

# IRISH NATIONAL ICU AUDIT SUMMARY REPORT 2024

## DATA FROM 1ST JANUARY 2024 TO 31ST DECEMBER 2024

The Irish National Intensive Care Unit Audit was established by NOCA in 2013. This report documents the care of **16,394 critically ill patients** in 29 Intensive Care Units (ICUs) or High Dependency Units (HDUs) in 25 hospitals during 2024. These hospitals provided 99.9% of all complex ICU care delivered in adult HSE hospitals.

### SUMMARY

ICUs were very busy, with occupancy rates over 100% in some cases. This meant ICU beds were not always immediately available when needed and discharges to the wards commonly occurred at night. Reassuringly, mortality rates in all Units were within the expected range, indicating that a high quality of care was maintained across the national network of Units.

### CHLOE'S STORY



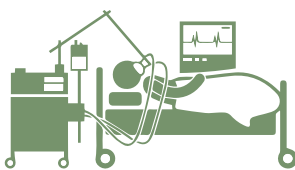
In August 2017 at age 22, Chloe became seriously ill. This led to 37 months in hospital with seven ICU stays over a 4-year period. Diagnosed with a stroke and with multiple episodes of infection from a spinal abscess, Chloe spent time in Irish and UK ICUs. Following several visits to a rehabilitation hospital, she began her long journey back to recovery

and mobility. Chloe reflects on the lifesaving ICU care she received and how grateful she is to have had it. She recommends psychological support for patients once they leave ICU and after discharge from hospital. Her experience was especially difficult as she was in hospital for a long time, inside and outside ICU.



SCAN THE QR CODE TO HEAR CHLOE'S FULL STORY AND REFLECTIONS ON THE CARE SHE RECEIVED.

### BED OCCUPANCY



315

An average of **315 ICU/HDU beds** were open daily in HSE hospitals (5.8 beds per 100,000 population, which is lower than international comparators – the UK had 7.0 beds/100,000). By March 2026, ICU beds had increased to 332 (6.1 beds/100,000 population).

94%



The national average occupancy of staffed ICU/HDU beds was 94%. The recommended occupancy rates for ICU are 85%, but some Units had occupancy rates over 100%, indicating that staffing was below recommended levels.

10%



Private hospital ICUs added 10% to the total national ICU bed capacity.

“81% of ICU patients left hospitals alive, but for many their quality of life was severely compromised by the lack of rehabilitation resources. It is a hollow victory to invest heavily in a patient’s survival only to leave them without a pathway to independence. We must bridge the gap between being ‘clinically alive’ and actually ‘living’. A 24-hour outreach service and a multidisciplinary team approach is not just a moral necessity; it is a cost-effective investment in human dignity.”

*Barbara Egan, ex-patient and Patient and Public Interest (PPI) Representative, NOCA ICU Audit Governance Committee*

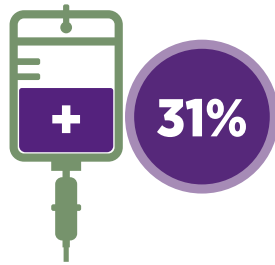


# KEY FINDINGS



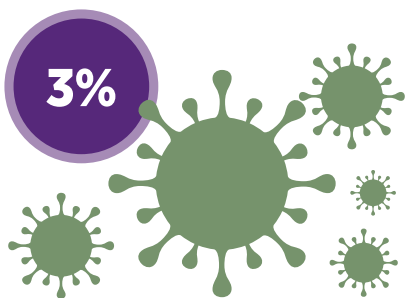
## REASONS FOR ADMISSION

Common reasons for admission to ICU were respiratory failure, sepsis, malignancy, trauma, cardiac arrest and for post-operative care.



## SEPSIS ON ADMISSION

31% of patients had sepsis on admission to the Unit.



## COVID ADMISSIONS

Patients with COVID-19 occupied 3% of bed days in 2024 compared to 5% in 2023.



## LENGTH OF STAY

The average length of stay for all patients was 5.5 days.



## DELAYS IN DISCHARGE

Patients cleared for discharge from ICU to the ward for more than 4 hours occupied 9.4% of all bed days. Delayed discharges led to delays in admission of critically ill patients waiting for a bed.



## TIME OF DISCHARGE

3.5% of ICU discharges to the ward occurred between 22.00 and 07.00 (1.8% in the UK).

## QUALITY INDICATORS



### ACCESS TIME TO ICU

If a critically ill patient requires admission to ICU, this should happen immediately. 35% of admissions to ICU from the ward or Emergency Department (ED) were within 1 hour of the decision to admit; 90% were within 4 hours – both are improvements on 2023.



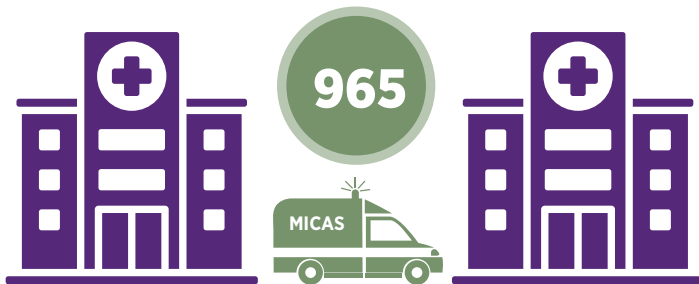
### LATE REFERRAL TO ICU

31% of all patients admitted from a ward or ED had a high Early Warning Score (>10) prior to referral to ICU. This suggests that more could be done to detect deteriorating patients and to refer earlier to ICU.

