



England

Compassionate Care in the Digital Age

Exploring the intersection of compassion and
technological advancements in ICU

Simon Noel, (MBCS, MBA, MSc)
Deputy CNIO, NHSE

Join the CNIO community



About me

- Nursing since 1986
- Adult Critical Care for 20 years
- Working with health IT since 2002
- Research manager with NHSBT for 8 years
- CNIO at Oxford from 2017-2025
- Deputy CNIO at NHSE



REVIEW

Nitric oxide at work in the intensive care unit: implications for nursing practice

Summary
• Acute
50%
• Nitric
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• The ap

Key words

BACKGR

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VOL 4 NO 5 1999 NURSING IN CRITICAL CARE

249

Information Technology and the ICU

Simon Noel,
Adult ICU, John Radcliffe Hospital,
Oxford.

BACCN INTERNATIONAL CONFERENCE.
SEPTEMBER 18th-21st 2000.

EXPLORING THE VENTILATORY MANAGEMENT OF THE ADULT WITH A.R.D.S.

Shirley Lockhart
Barbara Lovelady
Simon Noel

J.R ICU, Oxford.

Compassionate Care in the Digital Age

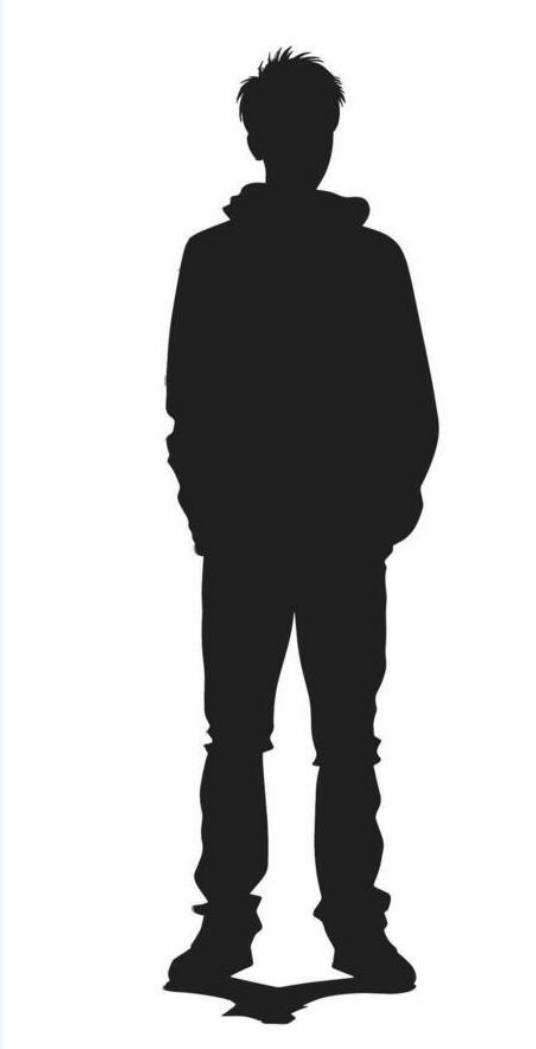
Technology has always been there...

