



Drowning in Data – A day on the ICU

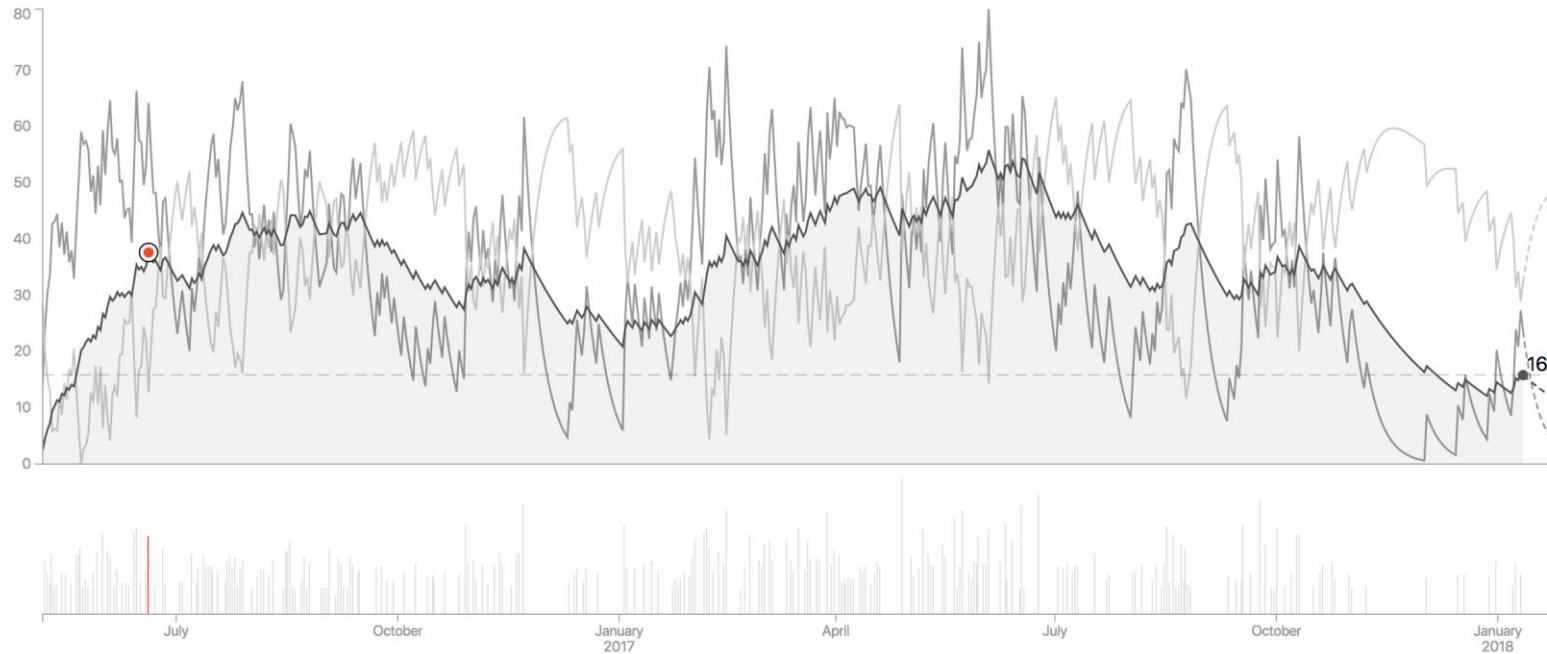
Dr Dan Harvey
Consultant Critical Care,
Nottingham University Hospitals

Fitness & Freshness

Fitness and Freshness considers your heart rate based Suffer Score and power based Training Load to track your levels of fitness, fatigue and form over time. [Learn More](#)

Current

16 FITNESS +3 **24** FATIGUE ON **-8** FORM ON All Activities ▾ Power & Heart Rate ▾ All-Time ▾



Consultant Critical Care,
Nottingham University
Hospitals

Hon. Associate Prof.
University of Nottingham

FICM Professional
Standards

NIHR Critical Care Specialty
Lead - East Midlands



University of
Nottingham

UK | CHINA | MALAYSIA



*National Institute for
Health Research*

Objectives

- What does the data look like ?
- Why is it difficult for us to analyse it ?
- The Result.....
- The Opportunity



OPEL 4 (BLACK ALERT)

