

Department of Health

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Computing for Health

CRITICAL CARE MINIMUM DATA SET

January 2006

The Document sets out the Critical Care Minimum Dataset and includes those data items required to support Payment by Results for critical care services. This is known as the critical care HRG subset. The collection of the critical care HRG subset will be mandatory and replaces the existing Augmented Care Period Dataset but the full Critical Care Minimum Dataset is not mandatory. Those items required for the HRG subset are highlighted in red in the tables below.

January 2006, note that the definitions in this document contain a number of additional examples to clarify usage. The text may not be exactly the same as in earlier published lists, but the variables and core options remain unchanged.

The Collection of the Critical Care HRG Subset has been approved by the Review of Central Returns Steering Committee - ROCR. The ROCR reference number is: ROCR/OR/0163.

CCMDS Specification Short Form

This Collection has been approved by the Review of Central Returns Steering Committee - ROCR. The ROCR reference number is: ROCR/OR/0163.

CRITICAL CARE MINIMUM DATA SET VARIABLES AND OPTIONS January 2006

NB Items 1 to 7 are standard identifiers not unique to critical care.

Item	Variable
1	NHS NUMBER
2	LOCAL PATIENT IDENTIFIER
3	SITE CODE (OF TREATMENT)
4	CODE OF GP PRACTICE (REGISTERED GMP)
5	TREATMENT FUNCTION CODE
6	BIRTH DATE
7	POSTCODE OF USUAL ADDRESS

Item	Variable	Options
8	CRITICAL CARE LOCAL IDENTIFIER	Identifier for local critical care database systems to permit relational queries. This locally defined variable should as a minimum include a sequential numerical component that can discriminate two or more Critical Care Periods occurring on the same calendar day for the same patient.
9	CRITICAL CARE START DATE	CCYY-MM-DD
10	CRITICAL CARE START TIME	HH:MM:SS
11	CRITICAL CARE UNIT FUNCTION	<p>01 = non-specific, general adult critical care. 02 = surgical adult patients (unspecified specialty) 03 = medical adult patients (unspecified specialty) 04 = paediatric critical care (includes infants >28 days on NICU) 05 = neurosciences patients predominate 06 = cardiac surgical patients predominate 07 = thoracic surgical patients predominate 08 = burns and plastic surgery patients predominate 09 = spinal patients predominate 10 = renal patients predominate 11 = liver patients predominate 12 = obstetric patients predominate</p> <p>90 = temporary, non standard location using ward area</p>

		91 = temporary, non standard location using operating department
12	UNIT BED CONFIGURATION	02= level 2 beds only 03= level three beds only 05= flexible, mixed level 2 and 3 beds 90 = temporary use of a non-critical care bed
13	CRITICAL CARE ADMISSION SOURCE	01 Same NHS hospital site 02 Other NHS hospital site (can be same Trust or a different NHS Trust) 03 Independent Hospital Provider in the UK 04 Non-hospital source within the UK (e.g. home as coded in Location) 05 Non United Kingdom source (e.g. repatriation or foreign national)
14	CRITICAL CARE SOURCE LOCATION	01 Theatre and Recovery (following surgical and /or anaesthetic procedure) 02 Recovery only (when used to provide temporary critical care facility) 03 Ward 04 Imaging department 05 Emergency medicine department (A&E) 06 Other intermediate care or specialist treatment areas including endoscopy, and catheter suites. 07 Obstetrics area 08 Clinic 09 Home or other residence (e.g. nursing home, H.M. Prison, residential care) 10 Adult level three critical care bed (e.g. in a flexibly configured unit) 11 Adult level two critical care bed (e.g. in a flexibly configured unit) 12 Paediatric critical care area (neonatal and paediatric care)
15	CRITICAL CARE ADMISSION TYPE	01 = Unplanned local admission. 02 = Unplanned transfer in 03 = Planned transfer in (tertiary referral) 04 = Planned local surgical admission 05 = Planned local medical admission 06 = Repatriation
16	ADVANCED RESPIRATORY SUPPORT DAYS	000 – 997 days 998 = 998 or more days of advanced respiratory support 999 = occurred but day count not known.
17	BASIC RESPIRATORY SUPPORT DAYS	000 – 997 days 998 = 998 or more days of basic respiratory support

