The Faculty of
Intensive Care Medicine

Part 1  Hospital Details

1.1 Hospital name
Medway NHS Foundation trust

1.2 Full address (you must include postcode)
Medway NHS Foundation Trust
Windmill Road
Gillingham
Kent
ME7 5NY

1.3 Hospital Telephone number
01634 833722

Part 2  ICU Department contact details

2.1 Direct telephone number to Department
01634 833967

2.2 Faculty Tutor name
Dr Rahul Sarkar

2.3 Faculty Tutor Email address
Rahuldeb.sarkar1@nhs.net

Part 3  Unit Structure

3.1 Number of Beds
ICU (9) + MHDU (6) + SHDU (10)

3.2 Number of admissions
1800

3.3 Percentage of elective vs emergency admissions
ICU: 10:90, Surgical HDU: 50:50
3.4 Overview of case mix within the unit

We have a busy 25 bedded critical care department, admitting around 1200 patients/year, comprising a separate 9 bedded ICU, 10 bedded surgical HDU and 6 bedded medical HDU. Being one of the busiest critical care units in the region, the department provides trainees with opportunities to gain experience in a diverse case mix of critically ill medical patients alongside a large number of elective and emergency post-surgical patients. The case mix for the level 3 admissions is approximately 90%-10% emergency: elective split and approximately 70:30 medical: surgical split. The hospital houses the local vascular and ENT services and therefore we receive the casemix associated with these specialties.

Ventilators (Draeger Infinity C500) with advanced modes including APRV are in use in the unit. Citrate anticoagulation (Nikkiso Aquarius) is first line for CVVH and we use Edward’s EV 1000 and PICCO for cardiac output monitoring. There is an active interventional radiology department and we take advantage of this service to deliver unique modalities of therapy (e.g. catheter directed/ultrasound assisted thrombolysis for intermediate risk pulmonary embolism). The emergency department is the busiest in the region and treats wide ranging acute illnesses. Respiratory medicine department has a comprehensive range of services (TB, lung cancer including interventions like EBUS/Thoracoscopy, pleural service, busy sleep and domiciliary NIV service) and works in close collaboration with critical care. There is a 24/7 on-call GI bleed rota in place and 24/7 on-call service is also in place for cardiology and major surgical specialties (ENT, orthopaedics, vascular, urology).

There is a well-established Post-ICU clinic with physiotherapists and a counsellor embedded within the team.
3.5 Names of Consultants, roles and areas of interest

<table>
<thead>
<tr>
<th>Name</th>
<th>Role (eg clinical lead, consultant)</th>
<th>Areas of Interest</th>
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<tbody>
<tr>
<td>Dr Paul Hayden</td>
<td>Clinical Director for Critical Care, Consultant anaesthetian</td>
<td>USS/ECHO in critical care, sepsis biomarkers, delirium, communication/ rehabilitation, organ donation, quality improvement</td>
</tr>
<tr>
<td>Dr Graeme Sanders</td>
<td>Consultant Critical Care and Anaesthesia</td>
<td>Peri-operative optimization</td>
</tr>
<tr>
<td>Dr Nandita Divekar</td>
<td>Consultant critical care and anaesthesia</td>
<td>Sepsis, VTE</td>
</tr>
<tr>
<td>Dr Arek Makowski</td>
<td>Clinical lead SHDU Consultant anaesthetics</td>
<td>High Flow Oxygen Therapy, vascular anaesthesia, Research and ERAS</td>
</tr>
<tr>
<td>Dr Beata Misztal</td>
<td>Consultant Critical Care and Anaesthesia</td>
<td>Patient Blood Management, perioperative anticoagulation</td>
</tr>
<tr>
<td>Dr Rahul Sarkar</td>
<td>Consultant ICU &amp; Respiratory Medicine</td>
<td>Education, simulation, EBUS bronchoscopy, public health</td>
</tr>
<tr>
<td>Dr Ravi Singh-Verma</td>
<td>Consultant Critical Care and Anaesthesia</td>
<td>Peri-operative fluid management, NIV</td>
</tr>
<tr>
<td>Dr Rupa Kaur</td>
<td>Clinical Director for Anaesthetics, Consultant SHDU/ICU &amp; anaesthetics</td>
<td>Management, vascular anaesthesia</td>
</tr>
<tr>
<td>Dr Pavol Palcovic</td>
<td>Consultant Critical Care and Anaesthesia</td>
<td>Perioperative medicine, sepsis and haemodynamic monitoring Transfers,</td>
</tr>
<tr>
<td>Dr Nicky White</td>
<td>Consultant in Critical Care and Anaesthesia</td>
<td>Pre-hospital medicine, trauma</td>
</tr>
<tr>
<td>Dr Rachel Kroll</td>
<td>Consultant Critical Care and Anaesthesia</td>
<td>Outreach, critical care rehabilitation</td>
</tr>
<tr>
<td>Dr Nikhil Bhatia</td>
<td>Consultant in Critical Care and Acute Medicine</td>
<td>Ambulatory care</td>
</tr>
<tr>
<td>Dr Gihan Hettiararchchi</td>
<td>Respiratory Medicine/MHDU lead</td>
<td>TB, Pulmonary embolism</td>
</tr>
<tr>
<td>Dr Ashok Chengappa</td>
<td>Respiratory Medicine/MHDU</td>
<td>Lung cancer</td>
</tr>
<tr>
<td>Dr Sandip Banerjee</td>
<td>Respiratory Medicine/MHDU</td>
<td>Sleep disordered breathing, NIV</td>
</tr>
<tr>
<td>Dr Lisa Vincent-Smith</td>
<td>Respiratory Medicine/MHDU</td>
<td>Sleep disordered breathing, NIV</td>
</tr>
<tr>
<td>Dr Kate Brignal</td>
<td>Respiratory Medicine/MHDU</td>
<td>NIV, ILD</td>
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</tbody>
</table>

