University College London Hospitals
NHS Foundation Trust

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High five for Wi-Fi

Wi-Fi for staff using UCLH authorised devices has now gone live at University College Hospital.

The introduction of Wi-Fi supports mobile working, making working lives easier and more manageable for staff always on the go. Wi-Fi provides access to Insight, approved websites on the internet, UCLH email, calendars and address book and shared drives.

This will enable ward based staff to access key documents without waiting for a desktop PC to become available.

A further rollout is scheduled throughout 2014 across UCLH. This will be valuable to staff who move regularly between sites.

Breid O’Brien, deputy director QEP, said: “Clinical staff have told us that being able to work with mobile devices by the bedside would better support clinical decision making, allow them to work more efficiently and more importantly make it easier to really engage patients in their care decisions. This is a very exciting step forward.”

Mark Taglietti, head of ICT service delivery and vendor management, said: “Wi-Fi is an enabling platform for mobile working. It supports the development of the UCLH mobile device and application strategy whilst providing access to the internet and some corporate services on the move, and ultimately improves work place productivity and efficiencies. UCLH is now working on ways to further improve the service so that patients and visitors could potentially take advantage of public internet services whilst on UCLH premises.”

Staff can now connect to Wi-Fi from their UCLH authorised Apple device or Windows laptop from most areas in University College Hospital. Work is underway to expand the Wi-Fi availability to T02, T03, Podium and EGA wing. See Insight more information.
Dignified and poised: intimate portraits of staff have been captured on camera by Berlin photographer Edgar Hoefs during a 12 month project at University College Hospital. The images show staff with serious and thoughtful expressions – gazing straight into the camera lens.

They include surgeons, senior nurses, a colposcopy supervisor and radiology assistant, to name just a few – but the display deliberately does not display their job titles.

Elizabeth Williamson, manager for the fertility laboratory in the EGA Wing, was one of the subjects. She said: “I’m normally rather camera shy – but the photographer was very relaxed and made the whole process pretty painless!

“When you walk past the row of photographs you cannot help but look into everyone’s eyes. The photographs have a lovely quality to them, a haunting intensity. Not sure I would like my portrait on my wall at home though!”

The photographs are on display in the pavement gallery, ground floor, University College Hospital. The exhibition runs until 26 February.

Guy Noble, UCLH arts curator, said: “The result is disarming. The expressions of many of the sitters’ faces are deliberately ambiguous raising many more questions about the individual – which encourages the viewer to look beyond mere first impressions.”

Edgar Hoefs has exhibited internationally and also recently completed a residency at the Royal London Hospital.

Sign off in style

All UCLH staff will soon have a new signature on their Outlook email, part of the new corporate identity launched in 2013. The signature has the same look and feel as other UCLH materials and ensures email communications are clear, consistent and professional.

Staff who already have Windows 7 will be the first group of staff to have access to the email signature; everybody else will be able to use the new signature as soon as their PCs are updated with Windows 7. More information will be available on Insight.
Deputy charge nurse Danny Kerrigan and Jaya Bhudia with Patrick.
Matters of life and death

One minute Patrick Flaherty was chatting to catering colleagues in the basement office at University College Hospital, the next he was slumped on the floor fighting for his life after suffering a major heart attack. There were no warning signs.

“I can’t remember a single thing about that day, getting up in the morning, coming in on the tube. It was lucky I collapsed at University College Hospital, or I probably would not be here today. I was definitely in the right place at the right time.”

Patrick’s colleagues raised the alarm by phoning 2222 ‘cardiac arrest’. Responding to the crash call, members of the University College Hospital resus team worked for 45 minutes to save Patrick, using chest compressions and a defibrillator (CPR – cardiopulmonary resuscitation). He was then whisked to University College Hospital Emergency Department and on to The Heart Hospital where he received treatment and made a full recovery.

In dramatic and unexpected cases like this, usually due to a clot blocking a coronary artery (‘heart attack’), a decision to resuscitate is relatively straightforward but in reality the majority of cardiac arrests that take place in hospital are often predictable and potentially avoidable.

