RACMA

THE ROYAL AUSTRALASIAN COLLEGE OF MEDICAL ADMINISTRATORS

Skewed ICU services

2014 (November) - DAY 1 - Q1 (COMPULSORY)

Medical Leader	
Medical Expert	•
Communicator	
Advocate	
Scholar	•
Professional	
Collaborator	
Manager	

Crude separation rates in public hospital intensive care units by LGA for the period 2009-13

Note: The error bars represent the 95% confidence intervals of the rate.
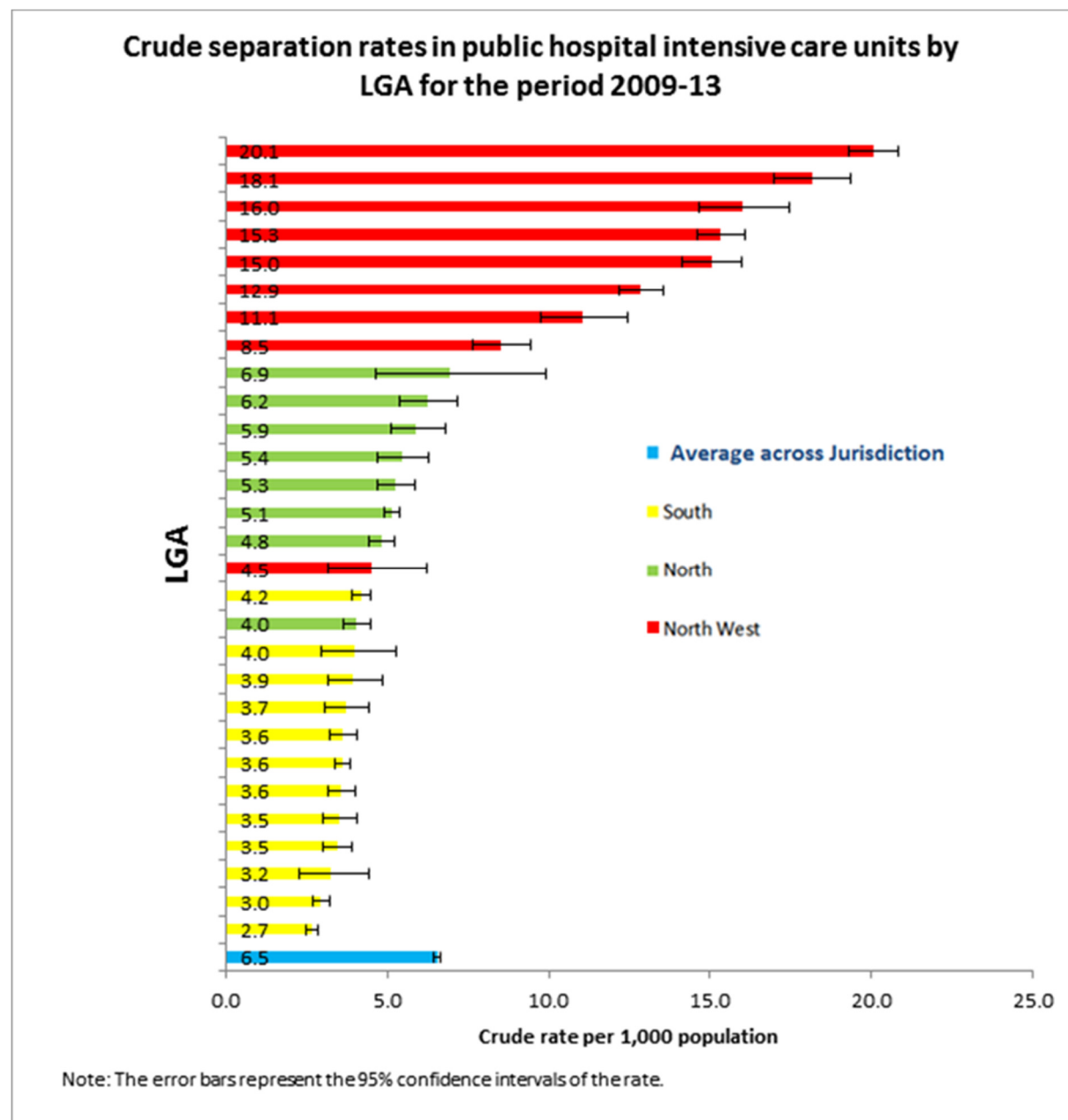
You are a FRACMA seconded to work in the office of the Chief Medical Officer of your jurisdiction. The office is currently reviewing clinical service provision and role delineation

across the acute hospitals. The Data Manager provides you with the above graph illustrating crude separation rates for patients from the three intensive care units across the jurisdiction. The data refer to patients from each local government area (LGA) and their regional ICU.

You know that, in terms of clinical complexity, the hospital in the South (400 beds) provides tertiary level services, the hospital in the North (250 beds) provides general and some tertiary-level hospital services and the hospital in the North West (130 beds) provides general medical, surgical and maternity services.

Questions

Referring to the information provided in the attached graph comment on:

1. **What is the basic information that you can obtain from this data and, in particular what does it tell you about ICU utilisation in the three regions of your jurisdiction?**
2. **What are some causes of the differences in ICU utilisation in different geographical areas?**
3. **What are the potential consequences of ICU utilisation both to the health system and to the health of patients?**
4. **What other types of data might be useful in providing a briefing paper to your Board regarding Intensive Care services?**

Guidance for Censors

Candidates should be able to discuss the following:
- Data quality and reporting and the collection and source of information
- Case complexity and case-mix adjustment
- Drivers of service utilisation (capacity, financing, clinician preference, past adverse experience, staffing)
- Impact of training, rurality, age, comorbidities, on service utilisation.
- Licensing of ICUs.
- ICU registry data and utility of that data (Australian candidates would mention ANZICS data)
- ICU utilisation in the context of overall quality / outcomes / value.
- Length of hospital stay may be reduced by good ICU care post-operatively for complex cases.
- Clinical governance and changing clinician behaviour