

From the President's desk



The last year has been a particularly challenging one for the critical care community. The demand for intensive care continues to grow, and it seems as if both the complexity of patient care and the expectations of patients and their families increase each year. Coupled with this has been a steady erosion of staffing levels in ICU across the country. In virtually every setting managers struggle to find staff with the skills and training required to work in ICU.

The challenges of critical care provision are not unique to South Africa, and many countries, including the USA, are finding that trained staff are in short supply, and are likely to remain so for the foreseeable future. At the same time there is recognition that there are ways of improving the quality of care and reducing the risk of harm to patients.

I believe that we need to define appropriate levels and standards of care in our ICUs. That process needs to be driven by the professionals who have trained in critical care. However we would do well to include lay people in the process. We are much more likely to gain support if the standards that we espouse have been agreed upon and developed in conjunction with the communities who will have to put themselves and their families into those units.

After defining appropriate standards and care, we need to explore the most efficient and effective ways of providing that care. Fundamental to that provision is the process of recruiting, training, retaining and continuing to develop the people to work in intensive care. Sadly we have not been effective in caring for and developing our greatest asset and resource –

namely the ICU staff. There are encouraging signs that we are starting to develop the training programmes, career structures and support systems that are required, but much work remains to be done.

All staff in intensive care units will need to pay increased attention to the issues of clinical governance, the process of defining what we do, what standards apply, how well we reach those standards and then how we can improve our performance. Despite the care and the technology (or perhaps because of the complexity of the care) far too many errors and adverse events happen in ICUs. To make units safer places for our patients we need to understand how and why things go wrong, how we can create safe structures, and how we create systems that are robust enough to reduce errors and provide reliable care. We will have to change many things that are 'normal' practice at the moment, and explore new ways of providing care.

In the midst of all this change and challenge, intensive care remains a centre of CARE, of concern and meticulous attention to detail. We are privileged both to care for people who are facing some of the greatest crises in their lives, and to work with people who have an enormous capacity to strive towards the highest possible standards. I hope that we can do that as a team and with a deep camaraderie.

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