



On the 9th February 2007 the 500th patient was recruited to the trial by Dr Niall O'Keefe (Manchester Royal Infirmary)
More details on recruitment inside!

Report back on 'Prediction':

'Is there a high chance that the patient will require a further 7 days or more of ventilatory support during their ICU stay?'

The prediction element of the eligibility criteria for TracMan (above), has caused concern for some collaborators (i.e. am I predicting correctly?). Brian Cuthbertson, a member of the TracMan Steering Committee, carried out an analysis of the prediction of duration of ventilation in his ICU. This took place over a four and a half month period and involved 122 patients; predicted ventilation days and actual ventilator days were compared. **Results indicate that consultants actually are very good at predicting length of ventilation in ICU patients**, at least those who are likely to need 7 days or more of ventilation.

For those of you who want the details:

Sensitivity of prediction	= 65%
Specificity	= 85%



Brian Cuthbertson

While it could be argued that this only applies to one ICU (Aberdeen) there are no reasons to believe the skills for predicting are confined to Scottish doctors! **Your estimate of length of ventilation therefore is as good as any scoring system** we know of that has been published to date. Importantly the high specificity would suggest that **you are unlikely to predict incorrectly** that a patient will require ventilation for more than 7 days. So it is unlikely that you will enrol patients in the study who will not require ventilation for the appropriate time period for study inclusion.

A systematic review is currently underway at the ICS Trials Group looking at all papers around ventilator prediction. Results will be circulated to you at a later date. However, don't be surprised if the doctors prediction is still best!

Patients suitable for TracMan:

Remember! A patient can be considered for TracMan if you can answer 'yes' to the following questions:

- On ICU less than 4 days (96 hrs)?
- Currently intubated with an endotracheal tube?
- High chance they will require 7 days or more of ventilatory support?



See a **'Patient Recruitment Pack'** in your TracMan Box for further details or contact the trial office on Tel: 01865 857652, email: tracman@nda.ox.ac.uk

NURSES! see our back page



Discuss potential violations with trial Steering Committee:

What is a violation?

Randomised to the 'early' arm
(tracheostomy before day 4)

Actually doesn't match randomised

Patient **actually receives**
tracheostomy AFTER day 4

A VIOLATION!

Randomised to the 'late' arm
(No tracheostomy before day 10)

Patient **actually receives**
tracheostomy BEFORE day 10

A VIOLATION!

You will remember that in the December Newsletter we reported back from the Data Monitoring and Ethics Committee about violations of timing allocation. To keep violations to a minimum the TracMan **Steering Committee clinicians invite you to contact them** if you are wrestling with a situation that may lead to a violation, for example:

One scenario:

- a patient is randomised to the late group
(**no tracheostomy before day 10** of ICU stay),
- has been extubated
- deteriorates
- is re-intubated before day 10
- you are thinking of doing a tracheostomy before day 10, what should you do?



- call the trial office (01865 857652) and we will link you up to one of the Steering Committee clinicians to talk it through!

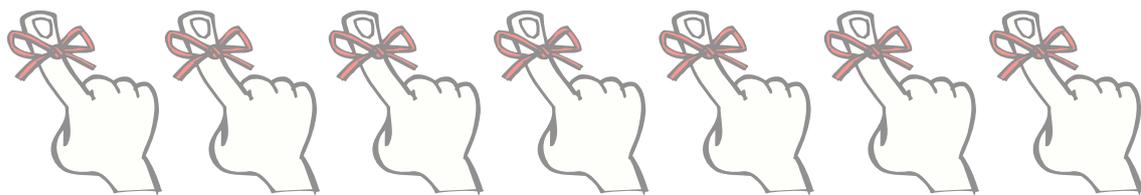
Important reminders about TracMan CONSENT processes:

- TracMan's ethics approval is based on obtaining either written or verbal relatives 'no objection'. This 'no objection' * must be obtained **before** randomising a patient to the trial. **If a patient does not have any relatives the patient cannot be recruited to the trial.** See pages 13/14 of the Protocol, and page 2 of the Patient Information Booklet. Telephone the trial office if you wish to discuss this further.
- Once the relative has signed the 'no objection' form you should photocopy it x 2.
- A **copy** should be given to the relative, and a **copy** should be placed in the patient's notes. The TOP COPY must be placed in your **TracMan Binder 2**. If your Research and Development Office decide to audit you, this is where they will expect to find all 'no objection' forms.



- The Principal Investigator at your ICU **must countersign** each form (as indicated on the 'no objection' forms).
- Please do not send 'no objection' forms to the trial office.

* Consent form for welfare guardian in Scottish ICU's



Patient Recruitment:

At the time of writing recruitment stands at **519**. Thank you for your patients to date, **every one** patient **makes a big difference** to the pooled total! Our nurses are visiting ICUs and look forward to suggestions for practical ways to help you 'think TracMan'. All ideas welcome!

The following consultants recruited at least one patient during the 3 month period December 2006 to end February 2007. They are, as our consultants in Dumfries say, "helping to keep the project on trac, man!" (ouch!).

