
ICU Volume 5 - Issue 2 - Summer 2005 - News and Innovations

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Nils Rosén, *Vice President*

Marketing and Christian Keller, *President*,

MAQUET Critical Care holding the 2005 Market Leadership Award

Maquet

Every year, Frost & Sullivan presents a Market Leadership Award to a company that has exhibited market share leadership through the implementation of market engineering strategy. Following their recent "Strategic Analysis of the World Mechanical Ventilators Market", Frost & Sullivan have selected MAQUET Critical Care as the recipient of the "2005 Market Leadership Award" in the global ventilators market. MAQUET's SERVO-i ventilator platform allows for a complete spectrum of treatment strategies for all patient types, conditions and care areas.

Roche

A recent study (Menendez-Jandula et al. 2005) has shown that patient self-management with the CoaguChek S system from Roche Diagnostics, reduces the risk of major complications and minor haemorrhages by up to 70% and the event of mortality by up to 60%. This was demonstrated in a single centre study comparing self-management of oral anticoagulant therapy with clinic management. Self-testing with the CoaguChek S system gives patients information about their level of anticoagulation and allows them to adjust the doses of medication if necessary. The major complication rate was 7.3% in the conventional management group and 2.2% in the self-management group, which corresponds to a risk reduction of 69.8%. The authors of the study estimate that at least 50% of patients on anticoagulant therapy could safely use patient self-management to monitor their treatment.

ESICM Poster Awards

Award-Winning Posters for Research in Management

At the 2004 annual Congress of the European Society of Intensive Care in Berlin, three of the nine award-winning posters were related to research in intensive care management, for work in Denmark, France and Belgium. Summarised briefly here, full abstracts from these posters are available in the Official Journal of the European Society of Intensive Care Medicine.

Aarhus University Hospital Denmark

Dr Pedersen and colleagues from Aarhus University Hospital in Denmark evaluated the precision of their triage protocol (American College of Surgeons 1999) for identifying severely injured patients with an Injury Severity Score > 15. Triage criteria were prospectively collected for 6 months. Out of a total of 15,162 patients attending the emergency department, 242 were admitted primarily as trauma patients, of which 54 were severely injured. Sensitivity was 92%, undertriage 8%, specificity 76%, overtriage 24%, and positive predictive value 22%. Although the results were within the recommendations of the ACS, the positive predictive value was only 22%. Mechanism-of-injury was the only criterion associated with overtriage. The results are being used at Aarhus to inform on the trauma triage criteria.

Saint Joseph Hospital Medical-Surgical ICU Paris, France

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Dr Garrouste-Orgeas and colleagues researched ICU admission procedures in patients over 80 years old and the outcome one year following the triage decision in terms of autonomy and quality of life in a single centre prospective study. Admission was requested for 180 patients, of whom 26.6% were admitted. Factors significantly associated with refusal in a univariate analysis were age, McCabe score, Katz's Activity of Daily Living score, whether the patient was living in an institution, physician ICU experience and bed availability. From multivariate analysis, factors associated with ICU refusal were medical status, age > 85, normal toileting ability, examination by the triaging physician and lack of bed availability. The hospital mortality rates for the admitted, too sick to benefit and too well to benefit were 62.5% (ICU mortality: 50%), 70.8%, 17.6% respectively. Hospital mortality was high irrespective of reason of refusal. Reduced quality of life reported by the patients suggests that physicians should discuss patient's or surrogate preferences about ICU admission.

Scientific Institute of Public Health, Brussels, Belgium

Dr Morales and colleagues won the 2000 Euro poster award from ESICM 2004 for their work on the assessment of ICU-acquired infections surveillance. Their study aimed to evaluate data quality of the Belgian national surveillance of ICU-acquired pneumonia (PN) and bacteraemia (BAC) and to assess factors influencing surveillance performance, such as workload or the intensivist's role. Sensitivity was 60.9 % for BAC and 53.7% for PN, and specificity was 99.4% for BAC and 98.5% for PN. Decisions to participate in the surveillance taken outside the ICU without involvement of the intensivist, reduced the quality of reported data by 6-fold. Participating / refusing units did not differ significantly. These preliminary results suggest good surveillance specificity, a need to improve sensitivity and that intensivist involvement raises data quality.

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