



## Publication Summary

### Scottish Intensive Care Society Audit Group

#### Audit of Critical Care in Scotland 2013 Reporting on 2012

Publication date – 13 August 2013

### About this Release

This National Report from the Scottish Intensive Care Society Audit Group (SICSAG) provides data on quality indicators, activity, interventions and case-mix adjusted outcomes. In this report, you will find information on the critical care provided to patients in Scotland. Critical care is delivered through Intensive Care Units (ICUs), combined ICU and High Dependency Units (HDUs) and HDU's.

### Key Points

There are ten quality indicators that are used to measure the quality of Critical Care in Scotland. The majority of units in Scotland that take part in this audit are meeting these standards.

***“The medical, nursing and other staff looking after our most severely ill and injured patients have established measures to improve the quality and reliability of care they provide over a number of years. Of great importance to those staff and the Scottish public is that we are able to show that this has been associated with better outcomes including more patients surviving their critical illness.”***

Dr Brian Cook, Chair of SICSAG

Here are some key points from our report.

- There are no current national or international information comparing admissions, discharges, and Standardised Mortality Ratios. The information within the SICSAG report is intended to highlight differences and inform quality improvement by allowing units to examine their activity at a local level and compare it with national information.
- 39,980 admissions to Critical Care were included in the audit in 2012. This is higher than in any previous year, and reflects an increase in the number of participating units. The like for like HDU admissions decreased slightly probably due to the addition of more Combined Units.

- **Night time discharges:** Night time discharges (also known as 'out of hours' discharges) are associated with worse outcomes for patients. Discharge from critical care to a ward is most safely performed during the day when parent ward teams are still accessible. Generally speaking out of hours discharges decreased in Intensive Care Units (ICUs) from 13% in 2011 to 11% in 2012. Night time discharges remained stable for High Dependency Units at 15%. *More information is available on page 4-5 (figures 5 and 6) and page 21 (figures 25 and 26) of the report.*
- **Early discharges:** Early discharges from Critical Care are unplanned discharges that occur before the patient is deemed medically ready. These occur because of pressure on bed availability or staffing. Early discharges can be used as a marker of insufficient resources. In 2012 early discharges ranged from 0 - 9% in ICUs and Combined Units, and from 0 - 7% in HDUs. *More information on pages 7 - 8 (figures 11 and 12) of the report.*
- **Delayed discharges:** A delayed discharge is one where the patient is delayed more than 6 hours. The report shows that there continued to be problems in 2012 with discharging patients from Critical Care. In 2012, 23% of patients had a delayed discharge from ICU, a reduction from 29% in 2010. In 2012, 24% of patients had a delayed discharge from HDU; an increase from 23% in 2010. This is mainly due to difficulty in finding ward beds to accommodate these patients. This may cause high rates of night time / out of hours discharges. *More information is available on page 22 (figures 27 and 28 of the report).*
- **Mortality - Crude Rates:** 20% of patients admitted to ICU and the ICU/HDU Combined Units in 2012 died while still in hospital, which reflects the severity of illness in this population. Crude mortality has steadily decreased over the years and is at the lowest since the audit started.
- **ICU case-mix mortality continues to improve:** The case-mix adjusted standardised mortality ratio fell again this year and is at its lowest since the audit began. This figure has been reducing for the last ten years but it is impossible to attribute to any one change. It may be in part due to the introduction of care bundles as well as other quality improvement initiatives. *More information on page 33 (figure 44) of the report.*

### About ISD

Scotland has some of the best health service data in the world combining high quality, consistency, national coverage and the ability to link data to allow patient based analysis and follow up. Information Services Division (ISD) is a business operating unit of NHS National Services Scotland - and has been in existence for over 40 years. We are an essential support service to NHSScotland and the Scottish Government Health Department and others, responsive to the needs of NHSScotland as the delivery of health and social care evolves. [www.isdscotland.org/](http://www.isdscotland.org/)

## Background

The Scottish Intensive Care Society Audit Group (SICSAG) has maintained a national database of patients admitted to adult general Intensive Care Units (ICU) in Scotland since 1995. Our aim is to improve the quality of care delivered to Critical Care patients by monitoring and comparing activities and outcomes.

## Contact

**All enquiries should be directed to the SICSAG team**

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Our media spokesperson is Dr Brian Cook, SICSAG Chairman.

## Further Information

Further information can be found the full report which is published on the [SICSAG website](#) and the [Information Services Division website](#).

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