

6. Referral process

Delays

Delays, both in time to ICU review and time to ICU admission, were examined. Table 6 shows that delays between referral and review were reported by the referring physician in 5% of the cases.

Table 6. Delays between referral to ICU and ICU review		
Delay between referral and review?	Total	(%)
Yes	45	(5)
No	895	(95)
Sub-total	940	
Unknown	146	
Not answered	149	
Total	1,235	

The cause of delay was not specified in 20/45 cases and was attributed to lack of resources in 14/45 cases (primarily ICU beds and staff). The remainder were due to clinical reasons. Table 7 demonstrates that the time of day has little impact on the delay to ICU review.

Table 7. Delays in review by time of day										
Review delay?	Review time slot									
	Day	(%)	Evening	(%)	Night	(%)	Unknown	(%)	Total	(%)
Yes	12	(5)	19	(6)	10	(5)	4	(5)	45	(5)
No	299	(96)	325	(95)	189	(95)	82	(95)	895	(95)
Sub-total	311		344		199		86		940	
Unknown	34		41		24		47		146	
Not answered	37		37		25		50		149	
Total	382		422		248		183		1,235	

Table 8a shows the delay between decision to admit a patient to ICU and the actual admission. As can be seen there is a problem with delayed admission in 16% of cases. Many of these cases were due to the need for stabilisation or investigation but worryingly 36% (59/162) were due to a lack of a critical care bed. The referring physician was asked to assess whether or not any delay had an adverse effect on patient outcome (Table 8b). This was thought to be likely in only one case. Critically ill patients have little physiological reserve and need prompt and appropriate therapy if they are to stand the best chance of recovery. The lack of perceived impact of delayed critical care review and admission is therefore surprising and may reflect poor expectations of a critical care service that has for years been underprovided.

Table 8a. Delays between decision to admit patient to ICU and actual admission		
Delay between ICU acceptance and admission?	Total	(%)
Yes	162	(16)
No	872	(84)
Sub-total	1,034	
Not answered	58	
Unknown	143	
Total	1,235	

Table 8b. Referring physician's assessment of whether delay affected outcome		
If delay, was outcome affected?	Total	(%)
Yes	1	(1)
No	139	(99)
Sub-total	140	
Unknown	15	
Not answered	7	
Total	162	

The advisor groups were asked to consider appropriateness and timeliness of critical care referral. Tables 9a and 9b show this data. It can be seen that in 92% (387/421) of cases, referrals were considered appropriate. The remainder were considered inappropriate due to poor predicted outcome. In addition, it was found that 22% (81/370) of referrals were not made in an appropriate timescale.

These were almost entirely considered to be patients who would have potentially benefited from early referral to critical care.

Table 9a. Appropriateness of critical care referral		
Referral appropriate	Total	(%)
Yes	387	(92)
No	34	(8)
Sub-total	421	
Insufficient data	18	
Total	439	

Table 9b. Timeliness of referral		
Referral at correct time	Total	(%)
Yes	289	(78)
No	81	(22)
Sub-total	370	
Insufficient data	69	
Total	439	