



APOLLO Critical Care

News | Views | Inspiration
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Remote Critical Care

Time for International Consensus

There is little doubt that Remote Critical Care, using various forms of digital connectivity, offers a real opportunity to save lives.

In some parts of the world, such as India, access to critical care in remote areas continues to be a huge problem. However, the pandemic has shown the potential for digitally enabled provision of remote critical care in such circumstances.

As you know, Apollo Centre of Excellence in Critical Care (ACECC) was established in October 2021 to oversee integration and transformation of Apollo Critical Care services; currently it comprises of a total of 2500 critical care beds spread all over India. During the pandemic, using various forms of digital connectivity and e-ICU, Apollo Hospitals was able to connect and offer care to over 16,000 additional critically ill patients treated in remote facilities. We now need to continue working towards consolidating this experience and establish remote critical care as a specialised branch of critical care medicine internationally.

Outside India, the practice of remote critical care (E-ICU) has grown in different parts of the world as part of a solution to many local issues such as staff shortages, lack of specialists in the area or travel distance to reach an ICU facility.

After the experience during the surges in the Pandemic, and further growth in IT potential, it is now clear that remote critical care will grow even in those countries who until now thought that it was not for them. Although the pace, and the shape, of this change will be different in different parts of the world, it is clear that the critical care community needs to start a meaningful conversation in this area. It will be important to develop some generic standards of practice alongside training requirements, medico-legal aspects, safety considerations, quality indicators and quality assurance.

In order to address this need of the time ACECC has organised an international symposium on Wednesday, 27th April 2022, which aims to start the conversation around Clinical Requirements, Technology, Education and Policy as applied to Remote Critical Care.

I am really pleased that prestigious international organizations such as the Faculty of Intensive Care Medicine (FICM) UK and the College of Intensive Care Medicine of Australia and New Zealand have partnered with our ACECC in organising and running of the symposium. I am now looking forward to serious clinical, regulatory and academic developments in this area and firm establishment of ACECC amongst world leaders in Remote Critical Care.

PROF. RAVI P MAHAJAN

Director

Critical Care Integration and Transformation

Can you Emote through Remote Care?

Remote care has overtaken the world and rightfully so . The ease of access as well as availability has generated a plethora of options for patients and healthcare providers. The pandemic may be dwindling but the safety option of virtual care at all levels has remained a confidence boosting proposition . Whether we will see healthcare systems challenged as in the last two years is not a question of possibility but rather one of timing. It is inevitable that disasters, viral outbreaks, newer diseases and various challenges will continue . In these situations the ability to assist sick patients from anywhere is a boon.

While we have the capacity to treat and diagnose from afar, human emotion during critical illness is at a peak of extremes. The patient is often in pain and distress and may be unconscious . The family is stressed and worried. Doctors and nurses are often completely caught up in the mechanics of critical care and ignore their own emotions. In this milieu a calm demeanor with a reassuring voice and physical touch to convey concern are often helpful. But in a remote environment is this feasible ?

The answer to that question is a resounding yes. In fact it is an essential component of remote care to be able to share the hope that may often be difficult to find in the middle of a critical situation. There are five strategies and tactics that can be considered based on personal experience:

- Clarity of plan of care
- Communication of the plan of care
- Compassion in plan execution
- Concern for the patient and healthcare team

- Collaboration and coordination

The plan of care determines how the patient will be treated and understanding the diagnosis with the treatment plan will ensure that the patient has a speedy recovery with a minimal length of stay . Communicating this to the patient and healthcare team as well as the family will ensure that questions are handled efficiently. It is critical to care, especially in the intensive care unit. Compassionate plan execution involves managing expectations, pain , symptoms of the disease and also the emotions that patients have to endure given the uncertainty in the ICU. The remote provider can assist in all of the above fairly easily using video conferencing or even the telephone. Having concern for the patient and the healthcare team has multiple facets and may involve practical ideas like minimal sound when examining remotely when a patient is asleep or perhaps nurses bundling questions to ask the remote provider to minimize workflow disruption. Ultimately collaboration and coordination between the remote care team, patient and bedside care team will determine successful outcomes.

I hope this short set of thoughts convinces that it is possible to emote from a distance. Sometimes , distance does lend enchantment to the view and remote critical care can solve many complex global problems.