**Technology versus
digital...**

**Just the challenge
of intensive care?**

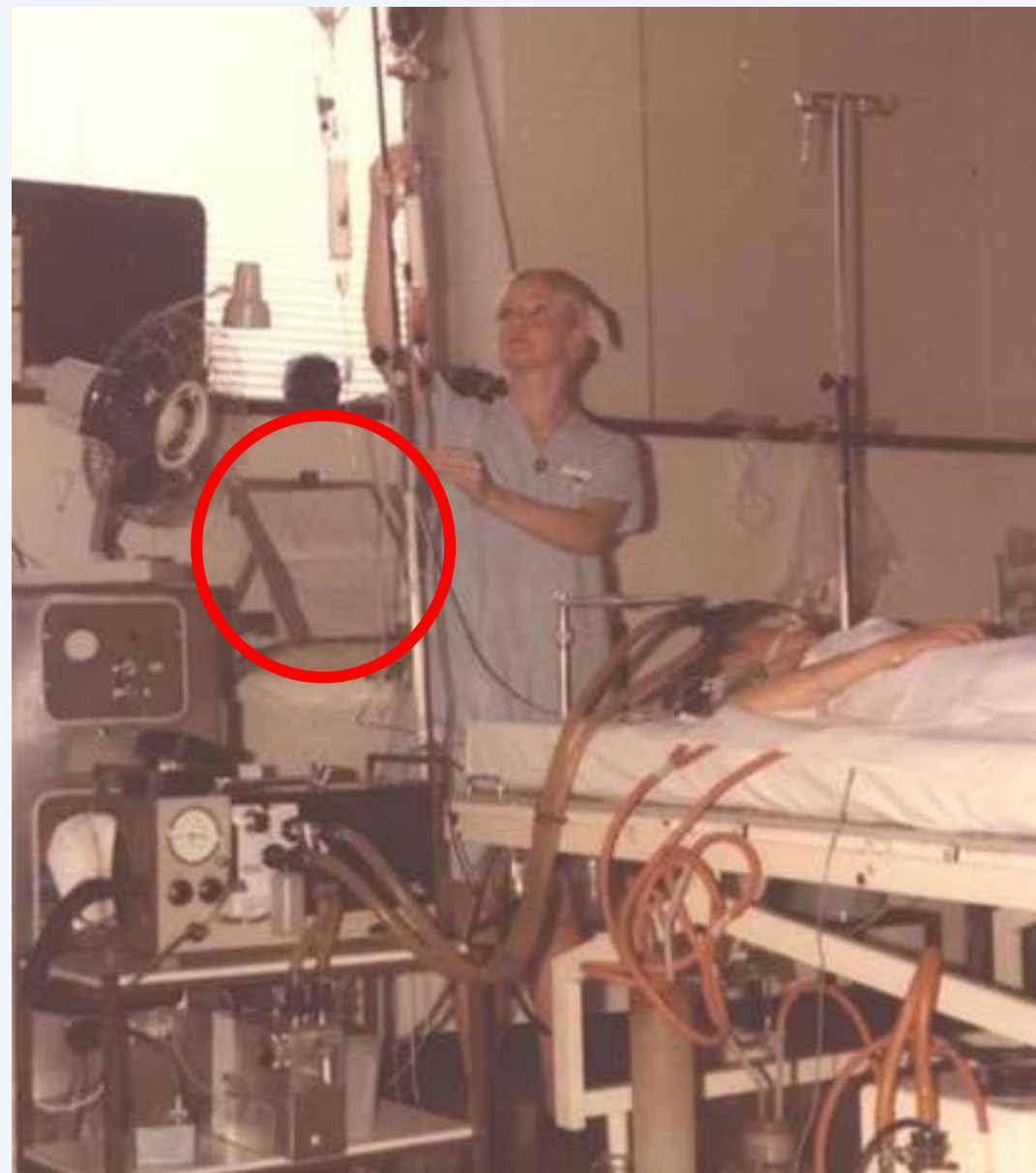


Those patients who stay with us



Compassion vs technology/digital is not a new thing







Behind all this noise is a person



Technology and Digital

ICU must fit into the bigger picture





The ever-evolving face of the NHS in England

- Darzi Report
- Three shifts
- 10-Year Plan



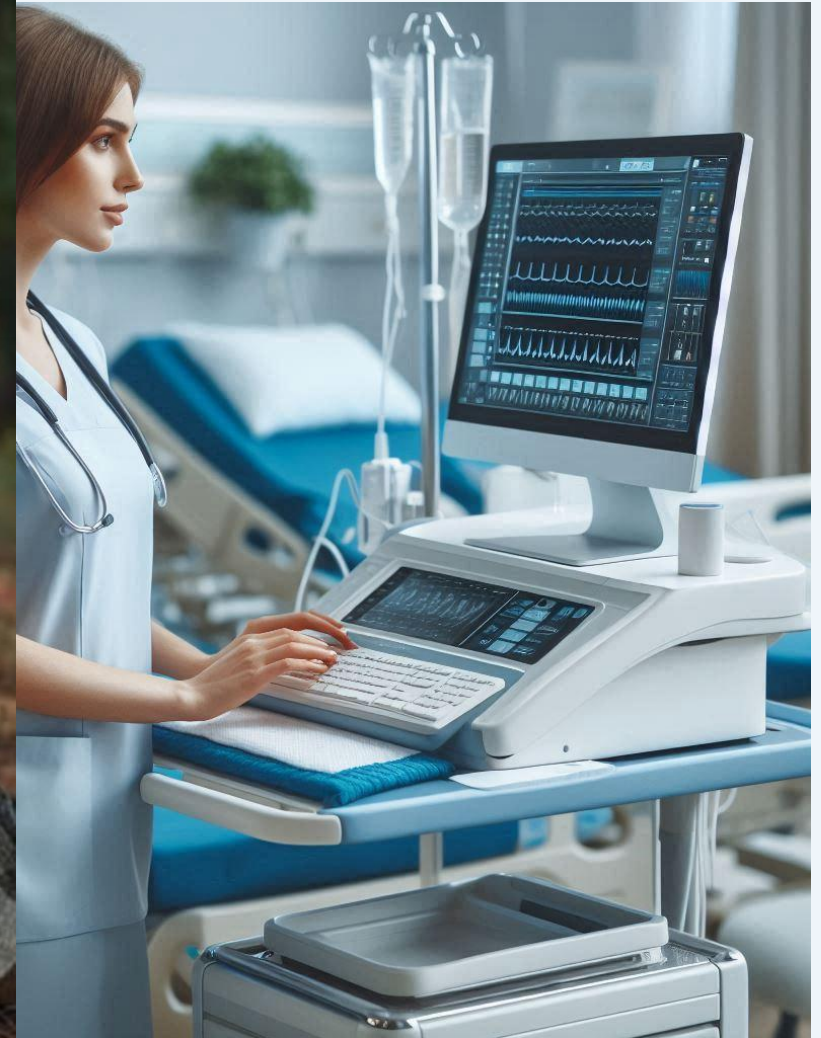
Where are we going?

Certainly not backwards...

Everybody is talking about AI...



Please don't get
