

8. Patients who died

Clinical management of cases

One aspect of the advisors expert opinion was whether or not there were clearly identifiable opportunities for different management. In particular were any of the admissions to ICU considered avoidable? Table 6a shows that 21% of admissions were considered avoidable and Table 6b shows the reasons for this decision. In 21 cases it was felt that different care (including earlier recognition of clinical deterioration) could have resulted in clinical improvement and avoided the need for ICU care. In 58 cases it was felt that due to the lack of reversibility of disease process, a treatment limitation order could have been made which would have included non-escalation to ICU care. This figure for potentially avoidable admissions is in keeping with the literature ¹.

Table 6a. ICU admissions that were avoidable		
Admission avoidable?	Total	(%)
Yes	83	(21)
No	313	(79)
Sub-total	396	
Insufficient data	43	
Total	439	

Table 6b. Reasons why admissions were considered avoidable	
Reason ICU admission could have been avoided (Answers may be multiple)	Total <i>n</i> = 83
Different care could have prevented need for admission	21
Treatment limitation decision could have avoided admission	58
Other	9
Total	88

Each of the cases were graded on a nine point scale, where one = very poor and nine = excellent. Aspects of clinical management that were assessed using this method were: airway management, management of breathing, management of the circulation, use of monitoring and oxygen therapy. The findings are presented in Figures 1-5.