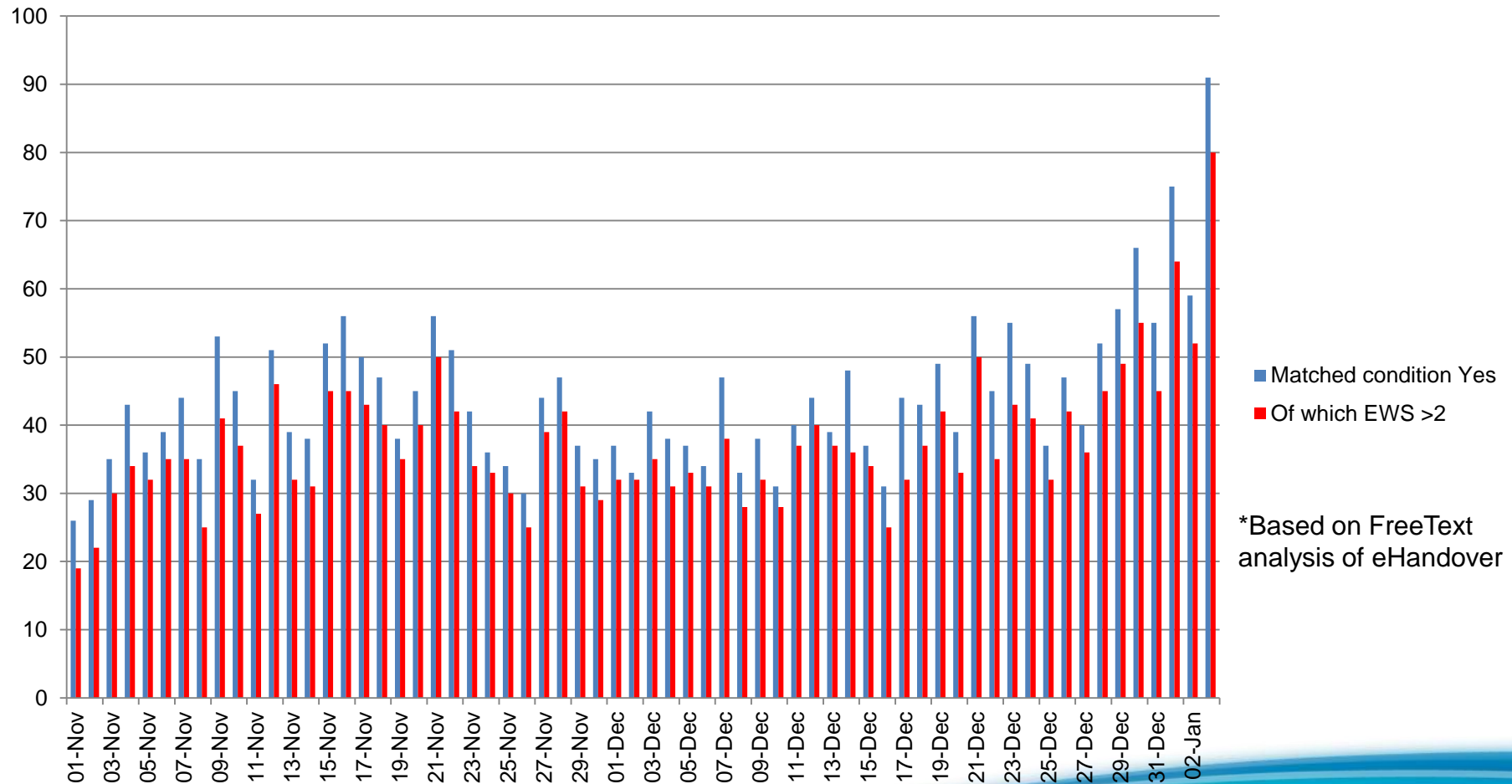
Opel 4 (Black Alert) Declared

Due to sustained pressure and very limited flow and capacity we have declared Black Alert.

URGENT ACTIONS REQUIRED:

- **Senior managers to cancel all non-urgent meetings & focus on flow and discharges**
- **Specialty management teams with clinicians on non-clinical duties or involved in elective activity which has been cancelled to direct teams to support emergency pathway activity on wards or assisting ED**
- **If you are awaiting review by another speciality, please undertake consultant to consultant discussion to expedite this**
- **Please ensure all requests for radiology tests are in place by 11am. Urgent or discharge dependent tests should be discussed directly with radiology to aid prioritisation**

Patients whose observations meet criteria for High Risk Red Sepsis (NICE, 2016), **who have an infection* (blue)**, of which have an EWS of 3 or more (red). Data from 1.11.17-3.1.18.