your campsite
ideas from AI.



Fri 22 Sep 2023

Sat 23 Sep 2023

Sun 24 Sep 2023

12:03

19:05

20:51

20:52

00:30

05:37

12:03

12:05

14:57

16:53

20:44

05:48

09:15

09:22

18:11

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00:58

06:03

09:27

17:32

20:30



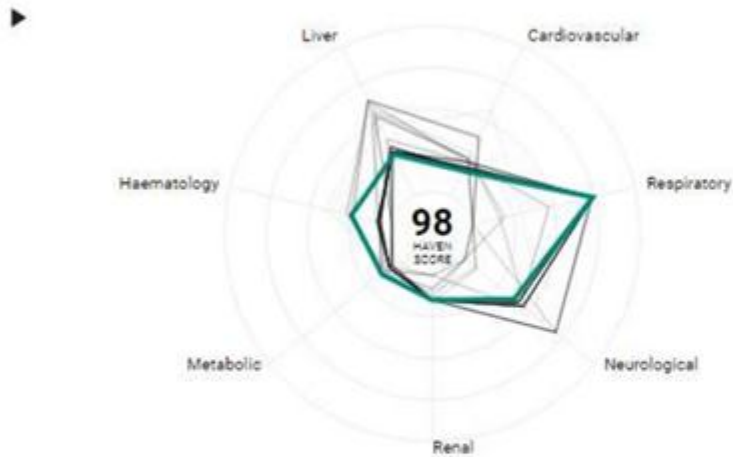
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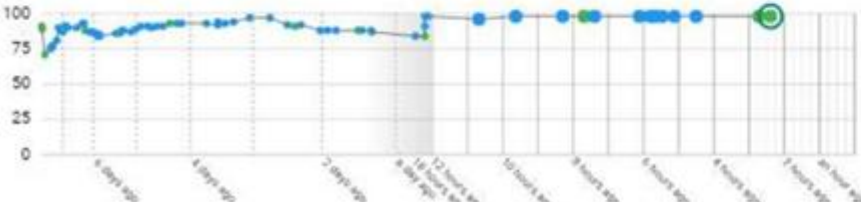
MEDIUM FRAILTY RISK OTHER NEUROLOGICAL LIVER DISEASE

Consultant: Giovanna Zamboni

Admission Date: 7 Jun 2020 (9 days ago)

