

ICNARC report on COVID-19 in critical care: Wales 20 November 2020

This report presents analyses of data on patients critically ill with confirmed COVID-19 reported to ICNARC up to 4pm on 19 November 2020 from critical care units in Wales participating in the Case Mix Programme (the national clinical audit for adult critical care).

Data are reported separately for patients critically ill with confirmed COVID-19 at or after the start of critical care:

- admitted from 1 September 2020 to date; and
- admitted up to 31 August 2020.

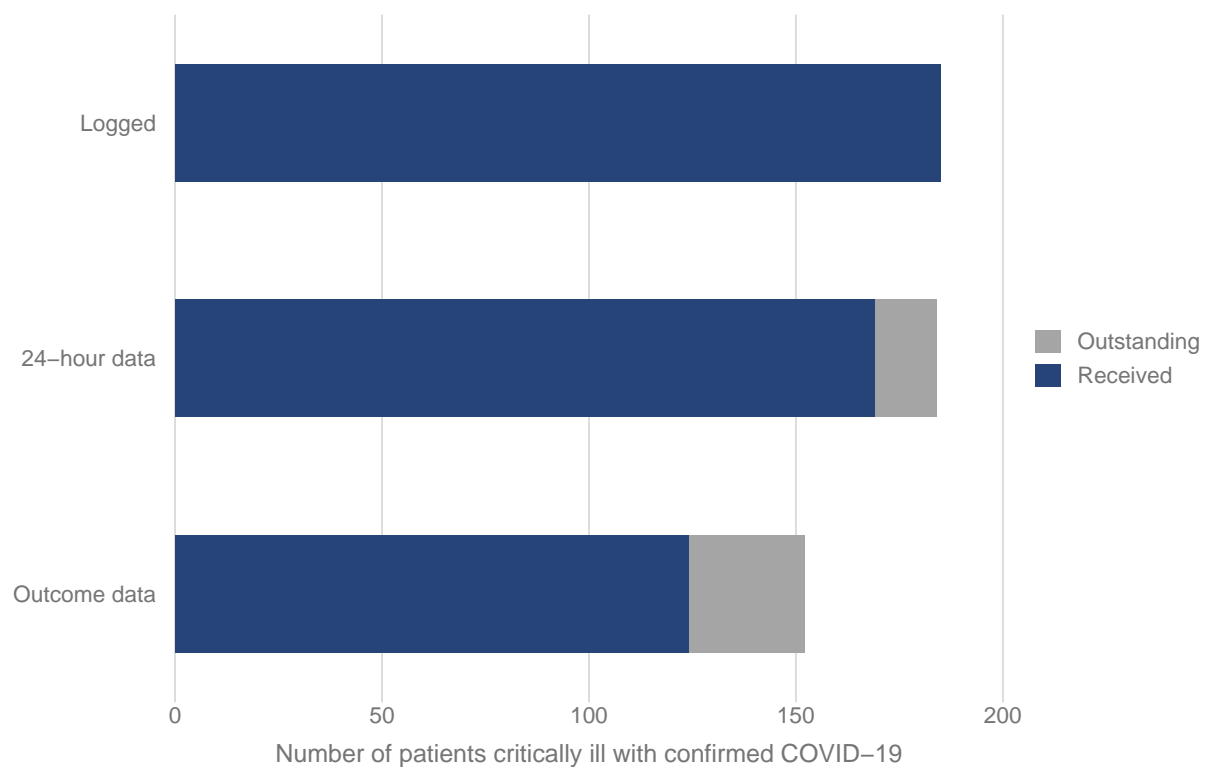
Reporting process

Critical care units participating in the Case Mix Programme are asked to:

- log a case with ICNARC by submitting a record, with minimal data, as soon as they have an admission with confirmed COVID-19;
- resubmit data, including first 24-hour physiology, as soon as possible after the end of the first 24 hours in critical care;
- resubmit data for the whole critical care stay, including critical care outcome and organ support, when the patient leaves critical care; and
- submit final data when the patient leaves acute hospital.

Admissions to critical care

ICNARC have logged data for 189 admissions of 185 patients critically ill with confirmed COVID-19, either at or after the start of critical care admitted from 1 September 2020 to date in Wales. Of these, data covering the first 24 hours of critical care have been submitted to ICNARC for 169 patients (Figure 1). Of the 185 total patients, 124 have outcomes reported and 61 patients were last reported as still receiving critical care. These patients are compared with a cohort of 403 patients with confirmed COVID-19 admitted up to 31 August 2020.

