EVERYTHING HAPPENED SO FAST – LUCKILY!

I was quite terrified! Even now, that noise and Peter's cry still give me goosebumps. When I went into the bathroom he was lying unconscious on the floor. Then everything happened so fast – luckily! Because that's what saved him. The paramedics rushed him into hospital; he'd burst a blood vessel in his head. Now he was lying there, attached to tubes, in an induced coma in the Intensive Care Unit.

The doctors wanted to talk to me, to discuss what to do next. It was serious. Peter was suffering from a subarachnoid haemorrhage and needed surgery as soon as possible. The burst aneurysm had to be tied off otherwise there was a very high risk of another bleed. The doctors asked me whether Peter had ever signed a living will, which he hadn't. Now it was up to me to approve the proposed treatment plan. Being his wife made me his legal representative at that moment. The responsibility was overwhelming and I couldn't think straight any longer. Everything was happening so insanely fast! And all those incomprehensible words. Should I just blindly trust the doctors? Peter was lying in his bed and sleeping as if nothing had happened. There was a tube coming out of his mouth and a ventilator in the background. Another tube came out of the side of his neck. I think that was for the medication. The nurses were so friendly and supported me as best they could. But I still felt so isolated. What should I do? Should I agree to the proposed treatment plan?

PERSONAL EXPERIENCES

Peter wasn't that old, only 66. But thinking of him permanently and severely handicapped? What would he have wanted? All these horrible thoughts were buzzing round and round my head. I was completely overwhelmed and eventually left the decision to the doctors.

Peter underwent surgery and remained in the intensive care unit, in an induced coma, for several days. He was still in a critical condition. There were regular discussions with the doctors and nursing staff; I felt I was being kept well informed and supported by the team. I gradually completely trusted them and was confident that they knew what to do. After all, it wasn't the first time that they'd had to deal with such a critical case. And – at last - he woke up. Peter then got better every day. The breathing tube was taken out. He recognised me, and was able to speak again, although he still seemed rather confused. What he said didn't make sense. I was afraid that he'd stay like that and started having doubts again. After all, Peter would never have wanted to live that way, with a severe handicap. The treatment team comforted me and assured me that this was normal after such a serious bleed on the brain. With medication Peter became calmer and soon we could talk again about simple things.

After a long stay in rehab Peter came home a few days ago. He's still very weak but he's working hard at his exercises and is just incredibly happy to be alive. We enjoy each day as it comes.

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A LITTLE SCRATCH WITH SERIOUS CONSEQUENCES

My wife Ursula got a small scratch on her left lower leg when walking through a small forest during our holiday. A few days later, she was running a high temperature, her left leg hurt and the wound was red. Ursula's condition quickly worsened, and she suddenly became confused. The local physician who was called suspected sepsis and admitted her to hospital. Here things moved very fast, and Ursula was in the Intensive Care Unit only one hour later.

I was alone in the waiting room when a young junior doctor came up to me and explained that my wife was suffering from severe septic shock. She had circulatory, lung and kidney failure. She was in an induced coma and put on a ventilator. The doctor said that her condition was very serious. There was even a risk that she might die. I didn't believe him. My wife was only 45, didn't smoke, and was healthy and athletic. When I went to her bedside, I was absolutely horrified. Her hands and ears were blue and cold. The monitor – full of lines and figures – showed a rapid heartbeat. The consultant, an intensive medicine specialist, came over to me. He said that Ursula needed urgent surgery to clear out the infection from her left leg. Because her general condition was so poor the operation was very risky. He asked me whether I would give my consent. I said yes, of course; they should do all they could to save the life of the woman I loved.

My wife was taken away for her operation. Four people pushed the bed. There were machines everywhere, constantly beeping. The operation took four hours; I didn't want to leave the hospital. In my head, I feared the worst. Our children, ten and thirteen years old, came with my parents. We were all in despair, and the children were crying. The nursing team brought coffee and water and tried to comfort us.

They were all so friendly. At last, after five hours, I was allowed to go back to Ursula's bed. She was surrounded by machines; hanging on the left side of the bed were four containers filled with blood. Many infusion pumps, for medication, were running, alongside the ventilator, a machine for monitoring her circulation and another, which took over the work of her kidneys.

Two nurses were constantly busy writing down figures, replacing syringes of medication and operating machines. The physician came very often, noting the values, writing out new prescriptions and talking to the nurses. They all tried to explain everything as much as possible to me, and I very soon gained trust and confidence. I told myself that Ursula was in good hands. In the days that followed, she visibly improved; the injections of medication were tapered off. Some more minor operations were necessary. A week later, urine suddenly flowed from the catheter in her bladder. Ursula was breathing by herself with the support of a ventilator, and she was clearly more alert. She could only move her fingers and head. Because she was too weak to breathe independently, an incision had to be made in her trachea. After two weeks in Intensive Care, Ursula was moved to the ward and another week later to rehab.

Today, one year later, Ursula is back to work half-time. The scars on her left leg and neck are still a problem during exercise. But we are happy and very grateful to all the nurses and doctors. Without the professional intensive medicine team and all those machines, I'd now be all on my own with my two children, who are both still young.

