



IRISH PAEDIATRIC CRITICAL CARE AUDIT SUMMARY REPORT 2017-2019

The Irish Paediatric Critical Care Audit (IPCCA) was established by the National Office of Clinical Audit (NOCA) and reports on the care of patients in Paediatric Critical Care Units (PCCUs). NOCA works with the Paediatric Intensive Care Audit Network (PICANet) in the UK to collect and monitor the data. The audit also reports on paediatric patients admitted to adult Intensive Care Units (ICUs), using data from the Irish National ICU Audit.

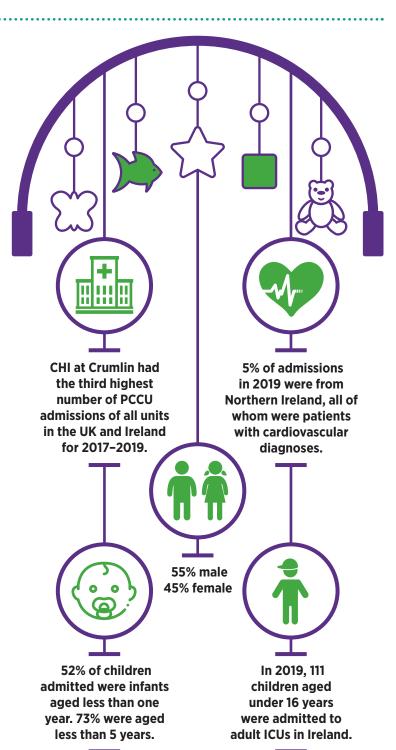






coverage

^{*} Patients aged 16 years or over comprised 83 additional admissions to paediatric intensive care units in Ireland during 2017–2019.



KEY FINDINGS

Irish Paediatric Critical Care Audit 2017-19





55%

55% of admissions to PCCU were unplanned (emergency) admissions



96%

96% average bed occupancy from 2017-2019, with 100% in 2019



42%

42% of admissions were patients with cardiovascular diagnoses



3.03

3.03 days median length of stay



23%

23% of admissions were patients with respiratory diagnoses



5.9

Average of 5.9 whole time equivalent staff nurses per critical care bed



21

21 babies and children over the three-year period with very severe lung failure were referred abroad for a life-saving treatment called respiratory ECMO.



85%

85% of patients admitted to Irish PCCUs required respiratory support.

62% received invasive ventilation.

23% received non-invasive ventilation



126

There were 126 admissions to the only dedicated regional Paediatric High Dependency Unit (PHDU) operational outside of Dublin at University Hospital Limerick.

94% were unplanned admissions presenting with respiratory (55%) or neurological complaints (16%).

10% were transferred for PCCU care to one of the Dublin paediatric hospitals.



Bed occupancy levels have increased every year from 2017 to 2019. Figures for both units exceed the recommended limit of 85% each year during the reporting period.



The recommended standard is 5.5 whole-time equivalent (WTE) staff nurses per critical care bed. Consistency in staffing allows for the beds to remain open.



CHI AT TEMPLE STREET



76%

76% of admissions to PCCU were unplanned



88%

88% average bed occupancy in 2019



22%

22% of admissions were patients with neurological diagnoses



1.84

1.84 days median

length of stay



35%

35% of admissions were patients with respiratory diagnoses



4.7

Average of 4.7 whole time equivalent staff nurses per critical care bed



< 1yr

Each year from 2017 to 2019, infants under 1 year accounted for the greatest proportion of patients admitted to Irish PCCUs with assisted ventilation.



72%

72% of Irish
Paediatric Acute
Transport Service
(IPATS) journeys
were started within
one hour in 2019.



1.5%

1.5% of patients were readmitted within 48 hours of discharge - the lowest emergency readmission rate of all units participating in PICANet.



96%

96% survival rate

KEY RECOMMENDATIONS





Children's Health Ireland should use the data in the national report to work with the Health Service Executive (HSE) to inform the planning and implementation of adequate measures for **optimising bed capacity** in the Paediatric Critical Care Units in the Republic of Ireland (ROI) This will help to prevent the cancellation of planned procedures.





Children's Health Ireland and the National Ambulance Service - Critical Care & Retrieval Services should operationally enable the **extension and development of the Irish Paediatric Acute Transport Service to a 24-hour 7-day-per-week centralised transport service (CTS)**. This will help to ensure that a specialised paediatric retrieval team transfers all critically ill children.





Future development of the Irish Paediatric Critical Care Audit should be guided by a review of the scope and governance of the national clinical audit. This should incorporate a **review of procedures for collection and recording of data and including additional detailed data** which will greatly add to the national overview of paediatric critical care.

A MESSAGE FROM OUR PATIENT AND PUBLIC INTEREST REPRESENTATIVE

In 2021 I became a Patient and Public Interest Representative for NOCA, working in particular on the Irish Paediatric Critical Care Audit. My experience of ICU for paediatrics is as a parent of a child who has had a number of stays in ICU at Children's Health Ireland (CHI), Crumlin. I am the proud mother of a 10 year old son with a serious congenital heart defect and due to his condition, we have experienced the ICU journey and all the emotions, trauma, highs and lows that go with it.

I am an active member of Heart Children Ireland, a charity that supports children and their families in Ireland who are coping with heart disease. Through my involvement with Heart Children Ireland, I was asked to be a patient representative on this audit. It is my privilege to be an advocate for families in Ireland of children who are exposed to ICU. As parents, we are the voice for our children. I am eager to enhance the clinical information gathered by sharing the experience, emotional effects and the needs of parents and children in ICU in Ireland. I believe that by marrying statistical data with this experiential narrative we can make ICU a less scary and more comfortable place for our children and their families.







2ND FLOOR, BLOCK B, ARDILAUN, 111 ST STEPHENS GREEN, DUBLIN 2, DO2 VN51

Tel: +353 1 402 8577

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icu@noca.ie

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@noca_irl