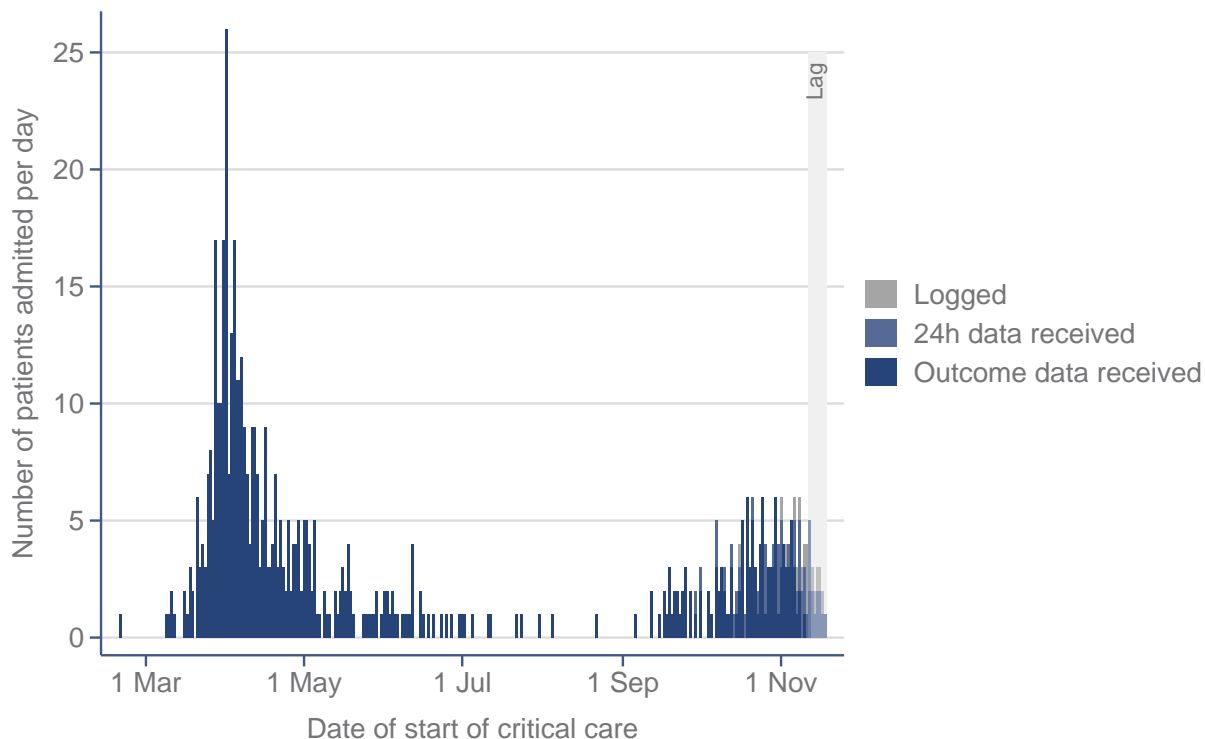


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Figure 1. Numbers of critically ill patients with confirmed COVID-19 admitted from 1 September 2020 with data included in this report and outstanding *

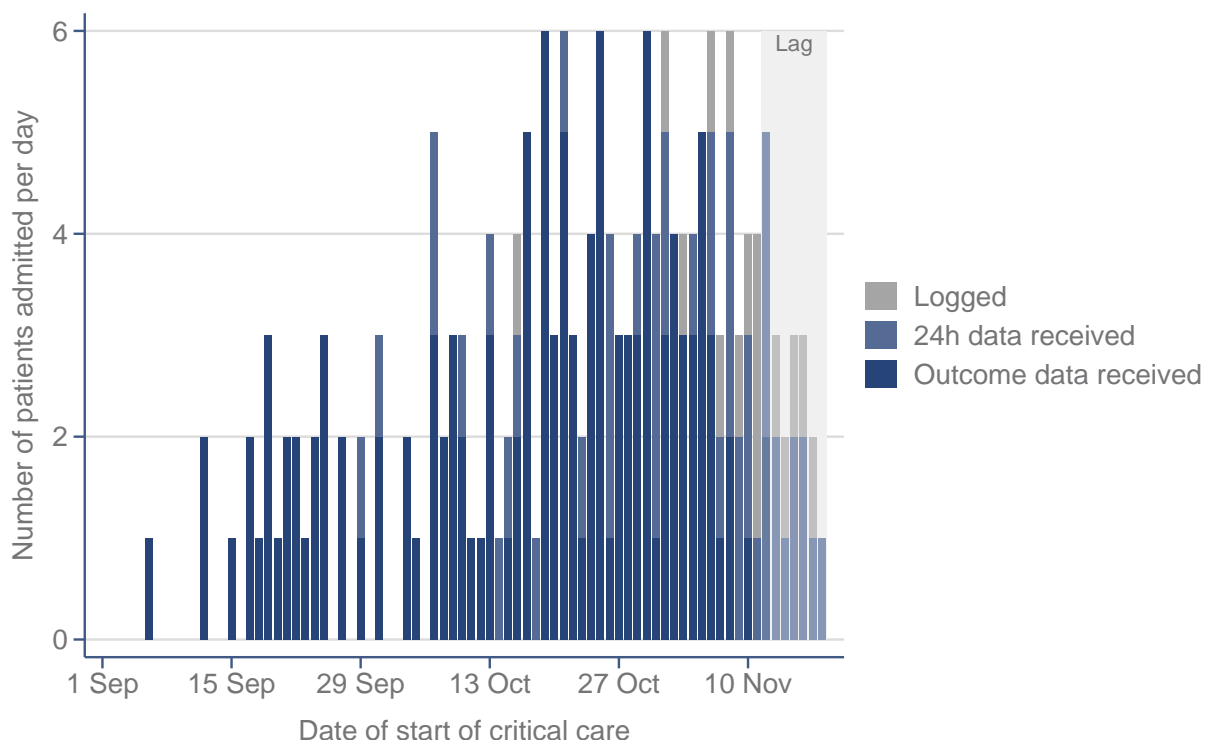
* Please note that 24-hour data are considered outstanding when a case was logged at least 48 hours previously and outcome data are considered outstanding when 24-hour data have been received and at least 10 days have elapsed since the start of critical care.

The numbers of new patients, cumulative numbers of patients and numbers of patients in critical care by date are shown in Figures 4-9. Please note that these figures are affected by a variable lag time for submission of data.