DR. SAI PRAVEEN HARANATH,
Medical Director,
eACCESS TeleICU

Dealing with Alarm Fatigue among Nurses: Tips & Strategies

Biomedical equipment like infusion pumps, patient monitors, ventilators, syringe pumps and feeding pumps etc are designed to generate alarm signals to indicate any unacceptable physiological patient conditions, unsatisfactory functional states of biomedical equipment or medical electrical systems, or to warn of any operator threats.

These are the alarms that are all too familiar to nurses & doctors, especially in the intensive care unit, and are all too acquainted with. Alarm fatigue occurs when 72% to 99% of all alarms are false, according to a study. Alarms meant to notify physicians of concerns with patients are sometimes ignored, unfortunately, due to the high frequency of false alarms. Assuming an alarm is false puts people at danger and may result in medical errors. Alarm fatigue occurs when the doctors/nurses are exposed to a large volume of medical device alerts, resulting in alarm desensitisation and ignored or delayed alarms. Alarm fatigue is becoming more widely recognised as a serious patient safety issue as the number of alerts utilised in healthcare increases.

Types of Alarms:

The alarms can be categorized into two categories namely- Actionable & Non-Actionable alarms, out of which 5% comprises of the Actionable Alarms & 95% consists of the Non-Actionable alarms (source: Ruskin [8]; Gorges[66]; Tsien[67]).

Actionable alarms are the ones which are triggered due to true variation in the patient's condition etc, where an action is needed from our side.

Non-Actionable alarms are further divided into False, Technical & Nuisance Alarms. False alarms occur when there is no true patient or system trigger and are usually caused by a measurement artefact. Technical alerts require the provider to attend to some part of the monitoring system's functionality, such as when monitor leads/sensors need to be readjusted. Nuisance alarms are alarms that are clinically minor but could interfere with patient care. Overall, the non-actionable alarms are the major cause of the desensitization of hospital staff towards alarms, thus resulting in the alarm fatigue.

Tips & Strategies to deal with Alarm Fatigue:

- Review and adjust default parameter settings and ensure appropriate settings for different clinical areas as per the doctor's prescription/order.
- Nurses should ensure customization of the alarms based on the individual patient's condition as per the doctor's advice.
- Check that all of the equipment is in functioning order.
- Engage in ongoing education on monitoring systems and alarm management for unit staff.
- ECG electrodes must be properly prepared and placed on the skin.
- Using the right oxygen saturation probes and putting them in the right places.
- At the start of each shift, double-check the alarm settings.
- Keep the equipment clean-false alarms often occur

because of dirty equipment. Set aside time to inspect and clean the equipment. This reduces the amount of notifications generated by technical issues.

- Replace single-use sensors on a regular basis to eliminate false or annoying warnings.
- Establish a routine for inspecting, cleaning, and maintaining alarm-equipped medical devices, and test them on a regular basis.
- Determine whether the acoustics in patient care locations allow for easy hearing of alarms and make necessary adjustments. Nurses can also follow the mnemonic (ASSET) to help prevent alarm fatigue and increase patient satisfaction and outcomes:
 - A-Alarm sensitivity
 - S-Sounding notification
 - S-Significant need to monitor
 - E-Evaluate the situation
 - T-Timely response/technology training

Conclusion: An integrated strategy to improving alarm safety can be done by considering human, organisational, and technical elements. Following the safety culture aspects can reduce the total number of alerts, the number of false alarms, and overall alarm noise level. The risk evaluations should be used to guide the implementation of systems for safe alarm management and alarm technology adoption priorities. To effectively adopt these techniques to prevent alert fatigue, it is critical to invest in new technology training and education for caregivers, as well as getting buy-in at all levels and engaging interdepartmental groups/teams.

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- 3) www.burroughshealthcare.com
- 4) www.ppahs.org
- 5) <https://healthmanagement.org/c/icu/issuearticle/nine-nurse-recommended-design-strategies-to-improve-alarm-management-in-the-icu-a-qualitative-study>
- 6) <https://www.spok.com/blog/8-ways-reduce-alarm-fatigue-hospitals/>
- 7) <https://www.intechopen.com/chapters/66118>

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ENCOURAGING NURSING WELLNESS

MOTIVATION AND INSPIRATION

INTRODUCTION

Motivation may be a powerful, yet tricky beast. It comes within the person as an urge, and you discover yourself committed during a whirlwind of pleasure. At Apollo Hospital, nurses are motivated to own a positive outlook as they are excited about what they are doing and know that they are investing their time in something that's truly worthwhile. In short, motivated nurses enjoy their jobs and perform well.



