

PRESS RELEASE

IRISH ICU'S ARE SAFE – BUT NEED FOR MORE BEDS IN THE SYSTEM TO MEET DEMANDS

6th February 2019 Mr Kenneth Mealy, RCSI President, officially launched the Irish National ICU Audit Annual Report 2017 at the NOCA Annual Conference held today in the Royal College of Surgeons in Ireland.

The Irish National ICU Audit (INICUA) was established by the National Office of Clinical Audit (NOCA) in 2013 and focuses on the care of patients in adult Intensive Care Units (ICUs) and Paediatric Intensive Care Units (PICUs). The Irish National ICU Audit Annual Report includes the very sickest patients in the Irish healthcare system. It presents data from 6,186 adult patients and 1,463 paediatric patients across 14 Units.

Dr Rory Dwyer, Clinical Lead for Irish National ICU Audit commented “The Report shows that most Irish ICUs work at the limits of their capacity, but provide high quality care with similar patient outcomes to the UK”.

KEY FINDINGS

- Irish Units are very busy, with 91% bed occupancy in adult ICU's and 94% bed occupancy in paediatric ICU's in 2017. The recommended occupancy levels are 70-80%.
- Outcome measures in Irish Units were comparable to UK Units, including risk-adjusted hospital mortality rates (standardised mortality ratio (SMR) of 1.07 for Ireland versus the expected value of 1.0) and rates of unanticipated readmission to the Unit (1.1% versus 1.1%). This is reassuring and suggests that, despite the strains placed on them, Irish Units provide a high quality of care for patients and are a relatively safe environment for critically ill patients.
- The average length of stay in adult ICU's was 5 days, which is comparable to the UK. However, the overall length of stay in the hospital after discharge from ICU was 24 days in Ireland, compared with 15 days in the UK.
- Illness severity and the predicted risk of death at the time of admission to ICU were higher for Irish adult patients than in the UK. These data indicate that Irish patients need to be sicker to be admitted to ICU. For a given illness severity, they spend less time in ICU before discharge back to the ward, which is more likely to happen at night.
- One Unit, Beaumont Hospital General ICU was marginally outside acceptable limits for risk-adjusted hospital mortality. The hospital conducted a review and found that admissions in the final quarter (Q4) of 2017 were 21% higher than the rate of admission for 2016 and 67% higher than for 2011, with no increase in bed capacity. Illness severity of patients increased during this period. Following the review, a number of measures were taken and risk-adjusted hospital mortality for the first three quarters of 2018 is now within normal limits.
- Children under the age of one made up 57% of admissions to Our Lady's Children's Hospital, Crumlin (OLCHC) and 38% of admissions to Temple Street Children's University Hospital (TSCUH). Risk adjusted mortality in both the children's hospitals were within acceptable limits.

Dr Dwyer also commented “data from Beaumont shows that if a Unit experiences a major increase in workload, there is little reserve capacity and this impacts on patient outcomes”.

NOCA was established in 2012 to create sustainable clinical audit programmes at national level. NOCA enables those who manage and deliver healthcare to improve the quality of care through national clinical audit. NOCA is funded by the Health Service Executive Quality Improvement Division, governed by an independent voluntary board and operationally supported by the Royal College of Surgeons in Ireland.

ENDS

Copies of the report will be available to download from www.noca.ie/publications

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