



Scottish Intensive Care Society Audit Group

<http://www.scottishintensivecare.org.uk>

NEWSLETTER January 2005

Annual Audit Meeting: The Society's 10th Audit Meeting was held on 12th November 2004 in the Education & Conference Centre, Stirling Royal Infirmary. The 100-strong audience had the privilege of listening to Professor Mitchell Levy, Rhode Island, who was our guest, international speaker. His contribution to the meeting was excellent; firstly, presenting the *Surviving Sepsis Campaign*, participation in which ICUs in Scotland must investigate and discuss. We were fortunate to have Mitchell finish the day with a very thought-provoking presentation on *End of Life Care*.



Professor Mitchell Levy



Dr Simon Mackenzie

As well as a review of the Annual Report and thoughts for the future presented by Simon Mackenzie, we had contributions on Early Warning Scoring Systems in use in Scotland and results from use of sepsis care bundles in one ICU. A summary of the meeting will be available in the next SICS Newsletter. Evaluation of the meeting was very good. Date for your diary: Annual Audit Meeting, **Friday 28th October 2005**.

Ruth Paterson & Ian Thomson (*Early Warning Scores*)

Annual Report: The Annual Report was published in September 2004. As well as reporting on ICUs' activities, we conducted an in-depth review of the transfers of patients to ICUs, overall, within NHS Boards and across NHS Boards. We continue to work with Scottish Pharmacists and reported on the variation in the use of, and expenditure on, sedative and neuro-muscular blocking agents in 16 ICUs.



Annual Report (cont'd): For the first time, we presented outcome data in the form of a Statistical Process Control chart.

Copies of the report were available for delegates at the Annual Audit Meeting and an electronic version was included on a CD-ROM in each delegate's pack. A series of graphs were compiled for each ICU's data that complemented the national data described in the annual report. Each series of slides was emailed to the ICU consultants & nurses for whom the audit group has email address. A memo containing the unit's identifiers for the anonymised data in the Report was included in the email. The Report is available to read or download from the website.

Ward Watcher modifications: The biggest, single change to the minimum datasets for the ICU and HDU audits is imminent. The main modifications are summarised below:

○ **Augmented Care Period dataset (ACP):** There has been an increase in the number of combined ICU/HDUs in the last couple of years and the majority of HDUs now also participate in national audit, supported by SICSAG. Following numerous discussions and presentations over the last couple of years, agreed modifications to the ACP dataset are currently being tested in one ICU/HDU and will be installed around Scotland over the next couple of months. The ACP changes reflect the need for a single dataset which accommodates both the ICU and HDU audits' needs and the requirement to describe case mix according to standard definitions (levels of care).

○ **ICU-Associated Infection:** The changes to *Ward Watcher* (Critical Care Audit Ltd, Yorkshire) include an additional section to conduct a pilot surveillance of ICU-associated infection. This will be conducted in collaboration with Health Protection Scotland (formerly, Scottish Centre for Infection and Environmental Health). The criterion-based dataset complies with an European initiative, *Hospitals in Europe Link for Infection Control through Surveillance (HELICS)*, which will enable comparison of Scottish data with other

European ICUs. The pilot sites are: Royal Alexandra Hospital, Western Infirmary, Southern General Hospital, Glasgow Royal Infirmary, Royal Infirmary of Edinburgh and Ninewells Hospital. Other sites have expressed interest in the surveillance and it is hoped that they will participate in the future.

○ **SICS Diagnoses:** In 1999, the Society introduced a more comprehensive, common diagnosis list, hoping that a clearer picture of problems requiring intensive care would be available. A review of the list and identification of missing diagnosis from the 'Other' selection was carried out last year. The list has been updated to make it more inclusive.

HDU Audit: There are currently 27 HDUs in which the nursing staff diligently continue to collect data. Six-monthly reports on each unit's activity during 2003 were produced and distributed to the units as well as a summary of their activity throughout 2003. Subsequent discussions relating to the content and relevance of the information contained within the reports have been positive. Gill Harris presented some comparative results at the Annual Audit Meeting. The HDU staff are looking forward to the ACP changes which will more appropriately describe their activity.

Data validation: High quality data collection is very important – the results from the data are used both clinically and managerially. Gill has been highlighting 'age' errors, a result usually of recording an incorrect year of birth – often this is at the turn of a year. This error will be reduced by improvements in the forthcoming *Ward Watcher* upgrade, however, we encourage your continued attentiveness during data entry.

Contact us: As always, if you have any queries, please don't hesitate to contact the audit group staff by phone or email. Our resources are extremely limited, however, we aim to respond promptly.

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