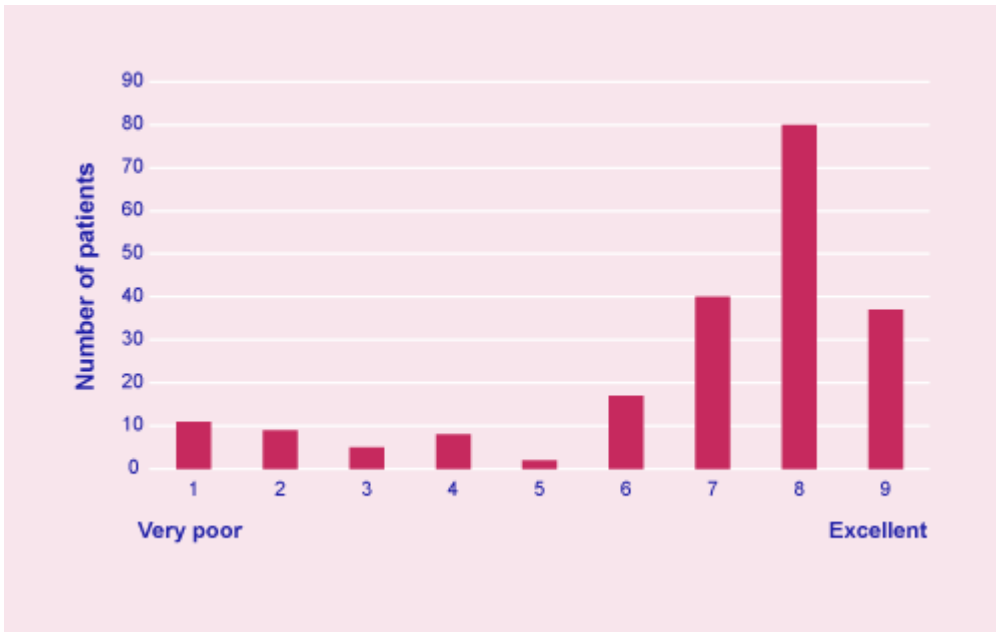


Figure 1. Airway management $n=209$

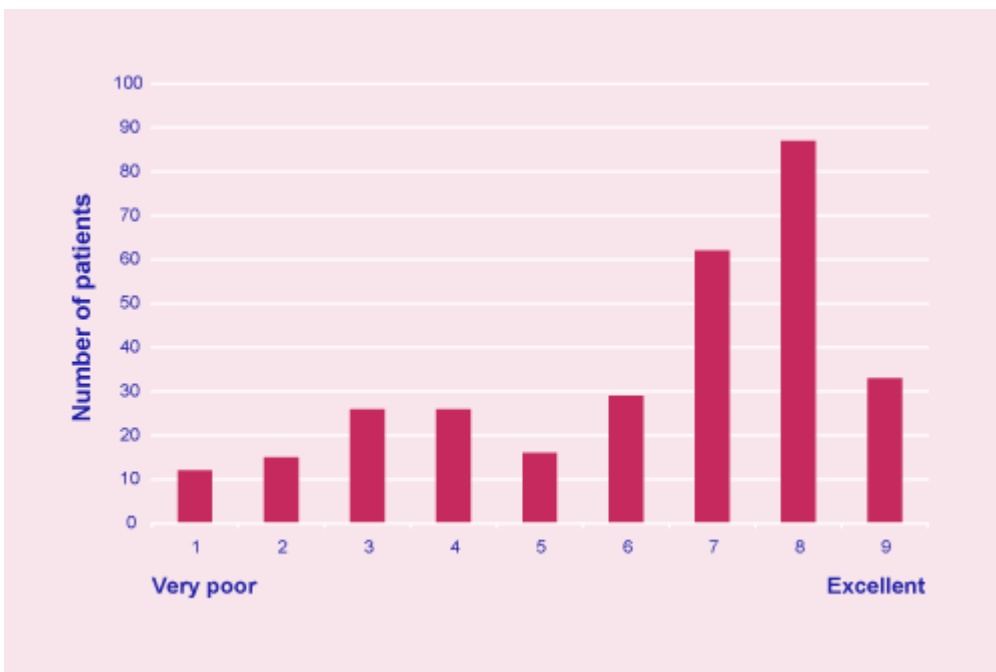


Figure 2. Breathing management $n=306$

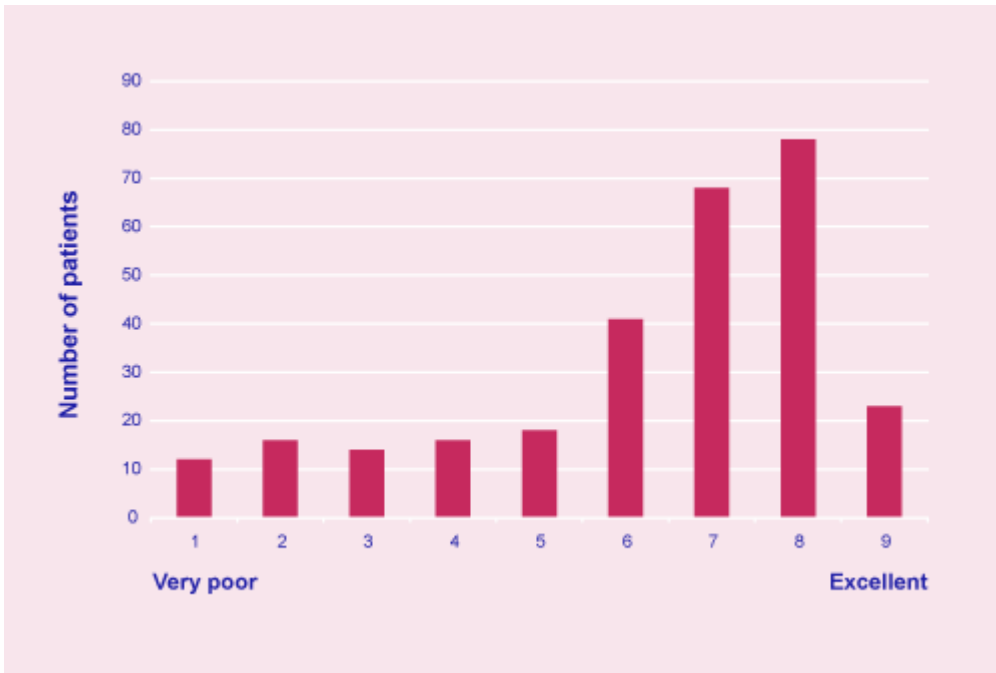


Figure 3. Circulation management $n=286$

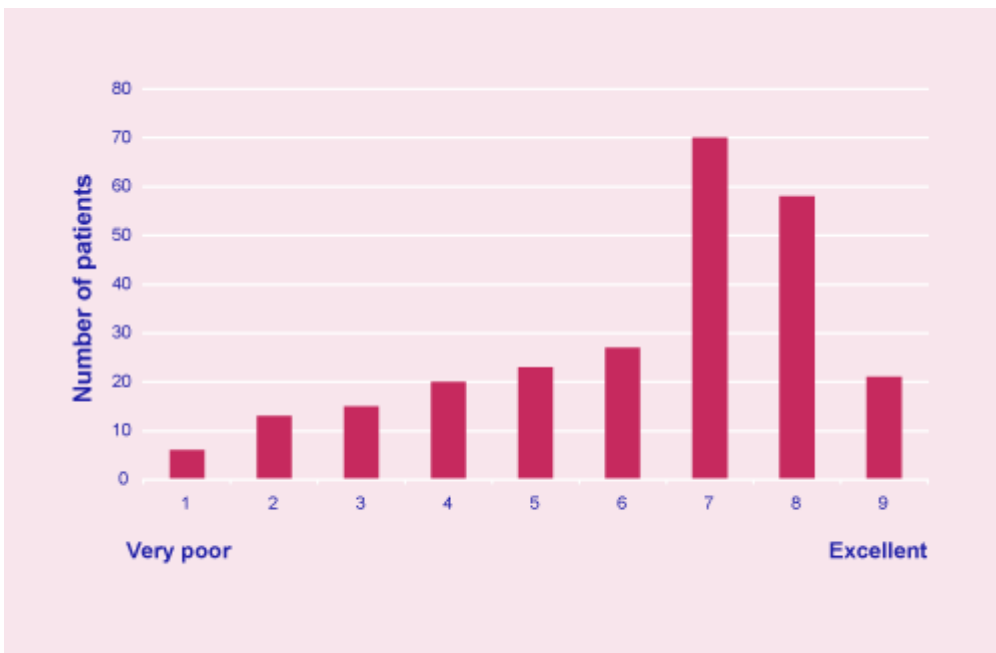


Figure 4. Monitoring $n=235$

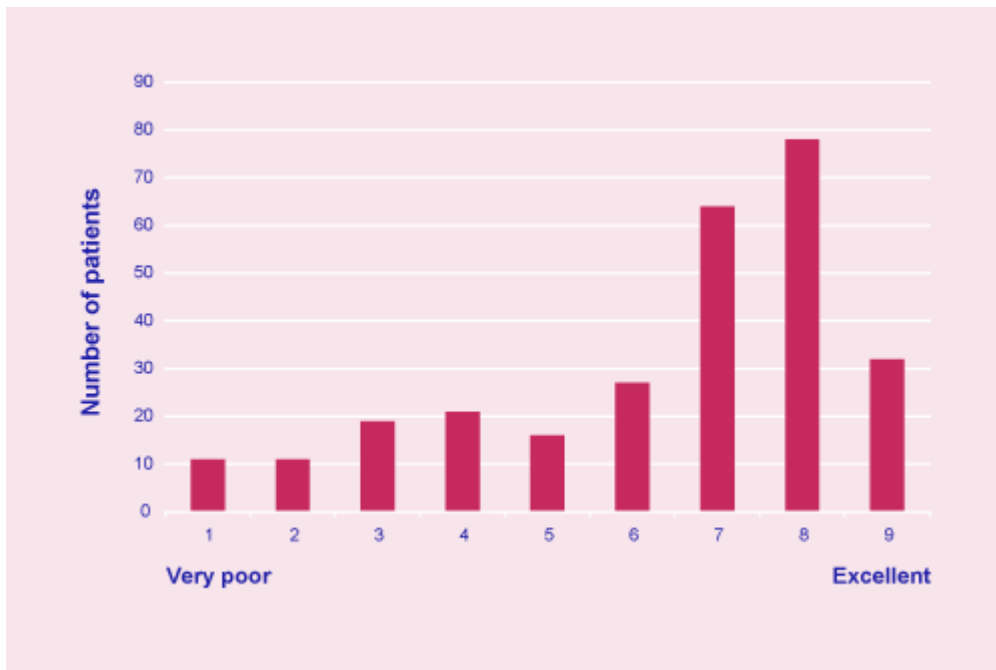


Figure 5. Oxygen therapy $n=279$

As can be seen, these domains were generally rated highly. However, although there is a skew to the higher end of assessment there were still a significant number of cases that gave cause for concern. Cases were rated at the very end of the spectrum (grades 1-3) with respect to management of the airway (11%), breathing (16%), circulation (14%), monitoring (13%) and oxygen therapy (14%). This is particularly worrying as previous work has shown that suboptimal management of these aspects of care may be associated with increased morbidity, mortality and avoidable admissions to critical care¹.