |
| **Address** |  |
|  |  |
|  |  |
| **Telephone** |  |
| **Mobile no** |  |
| **Preferred email** |  |