		999 = occurred but day count not known.
18	ADVANCED CARDIOVASCULAR SUPPORT DAYS	000 – 997 days 998 = 998 or more days of advanced cardiovascular support 999 = occurred but day count not known.
19	BASIC CARDIOVASCULAR SUPPORT DAYS	000 – 997 days 998 = 998 or more days of basic cardiovascular support 999 = occurred but day count not known.
20	RENAL SUPPORT DAYS	000 – 997 days 998 = 998 or more days of renal support 999 = occurred but day count not known.
21	NEUROLOGICAL SYSTEM SUPPORT DAYS	000 – 997 days 998 = 998 or more days of neurological system support 999 = occurred but day count not known.
22	GASTRO-INTESTINAL SYSTEM SUPPORT DAYS	000 – 997 days 998 = 998 or more days of gastro-intestinal support 999 = occurred but day count not known.
23	DERMATOLOGICAL SYSTEM SUPPORT DAYS	000 – 997 days 998 = 998 or more days of dermatological system support 999 = occurred but day count not known.
24	LIVER SUPPORT DAYS	000 – 998 days 998 = 998 or more days of liver support 999 = occurred but day count not known.
25	ORGAN SUPPORT MAXIMUM	00 - 07
26	CRITICAL CARE LEVEL 2 DAYS	000 to 997 days 998 = 998 or more level 2 two days 999 = one more level two days occurred but number is not known
27	CRITICAL CARE LEVEL 3 DAYS	000 to 997 days 998 = 998 or more level 3 two days 999 = one more level three days occurred but number is not known
28	CRITICAL CARE DISCHARGE STATUS	01 fully ready for discharge 02 discharge for palliative care 03 early discharge due to shortage of beds 04 delayed discharge due to shortage of ward beds (but fully ready for discharge) 05 current level of care continuing in another location 06 more specialised care in another location 07 self discharge against medical advice. 08 patient died (no organs donated) 09 patient died and became heart beating organ donor for heart, lungs, kidneys, liver or other solid internal organ. 10 patient died and provided cadaveric tissue donation.
29	CRITICAL CARE DISCHARGE	01 Same NHS hospital site 02 Other NHS hospital site (can be same Trust or a

	DESTINATION	<p>different NHS Trust)</p> <p>03 Independent Hospital Provider in the UK</p> <p>04 Non-hospital destination within the UK (e.g. home as coded in Location)</p> <p>05 Non United Kingdom destination (e.g. repatriation)</p> <p>06 No discharge destination, patient died in unit.</p>
30	CRITICAL CARE DISCHARGE LOCATION	<p>01 Ward</p> <p>02 Recovery only (when used to provide temporary critical care facility)</p> <p>03 Other intermediate care or specialised treatment area but excluding temporary visits en route, e.g. imaging, endoscopy, catheter suites and operating departments.</p> <p>04 Adult level three critical care bed (e.g. in a flexibly configured unit)</p> <p>05 Adult level two critical care bed (e.g. in a flexibly configured unit)</p> <p>06 No discharge destination, patient died in unit</p> <p>07 Obstetrics area</p> <p>08 Paediatric critical care area (neonatal and paediatric care)</p> <p>09 Home or other residence (e.g. nursing home, H.M. Prison, residential care).</p> <p>10 Other non-hospital location.</p>
31	CRITICAL CARE DISCHARGE READY DATE	<ul style="list-style-type: none"> • The patient has been declared clinically ready for discharge or transfer. • <u>AND</u> a <u>formal request</u> has been made to the hospital bed management system, (or appropriate staff with authority to admit at the intended destination). • <u>AND</u> the date and time of this status is recorded as such in the clinical record. <p>CCYY/MM/DD</p>
32	CRITICAL CARE DISCHARGE READY TIME	HH:MM:SS
33	CRITICAL CARE DISCHARGE DATE	CCYY/MM/DD
34	CRITICAL CARE DISCHARGE TIME	HH:MM:SS

CCMDS Full Specification

Critical Care Minimum Dataset. January 2006

This Collection has been approved by the Review of Central Returns Steering Committee - ROCR. The ROCR reference number is: ROCR/OR/0163.

