



'The safety of people shall be the highest law'

Wise words from the Roman lawyer, philosopher and statesman – Marcus Tullius Cicero

We do a lot of things to keep ourselves, our loved ones and others safe, daily acts we take for granted: drive with safety belts in the car, wear hard helmets on site, use gloves/hand sanitisers on the ward and much more.



Our research studies and trials can potentially keep our patients and future patients from harm or aid their recovery, we want to offer them to our patients in the safest way possible. Our research nurses in both WGH and RIE are well versed in maintaining high safety standards for our patients during trials. How do we do that? - take a look at the article on page 2 and find out the measures we take to make safety and reporting a priority.

T4P Threshold For Platelets

New Study at the Western General Hospital!

The team are pleased to be able to offer T4P to our patients!

Why are we doing this research?

People in ICU often have a low platelet count because they are very unwell. They might also need a medical procedure as part of their care. If the patient's platelet count is low, platelet transfusions are sometimes given before these procedures.

What are platelets?
In health, platelets are cells in the blood that help form clots and stop bleeding



This is thought to reduce the possible risk of bleeding from the procedure. But, platelet transfusions also have risks, such as an allergic reaction and may not work as well in critical care unit patients.

Currently, we do not know the platelet count below which the benefits of giving a platelet transfusion outweigh the risks

'This means that platelet transfusions are given to patients with a wide range of platelet counts and there is no set threshold.' The T4P team think they can improve this for patients!

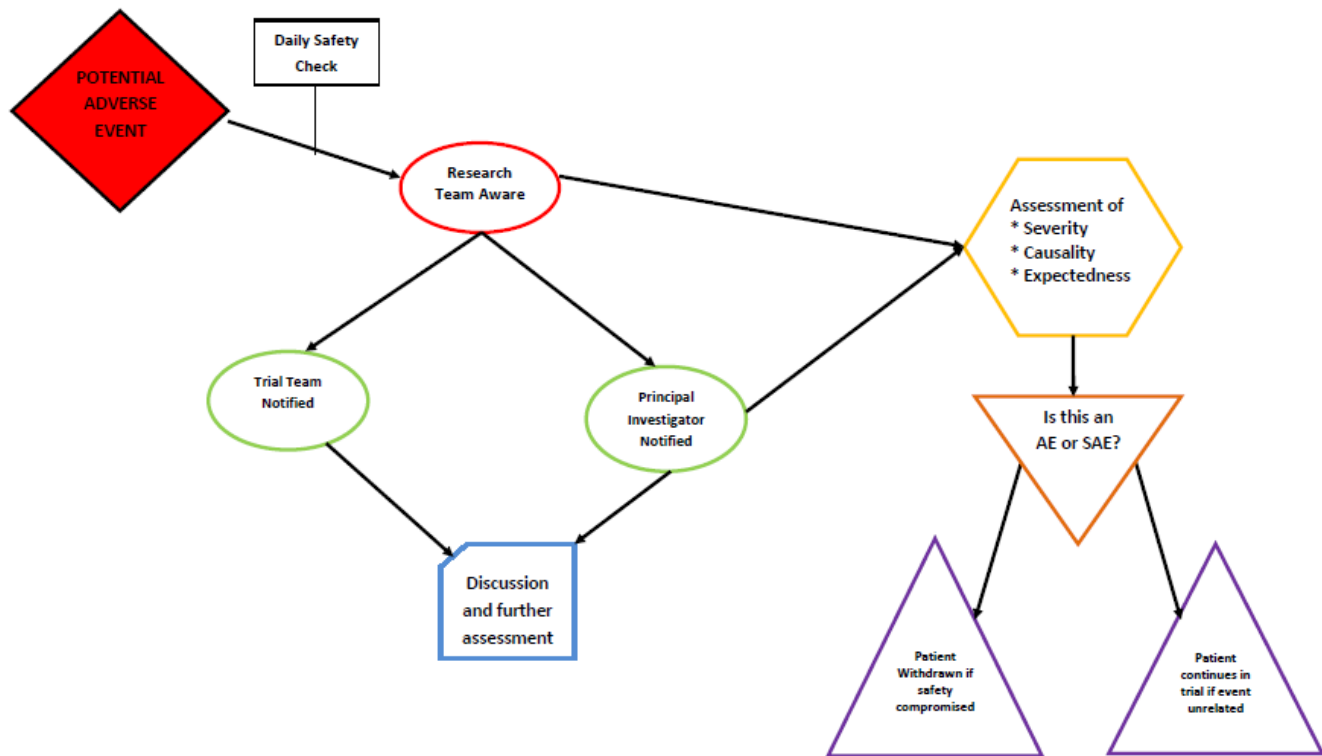


This study will test five different thresholds to find out the safest threshold level for platelet transfusion.

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Adverse Events—what are they?



When a patient is enrolled in a clinical trial, research staff perform daily safety checks to assess for adverse events and adverse reactions to medications.