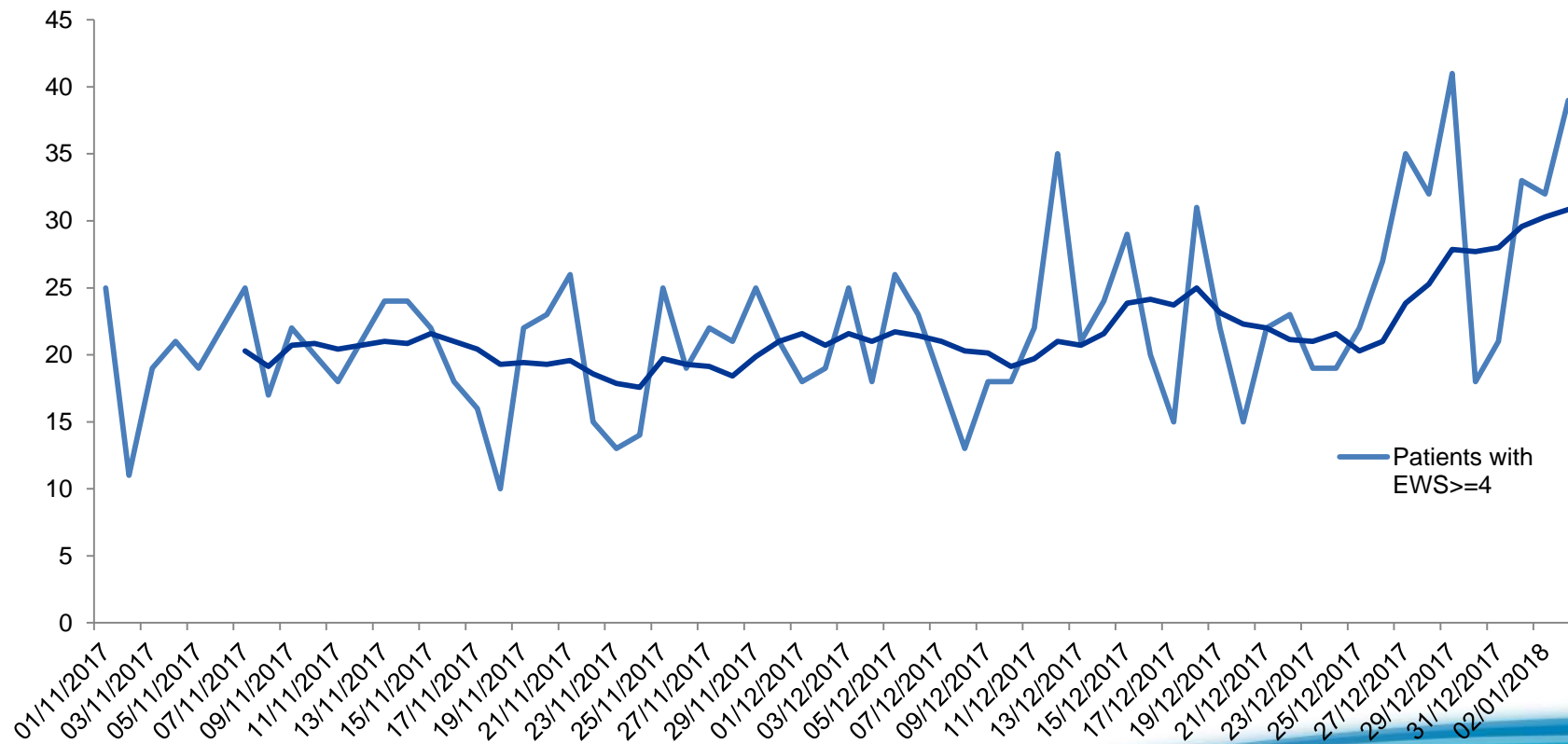


*Based on FreeText analysis of eHandover

Adult emergency admission patients with initial EWS of 4 or more on arrival at hospital

NUH | Observations for arrivals between 1 November 2017 and 3 January 2018

Source: Nervecentre and Medway PAS





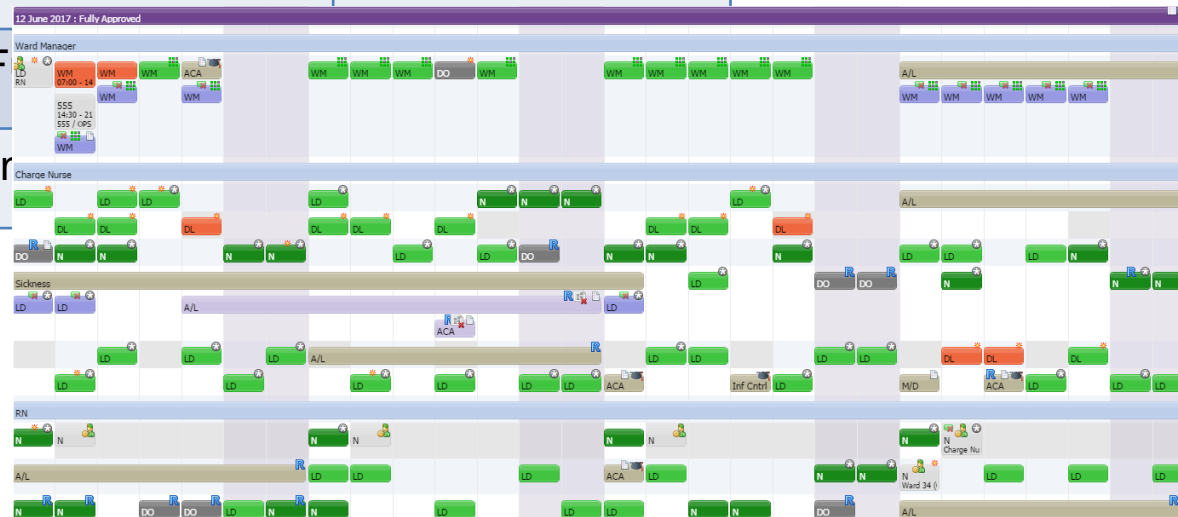
Resource

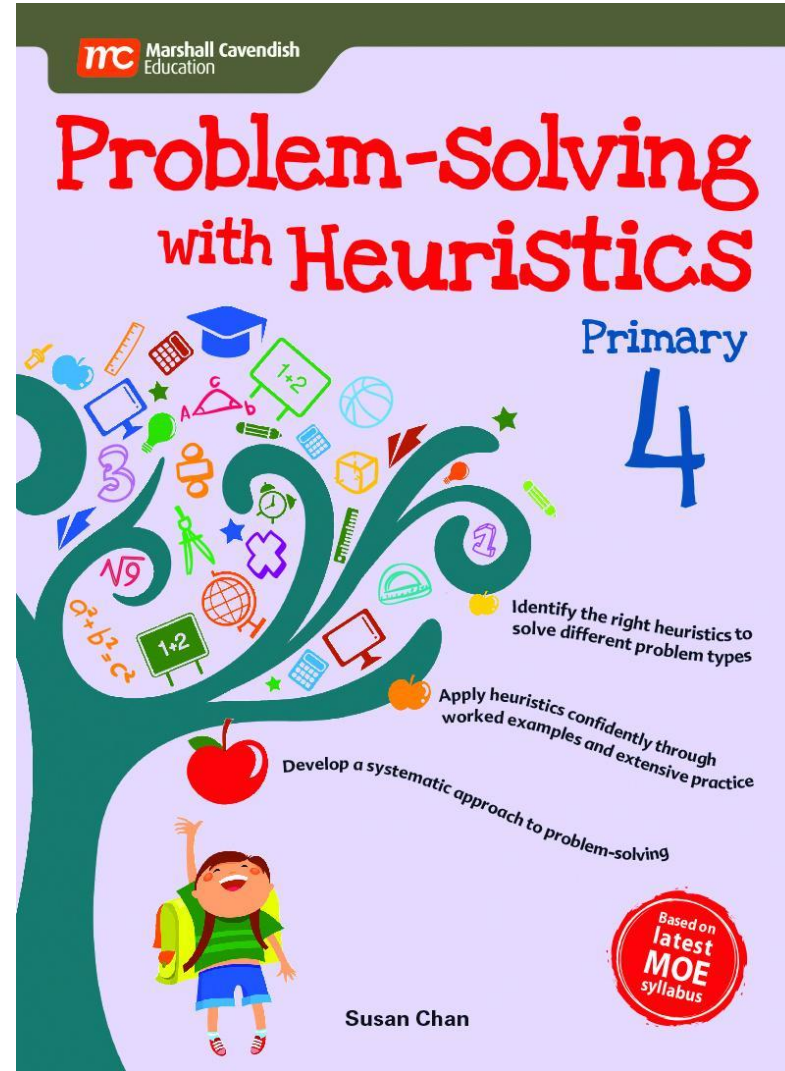
1	Occ	8	Occ	15	Occ
2	Occ	9	Occ	16	Occ
3	Occ	10	Occ	17	Occ
4	Occ	11	Occ	18	Occ
5	Occ	12	Occ	19	Occ
6	Occ	13	Occ	20	Occ
7	Occ	14	Occ	21	Occ