A Badacsonyi	Indeewar Kapila	Peter Hall
Andrew Bentley	Ioannis Tsagurnis	Peter Watkinson
Chris Day	Jagtar Pooni	Rhian Edwards
Christian Frey	Jane Hurst	Richard Griffiths
Christoph Muench	Jeremy Sizer	Rob McCormick
Corrine Harris	Joe Cosgrove	Robin Macmillan
D Tupper-Carey	Kanadasamy Subramani	Roger Smith
David Lunn	Krishnamurthy	Sarah Gillis
David Pogson	Mark Forrest	Sarah Snape
David Simpson	Mark Patten	Sean Bennett
David Treacher	Michael Jennings	Sheila Madsen
Duncan Allen	Michael Margaron	Stanley Ferns
Duncan Wyncoll	Michaela Heller	Steve Knight
Elfyn Thomas	Mike Carreretto	Tim Walsh
Eva-Maria Lang	Niall O'Keeffe	Tomas Jovaisa
Francis Andrews	Nick Coleman	Tushar Mahambrey
Geoff Watson	Pete Macnaughton	Wayne Wrathall
Ian Locker	Peter Bishop	Ye Myint

The following individuals aided patient recruited period December 2006 to end February 2007:

B Matthews	Dr McLennan	Katie Lei
B Ward / Geoffrey	Dr Moss	Laura Campbell-Stephen
Carole Boulanger	Dr T Szakmany	Lindsay Spalding
Chris Meadows	Dr V Mani	Nicola Donlin
David Monks	Dr Venkatesan	Pat Conroy
Dr E Thomas	Fiona Frame	Puja Sharma
Dr Hastie	I Nyilas	Rebecca Davis
Dr John	James Bromilow	Steve Benington
Dr Kilner	Jayne Wilson	Terry Martin
Dr Lim	John Smith	

A big thank you to you all!

ICU Recruitment:

We now have **61 Intensive Care Units** (ICUs) around the UK taking part in TracMan, with several more going through the 'approval' process to join. **Are all the hospitals in your Trust collaborating in the trial?** We would value you talking to colleagues in other ICUs to see if they would like to join, full information is available on our website: www.tracman.org.uk/.



ICUs in focus: **Medway Maritime Hospital**

Our colleagues at Medway Maritime Hospital in Kent kindly agreed to write a short piece about their ICU for the Newsletter.....over to them:

Medway NHS Trust is a District General Hospital in Kent which has somewhere in the region of 600 beds. There are 9 Level 3 beds in our ITU facility and we have 10 Level 1 / 2 beds in a surgical HDU facility. Occupancy is 100% or more in each of these areas. In the ITU we have about 700 admissions per annum.

Principle Investigator: Catherine Plowright is the **Consultant Nurse Critical Care** and it was her drive and enthusiasm which helped Medway NHS Trust become one of the first four recruiting hospitals in the TracMan trial in late 2004. As a member of the Intensive Care Society, Catherine had completed the priority-setting questionnaire asking for research topics. When TracMan was inviting ICUs to collaborate Catherine had changed jobs and was working for a different organisation and noticed that the timing of tracheostomies was rather different than in her previous organisation. She discussed this with her Intensivist Consultant colleagues and the unit became involved with TracMan.



Lucy Mires (one of our Nurse Champions), Catherine Plowright Principle Investigator, Dr Nandita Divekar (Medical Champion)

To date Catherine is the only nurse who is a Principle Investigator in the TracMan trial. This has been interesting and "annoying" at times!!!! **She urges other nurses to get involved in this trial** to help answer the timing question regarding tracheostomy. Catherine has presented work she has done in her role as Principle Investigator in this trial at both the Royal College of Nursing Critical Care Nursing Forum conference, and the European Federation of Critical Care Nurses Association conference.

Medical and Nurse Champions – Dr Divekar and a team of nurses (Lucy Mires, Bobby Thirkell and Lucie Gilliard) all are champions in the TracMan trial and will actively consider patients and raise the questions during ward rounds.

All of the Intensivists on the unit consider this trial to be important, which can be seen in that Medway NHS Trust remains among the top recruiters to date.

For further information about being a nurse Principle Investigator contact Catherine at catherine.plowright@nhs.net.

A day in the Life of a Research Nurse... Or Trials and Travels! The 'Shoe' Story.

Kathryn Coleman, one of our TracMan Research Nurses, shares an exciting time on her travels:



       
Fresh from a successful meeting and an overnight in Edinburgh, I board the train in darkness. As the track takes us past the east coast, the sun comes up over the sea, and I catch my breath with the beauty of it. In Barnsley by lunchtime, I give the consultants an update at their regular meeting and then I am off again.

In Leeds its bad news..... NO trains to London, we herd onto a train to Doncaster like sheep. I spend the next half hour with a violinists instrument up my nose and a small boy, with a backpack the size of Yorkshire, standing on my toe. 'Platform 2 for London...No correction Platform 3' As the ever growing crowd move as one, I fight the urge to start bleating and remind myself I am a professional. In the station is a small four carriage train.... At this point the herd panics and we surge forward. As I board, the man behind me kicks my foot, my shoe flies off and I watch it bounce off the train and down between the wheels and the edge of the platform! (For readers who are women, it was Italian leather, black, comfortable and expensive.)

At this point I temporarily lose the will to live, as now I am fighting to get off the train harder that I fought to get on it moments before. Limping my way up the platform I find a friendly supervisor who finds a man in an orange overall carrying a 'pick up stick' and we three wander back down the platform.

The collection of people waiting for the next train watch us as we move between them, looking in the gathering darkness for my shoe. Before long everyone is peering over the side... they do not know what they are looking for. Eventually I decide to yell down the line of people, 'Has anyone seen a shoe?' There is a momentary pause while the whole platform peers into the gloom. A small man raises his hand and yells he can see it. A few moments later me and my shoe are reunited to a smattering of applause.

Eventually I am on my way home again, with a seat, a glass of something restorative in my hand and both shoes on my feet. Life is certainly not dull working in the TracMan team!



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