SECTION 1 – Data available from PAS for Admitted Patient Care CDS (Commissioning Data Set)

Item	Variable	Suggested Source of Existing Data	Outline Description
1	NHS NUMBER	GP/NHS Trust APC CDS*	Unique identifier for transferable patient records and other NHS data sets
2	LOCAL PATIENT IDENTIFIER	NHS Trust APC CDS	Unique identifier for other patient data held within a hospital, e.g. <i>PAS/HISS</i> hospital number
3	SITE CODE (OF TREATMENT)	NHSIA/NHS TRUST APC CDS	Unique identifier for Hospital to allow Network and Commissioning analyses. This allows the hospital to be identified if there is more than one hospital with critical care facilities in the Trust.
4	CODE OF GP PRACTICE (REGISTERED GMP)	GP/NHS Trust APC CDS	Registered GP from patient medical record system. (Note that patients now register with a practice rather than an individual GP).
5	TREATMENT FUNCTION CODE	NHSIA/NHS Trust APC CDS	The treatment function of the consultant with primary responsibility for the patient at the beginning of the hospital episode that contains the critical care period. (NB this is not the same as the original ACPSPEF, which referred to the specialty

			of the critical care team). Note that treatment function is the particular specialty that the patient is treated under and not necessarily the main specialty of the consultant. e.g. colorectal surgery compared to general surgery.
6	BIRTH DATE	NHS Trust APC CDS	To provide age and an additional patient identifier.
7	POSTCODE OF USUAL ADDRESS	Post Office/ NHS Trust APC CDS	Postcode of patient's address, to track source of patient in relation to PCTs, networks and SHAs

* APC CDS = Admitted Patient Care Commissioning Data Set. However there may be other more easily accessible sources, e.g. the Patient Administration System.

SECTION 2 – Specific Items to be collected by Critical Care Staff.

The fourteen mandatory HRG subset items that replace the ACP are indicated 'M1 to M14' in column three and have the variable names in bold type.

Item	Variable	M	Source of Data Definition	DEFINITIONS AND GUIDANCE FOR USE
8	CRITICAL CARE LOCAL IDENTIFIER	M1	Previously labelled as ACP local identifier	Identifier for local critical care database systems to permit relational queries. This locally defined variable should as a minimum include a sequential numerical component that can discriminate two or more Critical Care Periods occurring on the same calendar day for the same patient.
9	CRITICAL CARE START DATE	M2	Revised ACP, e-gif	REASON FOR COLLECTION: <ul style="list-style-type: none"> The data in the CCMDS primarily relates to any part of the patient's hospital spell that requires care in a designated critical care bed. These are conventionally

				<p>grouped into Critical Care Areas, e.g. ICU, ITU, HDU, PICU or level 2 and 3 beds, but may include occasional, non-standard locations when conventional critical care beds are not available.</p> <ul style="list-style-type: none"> • Data collection should commence from the date and time that the patient first occupies the designated bed. • <u>Outreach activity</u>, although part of critical care, should not be recorded in a CCMDS record. Separate developments are planned to address this area. • <u>Resuscitation</u> conducted outside designated critical care areas e.g. as part of conventional care in operating theatres and emergency medicine departments should not be recorded in a CCMDS even though many aspects of the care given may satisfy level 2 or 3 critical care definitions. • <u>Neonatal units</u>, note that, as with the ACP data set, neonatal care should not be collected via the CCMDS due the planned development of neonatal data sets. • If there are repeated admissions to the same unit or transfers to different critical care areas within the same hospital, these should be given separate CCMDS records identified by different start dates or locations. • As the focus of the CCMDS is on the patient's acute illness, changes of consultant or brief transfers for investigations and treatment should be ignored and a single CCMDS kept running until the patient leaves the critical care area. <p>FORMAT; CCYY-MM-DD (e-gif)</p>
10	CRITICAL CARE START TIME		Revised ACP, e-gif	FORMAT; HH:MM:SS (e-gif)
11	CRITICAL CARE UNIT	M3	Revised ACP	REASON FOR COLLECTION:

