



AB094. SOH22ABS009. A review of critical care referral practices in a university teaching hospital

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Background: We studied a tertiary referral Intensive Care Unit (ICU) with a critical care admission rate of over 1,300 patients per year. A key element of critical care practice is reviewing potential patients for admission to the ICU ward. In this study, we sought to outline the varying practices surrounding ICU referrals and the workload involved in reviewing critically ill patients prior to their admission.

Methods: Over a 40-day period, all members of the ICU medical staff receiving consults completed a standardized audit form, recording patient demographic, referring origin and site, admission or rejection of admission request and timelines involved in the process. All data was recorded to a spreadsheet and collated by headings.

Results: Referral data for 40 days was obtained. The average referral rate was found to be 9.2 referrals per day. Patients were aged between 16–80 years (64%) with a mean age of 72.50% of referrals came from the emergency department (ED) with 38% from the wards. The most common time for referrals was between 8 am–5 pm (45%) and 65% referrals came on a weekday (Mon-Fri), with 35% referred at weekends. Fifty-three percent of referrals came from medical teams with 30% from surgery and 9% direct from ED. Fifty-seven percent of referrals were not admitted [95% confidence interval (CI) 46–68%] and 43% were admitted. The average time from receipt of referral to critical care review was 21 minutes and the average time the

critical care doctor was away from ICU on consultation was 51 minutes.

Conclusions: With an average consultation time of 51 minutes and an average of over nine referrals per day, our critical care team spends over one third of a day away from our ICU reviewing patients for admission. This is a significant time for the sickest patients in the hospital to be missing a key resource. This previously unquantified work will require further study.

Keywords: Critical care; hospital resources; intensive care; outreach; referral

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Footnote

Conflicts of Interest: The authors have no conflicts of interest to declare.

Ethical Statement: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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