

COVID - 19 Challenges

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What COVID-19 Has Taught Me...

A personal narrative of Adrian Wong's experience while battling COVID-19 at King's College Hospital. These are the author's personal opinions and do not represent the views of the institution and professional societies to which they belong.

The global COVID-19 pandemic has changed healthcare throughout the world and the specialty of Intensive Care Medicine has never been under such scrutiny. The events in China and Italy in particular sharply focus healthcare professionals at all levels to work together and prepare for the inevitable.

I work in a tertiary-level, teaching hospital with five critical care units spread across two hospital sites. In total, we had approximately 75 beds pre-pandemic (it is a well known fact that the number of ICU beds in the UK is the lowest in Europe for its population size). We have more than doubled the number of ICU beds; there was also a concomitant expansion in the number and size of high-dependency areas staffed by colleagues from non-ICU specialties.

COVID-19 has taught me the importance of teamwork and colleagues, which have been central to the care of our patients in the various healthcare facilities.

The Successes

Excellent colleagues

Unsurprisingly, despite the best-laid plans, goalposts for patient care during this pandemic have changed frequently - the number of admissions, the number

of staff available to work, resource availability etc.

To increase the capacity of ICU, several areas of the hospitals had to be converted to accommodate ventilators and other equipment. In addition, we managed to open our brand new, state-of-the-art critical care unit ([youtube.com/watch?v=jgHkToeEHSw&t=11s](https://www.youtube.com/watch?v=jgHkToeEHSw&t=11s)). However, we all know that an ICU is not just about ventilators and monitors - it relies upon the skill and dedication of healthcare professionals to look after these patients.

I work with an incredible team of healthcare professionals in the department of critical care at King's College Hospital. The doctors, nurses, physiotherapists, cleaners, porters, administration staff, pharmacists, ACCPs are steadfastly committed to delivering the best possible care under such challenging circumstances. Colleagues with previous ICU experience have come back to work in the ICUs. Outside of critical care, colleagues in other specialties have redesigned their workflow, with some having to upskill to work in the ICU. Staffing rotas were rapidly redesigned to provide increased cover on the floor and continue to be refined in response to changes in demand. Staff health, wellbeing and sustainability of these staffing models are carefully

considered at every juncture.

Planning of operational issues requires significant coordination, with colleagues taking on board various workstreams. Ensuring appropriate supply of equipment, staff and medication in the face of an international pandemic is challenging to say the least. Issues such as working out the maximum oxygen delivery capacity of the hospital and regular supply of Personal Protective Equipment require organisational and leadership prowess.

The leadership team had to find the balance of keeping staff updated versus communication overload. Due to physical distancing, new ways of working had to be explored.

Technology to the rescue

Our institution has an established Clinical Information System for both the general wards and the ICUs; this was rapidly reconfigured to support the new clinical areas. High-quality data has allowed us to collectively learn from and reflect on the patients across the hospital. Access to these platforms was facilitated through the use of Virtual Private Networks (VPN).

Team meetings whilst observing physical distancing meant that teleconferencing and virtual meetings became the normal mode of communication; software such

as Microsoft Teams and Zoom allowed for colleagues to discuss operational and clinical issues remotely. Evolving clinical guidelines were then developed to be shared with the relevant teams.

On a wider scale, the pandemic has forced the cancellation/postponement of several major medical conferences. In their place, professional societies have organised regular online webinars to educate and discuss clinical issues. As an example, the European Society of Intensive Care Medicine organised a #COVIDmarathon which comprised online talks by numerous experts discussing various aspects of COVID-19 management ranging from public health issues to ventilatory strategies. It attracted thousands of colleagues and ran for nearly 10 hours. The recordings from this virtual conference have been made freely available on the ESICM website and its blog (esicm.org/blog) provides summaries with educational links.

When the pandemic ends, will we expect to see an evolution in the format of workplace meetings and medical conferences?

Learning

It is a strong personal belief that front-line practice and experience should be shared in a timely manner, so that lessons can be learnt and clinical management strategies adjusted accordingly. Traditional sources of information such as journals and professional societies have had to swiftly adapt their practice. Medical journals have made articles related to COVID-19 mostly free and open access; the submission process has been significantly streamlined to fast-track publication. These well-intentioned changes do raise the issue of quality of the material, resulting in considerable debate and strong opinions for both sides of the argument. Fundamentally, the individual practitioner retains responsibility for critical examination of the evidence, and

should acknowledge that the emotive desire to try a novel treatment is a strong source of bias.

The pandemic has also highlighted the importance of social media in communicating this new knowledge and sharing front-line practice throughout the world. There has been widespread use of Twitter, Facebook and WhatsApp to instantaneously disseminate information

When will things go back to normal, and how? Should things revert to their original state? These legitimate questions will need to be discussed and answered at societal level

across geographical boundaries. This is especially useful when considering that healthcare teams in different countries are likely to be dealing with different temporal stages of the pandemic, where earlier experiences may inform the management strategies of latterly affected populations. It is important to remember the risk of miscommunication and misinformation as discussed above, and there needs to be particular emphasis on professional scrutiny of the evidence and news.

Going Forward

We are not yet at the end of the pandemic although several countries have started discussing easing social distancing rules. When will things go back to normal, and how? Should things revert to their original state? These legitimate questions will need to be discussed and answered at societal level.

The pandemic has compelled us to

revisit the way we deliver critical care, healthcare and indeed work as a whole. The ability to work and learn remotely has been pushed to the forefront and will likely continue on its own trajectory, hopefully with beneficial effects on resources and efficiency.

Conclusion

The pandemic has focused attention on intensive care, and in particular, the ability to provide advanced respiratory support. However, as time goes by and increasing numbers of patients are treated in ICUs internationally, it is clear to me that the key factor is not the fancy machines and monitors, but rather, the dedication of healthcare professionals. I have never been more proud of and humbled by the tireless efforts of colleagues in my institution, the critical care specialties, and the healthcare profession as a whole. There are still challenging times ahead with an unclear outcome but we will deal with it together. We are far stronger in collaboration with one another - after all, no ICU is an island. ■

Key Points

- COVID-19 has changed global healthcare, in particular, the specialty of Intensive Care Medicine as it has never been under such scrutiny.
- King's College Hospital more than doubled the number of ICU beds and expanded the number and size of areas staffed by colleagues from other specialties.
- Colleagues in other specialties have also had to redesign their workflow, with some having to upskill to work in the ICU.
- Access to patient data was facilitated through Virtual Private Networks; team meetings were conducted through Microsoft Teams and Zoom.
- Social media has played an important role in communicating new information and sharing front-line practice with colleagues working elsewhere.
- Despite the challenges, COVID-19 has shown the dedication of healthcare professionals around the world and has proven that we are far stronger in collaboration with one another.