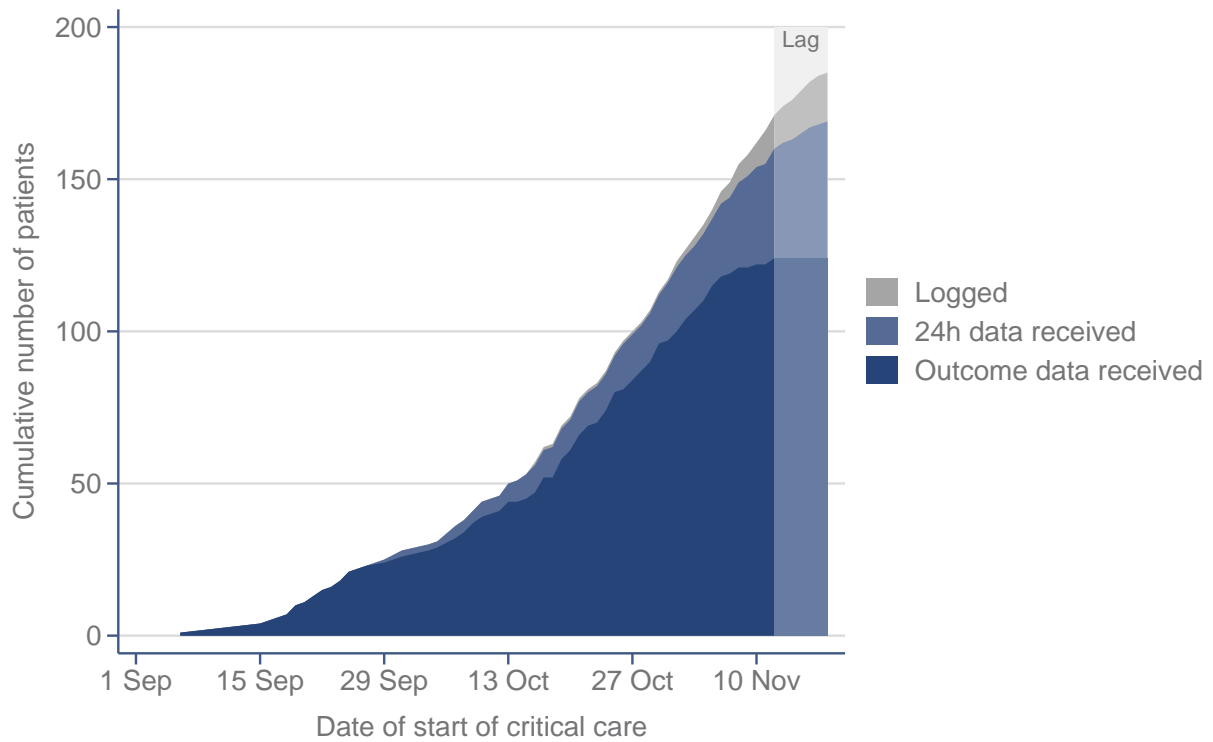
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Figure 2. Number of new patients critically ill with confirmed COVID-19 by date of start of critical care over the entire epidemic



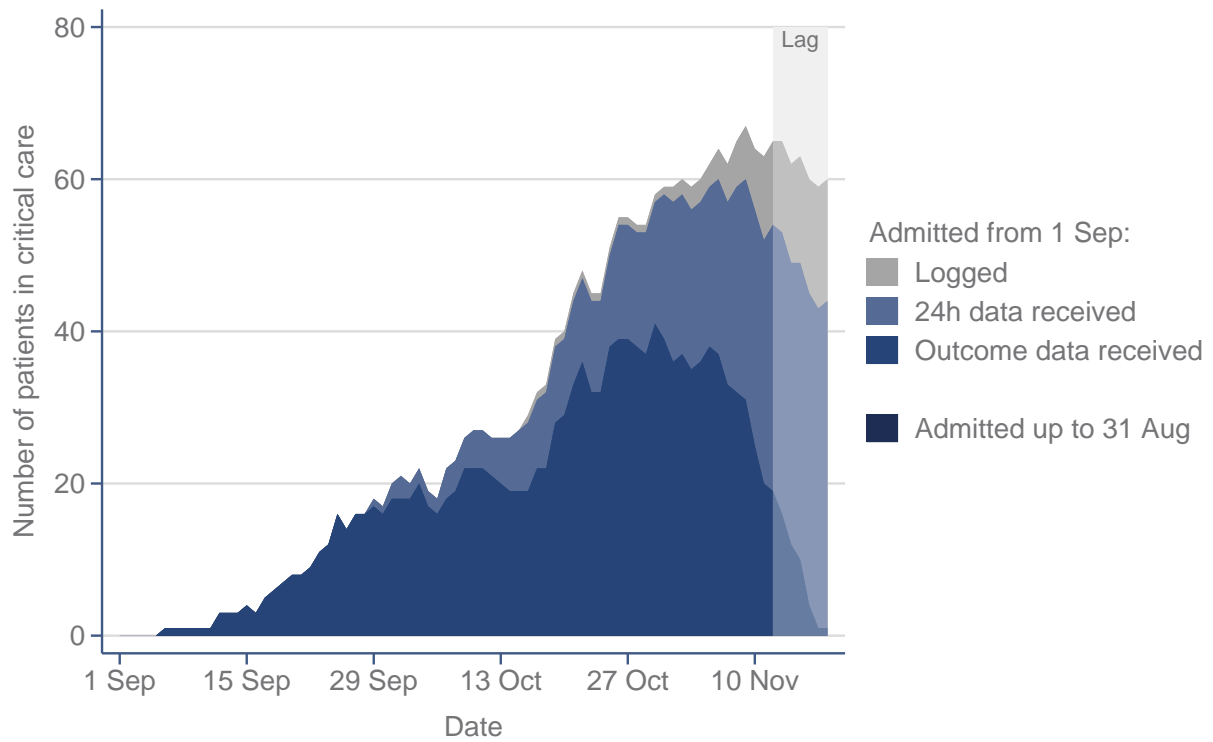
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Figure 3. Number of new patients critically ill with confirmed COVID-19 admitted from 1 September 2020 by date of start of critical care



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Figure 4. Cumulative number of patients critically ill with confirmed COVID-19 admitted from 1 September 2020 by date of start of critical care



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Figure 5. Total number of patients critically ill with confirmed COVID-19 from 1 September 2020 by date *

* Please note patients whose outcome data have not been received are assumed to remain in critical care as of 19 November 2020.

Patient characteristics

Characteristics of patients critically ill with confirmed COVID-19 admitted from 1 September 2020 to date are summarised in Tables 1-3 and compared with patients admitted up to 31 August 2020.

