

2. Method

Study aim

The aim of the study was to review the care of medical patients referred for Level 3 care rather than the intensive care practice.

In *Comprehensive Critical Care*¹⁰, the Department of Health recommended that the division into intensive care and high dependency care based on individual units be replaced by a classification that focused on the level of care that individual patients need, regardless of location:

- Level 0** Patients whose needs can be met through normal ward care in an acute hospital.
- Level 1** Patients at risk of their condition deteriorating, or those recently relocated from higher levels of care, whose needs can be met on an acute ward with additional advice and support from the critical care team.
- Level 2** Patients requiring more detailed observation or intervention including support for a single failing organ system or postoperative care and those “stepping down” from higher levels of care.
- Level 3** Patients requiring advanced respiratory support alone, or basic respiratory support together with support of at least two organ systems. This level includes all complex patients requiring support for multi-organ failure.

Medical intensive care patients were defined as those referred to intensive care by a physician and, if they survived, were subsequently discharged to the care of a physician.