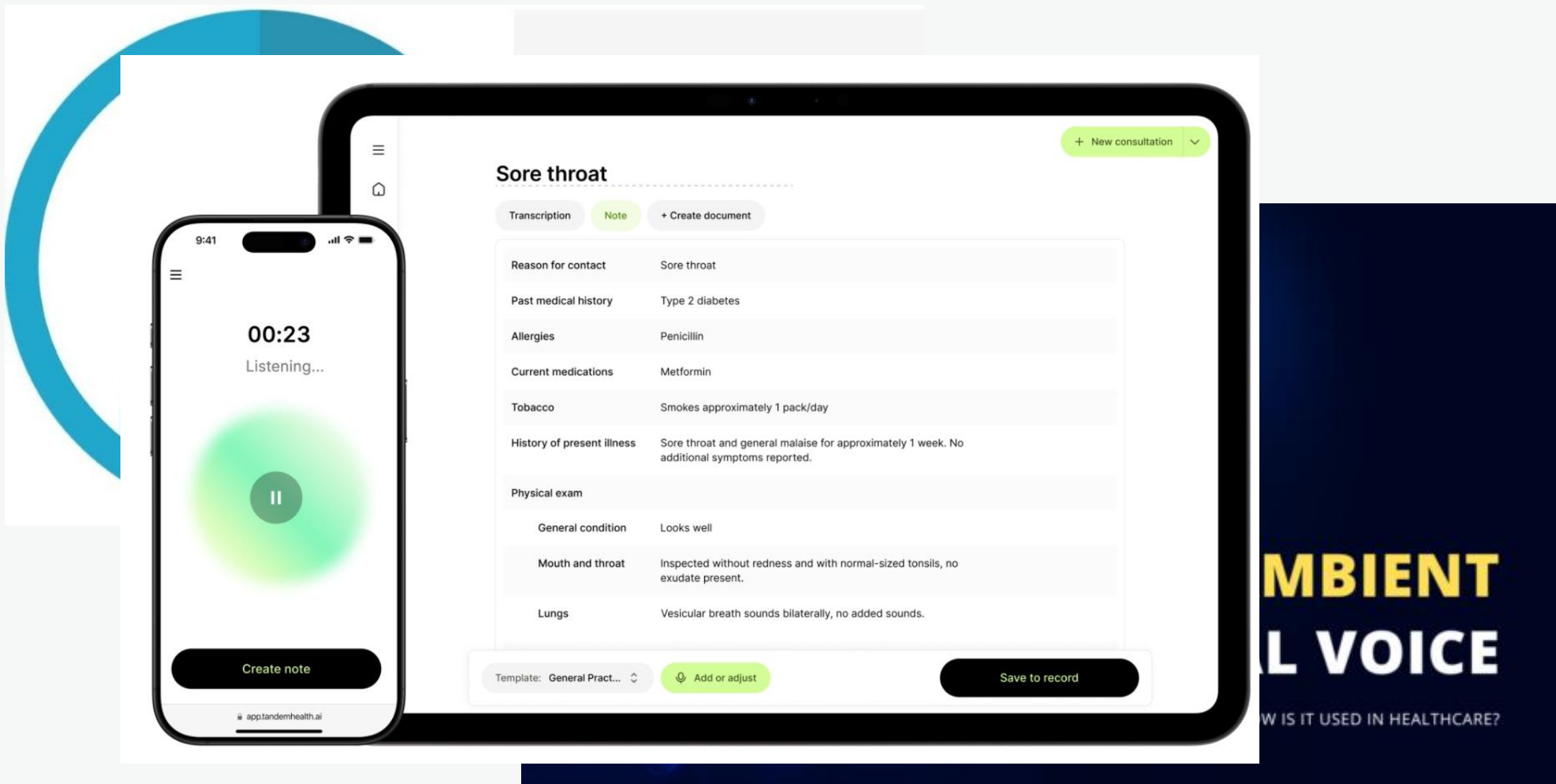


Ward 5F (Thrive Ward)