(Recovery + 2, ED Resus + 1, Theatres + 1)

Planned Workload

Mr. A	Hepatectomy – 3 hours	Cancer
Mr. B	Colectomy – 3 hours	Cancer
Mrs. C	Laryngectomy & Flap – 8 hours	Cancer
Mr. D	Spinal F	
Mrs. E	Aortic Ar	







danjrharvey



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Local News

Critical care units 'too full and understaffed'

By Owain Clarke
BBC Wales health correspondent

🕒 26 August 2016



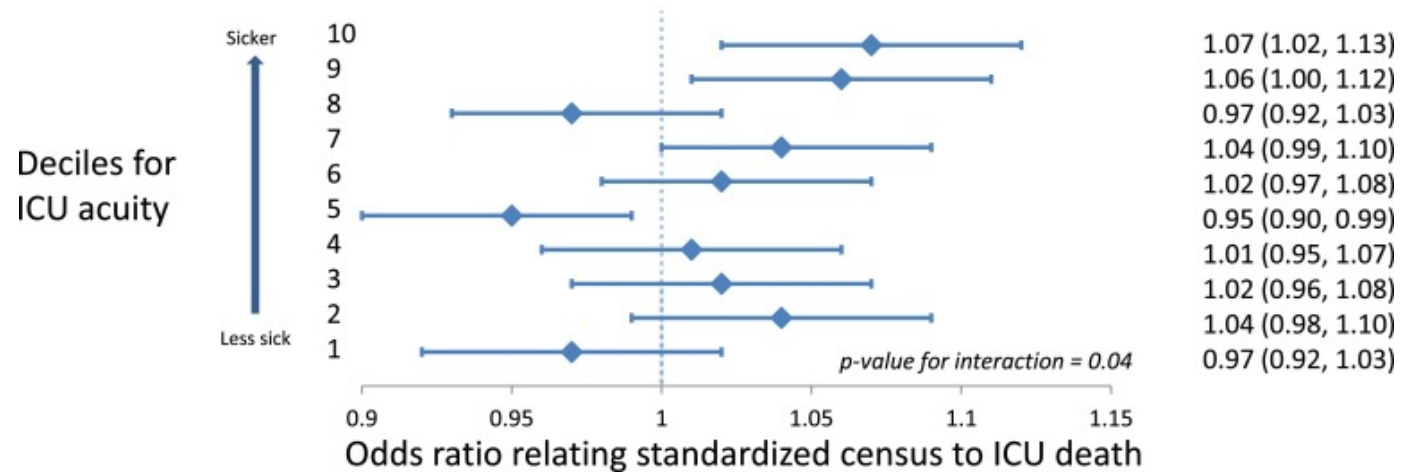
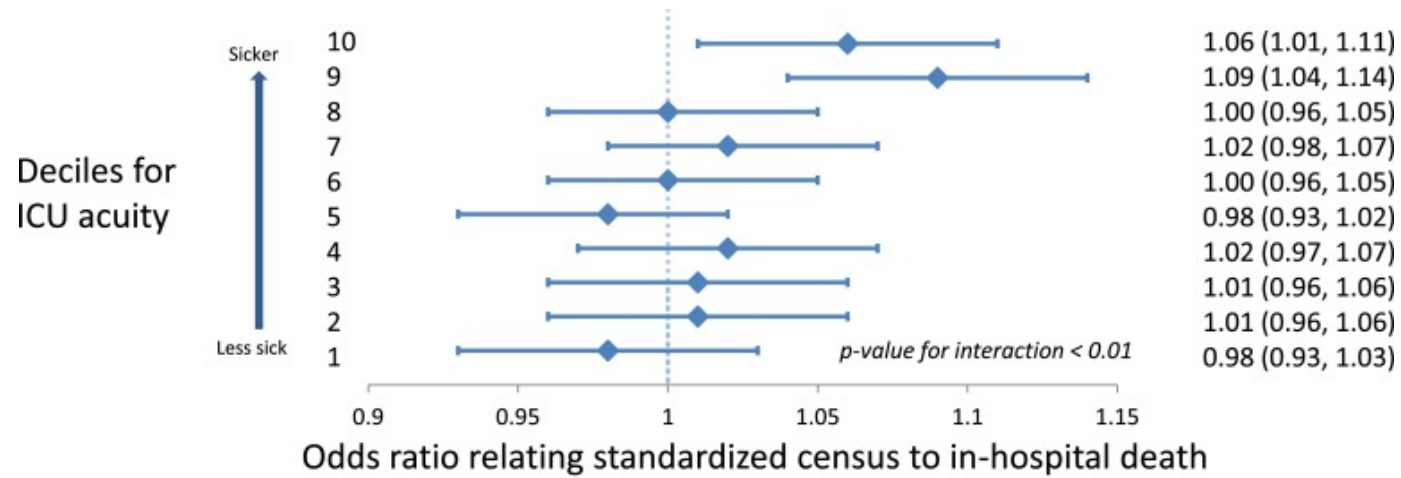
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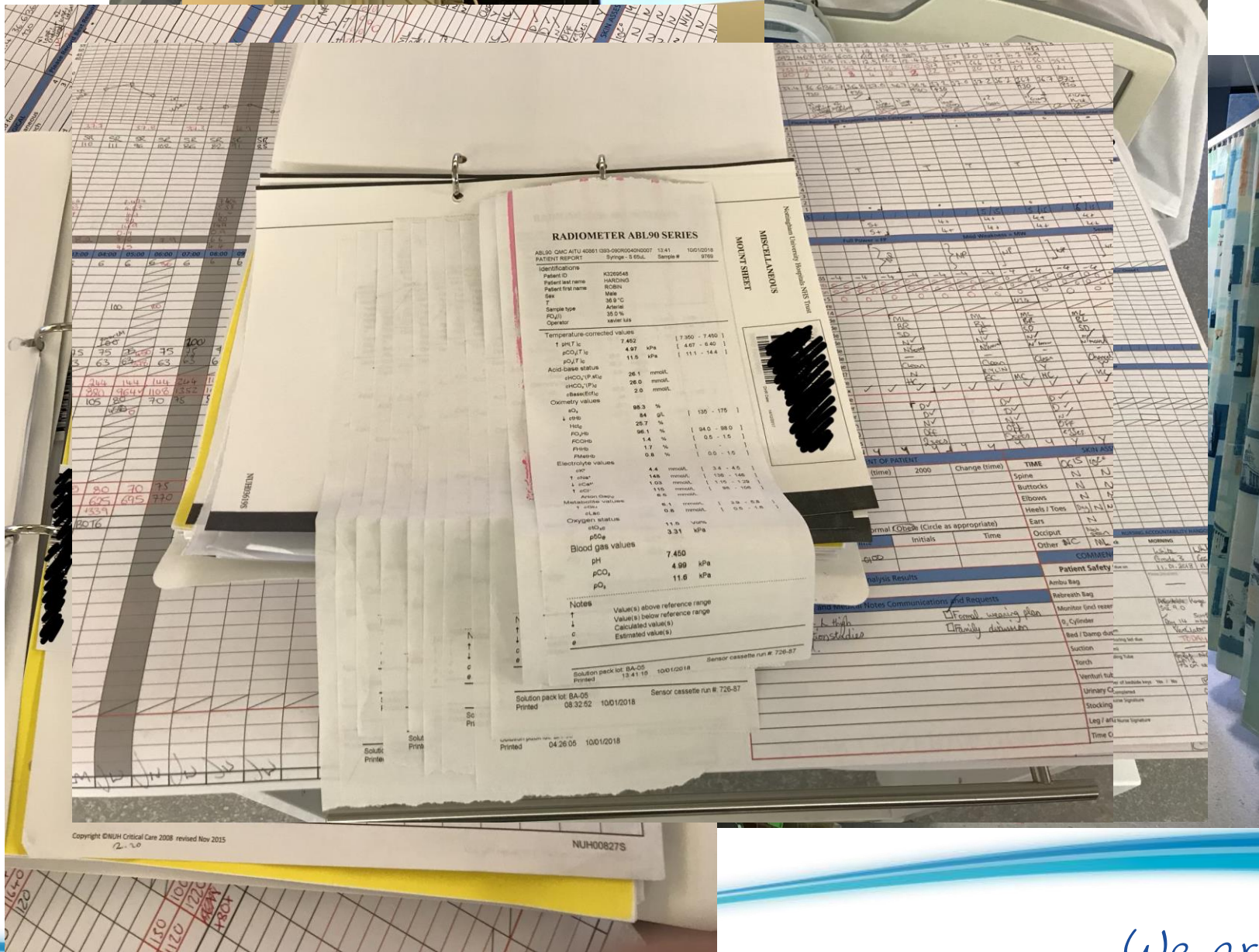
California rescuer saves 'muddy doll' baby

