

**Irish National ICU Audit Dataset
Frequently Asked Questions (FAQ's)
Version 1 August 2017**

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NATIONAL ICU AUDIT DATASET FREQUENTLY ASKED QUESTIONS

	Question	Answer
INFOFLEX	Accessing the Test Database	
	How do I access my unit's tests database?	<ul style="list-style-type: none"> i) Navigate to following URL => http://testportal.healthirl.net ii) Enter your regular username and Password that you use to login to your HSE PC/Desktop iii) Choose your Domain => SEHB iv) Click 'Log On' v) What you should see is Test – InfoFlex vi) Click on 'Test-InfoFlex' to launch the application Note: this will take some time and will launch in the background vii) Once InfoFlex has fully launched, select your test database and enter your InfoFlex Username and Password. This has been provided to you by the National ICU Audit Coordinator. viii) Click on 'Login' to proceed
	Data Analysis Module	
	What is the data analysis module used for?	The data analysis module is used when further detail on data items is required for reporting that is not available in the pre-existing suite of reports within the InfoFlex Reporting module.
	How do I display code and meaning for dictionary items?	<p>On making a user-defined query with added admission data items, you can format the dictionary items to meaning, code and code & meaning. The meaning is best for reporting. The admissions query within Data Analysis is a pre-defined query and the format of how it is displayed can't be changed.</p> <p>To be able to change dictionary items to meaning, you must create a user-defined query using the Query Design Manager section in the actions menu.</p>
DATASET	Support Documents	
	Where can I find the definitions for the ICNARC dataset for Ireland (INICUA)?	A comprehensive list of definitions for the ICNARC dataset can be found in the Data Collection Manual – Irish National ICU Audit - Version 1.0 INICUADS / 1 February 2017 / Doc.version 1.0. This can be found in your National ICU Audit folder or on the ICNARC website.
	Where can I find a user guide for the full National ICU Audit dataset?	A comprehensive user guide for the full National ICU Audit dataset can be found in the NOCA National ICU Audit Data Definition Manual V1.0. This is available on the NOCA website and has been circulated locally via email.

	Question	Answer
DATASET	Is there a document that provides guidance on the key areas across the INICUA dataset?	Helpful guidance on aspects of the INICUA data set can be found in the “Process guide for audit staff Top tips for navigating the CMP process”. Included here are tips on Data collection, Data submission, Data validation, Admission, Obstetric admissions, Reason for admission, Past medical history, Physiology data, and Outcome. Please note there are differences between the CMP Infection data and the INICUA infection data. This can be found in your National ICU Audit folder or on the ICNARC website.
	Medical Record Number	
PATIENT DEMOGRAPHICS	Can I enter letters within the medical record number data field?	Yes, letters and numbers can be added to this field.
	DOB Estimated	
	Why do we need to use the Date of birth estimated field?	If you do not know a patients date of birth, we ask you to estimate the year of birth, and record it as the 1st of January of the estimated year (for example if you estimated a patient was around 70, you would record the Date of birth as “01/01/1945”). Therefore Date of birth estimated is only required, and should only be completed, when a January date is recorded. This tells us whether the date recorded is the actual date of birth, or whether the year/ patients age has been estimated. If the date of birth is any other month except for January, this will be an actual Date of birth and the estimated field should be blank.
	When must I select <input checked="" type="checkbox"/> in the Date of birth estimated field?	When the patients actual Date of birth is known and is in January.
	When must I select <input type="checkbox"/> in the Date of birth estimated field?	When the patients actual Date of birth is unknown and the year of birth has been estimated (with the Date of birth recorded as 01/01/estimated year).
	When do I leave the Date of birth estimated field empty?	Missing data and why must it be left empty – when the patients actual Date of birth is in any month other than January.
	Episode Number	
ADMISSION	Can I enter letters within the episode number data field?	Yes, letters and numbers can be added to this field.
	Delay	
	How many hours is classified as a delay?	The delay is the gap between the date and time of decision to admit and the date and time of admission to your unit. Example: An admission on the ward is identified as requiring an ICU Bed today at 07:00. This is the date and time of decision to admit (This is not recorded within InfoFlex). The date and time of admission to your unit is recorded within InfoFlex as today at 12.00. The gap between the date and time of decision to admit and the date and time of admission to your unit in this example is 5 hours. This is the number of hours delayed. You have the option on InfoFlex to say Delayed/Timely. If you choose delayed then the delay box opens allowing you to add the hours. This provides important information on timing of admission to your unit and will become a national KPI.