Jillian Hartin, Senior Nurse, PERRT (the recently merged Patient Emergency Response and Resuscitation Team) said: “For patients already in hospital, a cardiac arrest rarely comes out of the blue because the problem is not usually just a clot in a coronary artery. In unwell hospital patients other body organs are affected and so there is usually deterioration in patients’ vital signs hours or days before a cardiac arrest. That’s why it is so important for patients to be assessed regularly and thoroughly by staff that are competent in interpreting vital signs.”

NICE guidelines state that all adult patients in hospital need at least one complete set of vital signs every 12 hours. Any abnormal vital signs should be rechecked within 30 minutes and then rechecked at a frequency appropriate to the patient’s condition – both day and night (see side panel information on the National Early Warning Score).

Deterioration and any concerns should be escalated to a senior nurse and medic, and/or a member of the PERRT team, who can promptly intervene. ALL patients must have a clearly documented AND communicated plan of care in their notes: this means all team members, the patient and relatives (where appropriate) know who is doing what and when.

But is CPR always the best option? No, says the PERRT team.

Jillian added: “In Mr Flaherty’s case – as in many patients – the decision is clear-cut. But for some patients who are critically ill, unlikely to recover or only have a few weeks or months to live, CPR is unlikely to be an effective treatment and can result in an undignified death for patients.”

Ideally, the possibility of death should be discussed with the patient and their family at a stage where the patient can still exercise choice about their end of life care. This could include making a decision: Do Not Attempt CardioPulmonary Resuscitation (DNACPR) (see side panel information on the Amber approach). Any decisions must be documented.

Jillian said: “Talking about death and making a decision on whether to resuscitate can be an emotive and difficult conversation. But it’s a conversation we mustn’t avoid.”

The Amber approach: to resuscitate – or not?
The AMBER care bundle, soon to be introduced at UCLH is appropriate when clinical staff consider it likely that a patient may only have a few months left to live. It encourages staff, patients and families to continue with treatment in the hope of a recovery, while talking openly about people’s wishes if the worst should happen – this may include a decision not to perform CPR. The AMBER care bundle contributes to people being treated with dignity and respect, to receive consistent information about their care and to be fully involved in making decisions. The Palliative Care Team are also available 24/7 for advice and support. Full contacts and details on Insight.

Launch of National Early Warning Score
Next month (March), UCLH launches a new tool to help staff identify and respond to changes in vital signs. The National Early Warning Score (NEWS) gives clear guidance on what action to take, and when. In most cases, NEWS will help staff to quickly detect any deterioration and take clinical action to prevent cardiac arrest. Please see Insight.
A group of scientists led by UCLH medical director for surgery and cancer board Geoff Bellingan (pictured) have identified a new treatment for patients with acute respiratory distress syndrome which has seen mortality rates plummet by about 80 per cent.

The results of the Phase II trial have been published in the distinguished medical journal The Lancet Respiratory Medicine.

Acute lung injury (ALI) and its more severe form, acute respiratory distress syndrome (ARDS), are major causes of death in intensive care units. It is estimated that approximately 300-400,000 people suffer from ARDS in Western countries each year and the mortality rate remains high, around 35-45%, despite modern day care.

At the moment there is no effective drug treatment for the syndrome, so patients tend to be treated with mechanical ventilation and optimisation and support of vital functions.

Major causes of ARDS include direct lung injury such as lung infection (pneumonia), aspiration pneumonia or indirect injuries such as severe sepsis, major multiple trauma or pancreatitis.

But a clinical study to test the new drug developed by Faron Pharmaceuticals Limited, demonstrated an astonishing reduction in mortality in ARDS patients, with a mortality of only 8.1% in patients treated with Traumakine, compared to the 32.2% mortality seen in the control group of ARDS patients.

The trial was conducted in eight intensive care units around the UK and was led by a team of scientists and clinicians which included UCL professor of intensive care medicine Hugh Montgomery and UCLH intensive care clinical lead David Howell. A multinational Phase III trial will be launched this year.
Shhh! Its curtain confidential

Keep it confidential. That’s the message coming over loud and clear thanks to reminder notices on all bedside curtains: ‘Confidential conversation? You may be overheard’ aims to prompt all staff to think before they speak.

