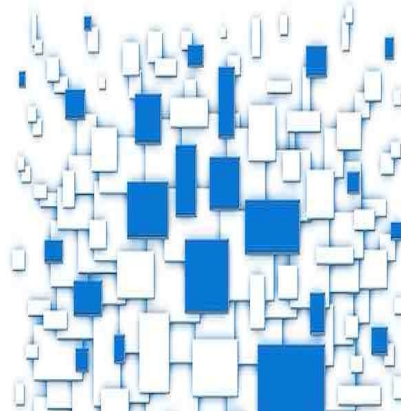




ESICM 2014: What Do ICUs in Research Networks Have in Common?



Most published large critical care studies are conducted through national or international critical care research networks. But what are the characteristics of ICUs belonging to these networks? The Health Services Research and Outcomes (HSRO) section of the European Society of Intensive Care Medicine (ESICM) set out to answer this question. Typically such ICUs are situated in public and teaching hospitals. Most are organised as closed units and have an intensivist present at night. ICU volume is associated with intensivist staffing model and presence of a multidisciplinary ICU round.

Professor Bertrand Guidet, France, outlined the findings at the European Society of Intensive Care Medicine (ESICM) congress in Barcelona this month.

Participants

- AMIBnet (Brazil)
- ANZICS CTG (Australia, New Zealand)
- ARDSNet (USA)
- ASDI (Austria)
- AZURéa (France)
- CCCTG (Canada)
- CCCCTG (China)
- BRICNET (Brazil)
- CUBRéa (France)
- EDUSEPSIS (Spain)
- GiVITI (Italy)
- InFACT
- NICE (Netherlands)
- OUTCOMERéa (France)
- PROSAFE (Hungary, Poland, Slovenia, Cyprus, Greece and Israel) REVA (France and Switzerland)
- SCCTG (Denmark, Finland, Iceland, Norway, Sweden)
- SEPNET (Germany)
- UK trial group
- USCIITG CIOS group (USA)

Results

N	%
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Closed ICU model	339	(88)
Presence of an intensivist involved in bedside care at night	271	(70)
Presence of computerised physician order entry	237	(61)
Presence of an electronic medical record	248	(64)
Multidisciplinary ICU round	282	(73)

80% of responding ICUs were located in teaching and/or public hospitals. One-third treat more than 1,000 patients a year. ICU volume is associated with intensivist staffing model and presence of a multidisciplinary ICU round.

ICU volume and organisational factors

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Closed ICU model staffing	<0.0002
Multidisciplinary round	<0.002
Medical record reporting system	<0.001

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