

Ref: FOI/GS/ID 6055

Please reply to:
FOI Administrator
Trust Management
Maidstone Hospital
Hermitage Lane
Maidstone, Kent
ME16 9QQ
Email: mtw-tr.foiadmin@nhs.net

18 March 2020

Freedom of Information Act 2000

I am writing in response to your request for information made under the Freedom of Information Act 2000 in relation to OHCA and IHCA.

You asked:

1.
 - a. *The care bundle was due for review October 2019 – could you please provide any details of an update?*
 - b. *Also, please could you describe what guidelines are currently referenced in the management of OHCA?*
2. *Could you please confirm if you have access to the data on the proportion of OHCA that arrive at Maidstone and Tunbridge Wells NHS Trust that receive TTM?*
3. *I have looked through the care bundle attached but I'm unable to find any reference to whether the TTM is part of the training curriculum for the resuscitation and advanced life support team or the critical health team, or any training materials?*

Trust response:

1. a. The care bundle although due for review October 2019 is still valid and in use.
b. Please see the response to Q1.a.
2. The Trust does have data on arrests but the OHCA are specifically excluded from the NCAA. We do have a more inclusive database but it is not designed to enable us to pull out the particular information being asked for. The raw data has several thousand entries per year and would need to be individually assessed and collated.

The Trust has estimated that it will cost more than the appropriate limit to consider your request. The appropriate limit is specified in regulations and represents the estimated cost of one person spending 3½ working days in determining whether the Trust holds the information, locating, retrieving and extracting the information.

Under Section 12 of the Freedom of Information Act 2000 the Trust is not obliged to comply with your request and we will not be processing your request further.

3. Targeted temperature management is covered in the ALS course programme as part of post cardiac arrest management (as per resus council guidelines), we do not discuss a specific machine to do this.

Attached is the individual user assessment for the striker machine used in the trust to assess staff competency.

INDIVIDUAL USER ASSESSMENT / COMPETENCY TOOL

Stryker- Gaymar Therapeutic Cooling Machine

Name of Individual:	Place of Work:
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1.	Individual has an understanding of the following: -	Individual and Assessor to Initial when achieved		Date Achieved Criteria	Individual Signature	Assessor Signature
		Discussed	Demonstrated			
1.1	Able to recognise said medical device					
1.2	Able to recognise accessories and relevant disposable items applicable to the device					
1.3	Reason for the equipment and when to use					
1.4	Risk assessments and procedures					
1.5	User instruction guide location					
1.6	Safe working parameters of equipment & contraindications for use.					
1.7	Safe use of electrical equipment					
1.8	Can identify EME number and explain its significance					
1.9	Is aware & can discuss the Trusts therapeutic hypothermia following cardiac arrest policy- (found on Q pulse as appendix to resuscitation policy)					
2.	Individual able to identify, discuss and demonstrate the following parts, functions and patient care: -	Individual & Assessor Initial		Date Achieved	Individual Signature	Assessor Signature
		Discussed	Demonstrated			
2.1	Apply full body blanket to cover to patient					
2.2	Attach cover to main unit tubing					
2.3	Connect Oesophageal temperature probe to machine					
2.3	Set appropriate temperature aiming as per Trust therapeutic cooling policy					
2.4	Monitor & document patients temperature 1 hourly and as per device operational instructions					

2.5	Observe skin and extremities for signs of over/under cooling 1hourly as per ITU skin care bundle					
2.6	Aware of limitations and contra-indications of use					
2.7	Aware of alarm light/sound and appropriate action to take if temperature is outside of parameters					
3.	Individual to have an understanding and explain the procedure for the following: -	Individual & Assessor Initial		Date Achieved	Individual Signature	Assessor Signature
		Discussed	Demonstrated			
3.1	Procedure for cleaning and decontamination					
3.2	Is aware of filling machine with sterile water to green line to maintain cooling action					
3.3	Procedure for draining water from machine following each patients use					
3.4	Procedure for reporting faults, defects and failures					
3.5	Procedure for reporting adverse incidents and near miss					
3.6	Safe and correct storage of device					

Individual Achieved All Criteria

Name:		Individual Sign & Initial:		Individual Designation:		Assessment Date:	
Assessor:		Assessor Sign & Initial:		Assessor Designation:		Assessment Review Date:	

4.	Failure to Achieve Criteria of User Assessment Check List				
		Date:	Comments:		
4.1	Refer to Line Manager, local equipment controller, key trainer, specialist trainer, Trust training or external training provider.				
4.2	Time scale to undertake training				
4.3	Time scale for re-assessment				

4.4	Interim Action, use equipment under supervision or suspend use of equipment.		
Action Plan Agreed Manager Signature and Date:		Action Plan Agreed Individual Signature and Date:	