Rescuers continue to search for survivors after mudslides claim the lives of at least 15 people.

🕒 4 hours ago



Mortality among Patients Admitted to Strained Intensive Care Units. Gabler et al. *Am J Respir Crit Care Med*. 2013 Oct 1; 188(7): 800–806.





- Present data rather than analyses it
- Fails to recognise relationships
- Fails to use models for prediction
- ...*assumes mental models & patterns are correct*

ORIGINAL ARTICLE

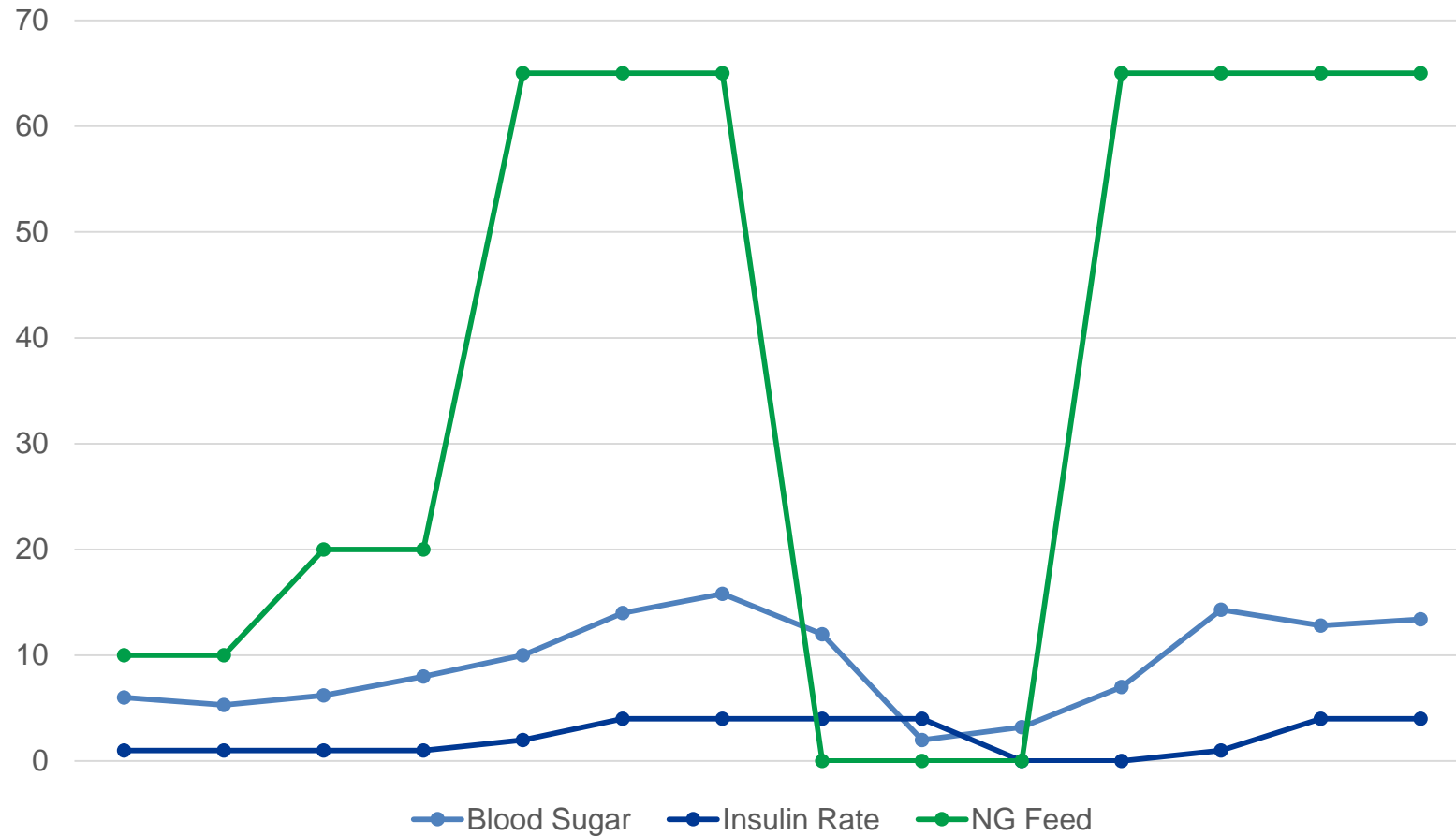
Intensive Insulin Therapy in Critically Ill Patients