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GOOD CARE AT A DARK TIME

My father was 76 and had been a construction worker until he was 60. He smoked and drank heavily. One day he told me that he had been coughing up blood for several weeks. He went to his family doctor, who suspected that it was lung cancer on the basis of an X-ray. A week later, this suspicion was confirmed, and the doctors recommended removing the left lobe of his lung and giving chemotherapy. My father and I were invited to a discussion. The lung specialist and the surgeon told us about the treatment they proposed. The cancer was apparently already advanced so that the risk of surgery was quite high. Moreover, further investigations had shown that my father was also suffering from heart failure, kidney failure and alcohol-induced liver cirrhosis. They asked my father whether he would consent to the treatment plan. Yes, he said, he wanted to carry on living when all was said and done.

After the operation my father went into Intensive Care. He was breathing independently but with difficulty. He was frightened and needed constant support and attendance from a bedside nurse. Twelve hours later his condition deteriorated so much that he needed the ventilator again. The doctors in Intensive Care diagnosed a heart attack and consecutively the blocked coronary blood vessel was re-opened. Later, a machine had to take over the work of his kidneys. Now every moment brought more bad news. The examination had shown that not all the cancer could be removed. My father could not be taken off the ventilator, because his heart was still weak and he had pneumonia. His kidneys were still not working properly, and his liver was starting to fail.

PERSONAL EXPERIENCES

After two weeks, my father's condition had not improved and he was still in the intensive care unit. The team of nurses and doctors who were treating him called me and all the family to have a discussion.

"There is nothing more we can do", said the consultant. This hit us like a bombshell and we were totally desperate. Twenty-four hours later there was another meeting. Treatment was apparently vain because my father was still suffering from cancer. Also, the consultant said, several organs were now failing. My mind was in a whirl and I didn't know what to do. If I agreed to withdraw the treatment, I thought I'd be killing my father! What would he want? If he had known, would he have said "No" to the operation? And now he had to suffer for nothing – awful! Finally, we went to my father's bed and said goodbye The medication was stopped, and 30 minutes later he was dead. We and my father had caring support from the intensive care team during this dark time.

Six months later I asked to speak to the consultant on the Intensive Care Ward and the surgeons who had treated my father. I wanted to thank them – and the nurses – for always keeping us in the know and for looking after us so that we were finally able to make a well-informed decision. But it might have been easier for us if we'd been told about this eventuality when we had the pre-operative discussion. That might have made it clearer what my father would have wanted.

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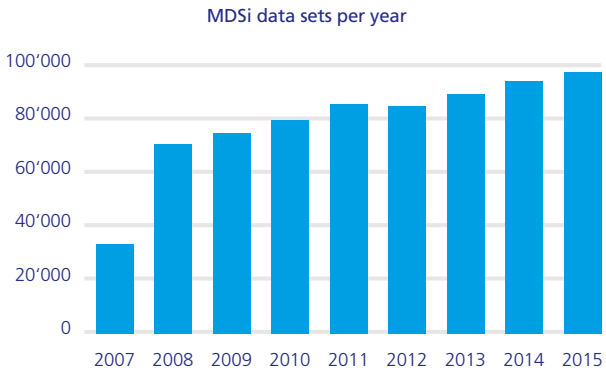
SSICM'S MINIMUM DATA SET

OPTIMISING TREATMENT WITH DATA SETS

Ensuring and developing quality in intensive care medicine has been one of SSICM's most important tasks for many years because it is our wish that critically ill patients will have a still better chance of a complete recovery in future.

For this reason we introduced SSICM's so-called minimum data set (MDSi) in 2005. This MDSi defines and records specific key data in an intensive care unit. How long is a patient's average stay? How many doctors are involved with each critically ill patient? And how much nursing staff? How high is the proportion of patients who are admitted several times to the intensive care unit? How many of these critically ill patients have cardiovascular problems? Or with the nervous system? This is only a small selection of the key data from the constantly updated data set. It has been obligatory for all of these to be answered fully for all intensive care units recognised by SSICM since 2008. The MDSi is also used to estimate whether a specific intensive care unit is recognised by SSICM or not.

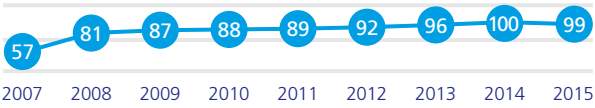
Since 2007 more than 715,000 of these data sets of critically ill patients have been collected and evaluated - a rising trend:



SSICM'S MINIMUM DATA SET

In 2015, 99 of intensive care units and intermediate care units certified and not certified by SSICM were involved in MDSi. This is almost 74% more than in 2007:

Intensive care units and intermediate care units involved in MDSi



The MDSi consists on the one hand of key data that defines the outcome or the results of a treatment in more detail. This includes, for example, the survival rates of critically ill patients after their stay in an intensive care unit.

On the other hand it is an extremely complex data capture system that records the process and the costs of intensive care for each patient and this obviously anonymised data can be compared between different intensive care units. This will promote the exchange of knowledge and, last but not least, also research into intensive care medicine.

The MDSi enables intensive care units to analyse their own processes accurately and to document and review the effectiveness, practicality and cost-effectiveness of their own work. Thus their own strengths and weaknesses can be identified and in this way, ultimately the care of critically ill patients can be optimised.

For further information on MDSi, please visit us at:
www.sgi-ssmi.ch/index.php/mdsi-aktuell.html

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