ACADEMIC CLINICAL RESEARCH
&
PROJECT PRESENTATION

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LLM BSC (HONS)
SISTER, INTENSIVE CARE UNIT
2000 JOINED A GENERAL ITU UNIT WITHIN A FOUNDATION TRUST

2003 ITU COURSE COMPLETED

2005 STARTED LLM IN MEDICAL LAW AND PRACTICE

2007 SECONDMENT WITH TRUST RISK & LEGAL DIRECTORATE
2007 COMPLETED MASTERS

2008 -2014

2014 COMPLETED RETURN TO PRACTICE

2015 JOINED ITU AT
Health Education England (HEE) and National Institute for Health Care Research (NIHR) offered a fully-funded clinical research programme to nurses and allied health care professionals with the University of Kent.

- Provided opportunity for a new challenge!
- Able to maintain clinical practice – they paid for my time
- Develop and lead own research project
- Future career development
LET’S GET THIS RESEARCH STARTED……

• Delirium is strongly associated with increased hospital mortality. Evidence suggests a relation between delirium in the intensive care unit and long term cognitive impairment. (Salluh et al 2015)

• Occurs in 30% of emergency (non-elective) ICU admissions. (NICE; ICU steps; www.patient.info)

• Prevalence of delirium reported in medical and surgical ICU cohort studies varies from 20% to 87%. (Girard et al 2008)

• Up to ONE THIRD of cases have been shown to be preventable. (Fleet and Ernst 2011)

• Significant resource and financial implications associated with delirium leading to longer critical care/hospital stay. (NICE 2014)

• NICE guidelines [CG103] states that reporting of delirium is poor and that further research is needed for the prompt recognition, prevention, and treatment which could reduce the impact of delirium and improve quality of life to patients.
DOES EARLY IDENTIFICATION OF PREDISPOSING RISK FACTORS INFLUENCE OUTCOMES IN CRITICAL CARE PATIENTS?
RESEARCH PROJECT DESIGN

• Demographic of potential research participants:
  • NHS service users; ITU/HDU in-patients
  • Patient and Public Involvement (PPI), Patient Engagement (PE)

• Obtaining ethics approval:
  • NHS Research Ethics Committee
  • NHS Trust approval via Research and Development
  • University Research Ethics Advisory Group

• Research Tools:
  • Development and use of a prototype ‘Patient at Risk’ tool to measure predisposing patient risk factors for delirium.

• Data Collection:
  • Mixed methods
    Qualitative; by obtaining patient medical history either by medical notes or from the patient
    Quantitative; measurable against current research/statistics
Qualitative data collection and analysis is followed by quantitative data collection and analysis.
RESEARCH PROJECT DESIGN

Challenges

• Time:
  • applying and awaiting ethical approval
  • collection of data
  • work/life balance

• Scope of research:
  • too large and broad for one individual
  • requires further research studies

• Funding:
  • Applying for grants to take project further

• ‘Buy’-in:
  • Getting support from colleagues/Trust
  • Using findings to improve practice
Preventing delirium is the most effective strategy for reducing its frequency and complications. Mortality rates
Long term cognitive problems
Financial in terms of hospital stay and ongoing patient support

Introducing a ‘patient at risk’ tool for early identification of patients found to be at risk of delirium within 24 hours of admission.

After-care and ‘follow-up’ clinic support for patients.

Whether staff education programme(s) can reduce the incidence of delirium and improve the recognition and recording of delirium in patients?

Forming national/local guidelines by introducing delirium ‘pre-screening’ tools.
WHAT NOW?

• Continuation of research project
• Implementation of findings into practice
• PhD
• Career opportunities – Clinical and/or academic

"RESEARCH IS CREATING NEW KNOWLEDGE."

NEIL ARMSTRONG

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