Table 1. Patient characteristics: demographics

Demographics	Patients with confirmed COVID-19	
	Admitted from 1 Sep (N=185)	Admitted up to 31 Aug (N=403)
Age at admission (years) [N=184]		
Mean (SD)	58.8 (12.8)	57.0 (12.7)
Median (IQR)	60 (52, 68)	58 (50, 66)
Sex, n (%) [N=184]		
Female	65 (35.3)	132 (32.8)
Male	119 (64.7)	271 (67.2)
Ethnicity, n (%) [N=181]		
White	167 (92.3)	351 (87.3)
Mixed	1 (0.6)	6 (1.5)
Asian	9 (5.0)	25 (6.2)
Black	2 (1.1)	5 (1.2)
Other	2 (1.1)	15 (3.7)
Index of Multiple Deprivation (IMD) quintile *, n (%) [N=179]		
1 (least deprived)	30 (16.8)	57 (14.3)
2	22 (12.3)	63 (15.8)
3	30 (16.8)	72 (18.0)
4	51 (28.5)	85 (21.3)
5 (most deprived)	46 (25.7)	122 (30.6)

* Please see Definitions on page 16.

Table 2. Patient characteristics: medical history

Medical history	Patients with confirmed COVID-19	
	Admitted from 1 Sep (N=185)	Admitted up to 31 Aug (N=403)
Dependency prior to admission to acute hospital, n (%) [N=145]		
Able to live without assistance in daily activities	119 (82.1)	358 (88.8)
Some assistance with daily activities	26 (17.9)	44 (10.9)
Total assistance with all daily activities	0 (0.0)	1 (0.2)
Very severe comorbidities *, n (%) [N=147]		
Cardiovascular	2 (1.4)	3 (0.7)
Respiratory	7 (4.8)	7 (1.7)
Renal	5 (3.4)	2 (0.5)
Liver	3 (2.0)	1 (0.2)
Metastatic disease	0 (0.0)	2 (0.5)
Haematological malignancy	3 (2.0)	5 (1.2)
Immunocompromise	8 (5.4)	12 (3.0)
Body mass index *, n (%) [N=179]		
<18.5	0 (0.0)	1 (0.2)
18.5-<25	42 (23.5)	116 (28.8)
25-<30	56 (31.3)	137 (34.0)
30-<40	52 (29.1)	118 (29.3)
≥40	29 (16.2)	31 (7.7)
CPR within previous 24h, n (%) [N=149]		
In the community	2 (1.3)	3 (0.7)
In hospital	4 (2.7)	1 (0.2)
Prior hospital length of stay [N=183]		
Mean (SD)	4.1 (8.9)	2.4 (5.5)
Median (IQR)	1 (0, 4)	1 (0, 3)
Currently or recently pregnant, n (% of females aged 16-49) [N=13]		
Currently pregnant	0 (0.0)	0 (0.0)
Recently pregnant (within 6 weeks)	1 (7.7)	1 (2.4)
Not known to be pregnant	12 (92.3)	40 (97.6)

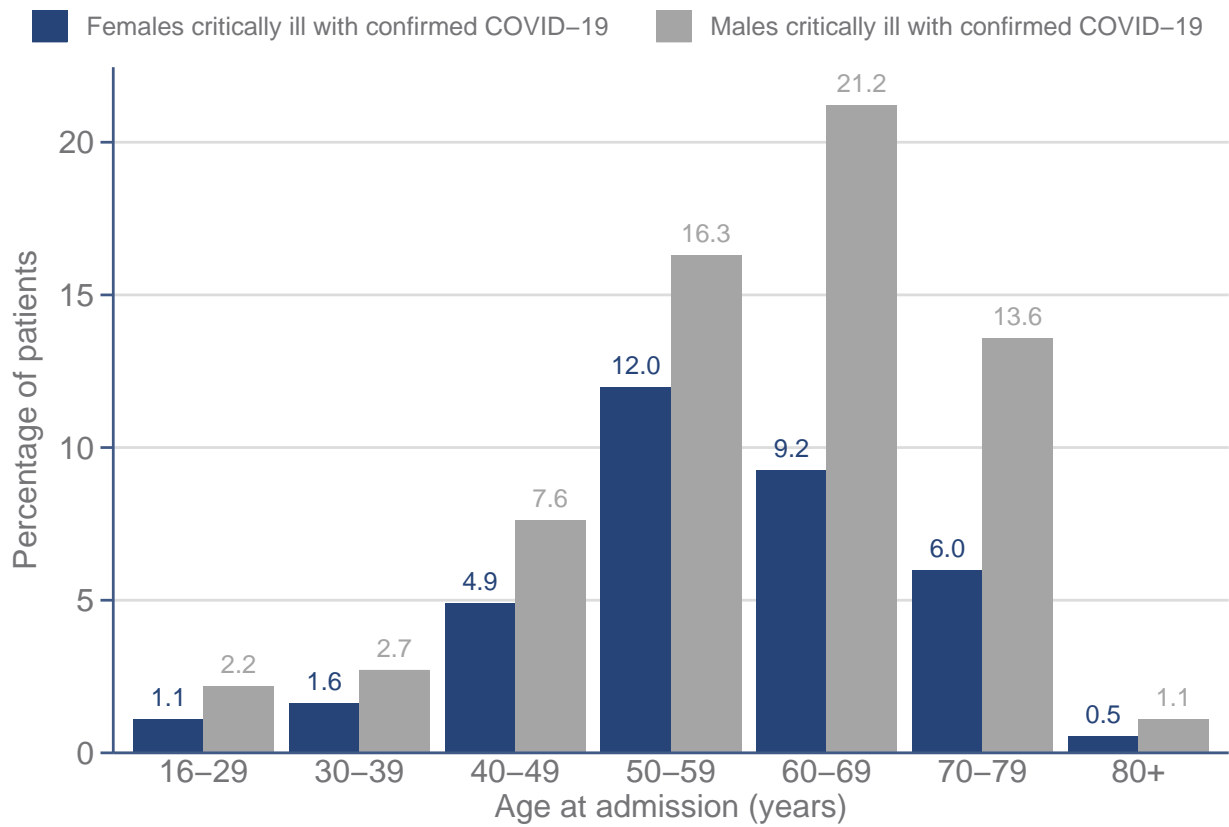
* Please see Definitions on page 16.

