

SPECIAL SUPPLEMENT
Sedation in Critically-Ill
COVID-19 Patients

20 Lessons from 2020

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A French Hospital's Journey Through the Pandemic

During the COVID-19 pandemic, Foch Hospital in Suresnes, France adapted its medical strategy to manage high patient flow, limited resources and staff shortages to ensure efficient patient care. Here is an overview of how the hospital rose up to the challenge.

How should we treat patients infected with a virus we know hardly anything about? This was the very first challenge that hospitals in Europe had to solve when COVID-19 patients started to flood in early March.

Foch Hospital in Suresnes, France – one of the largest private healthcare institutions of public utility in the Paris region – is no stranger to this challenge.

In the absence of scientific studies and reliable information about COVID-19, they had to improve at first, and as they learnt a little bit more about it, they adapted their medical strategy day after day, constantly sharing information between the various departments to ensure consistent and optimum care for patients.

“Every day was bringing new challenges”, shares Dr Charles Cerf, Head of the Intensive Care department. “We connected with intensivists colleagues from other institutions to share experience”, That is how for example they quickly decided to replace assisted ventilation with high-flow oxygen therapy. “This critically helped rationalise the use of resuscitation ventilators and to only use intubation if non-invasive therapy failed”, he adds.

Even more than beds or intensive care materials, experienced nurses and doctors started lacking very quickly. The hospital had no choice but to redeploy staff from other departments to the intensive care: first anaesthesia teams, as well as surgical staff and recovery room staff, followed by nurses, doctors and care teams with little or no training to intensive care.

“This was a tremendous source of stress for the staff, who had to urgently acquire new skills and remain mobilised for an indefinite time”, comments Floriane de Dadelsen, Deputy Director.

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At the pick of the pandemic in early April, fatigue had already set in for several of them, without the slightest drop in the number of patients being treated. At the request of the Regional Health Agency (ARS), the hospital had already stopped all scheduled procedures in order to be

able to accommodate as many COVID-19 patients as possible and to relieve emergencies for public hospitals.

The distribution of patients between public and private institutions managed by the ARS was shown to be quite effective; however the provision of heavy equipment and consumables to satisfy the high demand was often complicated.

“Accurately predicting the volume of materials when we had no idea of the exact number of patients we would have to accommodate, and building stocks as the ARS controls the delivery of equipment and medicines to ensure equal distribution among health institutions was just impossible”, adds Ms. Dadelsen.

The biomedical team was on the front line in early May to manage a return to a somewhat normal: restore the hospital to what it was, treat diseases other than COVID-19 whilst prioritising the most urgent cases, enable nursing staff to go on holiday with the hope, in the meantime, that the number of patients would not rise again.

Several months after the first wave, the team reflected on the lessons learned from the management of the health crisis.

Numerous positive points made them proud: the sharing of teams which enabled an efficient level of care to be maintained; the faultless mobilisation of support activities for the hospital - biomedical team, logistics, pharmacists - who struggled to overcome the shortage of materials and medicines; the flexibility and reactivity



of all staff who had to adapt day after day to a perpetually changing working environment; the cohesion of governing authorities and efficiency of management which enabled an unprecedented and stressful situation to be managed over time.

However, certain problems remained: the challenge to deploy telemetry and remote monitoring tools due to the ineffective Wi-Fi network; the lack of budgetary resources to renew its pool of heavy equipment; and for months mobilising all hospital resources for COVID-19, to the detriment of other diseases, and chronic diseases, in particular.

Though the hospital is now better prepared today for a massive influx of patients, this crisis has demonstrated the need to rethink certain aspects of healthcare crisis management: stronger collaboration between healthcare insti-

tutions, stock management of materials and consumables, partnerships with manufacturers to implement financing solutions to lease or renew equipment without putting a strain on the hospital's investment capacities.

So many logistical and financial challenges which require closer cooperation amongst all those involved - public authorities, care institutions and companies – and at all levels.

The management of the crisis in figures:

- An accommodation capacity multiplied by 3.4 in mid-April with 48 resuscitation beds as opposed to 14 in normal circumstances, 8 intensive care unit beds as opposed to 8 continuous care in normal circumstances and 113 hospital beds.
- €1.2 million mobilised in on-call staff and additional hours (according to Foch internal data). ■

Key Points

- Foch Hospital in Suresnes, France is one of the largest private healthcare institutions of public utility in the Paris region.
- During the COVID-19 crisis, the hospital has adapted its medical strategy and has improved information sharing between departments to ensure optimum care.
- The hospital team learned several lessons: sharing of teams to improve efficiency of care, mobilisation of support activities for the hospital, overcoming shortage of materials and medicines, managing changes in staff working environment, and cohesion of governing authorities.