### MORTALITY

The ratio of observed to expected deaths (standardised mortality ratio) was 0.93, i.e. fewer patients died than were predicted by their ages, diagnoses and illness severity. This indicates a high quality of care for patients in ICU.

# INTER-HOSPITAL TRANSFERS TO ICU



- **965 critically ill patients were transferred from one hospital to the ICU in another hospital, i.e. 5% of all ICU admissions.**

- **44% of transfers occurred at night (20.00–08.00).**

- **27% occurred at weekends/bank holidays.** This means the on-call ICU doctor was absent from the referring hospital, often for prolonged periods, with significant implications for the provision of safe care in their absence.

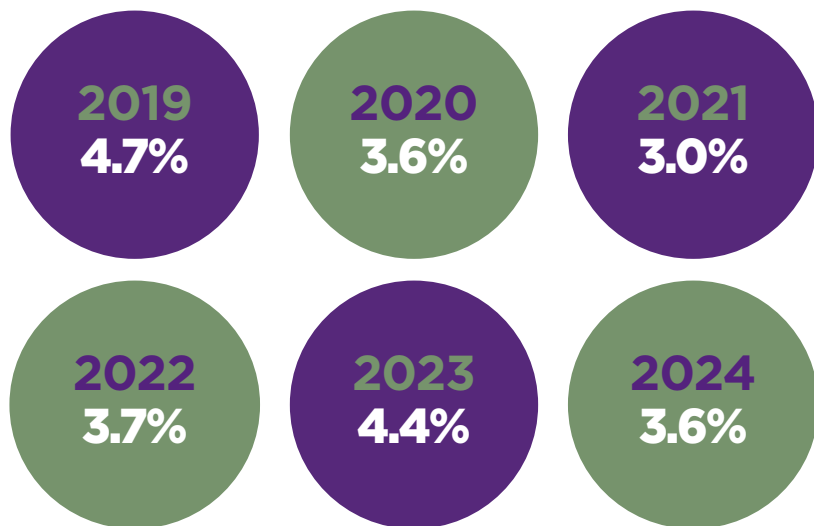
“In the absence of a 24/7 Mobile Intensive Care Ambulance Service, an ICU doctor and ICU nurse must travel with the patient on these transfers. This leaves the referring ICU short of two essential staff members. This seems like an inappropriate use of already scarce resources.”

*Barbara Egan, ex-patient and Patient and Public Interest (PPI) Representative, NOCA ICU Audit Governance Committee*

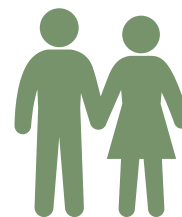


# ORGAN DONATION

Organ donation as a percentage of all deaths



Rates of organ donation have decreased from 2023.



## FAMILY ASSENT

The assent rate by families when organ donation was requested after brain death was 59%, compared with 75% in 2023.



## CIRCULATORY DEATH

The rate of organ donation after circulatory death was 0.8% in the ROI, compared to 1.3% in 2023 and with 2.6% in the UK in 2024.

“On meeting families of donors years afterwards at the ‘Circle of Life’ organ donor commemoration garden in Galway, they often say that their loved one’s organs having given life to another person has been a huge and often their only comfort.”

*Damien Nee, PPI Representative, ICU Audit Governance Committee & Trustee [www.organdonation.ie](http://www.organdonation.ie)*



# RECOMMENDATIONS

## RECOMMENDATION 1

**Continue the ongoing Department of Health (DoH)/Health Service Executive programme to expand critical care capacity in line with the DoH Critical Care Strategic Plan (2020).**

“Progress has been made in increasing ICU capacity, but it is slow and often compounded by lack of staff to open these beds. Bed occupancy in some ICUs often reaches 100%, which impacts on the care of the sickest patients in the hospital and on the morale of dedicated ICU staff.”

*Barbara Egan, PPI Representative, NOCA*



## RECOMMENDATION 2

**Implement a national policy that each Unit should keep one staffed ICU bed empty for urgent admissions, whenever it is possible to achieve this by discharge of a patient who is clinically ready for discharge.**

“This is a very worthwhile initiative and makes perfect sense. Too much time is spent trying to secure a ward bed for a patient who is fit to leave ICU, leaving a deteriorating patient on a ward in desperate need of an ICU bed.”

*Barbara Egan, PPI Representative, NOCA*



## RECOMMENDATION 3

**Continue the implementation of measures to improve the care of critically ill patients outside ICU, including 24-hour provision of Outreach services from ICU, uniform documentation of Irish National Early Warning System (INEWS) scores, and compliance with protocols for the escalation of care for deteriorating patients.**

“Patients admitted from a ward or ED with an INEWS score of 10 are already extremely ill. This leads to a prolonged stay in ICU and a challenging recovery period. This in turn leads to a longer stay in hospital and increased risk of never returning to their previous quality of life.”

*Barbara Egan, PPI Representative, NOCA*



## RECOMMENDATION 4

**Organ donation personnel in ODTI and in each HSE Region should use the data on organ donation from NOCA Irish National ICU Audit and Irish Potential Organ Donor Audit (IPODA) to identify the key issues limiting organ donation.**

“The most powerful expressions of gratitude come from the recipients, families and friends of those who have received an organ that has changed their life. Organ donation is transformative for up to five recipients, but the benefit to the tragic donor’s family can be highly helpful in the long term, giving life to another. A way must be found to make organ donations happen wherever possible: information days; use of social media, radio, print, and TV: everybody ought to do their part.”

*Damien Nee, PPI Representative, NOCA*



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