	Question	Answer
ADMISSION	Within the data field; Timeliness of admission to your unit, how many hours equals delay?	<p>A process for collecting this data may need to be set up within your unit. This is collected in order to monitor the date and time the bed was booked for an admission with date and time of the decision to admit, by the admitting consultant or proxy. This could be recorded on the CIS, unit admission book or noted in an agreed place. The very best option is that the admitting consultant or proxy clearly document this in the Patient notes.</p> <p>We do not record the date and time of the decision to admit within InfoFlex. This field will become part of the ICNARC data set within the next few years and will then be required to be added to InfoFlex.</p>
	Does the same apply to admission types i.e. admissions from theatre /ward, admissions/transfers from other hospitals and A&E admissions?	<p>There may be local dependencies that should be considered and discussed locally with your Clinical Lead.</p> <p>Example: An A&E admission can be transferred to CT scan on route to ICU. This may not constitute a delay as it may be part of the patient care pathway.</p>
	Readmitted	
	How are readmissions recorded on InfoFlex?	<p>Readmissions within InfoFlex are recorded in two ways:</p> <ul style="list-style-type: none"> • Readmitted to your unit during the same hospital stay is recorded by ticking the readmitted box within the Admission panel. • Where an admission returns to your unit during another hospital stay, this is recorded automatically by InfoFlex and identified using the unique internal identifier within Patient Demographics.
	Specialty code prior to admission to your unit	
	Can I code obstetrics and gynaecology separately within the Specialty Code prior to admission to your unit?	<p>Yes the codes can be found under Medical Specialties and the codes are: 501 = obstetrics 502 = gynaecology</p>
	Currently / Recently Pregnant	
Can molar and ectopic pregnancies be recorded?	<p>Yes, both can be recorded. Within Recent Pregnancy Details, select Yes for 'Molar pregnancy associated with recent'. An ectopic pregnancy can be recorded under 'Outcome of recent pregnancy'.</p>	
FURTHER ADMISSION	Further Admission - Admission Type	
	What is the difference between a planned and unplanned transfer in?	<p>A planned admission is one that requires critical care that cannot be provided at the source.</p> <p>This is not a patient that has been transferred to your unit because of lack of beds in the transferring unit. In this case you need to record as unplanned.</p>
	Is an admission from A&E in my hospital planned or unplanned?	<p>An admission from A&E in your hospital is always recorded as unplanned. Always record this type of admission as 'Unplanned local surgical or medical admission'.</p>

	Question	Answer
FURTHER ADMISSION	Further Admission - Admission for Pre surgical preparation	
	A patient comes in to the unit for pre-op optimisation prior to Neuro Surgery. However the patient never goes for surgery as care is withdrawn. Do I record yes to per surgical preparation?	Yes, this is an admission for Pre Surgical Preparation
	Other Acute / Non-Acute Transient Location Details – Sector of other hospital (in)	
	Is a Maternity hospital classified as an Acute or non-acute hospital?	A maternity hospital on its own site is classified as an Acute Hospital.
DIAGNOSIS	CPR within 24 hours prior to admission to your unit	
	We have a patient who was admitted to hospital via ambulance transfer. They had a cardiac arrest in transit and received CPR. Is the CPR regarded as Community or in-Hospital?	By definition, this is recorded as community CPR, because the ambulance staff are not part of the in-hospital team.
	If there is a cardiac arrest during a direct transfer from one ICU to another with an anaesthetic doctor and nurse, along with ambulance paramedics (MICAS Transfer), would this be classed as in-hospital CPR?	Yes it would be classed as in-hospital CPR because a member of the hospital team i.e. doctor and nurse are present. The definition is based on a delay receiving treatment in a community setting.
	Other condition of past medical history	
	What is recorded in the data field 'Other condition in past medical history'?	This field is used to capture chronic, pre-existing conditions relevant to the admission prior to the onset of acute illness. Acute conditions must not be recorded in this field.
	Can I record 'Accelerated or malignant hypertension' within 'Other condition of past medical history'?	No, ICNARC consider these as acute conditions therefore are not suitable for this data field.
	Can I record 'Essential hypertension' within 'Other condition in past medical history'?	Yes, ICNARC consider that essential hypertension is not an acute condition and can be recorded in this data field.
	Can epilepsy be recorded within 'Other condition in past medical history'?	Epilepsy should not be recorded as a chronic condition in the past medical history. The fact that a patient suffers from epilepsy is not necessarily prognostically relevant to their chances of survival.
	Reason for Admission	
	A patient's primary reason for admission to the unit is medical management for a Subdural haematoma (SDH) however, a few days later the plan changes to surgical management and the patient has surgery. Is surgery for SDH the ultimate reason for admission?	If the condition the admission was being treated for remained the same but the treatment changed i.e. medical to surgical – put the Primary reason for admission as surgical and leave the ultimate reason for admission as blank