Greet Van den Berghe, M.D., Ph.D., Pieter Wouters, M.Sc., Frank Weekers, M.D., Charles Verwaest, M.D., Frans Bruyninckx, M.D., Miet Schetz, M.D., Ph.D., Dirk Vlasselaers, M.D., Patrick Ferdinande, M.D., Ph.D., Peter Lauwers, M.D., and Roger Bouillon, M.D., Ph.D.

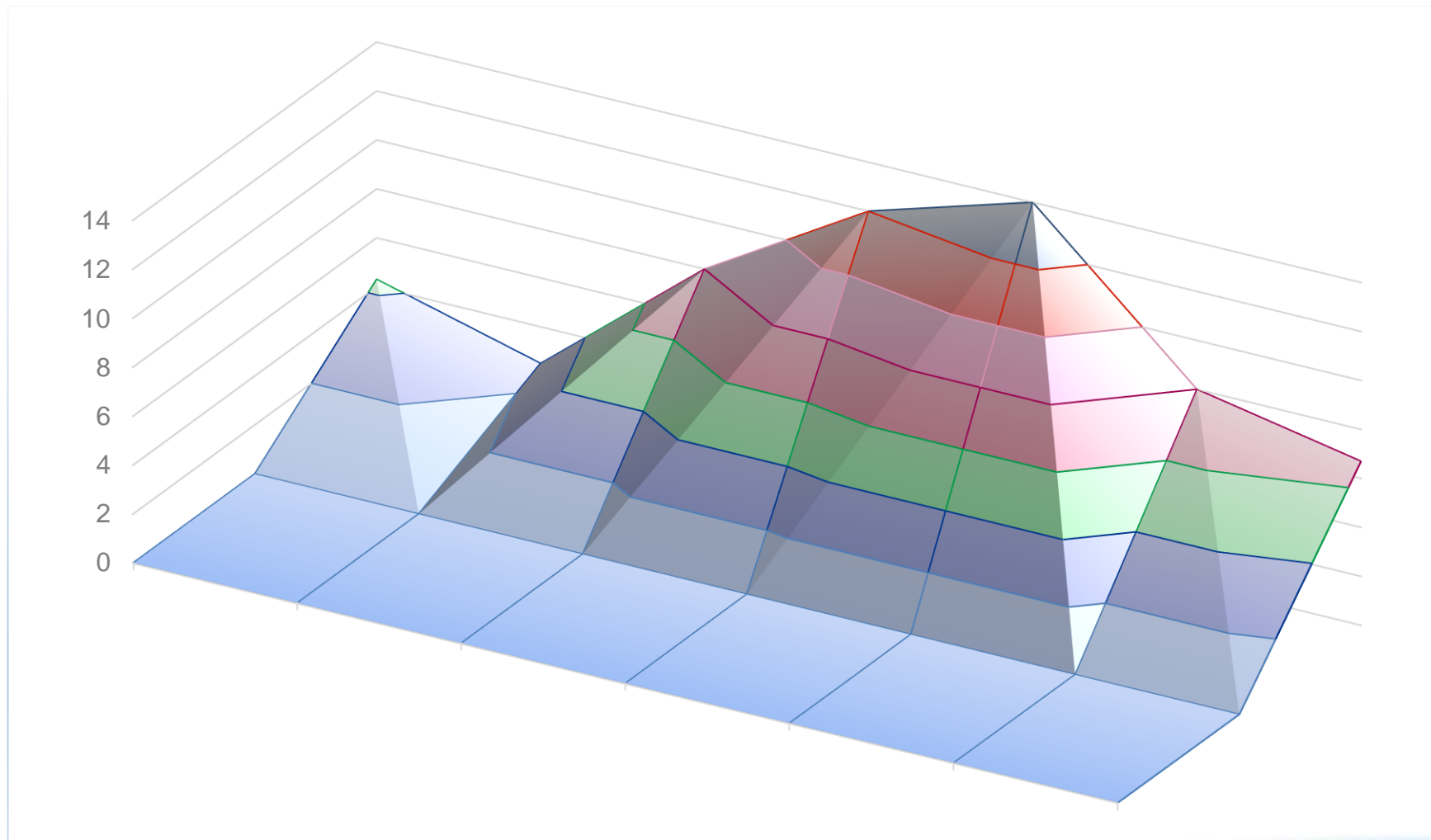
N Engl J Med 2001; 345:1359-1367 | [November 8, 2001](#) | DOI: 10.1056/NEJMoa011300

