

HONG KONG COLLEGE OF ANÆSTHESIOLOGISTS

APPLICATION FOR RECOGNITION OF INTENSIVE CARE UNIT FOR TRAINING HOSPITAL DATA SHEET

THIS QUESTIONNAIRE IS IMPORTANT. It will enable the Hong Kong College of Anaesthesiologists to be more informed about your hospital and in particular the training potential. Your co-operation in completing this quite lengthy questionnaire is greatly appreciated. If exact figures are not available please give as accurate an estimate as possible. Please do not leave blanks. Data sheet should be by **TYPED**.

Section 1 (General Information), Section 2 (Specific Hospital Information) and Section 3 (Specific Intensive Care Information) should be filled out as completely as possible.

Hospital Data Sheet completed by: _____

Date of Completion: _____

SECTION 1

1. GENERAL INFORMATION

1.1 NAME OF HOSPITAL

1.1.1 ADDRESS

Phone No:

Fax No:

1.2 NAME OF:

1.2.1 Hospital Chief Executive

1.2.3 Director of Intensive Care

Phone No:

Fax No:

1.2.4 Proposed Supervisor of Training (Intensive Care)

1.2.5 Unit Quality Assurance Co-Ordinator

SECTION 2

2. SPECIFIC HOSPITAL INFORMATION

2.1 Beds available for occupancy

2.2 Average hospital daily occupancy

2.3 Does the hospital have immediate access to:

2.3.1 Cardiothoracic services including bypass facilities Yes No

2.3.2 Cardiological services including ultrasound Yes No

2.3.3 Neurosurgical services Yes No

2.3.4 Endoscopy services Yes No

 2.3.4.1 ENT Yes No

 2.3.4.2 Gastro-intestinal Yes No

2.4 Does the hospital have 24 hour/day, 7 day/week service from the following services?

2.4.1 Microbiology Yes No

2.4.2 Biochemistry Yes No

2.4.3 Haematology/coagulation Yes No

2.4.4 Organ imaging:

 a) X-ray Yes No

 b) Ultrasound Yes No

 c) CT scan Yes No

 d) MRI scan Yes No

 e) Other (specify)

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2.4.5 Physiotherapy Yes No

2.4.6 Other (specify)

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2.5 Are there other special care units existing as separate entities in your Hospital?

Yes No

NAME OF UNIT			NUMBER OF BEDS	TRAINEE INVOLVEMENT	
1.	Coronary Care	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2.	Burns	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.	Renal Dialysis	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.	Neurosurgery/Head Injury	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5.	Major Vascular	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6.	Cardiothoracic	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7.	Paediatric	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8.	Neonatal	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9.	Trauma	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10.	Other (specify)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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SECTION 3

3. SPECIFIC INTENSIVE CARE INFORMATION

3.1 Is the Unit currently approved for Hong Kong College of Anaesthesiologists Training:

3.1.1 Intensive Care Component of Anaesthesia training Yes No

3.1.2 Intensive care training? Yes No

3.2 Present Establishment for Trainee in Intensive Care:

3.2.1 Specialist

3.2.2. Consultant/Associate Consultant/Lecturer

3.2.3 Resident Trainee

3.3 Intensive Care Staffing:

3.3.1 Is there a registered medical practitioner rostered only for intensive care and present in the Hospital at all times? Yes No