	Question	Answer
PHYSIOLOGICAL DETAILS	Physiological Details	
	How are data items with decimal points entered onto the Physiological Details panel?	<p>Manual data entry</p> <p>For values which do not accept a decimal point, the value should be rounded to the nearest integer by the person inputting data (i.e. 65.4 becomes 65 and 65.7 becomes 66).</p> <p>For values which do not accept a second decimal point e.g. glucose 2.39, this should be rounded up to 2.4 or down as appropriate for that result e.g. glucose 2.31 should be rounded down to 2.3</p> <p>If a digit is erroneously entered after a decimal point, the value will exceed the warning limits and the user will be asked to confirm the value is correct. For example, if weight is entered as 90.5 kg, it will become 905 This will exceed the warning limits for weight (> 137kg) and the user will be asked to confirm if entry is correct or not.</p> <p>Interfaced data items</p> <p>InfoFlex automatically rounds values up and down as appropriate when the data is interfaced.</p> <p>Rounding to the nearest unit is based on 1 to 4 round down, 5 to 9 round up i.e. if we get a result for 9.62, it is rounded down to 9.6; 9.65 is rounded up to 9.7</p>
	Ventilated Respiratory Rate	
	What is a ventilated respiratory rate?	A ventilated respiratory rate is defined as where all or some of the breaths or a portion of the breaths (pressure support) are delivered by a mechanical device. Ventilation can be simply defined as a treatment where some or all of the energy required to increase lung volume during inspiration is supplied by a mechanical device. The admission can be ventilated via an artificial (intubated) or natural airway.
	ABG	
I have entered ABG's and getting a pop-up message which reads, 'PH cannot be lower than Associated PH', what does this mean?	The lowest PH must be lower than or equal to the associated PH. When choosing the Lowest PH within the first 24 hours, this must be the lowest value recorded. If this pop-up appears, an incorrect value has been entered, please re-check..	
INTERVENTIONS IN ICU	Cardiovascular – CVC Days	
	What is a CVC Day?	On InfoFlex we count CVC days. This is measuring the presence of every central line present in every patient every day. E g – Patient 1 has a vascath and CVC in situ today = 2 CVC days
	Cardiovascular - Pacemaker	
	Where a pacemaker is in place but not in use, is pacemaker within Cardiovascular selected?	The pacemaker within the Interventions panel indicates the presence of an external pacemaker. This intervention is selected to identify the presence of an external pacemaker, whether in use or not.
	Neurological Intervention - Epidural	
Where an Epidural catheter is in place but not in use, is Epidural within Neurological Interventions selected?	The Epidural within the Interventions panel indicates the presence of an epidural. This intervention is selected to identify the presence of an epidural, whether in use or not.	

	Question	Answer
INTERVENTIONS IN ICU	Renal - RRT	
	Does Renal Replacement Therapy (RRT) equate to renal support days within the unit i.e. if a patient is on CVVHDF for 4 days they have 4 RRT days?	Yes
	Renal - CVVH	
	Does CVVH encompass all continuous modes of dialysis i.e. CVVH, CVVHDF, CVVHD, SCUF?	Yes
	Renal - Haemodialysis	
	Where Haemodialysis occurs outside of the unit, as an off unit intervention, is this included in the RRT category?	Yes
	Renal - Plasmaphoresis	
Where plasmaphoresis is not for Renal Replacement Therapy, is this included in the RRT category?	No	
ORGAN SUPPORT (DAILY DETAILS)	Daily Details	
	Can organ support details be added after the Date of Death and Date of Brainstem death?	Daily details should not be added after Date of Death and Date of Brainstem death.
	I have added Daily Details but cannot save them, why is this?	In order to add and save Daily Details, evidence available to abstract physiological details (EPHYS) has to be selected (Yes/No). EPHYS is available at the top of the Physiological Details panel.
	Cardiovascular support advanced	
	If an external pacemaker is in place and not in use, is this day recorded as an Advanced Cardiovascular support day?	No. When an external pacemaker is in place and not in use, it does not qualify for an Advanced Cardiovascular support day as defined by ICNARC.
	Renal Support	
	If haemodialysis occurs outside of the unit, as an off unit intervention, is this day recorded as a renal organ support day?	No, as the haemodialysis did not occur on the unit.
	Neurological Support	
	If an epidural is in place in use or not in use, is this day recorded as a Neurological Support day?	No. The presence of an Epidural catheter is not part of the ICNARC definition for a Neurological support day.
	Where an admission is cooled to Normothermia (36 degrees) and not hypothermia (33 degrees) using cooling protocols or devices, does this indicate a Neurological support day?	The definition point is specific to therapeutic hypothermia, therefore cooled to normothermia would not meet this definition and therefore not be classed as neurological support.

