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### Outreach

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To many, the mere idea of an intensive care unit encompasses a vision of a well-run, sterile and enclosed space. When ICUs were first established, this idea of isolation was central to its' premise. But what we in ICU Management have learned, is that our patients' care often stretches beyond the sterile walls of our units, and their outcomes are often dependant on the actions that begin before they reach our ward and continue long after they depart.

The 'ICU without walls' is a modern inclination that leaves itself open to endless possibilities and options. Of course cost effectiveness aside, we all wish there was a way to improve outcomes and lower length of stay rates without deviating too far from the central and at times, complex roles we play in our ICUs. From Australia to Italy and further still, to Canada, intensive care managers are pushing back the walls of their own units, embracing new initiatives which strive to increase the quality of care provided to their patients while contending with the endless challenge of limited resources.

Whether they are referred to as Medical Emergency Teams (MET), Rapid Response Teams (RRT) or Critical Care Response Teams (CCRT); and are nurse-led, intensivist-led or some other combination, at the core of all of these initiatives is the need of practitioners to improve response time and save lives.

Prof. Ken Hillman, one of the pioneers of the Outreach initiative in his native Australia provides us with a brief overview; while Mary Ellen Salenieks and Dr. Stuart Reynolds describe in detail the comprehensive and innovative Outreach projects underway in the province of Ontario, Canada; and Dr. Maurizia Capuzzo and Dr. Barbara Vaccarini of Italy highlight some key considerations with regards to the practical implementation of Outreach programmes in our intensive care units. In our Interview this issue, Prof. Antonio Artigas describes the well-established Vital Risk

Team (VRT) programme at work in his own hospital, and he shares his views on the future of intensive care.

Our Matrix begins with part one of an in depth look at the current controversies in ventilatorassociated pneumonia submitted by Karen Pickett; Dr. Mariam Alansari discusses the use of peripherally inserted central catheters in the ICU; and in our Hypothermia Series, Dr. Dalton Dietrich focuses on therapeutic hypothermia for spinal cord injury.

In ICU Management, we must be ever mindful of the need to continuously evaluate and strive to improve the quality of care we provide within our units as well as transitory care provided for our patients when they venture outside of our direct scope of care. With this in mind, Dr. Patrick Van de Voorde outlines recent studies bent on improving the quality of care in general and specifically in paediatric emergencies; while Dr. Christy Dempsey utilises her background in intensive care and emergency services management to shed some light on collaborative flow models to improve communication within and between departments.

With the advent of new technologies and advances, come innovative ideas and strategies. As we strive to improve response times and improve overall patient outcomes, we in ICU Management need to incorporate these new techniques, as well as evaluate and share our progress. Whether it is introducing an Outreach programme to our critical care strategy, adding training courses to improve quality or using communication models, we must embrace progressive approaches to maintain and enhance the high quality of care we provide.

Letters to the Editor & Requests for References Cited in ICU Management

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