3.3.2 Is the specialist in charge rostered only for intensive care duties? Yes No

3.3.3 Do the trainees have access to specialists for supervision at all times Yes No

3.3.4 Are trainees in intensive care rostered to the Unit to take part in the junior roster? Yes No

3.4 Unit Size and Activity

3.4.1 Beds

3.4.1.1 Number of available bed spaces

3.4.1.2 Number of beds currently staffed

3.4.2 Numbers of Patients

3.4.2.1 Total number of patients admitted per annum

3.4.2.2 Number of planned admissions per annum

3.4.2.3 Number of paediatric admission per annum (aged <16 years)

3.4.3 Occupancy

3.4.3.1 Average daily occupancy

3.4.3.2 Average length of stay

3.4.4 Mechanical ventilation

3.4.4.1 Total number of patients ventilated per annum

3.4.5 Severity of Illness (if available)

3.4.5.1 Mean APACHE II score (worst in first 24 hours)

3.4.5.2 APACHE II Prediction of mortality (%)

3.4.5.3 Actual hospital mortality (%)

3.4.5.4 Other Severity of Illness Scoring Systems (provide details)

3.4.6 Procedures:

Are the following procedures undertaken within your unit?

3.4.6.1 Invasive intravascular pressure monitoring Yes No

3.4.6.2 Cardiac output measurement Yes No

3.4.6.3	Intracranial pressure monitoring	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.4.6.4	Percutaneous tracheostomy	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.4.6.5	Peritoneal dialysis	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.4.6.6	Haemodialysis	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.4.6.7	Haemofiltration	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.4.6.8	Plasmapheresis	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.4.6.9	Fibreoptic bronchoscopy	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.4.6.10	Temporary transvenous pacemaker insertion	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.4.6.11	Intraaortic balloon pumping	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.4.6.12	Ventricular assistance device	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Of these procedures that are not carried out in your Unit, which ones can be undertaken elsewhere in the Hospital?

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3.4.7 Details of Services provided outside the Unit:

3.4.7.1 Resuscitation
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3.4.7.2 Retrieval
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3.4.7.3 Intravenous nutrition service
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3.4.7.4 Hyperbaric therapy
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3.4.7.5 Other
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3.4.8 Case Mix : Please supply a breakdown of annual caseload by the following classification.

Breakdown of Annual Case Load by Primary Problem:

1.

	Medical Disease	Number	% of Total Admissions
1.	Cardiovascular		
2.	Respiratory		
3.	Gastrointestinal		
4.	Neurological		
5.	Sepsis		
6.	Trauma		
7.	Metabolic		
8.	Haematological		
9.	Renal/Genitourinary		
10.	Musculoskeletal / Skin		
11.	Other		
	TOTAL		

2.

	Surgical Disease	Number	% of Total Admissions
1.	Cardiovascular		
2.	Respiratory		
3.	Gastrointestinal		
4.	Neurological		
5.	Trauma		
6.	Renal/Genitourinary		
7.	Gynaecological		
8.	Musculoskeletal/Skin		
9.	Haematological		
10.	Metabolic		
	TOTAL		

3.7 NURSING STAFF - Please attach details of:

3.7.1 Total number of Registered Nurse Full Time Equivalent (FTE's)

3.7.2 Total number of Enrolled and Undergraduate Nurse FTE's

3.7.3 Is there a Clinical Nurse Specialist assigned to the ICU? Yes No

3.7.4 Is there a certified In-Service Intensive Care Training Course in the Unit? Yes No

If yes, how many nurses are undertaking this course?

3.7.5 Number of Nurses holding Postgraduate Certificates in:

3.7.5.1 Intensive Care

3.7.5.2 Coronary Care

3.7.5.3 Cardiothoracic

3.7.5.4 Renal Care

3.7.5.5 More than one of the above

3.7.6 Nurse/Patient Ratio:

3.7.6.1 Morning Shift

3.7.6.2 Afternoon Shift

3.7.6.3 Night Shift

3.7.7 Where are Nurses recruited from to cope with peak demands?

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3.8 Details of Technical Staff available to the Unit:

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3.9 Details of Clerical Staff available to the Unit:

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3.10 Details of Rounds and Meetings held in Unit:

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3.11 Details of Teaching Commitments:

- 3.11.1 Medical - Vocational Training
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- 3.11.2 Medical - Undergraduate
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- 3.11.3 Nursing - Postgraduate
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- 3.11.5 Other
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3.12 Details of Research Projects associated with Unit:

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