

CONCLUSIONS. According to the existing literature, it is known that high levels of noise in ICU have a direct impact on the evolution of patients, modifying their circadian rhythm and directly influencing the sleep-wake cycle, in addition to a higher incidence of delirium and an increase in the need for sedation. Besides the intrinsic noise to the different machines and devices existing in an ICU, the main cause of this is that derived from human activities (2). Different strategies such as opening doors to families with a more permissive schedule, as we have seen in our study, seems to be able to contribute, although it is paradoxical, to reduce the noise in ICU.

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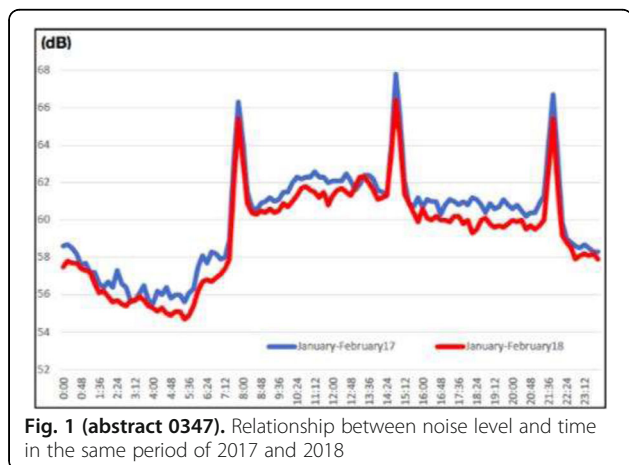


Fig. 1 (abstract 0347). Relationship between noise level and time in the same period of 2017 and 2018

0348

Social media in critical care is the hype worth the effort: a 3-year analysis and modelling for the future

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INTRODUCTION. The use of social media (SoMe) in modern society has expanded tremendously. Platforms such as Twitter, Facebook and Instagram have revolutionized communication. This change has extended into medical education, including conferences, where it has become part of the way we learn and keep abreast of the latest developments. Healthcare professionals and societies have responded by having dedicated teams promoting the utilization of such platforms as a way of disseminating information and encouraging discussion beyond physical boundaries. Sceptics argue that this is an unsustainable fad and does not translate to meaningful educational content and discussion. The quality of content placed online has also been questioned.

OBJECTIVES. To quantify and qualify the use of SoMe at critical care conference in the last 3 years.

METHODS. The largest ICM conferences were identified by group consensus. Hashtags unique to the individual conferences were isolated and analysed using proprietary Symplur algorithms. Quantitative/qualitative measures were collated, with comparisons made across the various conferences (2015 - 2017).

RESULTS. The annual conferences of five main societies/organisations were identified between 2015 to 2017. These were the Society of Critical Care Medicine's Critical Care Symposium, European Society of Intensive Care Medicine's LIVES Congress, the International Symposium on Intensive Care and Emergency Medicine and the UK's Intensive Care Society Congress. Compared to 2015, the number of tweets and Twitter users during conferences increased in 2017. The average increase was 149.4% (range 63.5 - 267.7%). Analysis of the tweets during the conference showed an increase in the utilisation of media such as images and video clips. There was also a trend for tweets to contain hyperlinks so that contents/references could be accessed easily. There were more tweets with replies, confirming that such online platforms have the ability to generate online discussions.

CONCLUSIONS. This is the first attempt to quantify and qualify the educational content generated on SoMe over a prolonged period at critical care conferences. The analysis shows that the increasing use of SoMe has been sustained across international conferences examined. The increase use of multimedia content, users and interactions confirms that SoMe has matured as a platform and has gained credibility amongst healthcare professionals. The use of multimedia content has been shown to increase the educational value and impact to learners¹. In conclusion, the use of SoMe at conferences has shown a sustained quantitative and qualitative increase at critical care conferences. It has a role in 21st century medical education but like all tools, has its benefits and limitations.

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0349

Evaluation in the hospitalary management of the high commitment human resource practices from the perspective of the ICU healthcare personnel

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INTRODUCTION. Proper management of human resources is critical in providing a high quality of health care. The staff's perception of good high-commitment human resource practices and organizational management affects directly to their job and satisfaction.

OBJECTIVE. To evaluate the level of commitment of the management team in a Spanish public hospital towards the high performance work practices (HPWPs) from the perspective of the healthcare personnel in the Intensive Care Unit (ICU) and to analyze the differences in the evaluation according to different professional categories.

METHODS. Information was collected from August to November 2017 through a survey adapted to each professional category. The questionnaire included a 7-score Likert scale including 24 items aimed at assessing different aspects related to high-commitment human resources management.