Table 3. Patient characteristics: indicators of acute severity

Indicators of acute severity	Patients with confirmed COVID-19 and 24h data received	
	Admitted from 1 Sep (N=169)	Admitted up to 31 Aug (N=403)
Invasively ventilated within first 24h *, n (%) [N=154]	71 (46.1)	266 (68.7)
APACHE II Score [N=158]		
Mean (SD)	15.3 (5.1)	14.5 (5.7)
Median (IQR)	15 (12, 18)	14 (11, 17)
PaO ₂ /FiO ₂ ratio † (kPa), median (IQR) [N=157]	13.2 (8.9, 21.0)	17.5 (12.3, 23.5)
PaO ₂ /FiO ₂ ratio †, n (%) [N=157]		
< 13.3 kPa (< 100 mmHg)	80 (51.0)	119 (31.1)
13.3-26.6 kPa (100-200 mmHg)	50 (31.8)	203 (53.0)
≥ 26.7 kPa (≥ 200 mmHg)	27 (17.2)	61 (15.9)

* Please see Definitions on page 16. Indicators of acute severity are based on data from the first 24 hours of critical care. † Derived from the arterial blood gas with the lowest PaO₂ during the first 24 hours of critical care.

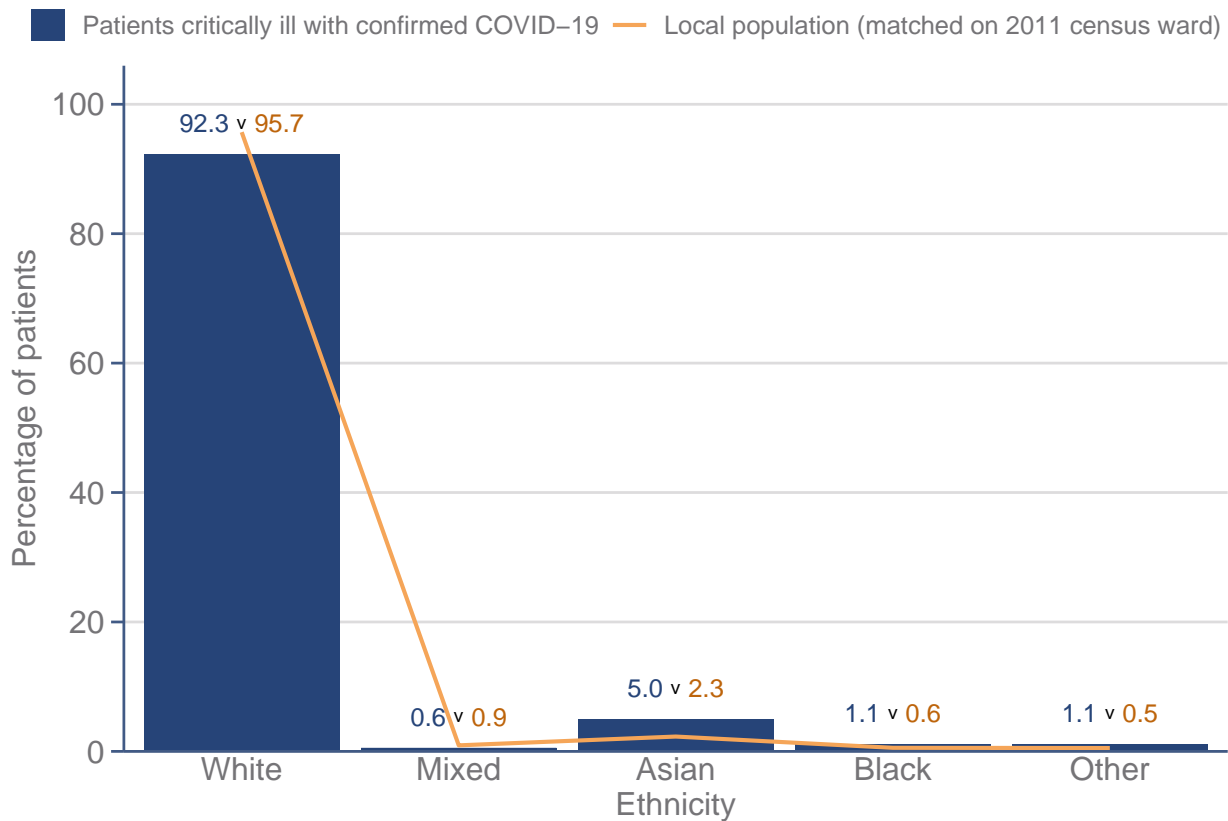
The distribution of age and sex is presented in Figure 6.