An adverse event is defined as: *'any undesirable, unintended and unfavourable occurrence after a medication or intervention'*

Within critical care there are many potential scenarios that could be classed as adverse events. We therefore check the protocol and decide which ones to report to the trial team and our principle investigator (a doctor responsible for the study). Studies will highlight specific events that they want to know more about such as cardiac episodes.

The principle investigator then assesses the event based upon the following:

- Severity – did any harm come to the participant? Is this a Serious Adverse Event (SAE) ?
- Causality – is this event related to the trial intervention?
- Expectedness – could the event have happened to any critical care patient, regardless of study participation?

If we feel it is a serious adverse event (SAE) the patient can be withdrawn at any time so their safety is always a priority. An SAE needs to be reported within 24 hours of us being aware. An SAE is classed as one of the following:

- * Results in death
- * Is life threatening
- * Requires hospitalisation or prolongs hospitalisation
- * Results in a serious disability
- * Results in a birth defect

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What's New In ICU? – Roundup Of The Event

After a hiatus of 5 years (!) we brought the 'What's New In ICU' event to you at Edinburgh University's John McIntyre Conference Centre last week. It was a day packed full of sessions and workshops, nicely interspersed with cakes, coffee and lunch!

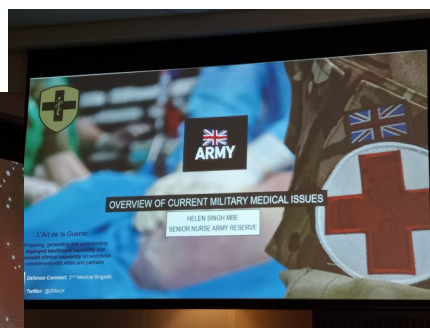
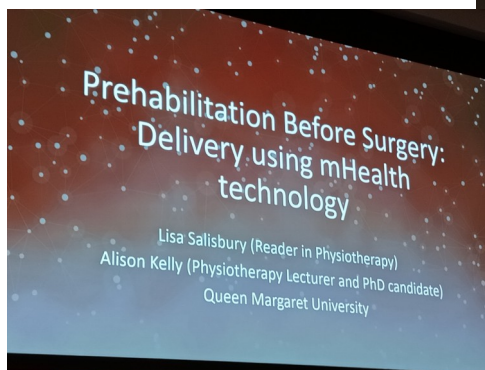
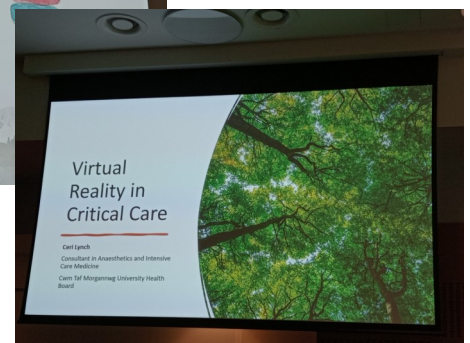
We can't thank everyone who contributed enough for pulling this event together and ensuring everything went along smoothly on the day. Our presenters – who travelled the length of country to be here this year, brought an array of topics that offered delegates food for thought and the 'noise' on X certainly proves this is the case. We hope everyone took something beneficial away from the day.

On X @ceri_lynch VR presenter and delegate said:

'I am SO motivated to get back and revamp our own ICU garden'



There was plenty of time for delegates to enjoy a break with colleagues and talk about the sessions



Just **some** of the presentations our delegates were able to benefit from.



My name is Maggie

A special thank you to Maggie the wonderful Therapet for presenting at 'What's New In ICU?' and bringing Sarah along too, it was fantastic to see you both. Not only do you give our patients a boost, but you certainly gave our delegates one too!

Team News! – meet Lauren and Reena, hello baby, bye bye Sophie



Lauren Callender



Reena Mathius

A **huge warm welcome** to our two new team members – Lauren Callender and Reena Mathius.

Lauren joined us in January from the Western General Hospital ICU where she had been for 4 years, so we're very lucky to have her with us!

Reena has joined us recently from the Clinical Research Facility at RIE in April and brings her research expertise to the team.

We said a very fond farewell to Sophie Birch, Lead Research Nurse, in January who is off to pastures new. Sophie is following a dream she's had for a while and retraining as a Health Visitor. We want to wish you all the very best in all you do Sophie!

Lucy Macdonald has taken over the role of Lead Research Nurse at the RIE. She has been in the team since 2020 so you will all know her by now!



!! Cuteness Alert !!



We'd like to introduce you to a new post in the team and we've filled it already! Meet our **NBiTRN (New Baby in Training Research Nurse)** Fiadh MacPherson.

How cute is she!

Katie MacPherson, our Senior Research Nurse, is Fiadh's very proud mummy and brought her in to visit us last week – at which point all research work was halted for half an hour... We make no apology for that!



Thinking About Critical Care Research??

If you think being a Critical Care Research Nurse could be the route you'd like to take at this stage of your career, follow us on **X (Twitter) @EdCriticalCare** or the Intranet to find out what's happening in our recruitment. If you'd like to find out what it's all about – let us know! You'll find our contact details on page 6.

