

## 6. Referral process

### Key findings

- A high percentage of patients were referred to critical care by staff in training; 21% of referrals were made by SHOs.
- Consultant physicians had no knowledge or input into 57% of referrals to critical care.
- Delays between referral to critical care and review (5%) and between decision to admit to critical care and admission (16%) were common.
- A significant factor in delay was the lack of appropriate staff and ICU beds.
- 18% of patients were admitted to ICU without prior review by the intensive care service.