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**TITLE** **CRITICAL CARE PROGRAM****DISTRIBUTION:** **ALL PUBLIC HOSPITALS IN WESTERN AUSTRALIA**

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**1. Purpose**

To describe the Critical Care Services Program by the Department of Health (DOH) for the 2002/2003 financial year.

**2. Background**

In 1997/98, the DOH introduced a comprehensive policy for the allocation of resources for delivery of health services. One component of the policy was the creation of clinical programs to improve the specificity in ensuring the provision of selected clinical services. Generally, services included in clinical programs are high cost, low in volume or are provided at a single location.

The Critical Care Program was created in 1999/2000 to support the detailed analysis of intensive care services. A focus on intensive care services will create an opportunity to better understand these high cost components of health service delivery.

For the purposes of the Critical Care Program, the term 'critical care' refers to specialised care delivered in any acute setting and requiring high levels of training, technology and staff-to-patient ratios. 'Intensive care' refers to high level intensive care delivered in an identified Intensive Care Unit (ICU) and is identified as the highest level of critical care. This separation will allow for differentiation of intense levels of care that occur in any acute care setting.

**3. Specifications**

The Critical Care Program will encompass specified DRGs with associated high critical care costs delivered in all Teaching Hospitals. Organ procurement episodes of care will be considered separately within this program.

**3.1 Critical Care DRGs**

The *Critical Care DRGs* are a group of DRGs that represent the majority of total ICU costs. The program covers episodes where it was considered the treatment for the condition should only ever be provided by a highly specialised facility

In 2001/02, the following DRGs will be monitored within the *Critical Care Program*:

A01Z	Liver Transplant
A04Z	Bone Marrow Transplant
A05Z	Heart Transplant
A06Z	Tracheostomy Any Age, Any Condition
A40Z	ECMO W/O Cardiac Surgery
A41Z	Intubation Age <16
E40Z	Respiratory System Diagnosis W Ventilator Support
F08A	Major Reconstruct Vascular Procedures W/O Pump W Catastrophic CC
F08B	Major Reconstruct Vascular Procedures W/O Pump W/O Catastrophic CC
P03Z	Neonate, AdmWt 1000-1499g W Significant O.R. Procedure
P04Z	Neonate, AdmWt 1500-1999g W Significant O.R. Procedure
P05Z	Neonate, AdmWt 2000-2499g W Significant O.R. Procedure
P06A	Neonate, AdmWt > 2499g W Significant O.R. Procedure W Multi Major Problems
P06B	Neonate, Adm Wt > 2499g W Significant O.R. Procedure W/O Multi Major Problems
P61Z	Neonate, Admission Wt <750g
P62Z	Neonate, Admission Wt 750-999g
P63Z	Neonate, Admwt 1000-1249g W/O Significant O.R. Procedure
P64Z	Neonate, Admwt 1250-1499g W/O Significant O.R. Procedure
P65A	Neonate, Admwt 1500-1999g W/O Significant O.R. Procedure W Multi Major Problems
P65B	Neonate, Admwt 1500-1999g W/O Significant O.R. Procedure W Major Problem
P66A	Neonate, Admwt 2000-2499g W/O Significant O.R. Procedure W Multi Major Problems
P67A	Neonate, Admwt >2499g W/O Significant Or O.R. Procedure W Multi Major Problems
W01Z	Ventilation or Craniotomy Procs for Multiple Significant Trauma
W02Z	Hip, Femur and Limb Procs for Multiple Significant Trauma, incl Implantation

This program will be at the following Teaching hospitals:

- Royal Perth Hospital
- Sir Charles Gairdner Hospital
- King Edward Memorial Hospital/Princess Margaret Hospital for Children
- Fremantle Hospital

#### **4. Reporting**

All providers of critical care services will be responsible for collating and forwarding activity reports as specified in the Service and Financial Plans (SFP).

All provider reporting will be in line with the DOH Technical Bulletins (or any revisions as they are published from time to time), particularly the following:

- Technical Bulletin 15/1 – Intensive Care Unit Information Reporting
- Technical Bulletin 17/3 – Admission Policy for WA Hospitals
- Technical Bulletin 26/4 – Reporting Different Episodes of Care
- Technical Bulletin 12/5 - Auditing of Hospital Records & Procedures

DOH will be responsible for analysing activity reports and reconciling activity and resource allocations through policy mechanisms and other arrangements.