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Figure 6. Age and sex distribution of patients critically ill with confirmed COVID-19 admitted from 1 September 2020

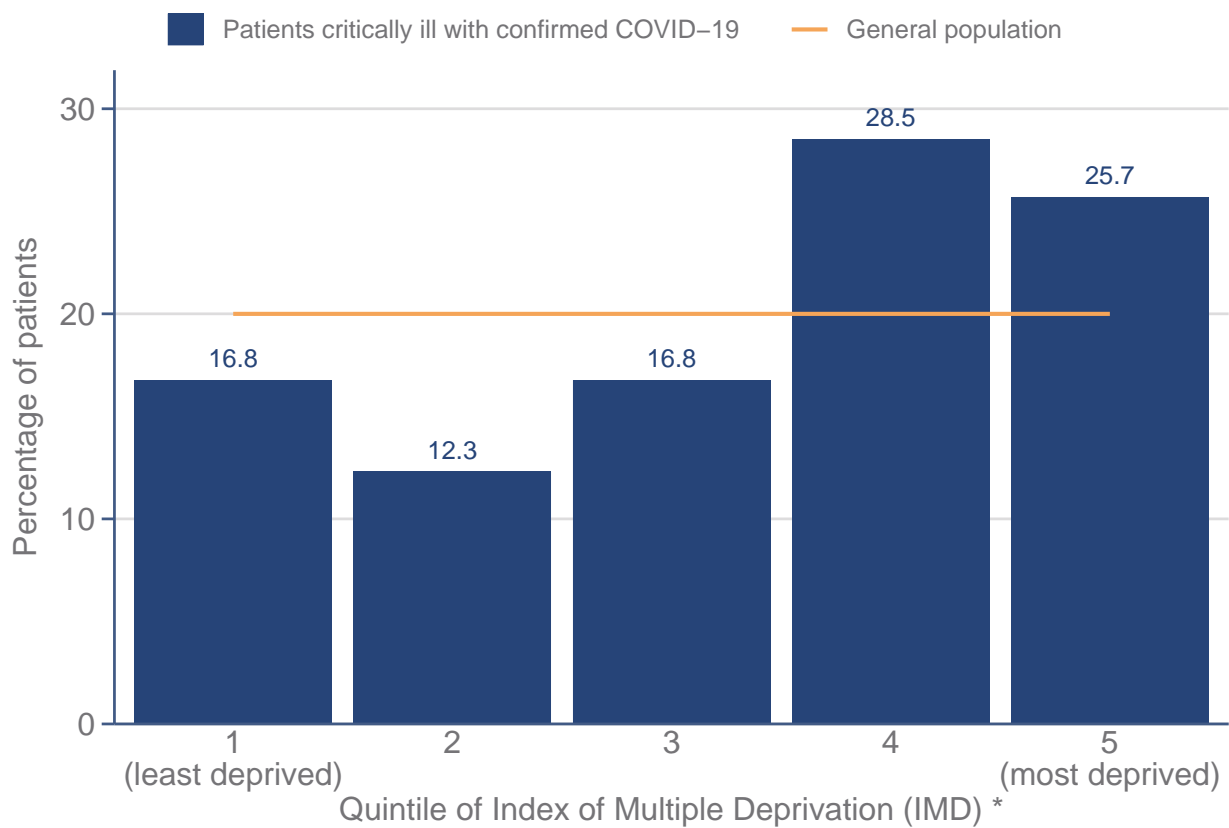
The distribution of ethnicity, matched on 2011 census ward for location of patients critically ill with COVID-19, is presented in Figure 7.



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Figure 7. Ethnicity distribution of patients critically ill with confirmed COVID-19 admitted from 1 September 2020 compared with the local population (linked to 2011 census ward)

The distribution of Index of Multiple Deprivation (IMD) is presented in Figure 8.

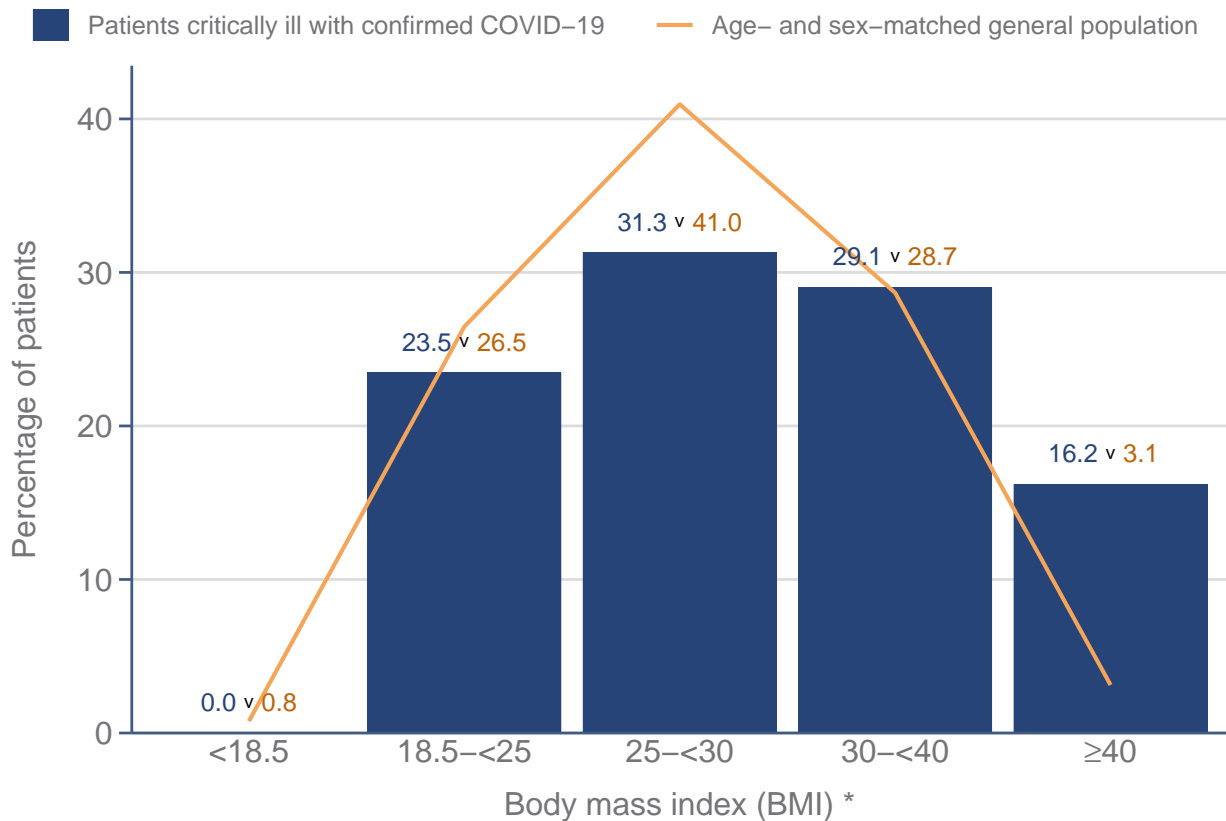


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Figure 8. Index of Multiple Deprivation (IMD) * distribution of patients critically ill with confirmed COVID-19 admitted from 1 September 2020 compared with the general population

* Please see Definitions on page 16.

