
ICU Volume 5 - Issue 2 - Summer 2005 - Editorial

Sharing Solutions in Management

Growing and changing needs in intensive care require innovative and varied solutions. In this issue, we cover some of these solutions, from proposed legislation aimed to encourage trials for paediatric medicines, to the application of industry-based process control techniques to intensive care management. Solutions are increasingly to be found across disciplines and through **ICU Management**, we aim to communicate across as many different specialties related to intensive care as possible.

Karel Allegaert and colleagues address the use of offlabel or unlicensed drugs in neonates and children by illustrating the potential and feasibility of pharmacokinetic studies in neonates in intensive care. At a European level, Helicia Herman explains the key objectives of a proposed regulation on medicines intended for paediatric use.

Proposed legislation at a national level is focussed in Professor Lemaire's article on the new end of life law in France. This law on withdrawal of life support in terminally ill patients should help to provide legal protection for physicians managing such situations, and Professor Lemaire draws some interesting comparisons between European and North American practices and attitudes to this issue.

Health services in Australia and the UK appear to have similar attitudes in their receptiveness to the concept of outreach. Ken Hillman and I debated the pros and cons of the need for outreach teams at the International Symposium of Intensive Care and Emergency Medicine (ISICEM) this year, and indeed we will progress with that debate in a later issue of **ICU Management**. First though in this issue, Ken gives his account of the evolution of outreach and development of the Medical Emergency Team. A crucial concept underpinning the rationale for outreach teams is that abnormal physiological values observed on the ward can be identified for early intervention, a topic on which Dr David Goldhill writes. Although practiced for some years now, implementation of the concept of outreach has not been completely straightforward, as explained by Nancy Santiano and colleagues.

A continuum of care emerges with new concepts such as outreach, from ward level care to high dependency care in the ICU. Intermediate level care, nearer the ICU end of the continuum, may offer a solution to the mismatch between ICU demand and supply. In our Points of View section, Professor Burchardi gives his personal perspective and describes some of the advantages and difficulties of step down beds in a mixed model unit, and how he sees management of such resources in the future.

In our last issue, Drs Poelaert and Schüpfer discussed organizational strategies to maintain and improve quality of care and cost containment with blood gas analyzers. In this issue, Kees Polderman and Armand Girbes present the clinical arguments for on-site analysis. Manu Malbrain explains how remifentanyl may lead to improved clinical outcomes, and with infusion pumps under the spotlight in our product comparison charts, Andrea Casati and colleagues review the management of regional analgesia in trauma and post-surgical patients in the ICU.

In addition to these clinical management issues, Professor Hiesmayr from Vienna introduces us to a new way of managing processes in intensive care. He and Professor Schmidlin show how statistical methods already well established in industry can be adapted to monitor process in the intensive care unit. Professor Marko Noc gives us an insight into his management of the Centre for Intensive Internal Medicine at the largest tertiary hospital in Slovenia. Dr Noc describes some interesting approaches to decision making, recruitment and personnel management, which may be of interest to other heads of intensive care departments. Following the recent study by Professor Van den Berghe and colleagues on glucose control using intensive insulin therapy, Professor Jan Wernerman presents a critical review of the limited evidence to guide nutrition management for ICU patients.

Finally, we review and preview major gatherings, which are so essential to progressing the debate and sharing new knowledge and experience. In this issue, I present a review of management issues covered at ISICEM held in Brussels in March. Dr Andrew Rhodes, Chairman of the Cardiovascular Section of the European Society of Intensive Care Medicine (ESICM) previews ESICM's annual Congress to be held in Amsterdam in September, and Dr Gordon Drummond previews Euroanaesthesia, the Annual Scientific Meeting of the European Society of Anaesthesiology (ESA), to be held in Vienna in May.

It is this last meeting which has prompted us to focus on intensive care in Austria in this issue. Professor Alfons Hammerle introduces us to the trends in general health care and Dr Peter Krafft from the Austrian Society of Anaesthesiology, Resuscitation and Intensive Care Medicine, describes the current status of postoperative intensive care medicine in Austria.

So with this collation of communications on management from such eminent experts from different specialties related to intensive care, we hope there is some new knowledge to help with management in your ICU.

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