The awareness raising initiative was identified by UCLH matrons after patients said they could overhear upsetting or confidential subjects being discussed on the wards.

Matron Janet Saunders (pictured above left with matron Cathy Beaton) said: “We hope it will remind staff that curtains are not a barrier to sound.

Make a pledge for NHS Change Day

Monday 3 March is the second NHS Change Day. The idea of Change Day – where all NHS staff make a pledge to do something better, different or to simply say thanks – was conceived by a small group of clinical staff.

UCLH chairman Richard Murley has made his pledge – he has in fact made two: “to support Governors on at least one of their walk rounds this year and to shadow the complaints team for half a day to better understand complaints processes”.

Our front cover stars have made theirs too – Dr Daniel Marks, clinical pharmacology specialist registrar has pledged to ‘make excellent patient care my number one target’ and Hannah Pugh, orthopaedic trauma clinical nurse specialist has pledged to ‘improve upon multi-disciplinary team working for hip fracture patients.”

So now it’s your turn. You can make a pledge directly on the NHS Change Day website www.changeday.nhs.uk or you can pledge via the NHS Change Day Insight pages and the Making a Difference Together team will load them onto the national page for you.

Art boosts neonatal unit funds

Talented artist – and hospital consultant – Dr Aruna Mene has made a generous donation to the UCLH neonatal unit which helped care for her grandson.

Baby Rishi who was born two-and-a-half months prematurely is now a happy and healthy toddler!

Dr Mene, based in Bolton, donated the proceeds from the sale of some of her artwork. Her vibrant collages, using recycled textiles and fabric scraps, create exotic natural landscapes. Collages from her ‘beauty under the microscope’ series are on display at The Royal Brompton Hospital and her work can be viewed at www.arunamene.com.

Donor Dr Aruna Mene presents a cheque to consultant neonatologist Dr Judith Meek and colleagues in the neonatal unit.
Secret lives

Lisa Anderton isn’t usually the type of person who is lost for words. But there’s always a first time for everything.

“It was a tragedy of all proportions. After that nothing else can faze me – the worst has happened!” she laughed.

During her most recent performance in front of a Richmond pub audience as a member of an ‘eclectic, informal drama group’, she was left speechless. “My co actor completely lost the plot and didn’t give me any cues. Disaster! I did manage to improvise though and bring him back on track. It’s terrifying but it gives you a different outlook, you learn to be braver. And there’s a buzz that’s addictive.”

She is finally following in the footsteps of her late step father, the actor Philip Madoc who played memorable roles including the TV series lead in ‘The Life and Times of David Lloyd George’, a couple of stints as a baddie in Dr Who and a German U-boat captain in an iconic episode of Dad’s Army.

“I used to sometimes help him learn his lines… saw nearly all his shows, went to first nights, and was in awe of his ability to shape his craft. He took his work very seriously and as a professional I knew he would have been scathing about amateur dramatics. But now he’s gone… it’s a way of connecting back to my step dad who I cared for very much.”

The performance sessions include poetry readings, 16th century choral singing and acting. Her roles have included a stereotypical pub landlady in a two-hander ‘everyone told me I was born to play that part!’ and a rather dim Northern girl from a Victoria Wood sketch.

“It’s an enjoyable hobby that has nothing to do with work or home life – it’s my time. When people find out my Secret Life they say ‘oooh it’s so you… and I suppose it is but I have learnt to be braver and more creative as a result. It certainly stretches you outside your comfort zone.”

Lisa Anderton is programme lead for Making A Difference Together.

Archive

The first computer unit for the Medical Records Department at University College Hospital in 1974. The system used was punch tape (its first known use was in 1846 to send telegraphs) where information was stored using a series of punched holes.

Technology has moved on considerably in 40 years, see page 2 to read about the introduction of Wi-Fi at University College Hospital.