	<p>FUNCTION</p>			<p>The category of unit may be used in workload analysis examining the facilities in which patients received care both within large trusts, networks and nationally. The permutations of different types of critical care area are based on descriptions contained in '<i>Comprehensive Critical Care</i>' but are enhanced by condensing the previous ACP list into a flexible series of two linked codes; critical care (unit) function and unit bed configuration.</p> <p>The options from 90 onwards are available to retain compatibility with the ACP format that permitted non-standard locations to be recorded as a separate period of critical care. Temporary (e.g. greater than four hours) delivery of level 2 and 3 care to patients in non-designated critical care areas may be recorded here, i.e. care that would ideally have been provided in a designated critical care area if there had been sufficient capacity.</p> <p>The 04 Paediatric option is included as a non-specific option for units that primarily care for children. It is anticipated that specific data sets will be developed in the NHS for these areas in the future. Neonatal units caring for babies less than 28 days old are currently excluded as a defined location for the CCMDS because the data items are not aligned to neonatal care.</p> <p>DEFINITIONS: Type of critical care area to which the patient was admitted. Options chosen should reflect the <u>principle</u> clinical service provided within the area;</p> <p>01 = non-specific, general adult critical care. 02 = surgical adult patients (unspecified specialty) 03 = medical adult patients (unspecified specialty)</p>
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				<p>04 = paediatric critical care (includes infants >28 days on NICU) 05 = neurosciences patients predominate 06 = cardiac surgical patients predominate 07 = thoracic surgical patients predominate 08 = burns and plastic surgery patients predominate 09 = spinal patients predominate 10 = renal patients predominate 11= liver patients predominate 12= obstetric patients predominate</p> <p>90 = non standard location using a ward area 91 = non standard location using the operating department.</p>
12	UNIT BED CONFIGURATION		New	<p>DEFINITION: The composition of bed types for your unit based on maximum funded and intended use, e.g. some units plan to use staff and beds flexibly whilst others are organized to take a full complement of level three patients or only 'HDU' patients.</p> <p>02= level 2 beds only 03= level 3 beds only 05 = flexible, mixed level 2 and 3 beds</p> <p>90 = non critical care bed (as for 90+ codes for Unit Function)</p>

13	CRITICAL CARE ADMISSION SOURCE		Revised ICNARC/ACP	<p>REASON FOR COLLECTION: Information on the source of the patient is of use in analyzing unit workload and outcomes. Exactly the same classification is used as developed in collaboration with ICNARC. Admission sequences are captured in two stages, i.e. there are two variables collected before unit admission, the <u>critical care admission source</u> and the <u>location associated with the source</u>.</p> <p>DEFINITIONS:</p> <p>01 Same NHS hospital <u>site</u> 02 Other NHS hospital <u>site</u> (can be same Trust or a different NHS Trust) 03 Independent Hospital Provider in the UK 04 Non-hospital source within the UK (e.g. home as coded in Location) 05 Non United Kingdom source (e.g. repatriation or foreign national)</p>
14	CRITICAL CARE SOURCE LOCATION		Revised ICNARC/ACP	<p>Specific location in the admission source</p> <p>DEFINITIONS:</p> <p>01 Theatre and Recovery (following surgical and /or anaesthetic procedure) 02 Recovery only (when used to provide temporary critical care facility) 03 Ward 04 Imaging department 05 Emergency Medicine Department, (Accident and Emergency) 06 Other intermediate care or specialist treatment areas including</p>