Date	15/06	15/06	15/06	15/06	15/06	15/06	15/06	15/06	15/06	15/06	15/06	15/06
Time	03:07	04:07	06:49	07:52	09:12	10:06	11:23	11:42	11:49	12:02	12:22	13:00
Temp (C)	38.1	38.1	37.8	38.2	38.2	38.1	37.9	38.2	38.1	38.0	38.0	38.0
HR & BP	140/80	140/80	138/70	140/80	130/70	130/70	140/80	138/70	138/70	138/70	138/70	130/70
Resp Rate	28	28	25	32	32	30	38	32	30	32	35	35
Sats (%)	97	99	88	94		97	94	80	83	90	77	98
O2 Therapy	HIF	HIF	RA	15 L RM	15 L RM	15 L RM	15 L RM	15 L RM	15 L RM	15 L RM	HIF	HIF
AVPU												
GCS	13	13	13	10	10	10	10	11		9	8	8
Concern												

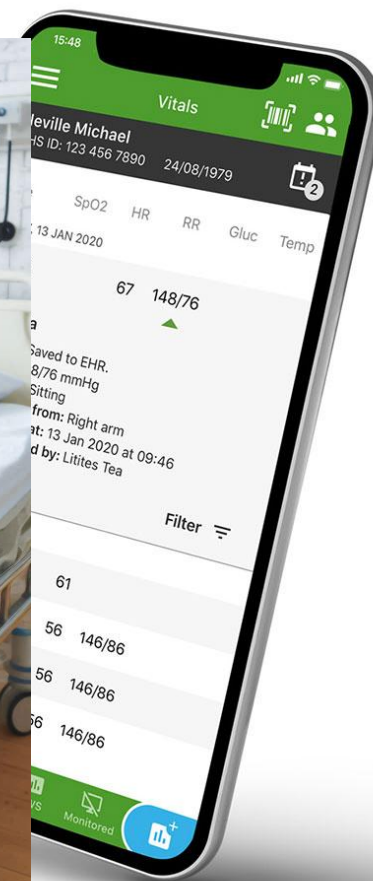
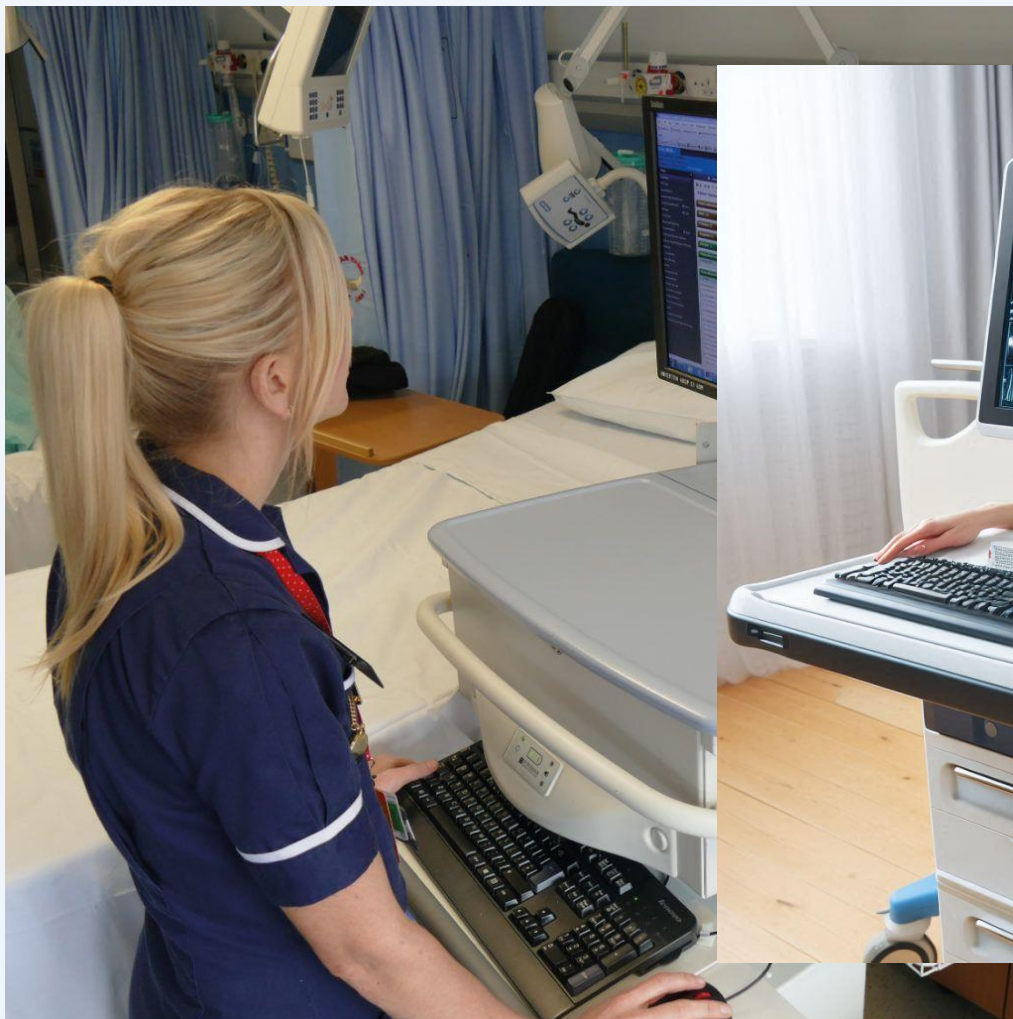
Date	07/06	08/06	09/06	10/06	11/06	12/06	14/06	14/06	15/06	15/06	15/06	15/06
Time	15:00	16:17	10:52	07:55	07:54	07:15	04:23	08:41	02:09	08:49	12:47	14:07
HGB	7.3	7.7	8.1	8.6	10	8.8		7.9	8.3	8.4		8
WBC	15.18	4.32	6.81	8	8.36	7.14		8.19	13.86	12.37		14.28
Plat	77	83	84	86	83	84		86	163	124		138
CRP	108.7	101	75	76.1	64.3	88.8		49.1	80.2	80.3		60.8
Urea	3.8	3.1	3.2	4.2	4.7	8.2	6.1	6.2	8.3	7.9		3.6
Creat	89	78	82	69	78	91	119	119	162	163		130
K	3.8	3.8	3.8	3	3.8	1.9	3.3	3.6	3.1	3.2		3.2
Albumin	23	21	21	21	23	19		19	22	19		17
ALT	38	33	37	38	39	37		36	38	39		37
AST												31
GGT												
Billi												
ALP	108	88	102	104	108	100		97	129	111		108
Glucose												
Na	137	137	136	141	142	141	141	141	141	144		144
Mg					0.7				0.76			0.7
Ca					1.28				1.28			1.31
PO4												
INR	1.4				1.8				1.8			1.6
APTT	29.4		37.4		26.6				27.1			29.2
PT												
More												