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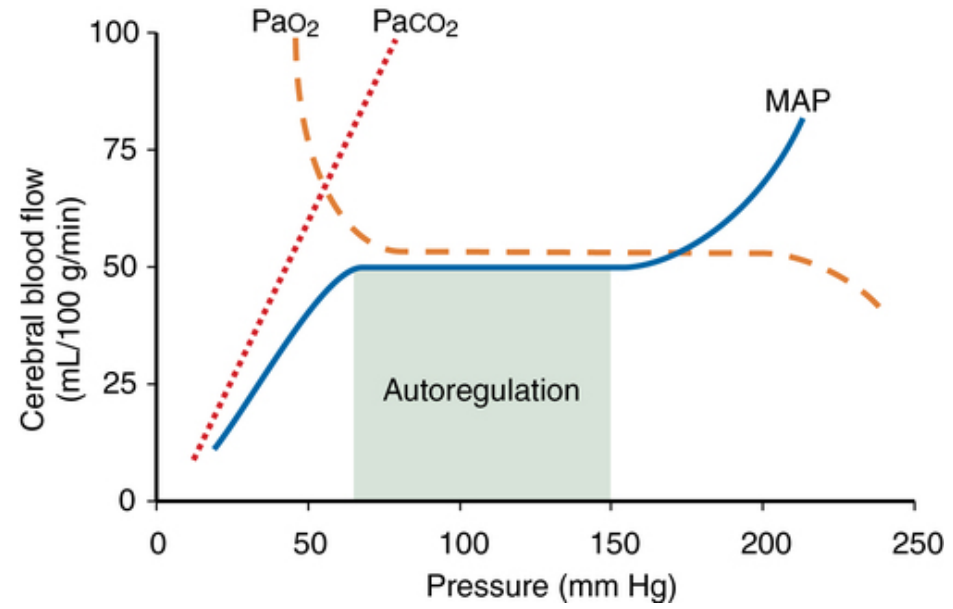
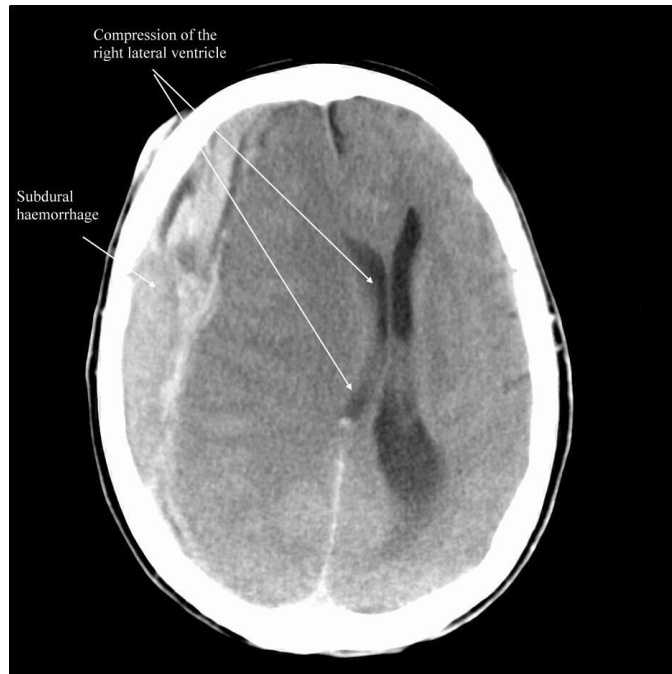
Could we predict this ?