	Question	Answer
INFECTIONS	Infections in Blood – MDT confirmed UABSI	
	How do I let ICNARC know that I have MDT UABSI data to send in a change file?	<p>You can only relay to ICNARC that you have MDT UABSI data to send by telling them on the original file send for that quarter. You cannot let ICNARC know that you have MDT UABSI data to send in a change file unless they are expecting it.</p> <p>Please add this detail to the front page of File Exchange prior to sending your initial quarterly extract. Before uploading your quarterly extract submission, one of the mandatory fields to be filled in includes - MDT meeting Y/N</p> <p>MDT meeting Yes or no within the mandatory fields is how we let ICNARC know to expect MDT data for this quarter.</p>
	Infections – Clostridium Difficile present	
Why does the ICNARC definition of C. difficile differ from the HSPC definition for notification of a C. Difficile infection?	<p>The ICNARC definition - C. difficile is defined as the detection of C. difficile toxin in any stool sample taken for microbiological examination; on page 23 of the Irish National ICU Audit - Data Collection Manual - Version 1.0 (February 2017)</p> <p>The Health Protection Surveillance Centre (HSPC) definition for C. difficile infection requires the patient to have diarrhoea or toxic megacolon PLUS the positive laboratory result for C. difficile. The positive lab test alone is not sufficient for notification if the patient does not have diarrhoea.</p> <p>We need to follow the ICNARC definition of the presence or absence of C diff toxin as being our measure of C diff prevalence in different hospitals because;</p> <ol style="list-style-type: none"> 1. The ICNARC definition is used for comparison between Units. 2. C diff colonisation is a major resource issue for ICUs because of the need to isolate. 3. Cases of C diff infection can be identified locally in collaboration with Microbiology department 	
UNIT DISCHARGE	Timeliness of discharge from your unit	
	What is a delayed discharge? How is this definition applied to my Unit?	<p>Delayed discharge is defined as the admission remaining on the unit despite requiring a level of care that could be delivered in either a less specialised area or a more specialised unit.</p> <p>This is applied to your unit in the context of how your unit works. An example of how this definition could be applied is below, using 16:00 as the latest allowable time for timely discharge.</p> <p>Example: A ward round at 08:00 identifies an admission ready for discharge to ward. This is recorded as the date and time fully ready to discharge- e.g. today at 08:00.</p> <p>If the patient has left your unit before 16.00 on the same day, this may not be classified as a delayed discharge. However, any time after 16:00 would constitute a delay and is therefore recorded as a delayed discharge. The hours of delay are calculated automatically by ICNARC for reporting, using the date and time fully ready and the date and time of discharge.</p>

	Question	Answer
UNIT DISCHARGE	Treatment withheld / withdrawn	
	When an admission is declared brain stem dead (BSD) and does not go for organ donation and is extubated or inotropes are stopped, what is the correct way to code this in regard to Treatment withheld/withdrawn or neither?	The answer here is Neither as the treatment was withdrawn after the declaration of brainstem death. Withdrawal of treatment is only appropriate for a live patient.
	Transferring Unit Details – Hospital housing location (out)	
	Is a Maternity hospital classified as an Acute or non-acute hospital?	A maternity hospital on its own site is classified as an Acute Hospital.
HOSPITAL DISCHARGE	Status at discharge from your hospital	
	If a patient is still on my unit when I am extracting data for that quarter, what do I do?	Complete data entry with the detail available at the time of extract. When a patient is still on your unit, add 'E - Exporting data, still in your unit' for status at discharge from your unit. Where a patient is still in a hospital location (i.e. your unit, another unit, your hospital or another acute hospital) at the time you are extracting your data to ICNARC, record the status as 'E - Exporting data, still in your unit' as appropriate within Unit and Hospital Discharge panels.
ICNARC NOTES TEXT BOX	What is the ICNARC Notes Box used for?	The ICNARC Notes Box is used to record information messages to relay to ICNARC. This is for short notes only and is visible at the end of most data entry screens. Where an unusual value is correct for the admission, you can confirm this in the notes box. Example of short note: Temperature = 40°; This is correct. ICNARC do not want extensive text so ensure this is concise.
	Is there a limit to the amount of text that the ICNARC notes can take?	The limit is 255 characters.
ICNARC EXTRACTS	What is a profile?	A profile is created for each quarter for each unit. This identifies the quarter by start and end date. The data related to this quarter is sent to ICNARC using this profile.
	Can data from a previous quarter be sent with the current profile?	All admissions during a quarter plus any discharges from a previous quarter will be included in the extract.
	If there are admissions during Quarter 1 (Q1) whose discharge occurs in a later quarter e.g. Quarter 4 (Q4), when is this discharge data sent?	The admission details are sent in Q1 extract and the discharge details will be sent in Q4.
	What constitutes a quarter being closed off?	Once ICNARC review the quarterly submission, DVR's are completed and returned by the ICU Audit Nurse and a change report is submitted. Once the data has been fully validated and declared clean by ICNARC, the quarter is closed and reported on.