				<p>endoscopy units, and catheter suites.</p> <p>07 Obstetrics area</p> <p>08 Clinic</p> <p>09 Home or other residence (e.g. nursing home, H.M. Prison, residential care)</p> <p>10 Adult level 3 critical care bed (e.g. in a flexibly configured unit)</p> <p>11 Adult level 2 critical care bed (e.g. in a flexibly configured unit)</p> <p>12 Paediatric critical care area (neonatal and paediatric care)</p>
15	CRITICAL CARE ADMISSION TYPE		revised ACP and ICNARC planned/unplan ned	<p>REASON FOR COLLECTION: Information on the proportion of a critical care unit's workload that can be planned ahead and the proportion that is unpredictable is useful information for management and audit. Information is also required on the numbers and types of transfers.</p> <p>DEFINITIONS:</p> <p>01 = UNPLANNED LOCAL ADMISSION. All emergency or urgent patients assumed to have been referred to the unit only as a result of an <u>unexpected acute illness</u> occurring either within your hospital or prior to admission to your hospital from a non hospital location. (No differentiation is made between medical, surgical, or other specialty).</p> <p>02 = UNPLANNED TRANSFER IN. All emergency or urgent patients referred to the unit only as a result of an unexpected acute illness initially managed at another location and transferred to your unit because of a lack of capacity at the source location.</p> <p>03 = PLANNED TRANSFER IN (tertiary referral). Patients transferred to your unit after treatment or initial stabilization at another hospital but requiring specialist or higher-level care provided in your hospital that cannot be provided at source hospital.</p>

				<p>04 = PLANNED LOCAL SURGICAL ADMISSION, A surgical, <u>pre-arranged admission</u> to the unit. Acceptance by unit must have occurred prior to the start of the surgical procedure (specifically, the induction of anaesthesia) and the procedure will usually be of an elective or scheduled nature. <i>e.g.</i> a) <i>following a major procedure.</i> b) <i>for a high risk medical condition associated with any level of surgery.</i> c) <i>admitted prior to elective surgery for optimisation.</i> d) <i>admitted for monitoring of pain control e.g. epidurals.</i> e) <i>obstetric surgical cases admitted on a planned basis</i></p> <p>05 = PLANNED LOCAL MEDICAL ADMISSION, A booked medical admission, e.g. planned investigation or high risk medical treatment.</p> <p>06 = REPATRIATION. The patient is returning to your unit from another hospital after being transferred there for either medical or non-medical reasons.</p>
16	ADVANCED RESPIRATORY SUPPORT DAYS	M4	modified ACP	<p>REASON FOR COLLECTION: (also <i>applies to organ support items 16 to 24</i>) Research has demonstrated that patients can be classified into homogeneous resource requirement groups according to the number and types of organ system supported. (Note, this is not necessarily the same as the number of failing organs). These data may also be useful in analysing workloads and equipment management. As with ACP, organ support is collected as <u>any occurrence</u>, noted <u>once only</u> on each calendar day.</p>

				<p>DEFINITION: Three digit code for up to 997 days of advanced respiratory support, e.g. 000 none 001 occurred during one calendar day 030 occurred on 30 calendar days NB 998 = 998 <u>or more</u> days of advanced respiratory support 999 = support occurred but number of days not known. FORMAT; 000 – 999 days <u>Advanced Respiratory Support</u> Indicated by;</p> <ul style="list-style-type: none"> • Invasive mechanical ventilatory support (excluding mask CPAP or non-invasive methods e.g. mask ventilation but including BiPAP or CPAP applied via a tracheal tube). • Extracorporeal respiratory support <p>Note: Basic respiratory support is likely to occur simultaneously with the above and should not lead to both ARS and BRS being recorded during the same calendar day. ARS supersedes BRS where this occurs.</p>
17	BASIC RESPIRATORY SUPPORT DAYS	M5	modified ACP	<p>DEFINITION: Three digit code for up to 997 days of basic respiratory support, e.g. 000 none 001 occurred during one calendar day 030 occurred on 30 calendar days NB 998 = 998 <u>or more</u> days of basic respiratory support 999 = support occurred but number of days not known FORMAT; 000 – 999 days <u>Basic Respiratory Support.</u> Indicated by one or more of the following:</p>