What about the patient?

The most important factor





Electronic records: the loss of patient identity?

Body Map

CareCompass

Patient List: 01, 02, 03, 04, 05, 06

Location	Patient
01 - 01	67yrs Female No Known Allergies
02 - 02	59yrs Male No Known Allergies
04 - 04	62yrs Female Allergies
05 - 05	43yrs Female Allergies
06 - 06	49yrs Female Allergies

Activity Timeline

Overdue

08:00

09:00

Requests & Prescribing

Normal view

Print

1 minutes ago

Reconciliation Status

✓ Meds History

Admission

Discharge

Orders

Medication List

Document in Plan

Description	Last Evaluated	Target	Status
Plaster Cast Care Plan, Plaster Cast (Initiated) 12/Mar/2019 15:08			
To prevent complications from applied cast	✓ 16/Apr/2019 23:42		✓
Limb elevated to reduce swelling	✓ 16/Apr/2019 23:42		✓
Increased pain to limb not controlled by analgesia?	✓ 16/Apr/2019 23:42		✓
Concerns over cast tightness?	✓ 16/Apr/2019 23:42		✓
Senior doctor informed of cast concerns	✗ 16/Apr/2019 23:42		✗
Nurse in charge informed of exudate on outside of cast			✓
Skin protective material checked prior to refitting of cast			✓
Plaster Room contacted			✓
Wound present under cast?	✗ 29/Mar/2019 11:26		✗
Advice sheet given to			✓
Constipation Care Plan, Constipation Care Plan (Initiated) 14/Feb/2019 12:43			
To maintain dignity in relation to their constipation	✓ 16/Apr/2019 23:42		✓
Manage constipation appropriately	✓ 16/Apr/2019 23:42		✓
Any factors identified to cause constipation?	✓ 16/Apr/2019 23:42		✓
To maintain comfort in relation to constipation	✓ 16/Apr/2019 23:42		✓
Constipation possible side effect of medication?	✓ 16/Apr/2019 23:42		✓
Patient able to mobilise to toilet	✓ 29/Mar/2019 11:26		✓
Aware of correct sitting position	✓ 16/Apr/2019 23:42		✓
Document Fluid Balance	✓ 15/Mar/2019 11:31		✓
Wound Management Care Plan, Wound Care Plan (Initiated) 12/Feb/2019 11:16			
Promote wound healing	✓ 16/Apr/2019 23:42		✓
Minimise risk of infection	✓ 16/Apr/2019 23:42		✓
Optimise symptom management of wound	✓ 16/Apr/2019 23:42		✓
Indicators of Infection:			
Indicators of Infection: (Knee Right)	✓ 20/Feb/2019 03:47		✓
Wound Odour:			
Peri-wound Condition:			✓
Peri-wound Condition: (Knee Right)	✓ 07/Apr/2019 00:52		✓
Wound redressed	✗ 16/Apr/2019 23:43		✗
Wound swab taken?	✓ 22/Feb/2019 16:36		✓
Medical team review?			✓
Patient commenced on			✓

Target Complete Date & Time

Target Complete Date & Time

Target Complete Date & Time

Evaluation Date & Time

Evaluation Date & Time

Evaluation Date & Time

Displayed: All Active Outcomes 1 Minutes Back

Show Additional Outcomes

Sign Documentation

#CallMe

Because we see patients as people

When we care for you in our hospitals it's important to us that we call you by the name you're normally known as. Just let us know your **#CallMe**



Windsor #CallMe: Your Majesty

Elizabeth
DOB: 21-04-1926

NHS: 9999999999
HOSP: 9999999999



Mr Namir Khatri
#CallMe: Mr Khatri



Miss Jane Megan
Andrews
#CallMe: Meg



John Styles
#CallMe: Johnny



Katherine Jane Price
#CallMe: Kitty



NHS

**Worcestershire
Acute Hospitals**
NHS Trust

What can we do?

The basics haven't changed!

Strive to be proud of the care you provide:

This should include how you use the technology safely and effectively



Learn about the benefits and the challenges:

Take the time learn about the care consequences



Some final thoughts

The basic message has not changed, but the signal to noise ratio is becoming more challenging



