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Safety

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Safety is defined as the condition of being safe – freedom from danger, risk, or injury. Of course, safety itself is a relative term. It relies on the elimination of all risk. As we in the field of intensive care, are aware – eliminating risk is an impossible feat, and all that we can do as ICU managers is attempt to ensure that the risks are as low and manageable as possible.

With the publication of “To Err is Human” by the Institute of Medicine (US) in 2000, came the confirmation of what most of us, as intensive care professionals increasingly knew – that the number of adverse events attributable to medical error were staggering, and increasing at an alarming rate.

Whether we look to technology to provide tools (such as computerised prescription and administration systems) to assist us in our goal of improving patient safety or we employ additional staff and utilise accreditation programs which focus on prevention and monitoring, we all acknowledge that the gravity of the problem requires careful evaluation and assured action. In many cases, the lives of our patients depend on it.

In their contributions to this important topic, Dr. Michalsen and Dr. Flaatten each focus on medical errors and their inevitability, and offer insightful ideas on how we as clinicians and managers can work to not only improve-but rectify issues which go to the heart of making our ICUs safer places.

As making our ICU environments safer inevitably brings about concerns involving added costs, Akos Csomos highlights recent studies and offers clarity on the containment of costs while striving to improve patient safety.

Finally, Karen Timmons of US-based Joint Commission International outlines how an updated accreditation program can benefit hospitals, and specifically critical care by standardising methods and processes and thereby ensuring safe delivery of services.

We have compiled an exciting series of articles for our Matrix in this issue. Drs. Jean, Cinel and Dellinger describe new lung imaging technology and its potential benefits in the ICU, while Dr. Girbes takes on the controversial and timely issue of glycemic control.

Dr. Wolfe makes a strong argument that early detection and management of intra-abdominal hypertension not only improves outcomes of patients but saves resources in the long-term – something we in ICU Management aspire to achieve.

Our county focus heads this time to Canada, where we are enlightened by a number of our overseas colleagues on emerging issues in critical care-specifically those of communication and patient-focus approaches which are being increasingly adopted.

Dr. Polderman has been kind enough to provide us with a summary of the Therapeutic Temperature Management (TTM) Congress held in Cancun, Mexico last December. In the congress preview, we outline highlights of the upcoming 28th ISICEM in Brussels in March, an event which never fails to invigorate and challenge us in **ICU Management** to embrace new techniques and network with other professionals....

I hope to see you all there!

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