				<ul style="list-style-type: none"> • More than 50% oxygen delivered by face mask. (<i>Note, 50% has been chosen to identify the more seriously ill patients in a hospital</i>). • Close observation due to the potential for acute deterioration to the point of needing advanced respiratory support. (<i>e.g. severely compromised airway or deteriorating respiratory muscle function</i>). • Physiotherapy or suction to clear secretions at least two hourly, whether via tracheostomy, minitracheostomy, or in the absence of an artificial airway. • Patients recently extubated after a prolonged period of intubation and mechanical ventilation, (<i>e.g. more than 24 hours of tracheal intubation</i>) • Mask CPAP or non-invasive ventilation. • Patients who are intubated to protect the airway but needing no ventilatory support and who are otherwise stable.
18	ADVANCED CARDIOVASCULAR SUPPORT DAYS	M6	modified ACP	<p>DEFINITION: Three digit code for up to 997 calendar days of advanced cardiovascular support e.g. 000 none 001 occurred during one calendar day 030 occurred on 30 calendar days NB 998 = 998 <u>or more</u> days of advanced cardiovascular support 999 = support occurred but number of days not known. FORMAT; 000 – 999 days <u>Advanced Cardiovascular Support:</u> Indicated by one or more of the following:</p> <ul style="list-style-type: none"> • Multiple intravenous vasoactive and/or rhythm controlling drugs used to support arterial pressure, cardiac output or organ

				<p>perfusion, (<i>e.g. inotropes, amiodarone, nitrates</i>).</p> <ul style="list-style-type: none"> • Patients resuscitated after cardiac arrest where intensive therapy is considered clinically appropriate. • Observation of cardiac output and derived indices (<i>e.g. pulmonary artery catheter, lithium dilution, pulse contour analyses, oesophageal doppler</i>). • Intra aortic balloon pumping. • Insertion of a temporary cardiac pacemaker (criteria valid for each day of therapeutic connection to a functioning external pacemaker unit). • Placement of a gastrointestinal tonometer <p>Note: Basic CVS support is likely to occur simultaneously with the above and should not lead to both ACVS and BCVS being recorded at the same calendar day. ACVS supersedes BCVS where this occurs.</p>
19	BASIC CARDIOVASCULAR SUPPORT DAYS	M7	New	<p>DEFINITION: Three digit code for up to 997 calendar days of basic cardiovascular support, e.g. 000 none 001 occurred during one calendar day 030 occurred on 30 calendar days NB 998 = 998 <u>or more</u> days of basic cardiovascular support 999 = support occurred but number of days not known. FORMAT; 000 – 999 days <u>Basic Cardiovascular Support.</u> Indicated by one or more of the following:</p> <ul style="list-style-type: none"> • Treatment of circulatory instability due to hypovolaemia from any cause • Use of a CVP line for basic monitoring or central venous access to deliver therapeutic agents.

				<ul style="list-style-type: none"> • Use of an arterial line for basic monitoring of arterial pressure or sampling of arterial blood. • Single intravenous vasoactive drug used to support arterial pressure, cardiac output or organ perfusion • Intravenous drugs to control cardiac arrhythmias • Non-invasive measurement of cardiac output (e.g. echocardiography, thoracic impedance)
20	RENAL SUPPORT DAYS	M8	modified ACP	<p>DEFINITION: Three digit code for up to 997 calendar days of renal support, e.g. 000 none 001 occurred during one calendar day 030 occurred on 30 calendar days NB 998 = 998 <u>or more</u> days of renal support 999 = support occurred but number of days not known. FORMAT; 000 – 999 days <u>Renal Support.</u> Indicated by: Acute renal replacement therapy (e.g.haemodialysis, haemofiltration etc.)</p>
21	NEUROLOGICAL SYSTEM SUPPORT DAYS	M9	modified ACP	<p>DEFINITION; Three digit code for up to 997 calendar days of neurological support, e.g. 000 none 001 occurred during one calendar day 030 occurred on 30 calendar days NB 998 = 998 <u>or more</u> days of neurological support 999 = support occurred but number of days not known. FORMAT; 000 – 999 days</p>