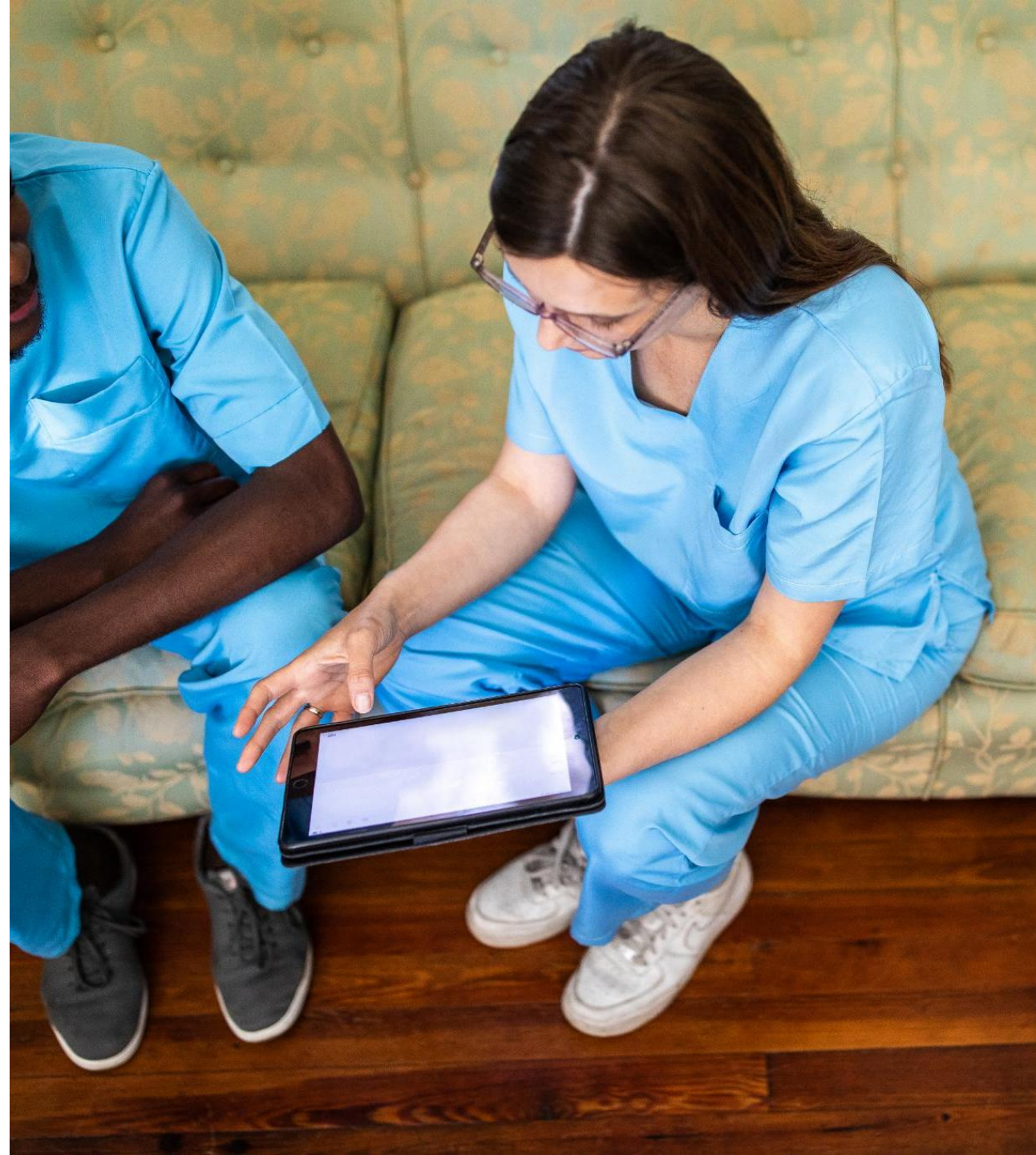
Letting the patient know what we are doing is just as much about reminding ourselves who they are...

We just need to keep talking.

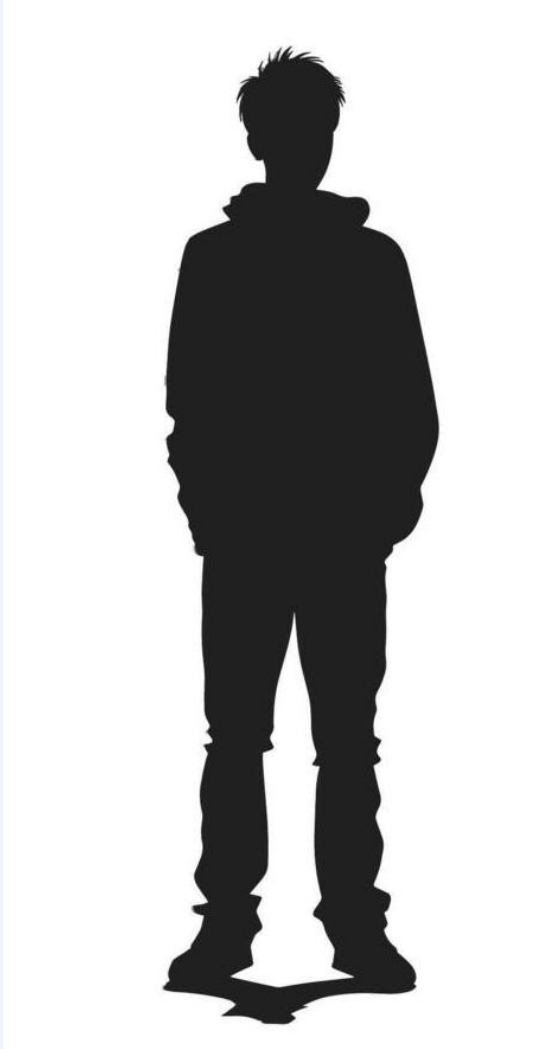


Call to Action:
Tomorrow, take one
step to balance
technology and
compassionate
care.

What could that be?



Learn from those patients who stay with you





Thank You



@nhsengland



company/nhsengland



england.nhs.uk