The distribution of body mass index (BMI), compared with an age- and sex-matched population (from the Health Survey for England 2018), is presented in Figure 9.



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Figure 9. Body mass index (BMI) * distribution of patients critically ill with confirmed COVID-19 admitted from 1 September 2020 compared with the age- and sex-matched general population (Health Survey for England 2018)

* Please see Definitions on page 16.

Outcomes, duration of critical care and organ support

Critical care outcomes have been received for 124 (of 185) patients. Of these, 56 have died and 68 have been discharged from critical care (Figures 10 and 11). The remaining 61 were last reported to still be receiving critical care.

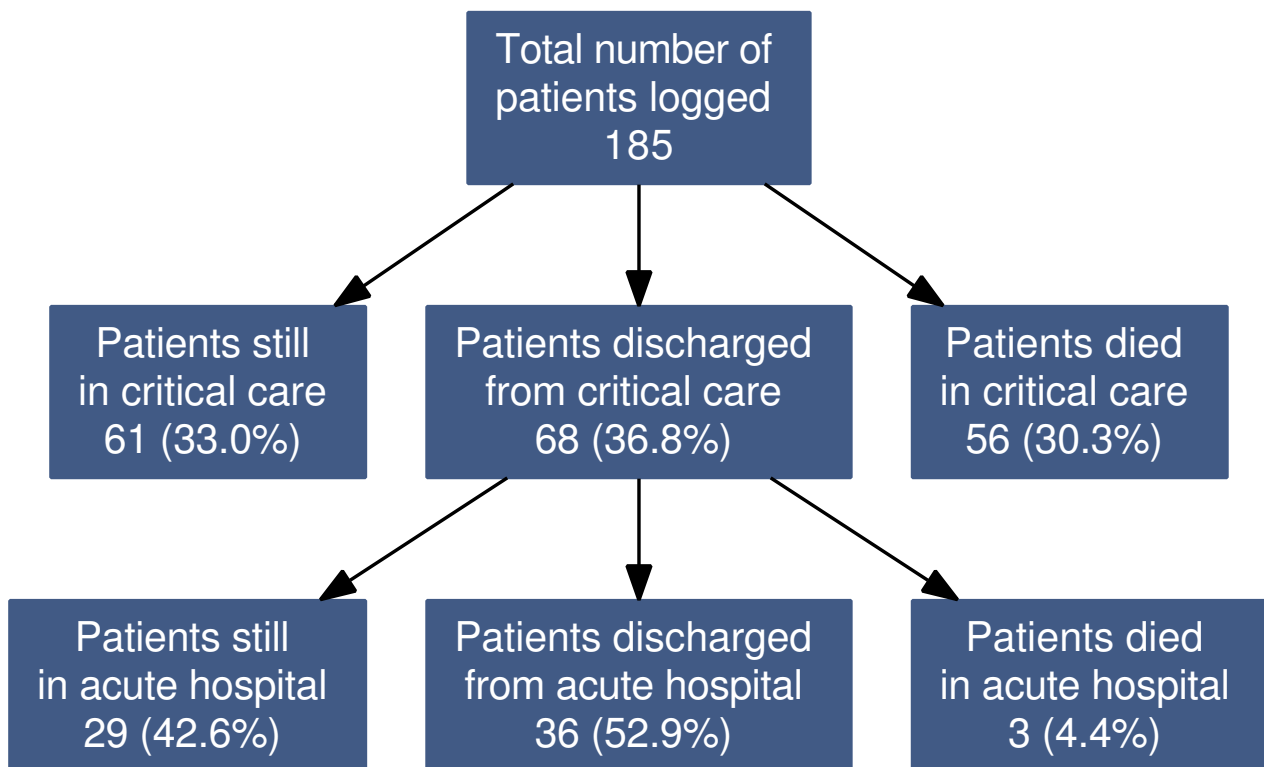
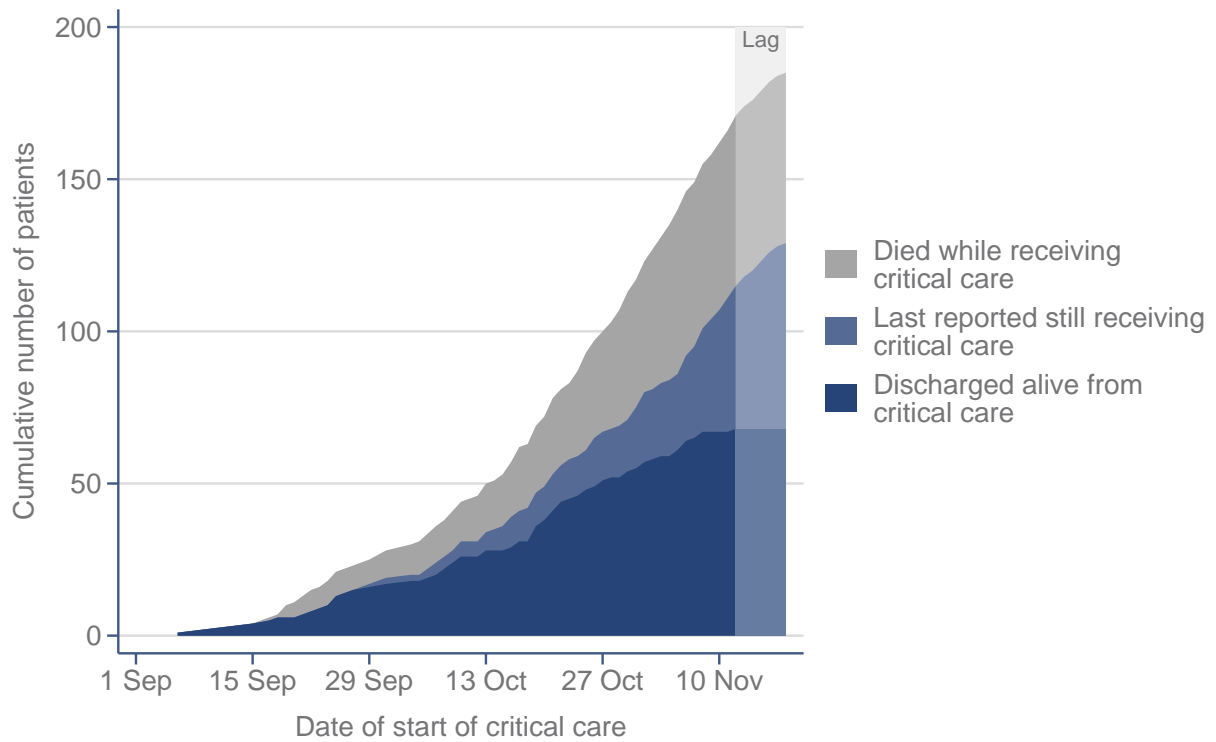