	Question	Answer
ICNARC EXTRACTS	When a quarter is closed and reported on by ICNARC, will there be any further interaction with that quarter?	If there is outstanding discharge data related to a previous quarter, this has to be sent to ICNARC. This is done by re-activating the appropriate profile quarter i.e. the quarter the patient was admitted to the unit in. A change / delta file is created and sent to ICNARC. When you receive your DVR2 for any quarter, ICNARC will highlight any outstanding data items from previous quarters.
	How is my unit benchmarked?	All units are benchmarked to a comparator group of other units. E.g. 10 bedded ICU in a University Hospital, is compared to other units in a University hospital with 10 beds or fewer.
	What is the scoring system for HDU admissions?	<ul style="list-style-type: none"> • The ICNARC model is calibrated for adult HDUs, the APACHE II model is not. The risk factors included in the model are: <ul style="list-style-type: none"> ▪ Age; ▪ CPR within 24 hours prior to admission; ▪ Source of admission and surgical urgency; ▪ ICNARC Physiology Score; ▪ Reason for admission; and ▪ Interactions between reason for admission and ICNARC Physiology Score. • In particular, the reasons for admission that are weighted are specific to adult HDUs
	Within the quality indicator dashboard, Delayed Discharges (> 8 hour delay) is in grey. Is it because it is not compared with other units?	<p>All the Quality Indicators (QIs) except for the “Bed days of care post 8-hour delay” are presented in funnel plots. The colours in the dashboard for these QIs effectively show a vertical slice through the funnel plot, across the point where “your unit” lies, showing the range from outside three standard deviations (3SD) above the norm (red) to outside 3SD below the norm (dark green).</p> <p>The “Bed days of care post 8-hour delay” QI cannot suitably be displayed in a funnel plot. The calculation required to produce a distribution against the number of bed days for admissions to a unit is too complex to produce a funnel plot and so this is not a suitable display format.</p> <p>This QI is therefore more suitably displayed as a scatter plot. In the scatter plot each unit is displayed, including your unit and similar units, and the line represents the percentage of total available bed days which were taken up by delayed patients across all units.</p> <p>“Your unit” can therefore be compared to the percentage across all units as an average, to see if you have more or less bed days taken up by patients delayed over 8 hours, but as there are no control limits to display on the dashboard, the QI appears grey, with the position of your unit relative to the average line. The scatter plot legend also includes the percentage for your unit, across similar units, and across all units.</p> <p>The bar is “greyed” out because no standard deviations have been applied to this indicator as it is not benchmarked. The standard deviations are not on the bar because a delay over 8 hours is not done through choice. Applying standard deviations may be seen as unfair</p>
QUARTERLY QUALITY REPORTS / QUALITY INDICATOR DASHBOARD		

	Question	Answer
QUARTERLY QUALITY REPORTS	Within the quarterly quality report, there is no participation data available. What does this mean?	ICNARC created a bespoke system for the processing of INICUA data, as our dataset differs from the CMP dataset in the UK. This bespoke system does not currently have the ability to provide participation data.
	How do I get further breakdown of data reported on within the QQR?	<p>It is possible for ICNARC to provide analysis on a more specific group of units (e.g. those with 8-10 beds). If you are interested in this then you can go to the ICNARC website: https://www.icnarc.org/Our-Audit/Audits/Cmp/Reports/Access-Our-Data.</p> <p>Please ensure you read the policy provided, you would then complete and return a 'Request for analyses/data form' to data@icnarc.org. Any such additional analysis should be for the purposes of local quality improvement</p>

NOCA National Office of
Clinical Audit



+353 | 4028577



icu@noca.ie



@noca_irl



www.noca.ie