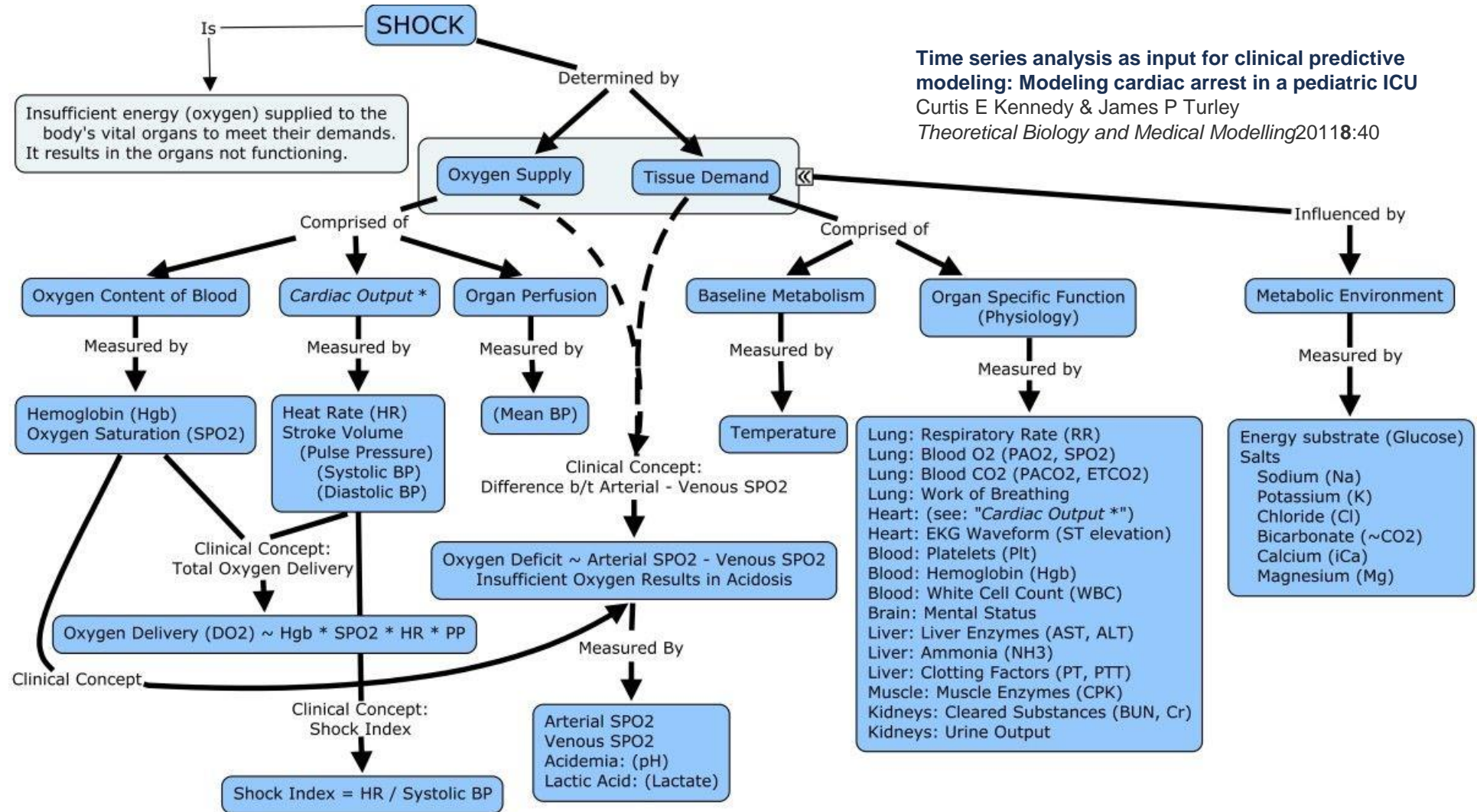


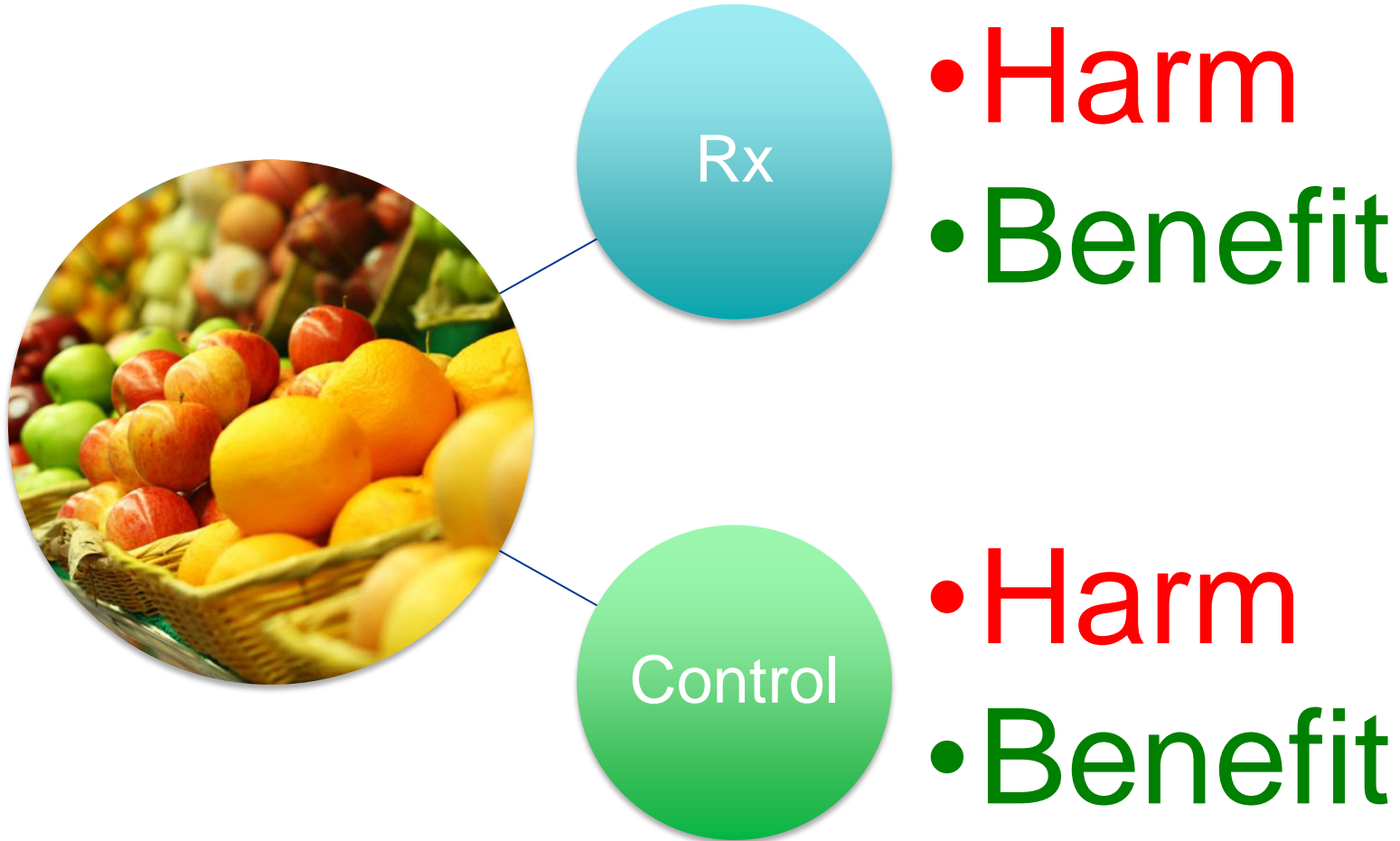
We are here for you











Multicenter, randomized, controlled trials evaluating mortality in intensive care: Doomed to fail?

Gustavo A. Ospina-Tascón, MD; Gustavo Luiz Büchele, MD; Jean-Louis Vincent, MD, PhD

