The Faculty of Intensive Care Medicine

ICM Unit Brief

Part 1

Hospital Details

1.1 Hospital name

Queen Elizabeth Hospital Woolwich

1.2 Full address (you must include postcode)

Queen Elizabeth Hospital Stadium Road London SE18 4QH 1.3 Hospital Telephone number

02088366000

Part 2

ICU Department contact details

2.1 Direct telephone number to Department

02088364188

2.2 Faculty Tutor name

Andrew Achilleos

2.3 Faculty Tutor Email address

Andrew.achilleos@nhs.net

Part 3

Unit Structure

3.1 Number of Beds

3.2 Number of admissions

19

420 annually

3.3 Percentage of elective vs emergency admissions

12% elective admissions

3.4 Overview of case mix within the unit

Queen Elizabeth Hospital Critical Care is a busy DGH Critical Care Unit with about 420 admissions annually. Around 80% are acute medical admissions e.g. Type I and II respiratory failure, heart failure, pulmonary oedema, decompensated liver disease, obstetric emergencies and acute kidney injury. The surgical admissions vary from elective major colo-rectal, emergency laparotomies, emergency C-sections and emergency fractured neck of femur patients. We have 6 side rooms for cases needing isolation.

3.5 Names of Consultants, roles and areas of interest

Name	Role (eg clinical lead, consultant)	Areas of Interest
Ihab Abdlaziz	Consultant ICM & Anaesthesia	TTE (BSE-equivalent)
Andrew Achilleos	Consultant ICM & Acute Medicine, FICM Tutor, FICE Mentor	TTE (FICE)
Richard Breeze	Consultant ICM & Anaesthesia Clinical Director for ICM	Organ donation Legal and ethical dilemmas
Dan Harding	Consultant ICM	Clinical governance
Nick Hoare	Consultant ICM & Anaesthesia, SPRINT	
Mick Jennings	Consultant ICM & Anaesthesia, Governance Lead	Clinical governance ICU Follow-up
Indu Karangoda	Consultant ICM & Anaesthesia	
Waqas (Vic) Khaliq	Consultant ICM Divisional Medical Director Surgery, Anaesthesia, Theatres & Critical Care	Research Emergency planning
Ashraf Molokhia	Consultant ICM & Anaesthesia, Deputy Medical Director for GIRFT and Productivity	Nutrition
Hamza Noor	Consultant ICM	
Mason Pannell	Consultant ICM & Anaesthesia	
Peter Roberts	Consultant ICM	
Bernd Oliver Rose	Consultant ICM & Anaesthesia, Regional Advisor Anaesthesia (RCoA)	Research Renal replacement therapy Resuscitation
Jawad Subhani	Consultant ICM	TTE

3.6 Details of research projects being undertaken within the unit

The Trust has a strong ethos on clinical research and aims to recruit every patient into trials. The team is led by two band 7 critical care research nurses who work alongside consultant Principle Investigators and supervise two trainee Associate Principle Investigators. We encourage all residents to complete Good Clinical Practice and participate in recruitment. The Trust was the biggest recruiter to a recent multi-center study (65 study) and is actively recruiting patients in the following trials; FLO-ELA, A2B, UK ROX, GenOMICCS, MARCH, SQUEEZE, SANDMAN, SIGNET and is preparing to begin screening for MOSAICC.

3.7 How is the unit staffed

All level 3 patients have 1:1 nursing care. All level 2 patients have 1:2 nursing care.

There are two consultants on duty for critical care 24 hours a day.

The unit is run with two separate teams, each consisting of 1x consultant, 1x charge nurse, 2x junior doctors and 1x pharmacist who jointly look after 8 patients (mix of level 2 and 3).

Shifts for junior doctors are either short days (8.30am-5pm), long days (8.30am-8.30pm) or nights (8pm to 8.30am). We have a minimum of 2 doctors out of hours including nights and weekends. During weekdays, there can be as many as 6 junior doctors on at any one time.

Part 4

Training

4.1 Details of training opportunities on the unit

We are a busy unit running at nearly 100% capacity throughout the year. Trainees can expect to manage a wide range of level 2 and 3 patients with broad underlying medical and surgical pathology. We use Drager V800 ventilators, a range of cardiac output measuring modalities (mostly PiCCO) and have switched to routine citrate anticoagulation for CRRT. Around 20 patients a year are retrieved for ECMO and the South East London Adult Critical Care Network SPRINT is based here. There is an opportunity for trainees to run ward rounds, attend tracheostomy ward rounds and attend multidisciplinary MDT.

Academically there is the opportunity to recruit patients to one of 8 active clinical trials, and trainees within the department have published numerous articles during their time here.

For senior trainees and those interested in management, there is an opportunity to attend departmental and divisional Governance meetings and other management meetings. We have a trainee rep at each site, and trainees who help to coordinate teaching and trainee feedback under the supervision of the Faculty Tutor.

4.2 Details of departmental teaching days

We have a comprehensive cross-site consultant led teaching program available for all trainees and clinical fellows. We run fortnightly Journal Club on Monday afternoons, weekly Case of the Week on Tuesday afternoons and monthly whole day teaching on a variety of topics including consultant speakers from the department, other members of the Critical Care MDT and guests from other specialties in the hospital alongside occasional guest speakers from other institutions.

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

Mortality and morbidity meetings are run weekly on Wednesday afternoons in a meeting that is Consultant led.

4.4 Details of inhouse courses available

ALS, eALS, APLS, EPALS, ATLS, NLS, MIMMS

4.5 Number of trainees on the tier rota

There is a single tier junior doctor rota of 14 junior doctors including trainees in ACCS, anaesthesia, 1 surgical trainee, 1 foundation doctor and clinical fellows.

Part 5 Addi

Additional information

5.1 Please provide any additional information about the unit

In 2013 Queen Elizabeth Hospital Woolwich merged with University Hospital Lewisham to form Lewisham and Greenwich NHS Trust.

Both hospital critical care units work collaboratively together, including joint teaching, clinical governance and M&M activity. However, junior doctors and all nursing staff have a single base site for all their clinical shifts. Only consultants work across both hospital sites.

We provide a shuttle bus for transfer between the two sites to facilitate staff to travel for the purposes of attending monthly training days or other meetings, all of which alternate between the two sites.