There are two main types of motivation : extrinsic and intrinsic. Extrinsic is when you use external factors to encourage your team to try to what you wish. Intrinsic motivation is internal such as when our nurses have a private desire to beat a challenge, to supply high-quality work, or to interact with team members you wish and trust.

Intrinsically motivated nurses get a good deal of satisfaction and delight from what they are doing. Every team member is different, and can likely have different motivators. So, it is vital to induce our nurses, discover what motivates them, and find a decent mixture of extrinsic and intrinsic motivators.

BENEFITS OF MOTIVATION

Nurses as a person have some responsibility for motivating himself or herself, but you'll encourage the

method by creating an environment that helps him/her to become more intrinsically motivated. Motivated nurses are highly adaptable, particularly when it comes to change, they're going to have a positive attitude towards work.

STRATEGIES FOR MOTIVATING AND INSPIRING THE NURSE

- Create a powerful employer brand: a powerful employer brand will start from within you, the goal of our brand is to draw in and retain the worker and leading to higher employee engagement
- Champion great onboarding: Assigning a preceptor to assist the new entrants to address the new system by ensuring protection and compliance training, providing hospital orientation programs and facility related training and learn about processes.
- Encourage daily huddles
- Respect people: Treating the staff with respect can reduce the negative impact on their patient engagement and motivation levels.
- Lead by example
- Provide ongoing development opportunities
- Promote connectedness through events: Nurses must meet and learn from peers, People Connect Program is organized, which creates a healthy bonding between the nurses and therefore the leaders.
- Create a courageous culture
- Provide emotional support: ESCA – Emotional support for handling anxiety
- Introduce rewards: Rewards and recognition is completed appropriately
- Start with a survey - Circulate a wellness survey to induce ideas about what programs or activities your staff would really like to determine.

Ms ANBARASI RAMESH,
Nursing Superintendent
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INTRA PERICARDIAL TERATOMA

A RARE NEWBORN TUMOR

- Offer on-site classes on themes like a way to get back sleep after a shift or healthy meals on the go
- Introduce a stoppage hour. Having an intermission hour at the worksite means if a nurse feels tired or must cater to their emotions
- Begin a weight management challenge during the vacation season.
- Create a team for a community event like a healthy heart walk or dance-a-thon or Run-a-thon.
- Sponsor a yoga or meditation class.
- Get a Library – to explore their personal interest and knowledge.
- Create an employee cookbook – have everyone share one healthy recipe and mix them into a PDF to share.
- Host an all employee field day
- Start Resilience Training- * 21 day gratitude challenge –
- “My Well- Being” Hospital Nurses App
- Self-care rewards.
- Encourage health and wellbeing: Yoga and ergonomics awareness classes are organized for the nurses.
- Learn what motivates people: The act of seeking feedback from the team builds trust and improves communication.

CONCLUSION

Through individual measures, participating in work place health promotion programs, teaching ourselves about self care, and educating ourselves about proper nutrition, we all can strive to be “healthy nurses” who are physically and emotionally prepared to produce the simplest possible care to our patients.

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SIXER ! THE WORD PUZZLE

Life may be hard. This puzzle is easy :)

Every line has a 5 letter word

Every word has a clue listed below but not in order

Each word has at least three alphabets in common with the word above or below

Clues :

1 Why we do what we do : to ensure the patient

2 The monitor has this : you can't surf on it though :)

3 Mostly on the right, metabolic mega factory.

4 Sepsis often may not have this in the elderly.

5 What a nurse and doctor does every day !

6 In the ICU make a decision , don't

Under 1 minute to solve: You should be writing dictionaries

1-3 minutes : Genius : come join our team !

4-5 minutes : You know your words well

Over 5 minutes : You are very thoughtful and take your time

Send an email to Jude Thomas at jude_t@apollohospitals.com before May 20, 2022 to be recognized among the first five to solve this easy puzzle .

			E	
		V		
				S
	A			
W				
				R



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Please send your suggestions and article contributions to your critical care coordinator



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