MTW CRITICAL CARE RESEARCH DELIVERY TEAM

Jo Jones
Critical care audit sister and research team leader
Background

• No research in ICU’s at MTW before 2016
• Then........

Increase in Critical Care research recruitments at MTW since 2016

<table>
<thead>
<tr>
<th>FY 16/17</th>
<th>FY 17/18</th>
<th>FY 18/19</th>
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<tbody>
<tr>
<td>32</td>
<td>56</td>
<td>159</td>
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Source: NIHR Open Data Platform; KSS; “trends”; MTW; Critical care, 2019
“TO INFINITY AND BEYOND!!!”
Buzz Lightyear, *Toy Story*
Our Master Plan

• There wasn’t one!!
  • Organic evolution of team and portfolio
  • OTJ learning + courses + R&D support
  • Careful study selection to enable concurrent studies to be run to maximise recruitments
  • Not picking studies that would stress people out or be too much work for clinical staff
2016

- **AbSeS** – ESCIM study looking at abdominal sepsis, (observational).
- **POETICS 1 (VIP1)** - Critical care outcome in the over 80’s, and the link to frailty (observational)

- Team – Audit Sister; couple extra hours/week, Senior sister
- Funding – transfer from R&D to ICU budget
2017

- **65 trial** - permissive hypotension in vasopressor use (interventional – RCT)
- **EPIC III** - One day point prevalence study of ICU infection sept 17 (observational)
- **Ingenza** - Testing accuracy of lipase strips vs pH strips for determination of correct NG tube placement (observational)

- Team – Audit Sister 2 days/week, Senior sister ICU
- Funding – Audit nurse extra hours on R&D bank
2018

- **Perspectives study** – assessing staff/patient/relatives views on research in critical care (questionnaire)
- **POETICS 2** – further development on findings of POETICS 1 (observational)
- **DecubICUs** – 1 day point prevalence study on ICU skin/pressure (observational)
- **65 continues** – extension into 2019
- **Bling III set up**
  - Audit Sister – 2 days on R&D bank + ICU senior sister
  - Band 6 ICU nurse 4 days/week secondment; second band 6 clinical nurse 2 days
  - Funding – transfer from R&D to ICU budget
2019

- 65 - closed March
- POETICS 2 - closed May
- Bling III opened - continuous vs intermittent beta-lactam infusion. (interventional RCT)
- Del-cors – delirium (PIC site)
  - In set up – REMAP-CAP (? Opening June), TOXYC (one of 3 trial feasibility sites opening soon), Expressions of interest/feasibility assessments for A2B, EFFORT,
    - Team – Audit sister nurse bank, band 6 clinical nurse now permanent and increased to full time
    - Funding – R&D budget transfer and bank
Barriers/facilitators
Barriers to progress

• Very nurse led so only running studies that can be set up and run by nurses
• Team new to research – steep learning curves
• Currently doctors don’t have protected research time - PI session time allowance being explored within Trust (more medical involvement may mean complex medical studies possible in future)
• Lack of -80 storage freezer at TWH means many studies can only be run at one site.
• Competing demands on research nurse time
• Weekends not covered by research team – reliance on clinical staff or accept missed recruitments
• Also means scheduled tasks may be difficult to cover - protocol adherence/safety monitoring ?
• Consent difficult at times
Facilitators to success

• Nurse led!
• Research staff from within clinical team/clinical educator
• Financial backing from R&D - Flexible working/funding
• Clinical management backing – ICU matrons (recruitment)
• High priority within the trust – CQC now monitor research
• Willing clinical team and careful consideration of clinical workload implications – thorough training.
• Readily available patient population; two busy units
• Good marketing/PR – career progression, added interest, good for CV, re-validation etc
• Careful study selection (screened before disseminating more widely to consultant body/clinical team, so only suitable studies are assessed
• Careful feasibility assessments/conservative recruitment targets - drill down into Unit data
• In depth knowledge of study protocols and SOP’s
• Supportive consultant body and keen PI’s
• Collaboration with multidisciplinary team
Some might call it bribery......

We prefer to call it effusive gratitude!!!
We love a poster and a bit of social media!!

Miriam Davey is 😊 feeling excited at Intensive Care Unit - Tunbridge Wells Hospital.
1 hour ago • Royal Tunbridge Wells • 🔍

You're all always welcome in the ITU research area! Come and have a look at the updates on the current studies, and talk to me or Jo if you'd like info on how to get involved if you'd like.
What about the network picture?
Increase in Critical Care research recruitments in Kent Surrey Sussex Clinical Research Network between 2016/17 and 2018/19

(11th of 15; 202 recruited)

(8th of 15; 483 recruited)

Source: NIHR Open Data Platform; KSS; “speciality recruitment”; Critical care, 2019
Future plans.....

- Increase presence in as many forums as possible eg junior doctors’ induction, ICU nurse foundations course
- Changes in central R&D funding means income governed by study complexity- weighted recruitments
- Build a solid portfolio of a mix of trials and observational studies at both ICU’s – introduce more complex medical studies
- Increase number of Clinical team with interest in research involvement (eg encourage appraisal targets to include GCP training) – more junior doctors and nurses skilled up.
- Increase hours of current research nurse team to facilitate weekend cover/on call on both sites
- Develop a network research nurses’ forum?
- Widen links with multi-disciplinary team
- World domination......................?
Good practice…

• Despite our accidental development, our approach matches recommended good practice for building research teams:

  
  • **Stanley D and Anderson J** 2015, “Advice for Running a successful Research Team”, *Nurse Researcher, November 2015, Vol 23 Number 2, pp36-40*
In summary.....

“THIS ISN’T FLYING – THIS IS FALLING WITH STYLE!!”
Buzz Lightyear, *Toy Story*

THANK YOU
Development of In House research

• Marco Arrighi – Psychological Care of Patients in ICU
• Tina Whitfield – Examination of PTSD after ICU
• Miriam Davey – Longer term outcomes of Elderly ICU patients

(Once all speakers have presented, all speakers will take questions)