The multidimensional nature of the scale required the completion of a Confirmatory Factorial Analysis (CFA) to corroborate the dimensions

traditionally published in the literature on high-commitment human resource practices. In spite of the statistical significance of the model [$\chi^2=107.87$, $p=0.000$], results showed that other adjustment indicators were within the value ranges recommended in the literature (CFI=0.97, NFI=0.94, RMSEA=0.08). Regarding internal consistency measurements of every dimension composite reliability (CR) reached values over 0.70 and average variance extracted (AVE) reached values over 0.50. The Cronbach's alpha values verifies those observed in composite reliability. These results indicated that the measurement model was valid and reliable.

To analyze the existence of differences of averages in the evaluation of the HPWPs according to the professional category of the ICUs healthcare personnel, an ANOVA analysis was used.

RESULTS. Based on the results of the CFA, we proceeded to create four new variables, which correspond to the weighted average of the items that shape each dimension, weighted by the regression weights of each of them in the CFA. The following table shows the average values for each dimension according to the assessments of the ICU healthcare personnel, globally and according to the professional category.

CONCLUSIONS. We may conclude that the ICU healthcare personnel evaluates, in a global way, with low score the high-commitment human resource practices. Internal promotion is the worst valued aspect by the staff, and on the other hand, participation is the aspect that has received the best assessment.

There are statistically significant differences in the evaluations according to the different professional categories. Nursing assistants has been the category with the best perception of HPWPs and, on the contrary, doctors award the worst assessment.

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None.

Table 1 (abstract 0349). Descriptive analysis of the factors of the high-commitment human resource scale according to the professional category

DIMENSIONS	Average (T.D.)				F (p)
	Global	Doctors	Nurses	Assistants	
Training	3.80 (1.64)	2.65 (1.28)	3.39 (1.54)	4.99 (1.21)	21.857 (0.000)
Participation	4.33 (1.58)	3.27 (1.36)	4.07 (1.51)	5.33 (1.27)	15.915 (0.000)
Acknowledgment	3.65 (1.76)	2.75 (1.39)	3.24 (1.71)	4.78 (1.46)	14.532 (0.000)
Internal Promotion	3.55 (1.88)	2.40 (1.47)	3.03 (1.72)	5.03 (1.40)	23.960 (0.000)

0350

Change of hospital and critical care unit - does it influence outcome?

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INTRODUCTION. Centralization and increased subspecialisation of care result in an increased need for interhospital transports during ongoing intensive care. The majority of these patients are transferred with continuous need of organ support but in a stable condition. Studies have repeatedly shown that interfacility

transport has no significant impact on morbidity and mortality. However, a preliminary report has shown that change of hospital is associated with an increased risk of adverse outcomes for ICU patients (1).

OBJECTIVE. The aim of this study was to explore if the change of hospital and critical care unit influenced health care results. Our hypothesis was that interhospital transfer to another intensive care unit does not affect patient outcomes.

METHODS. This was a retrospective case-control study. After ethical approval, data from local and national ICU-registries was obtained regarding patient characteristics, ICU length of stay and survival.

All patients >18 years being transported from the critical care unit at Sahlgrenska University Hospital, an 18-bed tertiary care ICU, to other intensive care units during 2012 to 2016 were matched to non-transported patients as to ICU days before transfer, age, diagnosis and illness severity according to SAPS 3. Ninety-day mortality was chosen as the primary outcome.

RESULTS. 827 patients were transferred to other ICUs, with diagnoses predominantly cardiovascular (24%), pulmonary (16%) and traumatic (11%). The majority of patients were transported within the Region of Western Sweden (95%), but almost half of them to other hospitals in Gothenburg (46%). Mortality at 90-days was lower for patients transported vs controls (31,1% vs 36,1%, respectively; $p=0.02$). Patients moved within Gothenburg had no significant difference in 90-day mortality in comparison to the control group (39,7% vs 36,1% respectively; $p=0.60$). Compared to all non-transported and non-matched patients treated in our ICU during the study period, 90-day mortality was higher in patients exposed to interhospital transportation ($p < 0.001$).

CONCLUSIONS. Interhospital transfer had no negative impact on 90-day mortality compared to non-transported matched patients. The lower mortality in patients moved to hospitals outside Gothenburg may be explained by the fact that such transports are initiated after the termination of need for tertiary care, while patients moved within Gothenburg presumably represent a general ICU population transferred in times of limited ICU-bed availability. Still, transfer within Gothenburg was not associated with increased mortality as opposed to what has been reported earlier (1). This may be explained by our use of a matched control group and we conclude that interhospital transfer between ICUs in the Swedish Western Region appear safe.

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none

0351

Challenges associated with critically ill patients admitted to the intensive care unit following international repatriation: retrospective case study and analysis

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INTRODUCTION. The Queen Elizabeth University Hospital (QEUH) in Glasgow hosts Scotland's largest critical care unit and accepts patients who have developed critical illness abroad. As in other UK units such repatriations are infrequent, but they can be associated with particular logistical and clinical challenges. There is a perceived need to develop systems, at a local, national, and international level, which optimise care and mitigate the inherent risks to critically ill patients from international transfer.