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Quality

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An emphasis on quality of care has always underpinned healthcare, but in recent years quality measurement has come to the fore, as countries around the world seek to provide the best outcomes for patients while facing ever-increasing healthcare costs. In intensive care, despite the heterogeneity of the patient population, great strides have been made in defining and measuring quality in order to improve organisational structures, processes and outcomes. Where perhaps quality has not been so well-defined are the areas of post-intensive care and endof-life care in the intensive care unit. In intensive care we are well aware of the limitations of randomised controlled trials, and the quote from Richard Payne, professor of medicine and divinity at Duke University, is apposite. Do patients and families' views about quality of care differ from those of clinicians and how can these be reconciled? Are improved survival rates for intensive care patients reflected in longterm consideration of quality outcomes in the healthcare continuum of care?

Our cover story considers aspects of quality in the individual ICU as well as intensive care medicine as a whole. First, Bertrand Guidet explores what quality means in intensive care practice. He argues that intensivists need to change to a patient-centred perspective, which requires a global integrative approach to quality. Next, Hans Flaatten explains the variety of national quality indicators for intensive care, and how they may help improve quality of care. Last, Sten M. Walther explains the role of intensive care registries in quality management and how they can support individual intensive care units in their quality improvement programmes.

Our 2016 Series on biomarkers concludes with an article by Jason M. Duran and colleagues on biomarkers for heart failure. They review two of the most commonly used cardiac biomarkers in the treatment of heart failure: the natriuretic peptides (NPs) and troponins, and discuss two novel

biomarkers, ST2 and procalcitonin.

In the Matrix section, Audrey de Jong and colleagues describe a new tool to better identify patients at high risk for difficult intubation, and outline new strategies for improving preoxygenation before intubation and decreasing difficult intubation incidence. Mats Eriksson and colleagues explore the potential of intraosseous access in diagnostics and therapy using point-of-care technology, drawing on their research in porcine models. Kathleen Puntillo reviews recent advances in pain assessment and management in the ICU, advising that clinicians consider multimodal analgesia techniques. Xian Su and Dong-Xin Wang explore the evidence on sleep disturbances, delirium and the effects of dexmedetomidine in ICU patients. JeanMichel Constantin considers the barriers and challenges to making early mobilisation of ICU patients a reality. Put simply, when healthcare staff say that it is too difficult, they should consider early mobilisation as a quality-of care assessment tool, he suggests.

In the Management section we continue our series on ICU team roles with an article by Dorothy Wade and David Howell about psychologists in critical care, who can provide interventions for patients, families and staff to manage intensive care-related stress during the ICU stay as well as in follow up. Next, Clarence Chant and Norman F. Dewhurst explore the advantages of having a clinical pharmacist in the ICU, and provide sound advice on putting the business case forward. Ruth Endacott reflects on the broader view of social media in intensive care, which may be considered a blessing or a curse but should be managed, she argues. Last, a preview of a new course we are running in Brussels in January 2017, on ICU Leadership.

Clinical trials on renal replacement therapy are illuminating further the question of when to initiate therapy, and Eric Hoste provides his take on recent and ongoing trials in this issue's Interview.

Our Country Focus is the UK, and Brexit in particular. Rachel Clarke writes from the heart about how it felt when the news broke the day after the referendum, in a health service where many staff are from outside the UK.

As always, if you would like to get in touch, please email JLVincent@icu-management.org.

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