3.6 Details of research projects being undertaken within the unit

We are currently recruiting in BLING and EMPRESS trial. Previously completed studies include “65 Trial”, PRISM, Ingenza and TEST-IT, LEOPARDS, ACCUPASS, CALORIES, PROMISE, FREE, IOSWean, ISOS, EPOCH, TRAC-MAN, OSCAR, FIRE, ECLIPSE and ETHICUS among others. Locally developed research studies are currently being contemplated. Trainees are encouraged to complete their GCP and participate in the research activities.
3.7 How is the unit staffed

Junior medical cover is made up of a combination of ICM, medical and anaesthetic trainees. Advanced Critical Care Practitioners participate in the HDU rota. F1 doctors are part of the team as supernumerary members. Senior cover is provided by the consultants on-site (0800-1800) seven days a week and distally out-of-hours, with readiness to be on-site whenever needed. There are 7 days physiotherapy cover and in-house dietician and pharmacist cover.

4.1 Details of training opportunities on the unit

- ICU BASIC course is delivered yearly through the department.
- There are opportunities to learn bronchoscopy with single patient use bronchoscopes available within the unit.
- There are dedicated Ultrasound scanners available in each of the three critical care areas for use in clinical services and training.
- Opportunities to perform regularly performed ICM procedures including percutaneous tracheostomy.
- It is possible to be involved in regular research activities within the department.
- There are opportunities for being involved in hospital wide “Medilead” project.
- There is scope to gain exposure in domiciliary NIV services due to close association between ICM and respiratory medicine department.
- There can be opportunities to be involved in regular teaching for medical students.
- There can be opportunities to gain exposure to post ICU follow up clinic.
- Trainees regularly get involved in regular multidisciplinary teaching including simulation based teaching.

4.2 Details of departmental teaching

Days:
- Wednesday ICU tutorials (2 hours)
- Weekly journal club
- ICU simulation

4.3 Details of clinical governance meetings and/or M&M:

- Monthly directorate audit meeting
- Quarterly multi-disciplinary audit meetings
- Monthly audit meeting
- Monthly M&M meetings
- Monthly programme board meeting
4.4 Number of trainees on each tier of the rota

<table>
<thead>
<tr>
<th>Tier</th>
<th>Ratio</th>
<th>Notes</th>
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<tbody>
<tr>
<td>ICU</td>
<td>1:7</td>
<td>(Relevant to ICM trainees)</td>
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<tr>
<td>Medical HDU</td>
<td>1:4</td>
<td>(CMT, CTF, ACCP)</td>
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<tr>
<td>Surgical HDU</td>
<td>1:6</td>
<td>(F2, CTF, ACCP)</td>
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Depending on the previous experience of an individual trainee, time is provided in the rota for acclimatisation to critical care before any out-of-hour work.