				<p><u>Neurological Support.</u> Indicated by one or more of the following:</p> <ul style="list-style-type: none"> • Central nervous system depression sufficient to prejudice the airway and protective reflexes, <u>excepting that caused by sedation prescribed to facilitate mechanical ventilation.</u> • Invasive neurological monitoring e.g. ICP, jugular bulb sampling. • Severely agitated or epileptic patients requiring constant nursing attention and/or heavy sedation.
22	GASTRO-INTESTINAL SYSTEM SUPPORT DAYS		New	<p>DEFINITION; Three digit code for up to 997 calendar days gastrointestinal support, e.g. 000 none 001 occurred during one calendar day 030 occurred on 30 calendar days NB 998 = 998 <u>or more</u> days of gastro-intestinal support 999 = support occurred but number of days not known. FORMAT; 000 – 999 days <u>Gastrointestinal Support</u> Indicated by: Feeding with parenteral or enteral nutrition. (<i>implies methods of feeding other than normal oral intake</i>).</p>
23	DERMATOLOGICAL SYSTEM SUPPORT DAYS	M10	New	<p>DEFINITION; Three digit code for up to 997 calendar days of dermatological support, e.g. 000 none 001 occurred during one calendar day 030 occurred on 30 calendar days NB</p>

				<p>998 = 998 <u>or more</u> days of dermatological support 999 = support occurred but number of days not known. FORMAT; 000 – 999 days <u>Dermatological Support.</u> Indicated by one or more of the following</p> <ul style="list-style-type: none"> • Patients with major skin rashes, exfoliation or burns. (<i>e.g. greater than 30% body surface area affected</i>). • Use of multiple, large trauma dressings, (<i>e.g. multiple limb or limb and head dressings</i>). • Use of complex dressings (<i>e.g. open abdomen or large skin area greater than 30% of body surface area</i>)
24	LIVER SUPPORT DAYS	M11	New	<p>DEFINITION: Three digit code for up to 997 calendar days of liver support, e.g. 000 none 001 occurred during one calendar day 030 occurred on 30 calendar days NB 998 = 998 <u>or more</u> days of liver support 999 = support occurred but number of days not known. FORMAT; 000 – 999 days <u>Liver Support.</u> Indicated by: Extracorporeal liver replacement device (<i>e.g.. MARS as manufactured by Teraklin, Rostock, Germany</i>), <i>bioartificial liver or charcoal haemoperfusion</i></p>
25	ORGAN SUPPORT MAXIMUM		ACP	<p>REASON FOR COLLECTION: This variable is associated with the total costs of critical care but also implies severity of illness. It can be derived easily from the individual organ support incidences observed for the period between critical care start and end points.</p>

				<p>DEFINITION: Maximum number of organ systems supported <u>at any one time</u>, at any point in the critical care period. (NB both basic and advanced categories cannot be counted at the same time). This may not be the same as the total number of organs supported throughout the critical care admission. The minimum for this variable is 00 and the maximum is 07 for the full data set.</p>
26	CRITICAL CARE LEVEL 2 DAYS	M12	new, using DH / ICS levels of care	<p>Total calendar days during which level 2 care alone was provided during the period. This replaces DEPDAYS from ACP but will continue to need daily evaluation rather than numerical derivation from organ support data because levels are not always simply related to organ support count, e.g. routine post-operative ventilation for some cardiac surgery patients is regarded as level 2 and not 3. (See <i>Levels of Critical Care for Adults, Intensive Care Society, 2002</i>)</p> <p>FORMAT; 000 TO 999 DAYS 998 = 998 <u>or more</u> level 2 days 999 = one or more level 2 days occurred but number is not known</p>
27	CRITICAL CARE LEVEL 3 DAYS	M13	new, using DH / ICS levels of care	<p>Total calendar days during which level 3 care was provided during the period (replaces INTDAYS from ACP but will continue to need daily evaluation rather than numerical derivation from organ support data, as above)</p> <p>FORMAT; 000 TO 999 DAYS 998 = 998 <u>or more</u> level 3 days 999 = one or more level 3 days occurred but number is not known</p>
28	CRITICAL CARE DISCHARGE STATUS		Updated (same as ICNARC v3.0)	<p>DEFINITIONS: 01 fully ready for discharge 02 discharge for palliative care 03 early discharge due to shortage of beds (<i>e.g. to ward within same hospital</i>).</p>