Check out all you need to know about the Critical Care Recovery Service on page 5

Critical Care Recovery Service—helping our patients back to health

CRITICAL CARE RECOVERY SERVICE

The CCR service provides a comprehensive, co-ordinated recovery and rehabilitation pathway for ICU survivors with equity of service across the RIE, WGH and SJH. The service commences in the intensive care unit and extends many months into the community and linking back with secondary care at a follow up clinic. It provides continuity of care by the same multi-disciplinary staff throughout the entire patient journey and at key transition points.

Number of patients in each CCR pathway from April 2021 – March 2022

	COVID-19	Complex ICU recovery	Complex health-social care issues	Mental health, drug and alcohol dependency issues	Established existing care pathways	Low risk for adverse outcomes	Total number of patients discharged from ICU
RIE	87	68	63	15	273	112	618
WGH	42	38	48	3	90	85	306
SJH	31	19	33	15	86	33	217

TEAM



The CCRS team on all 3 sites are made up of ICU Consultants, Nurses, Psychiatrists, a Mental Health Nurse, Physios, Occupational Therapists, Dietitians, Speech and Language Therapists, Rehabilitation Consultants, Generic Rehabilitation assistants, Physio assistants and Admin support.

LAY SUMMARIES



Patients within the Complex ICU Recovery Pathway are offered a lay summary which is a summary of their ICU stay written in layman's terms. We know that patients find these a very helpful part of their processing and recovery.

LAY SUMMARIES BETWEEN APRIL 21-MARCH 22

RIE 67 WGH 32 SJH 18
TOTAL 117

3 SITES



ONE SERVICE

3RD SECTOR ORGANISATIONS



We work closely with Chest Heart and Stroke Scotland who provide ongoing support for patients who have ongoing respiratory symptoms post ICU. They are looking to increase their scope to include cardiac/OOHCA patients soon.



INNOVATION

WE ARE CONSTANTLY ENGAGING WITH NEW INNOVATION TO KEEP WHAT WE DO AT CCRS EFFICIENT AND ACCESSIBLE. WE WORK WITH VARIOUS SOFTWARE COMPANIES TO IMPROVE PATIENT CARE THROUGH INNOVATION.

POGO. TAILORED TALKS
Bespoke tailored rehabilitation information

FUTURE PLANS
We are about to digitally map our service to improve patient engagement

NETWORK



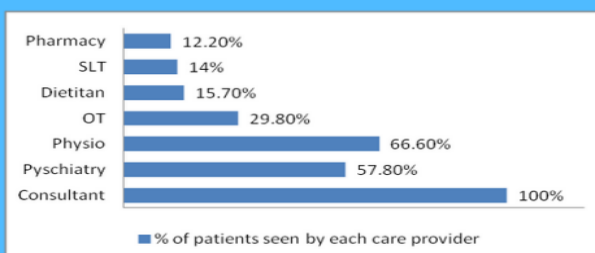
As part of our commitment to the patients recovery we have been establishing a network of Critical Care Recovery Services across Scotland. This allows us to refer our patients to their services. If a patient repatriates back home their ICU recovery can then be continued locally with professional support.

CLINIC



Our clinic runs monthly and is an opportunity for patients to come and be seen by any of our clinicians. In clinic investigations and ongoing referrals are often made at clinic.

FROM APRIL 2021 – MARCH 2022, TOTAL PATIENTS ATTENDED: 57



OUTCOME MEASURES



We currently use FimFam as an outcome measure which gathers data on the patient's functional rehabilitation progression. Along with this we gather data through a Service Satisfaction Questionnaire, EQ-5D-5L Questionnaire and a Pre-clinic ailments checklist.



Our Newsletter
is
ONE
Year old!
HAPPY
BIRTHDAY!!



Acronym Buster!

Six More Studies For You To
Peruse!

Get In Touch!

AE - Adverse Event
API – Associate Principal Investigator
CI - Chief Investigator
CRF – Clinical Research Facility
Or Case Report Form
GCP – Good Clinical Practice
PerLR – Personal Legal Representative
PI – Principal Investigator
PIS – Patient Information Sheet
PPI – Patient and Public Involvement
ProLR – Professional Legal Representative
REC – Research Ethics committee
SAE - Serious Adverse Event
SUSAR – Suspected Unexpected Serious
Adverse Reaction

Need to know anything else? Drop us
an email!

Six Studies:

T4P

Threshold for Platelets study

GuARDS

Glucocorticoids in adults with Acute Respiratory Distress Syndrome:

SINFONIA

Sugammadex for prevention of post-operative pulmonary complications:

IMPRoVE

Incidence, impact and mechanisms of Perioperative Right Ventricular Dysfunction

EMUs

Continuous physiological monitoring for the detection of postoperative patient deterioration: A Multi-Stage Study

SYNAPTIC

Study of Neurocognitive Associated Pathological and Transcriptomic Implications of Critical illness

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