				<p>04 delayed discharge due to shortage of ward beds (but fully ready for discharge)</p> <p>05 current level of care continuing in another location (<i>e.g. transfer to another unit due to shortage of beds in your unit</i>).</p> <p>06 more specialised care in another location</p> <p>07 self discharge against medical advice.</p> <p>08 patient died (no organs donated)</p> <p>09 patient died and became heart beating organ donor for heart, lungs, kidneys, liver or other solid internal organ.</p> <p>10 patient died and provided cadaveric tissue donation..</p>
29	CRITICAL CARE DISCHARGE DESTINATION		Updated (same as ICNARC v 3.0)	<p>DEFINITIONS:</p> <p>01 Same NHS hospital <u>site</u></p> <p>02 Other NHS hospital <u>site</u> (can be same Trust or a different NHS Trust)</p> <p>03 Independent Hospital Provider in the UK</p> <p>04 Non-hospital destination within the UK (e.g. home as coded in Location)</p> <p>05 Non United Kingdom destination (e.g. repatriation)</p> <p>06 No discharge destination, patient died in unit.</p>
30	CRITICAL CARE DISCHARGE LOCATION		Updated (same as ICNARC v 3.0)	<p>DEFINITIONS:</p> <p>The principle location that the patient is being discharged to for further care.</p> <p>01 Ward</p> <p>02 Recovery only (when used to provide temporary critical care facility)</p> <p>03 Other intermediate care or specialised treatment area (but excluding temporary visits en route, e.g. imaging, endoscopy, catheter suites and operating departments).</p> <p>04 Adult level 3 critical care bed (<i>e.g. in a flexibly configured unit</i>)</p>

				<p>05 Adult level 2 critical care bed (<i>e.g. in a flexibly configured unit</i>)</p> <p>06 No discharge destination, patient died in unit</p> <p>07 Obstetrics area</p> <p>08 Paediatric critical care area (neonatal and paediatric care)</p> <p>09 Home or other residence (<i>e.g. nursing home, H.M. Prison, residential care</i>).</p> <p>10 Other non-hospital location.</p>
31	CRITICAL CARE DISCHARGE READY DATE		New	<p>REASON FOR COLLECTION:</p> <p>To identify and quantify significant problems in discharging patients from the unit. It is assumed for the purposes of these data that even under ideal conditions, most discharges will take a reasonable amount of time to arrange and complete. Before normal discharge can occur two conditions must be satisfied, a clinician must assess the patient as suitable for discharge and somebody has to arrange an appropriate destination. From this point onwards, the patient is awaiting discharge, usually awaiting confirmation that the bed is available. The simplest way to monitor this aspect of critical care is to allow the ‘discharge period’ to be derived from the raw data and to allow users to analyse the information against whichever local or national criteria prevail at the time. In order to capture the raw data a point in time has to be identified as the start of the discharge period.</p> <p>DEFINITION:</p> <p>The discharge period begins when the following conditions have been met:</p> <ul style="list-style-type: none"> • The patient has been declared clinically ready for discharge or transfer. • <u>AND</u> a <u>formal request</u> has been made to the hospital bed management system, (or appropriate staff with authority to admit at the intended destination). • <u>AND</u> the date and time of this status is recorded as such in the

				<p>clinical record. . (It may facilitate data collection if there is a recognized place for recording the request date and time either in the patient's notes or within the data collection system for the CCMDS). Note that discharge planning may occur in advance of and in the expectation that a patient will become fit for discharge at a certain time in the future. For the purposes of these data, the start time will remain the point at which both conditions are fully satisfied.</p> <p>Thus, the discharge period is the number of hours between the start of the period and the actual time of departure from your unit as recorded elsewhere in the dataset.</p> <p>FORMAT; CCYY/MM/DD</p>
32	CRITICAL CARE DISCHARGE READY TIME		New	<p>REASON FOR COLLECTION; As for discharge ready date.</p> <p>Format; HH:MM:SS</p>
33	CRITICAL CARE DISCHARGE DATE	M14	ICNARC	<p>Discharge date from unit Format; CCYY/MM/DD</p>
34	CRITICAL CARE DISCHARGE TIME		ICNARC	<p>Discharge time from unit Format; HH:MM:SS</p>

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