Figure 10. Critical care and acute hospital outcomes for patients admitted from 1 September 2020



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Figure 11. Cumulative outcomes for patients admitted from 1 September 2020 by date of start of critical care *

* Please note that patients whose outcome data have not been received are assumed to remain in critical care as of 19 November 2020.

Critical care outcome, duration of critical care and organ support for patients critically ill with confirmed COVID-19 admitted from 1 September 2020 to date for whom outcomes have been received are summarised in Table 4 and compared with patients admitted up to 31 August 2020.

Table 4. Critical care outcome, duration of critical care and organ support

Critical care outcome	Patients with confirmed COVID-19 and outcome received	
	Admitted from 1 Sep (N=185)	Admitted up to 31 Aug (N=403)
Outcome at end of critical care, n (%)		
Discharged	68 (36.8)	250 (62.0)
Died	56 (30.3)	153 (38.0)
Still receiving critical care	61 (33.0)	0 (0.0)
Duration of critical care	(N=123)	(N=403)
Duration of critical care (days) †, median (IQR)		
Survivors	8 (4, 13)	15 (6, 27)
Non-survivors	10 (5, 14)	10 (6, 20)
Organ support (Critical Care Minimum Dataset) *	(N=121)	(N=403)
Receipt of organ support, at any point, n (%)		
Advanced respiratory support	76 (62.8)	325 (80.6)
Basic respiratory support only	43 (35.5)	66 (16.4)
No respiratory support	2 (1.7)	12 (3.0)
Advanced cardiovascular support	34 (28.1)	109 (27.0)
Basic cardiovascular support only	87 (71.9)	291 (72.2)
No cardiovascular support	0 (0.0)	3 (0.7)
Renal support	27 (22.3)	123 (30.5)
Liver support	1 (0.8)	0 (0.0)
Neurological support	18 (14.9)	34 (8.4)
Duration of organ support (calendar days), median (IQR)		
Advanced respiratory support	9 (6, 13.5)	15 (8, 23)
Total (advanced + basic) respiratory support	9 (5, 13)	14 (6, 23)
Advanced cardiovascular support	3 (1, 5)	3 (2, 6)
Total (advanced + basic) cardiovascular support	9 (5, 13)	14 (7, 24)
Renal support	4 (2, 7)	8 (3, 16)

Please note that the results for patients admitted from 1 September 2020 are biased towards patients with shorter lengths of stay in critical care prior to discharge or death, i.e. those who died or recovered quickly. * Please see Definitions on page 16. † Duration of critical care is the total over all critical care admissions for the the same patient and excludes any time spent outside critical care areas (e.g. prior to any readmissions).

Definitions

Ethnicity is recorded using the ethnic category codes from the 2001 census and grouped as:

- White: White – British; White – Irish; White – any other
- Mixed: Mixed – white and black Caribbean; Mixed – white and black African; Mixed – white and Asian; Mixed – any other
- Asian: Asian or Asian British – Indian; Asian or Asian British – Pakistani; Asian or Asian British – Bangladeshi; Asian or Asian British – any other
- Black: Black or black British – Caribbean; Black or black British – African; Black or black British – any other
- Other: Other ethnic group – Chinese; Any other ethnic group
- Not stated or not recorded

Index of Multiple Deprivation (IMD) is based on the patient's usual residential postcode (assigned at the level of Lower Layer Super Output Area) according to:

- English Index of Multiple Deprivation 2019 for postcodes in England
- Welsh Index of Multiple Deprivation 2019 for postcodes in Wales
- Northern Ireland Multiple Deprivation Measure 2017 for postcodes in Northern Ireland

Body mass index is calculated as the weight in kilograms divided by the height in metres squared. Weight and height values may have been measured or estimated.

Dependency prior to admission to acute hospital is assessed as the best description for the dependency of the patient in the two weeks prior to admission to acute hospital and prior to the onset of the acute illness, i.e. "usual" dependency. It is assessed according to the amount of personal assistance they receive with daily activities (bathing, dressing, going to the toilet, moving in/out of bed/chair, continence and eating).

Very severe comorbidities must have been evident within the six months prior to critical care and documented at or prior to critical care:

- Cardiovascular: symptoms at rest
- Respiratory: shortness of breath with light activity or home ventilation
- Renal: renal replacement therapy for end-stage renal disease
- Liver: biopsy-proven cirrhosis, portal hypertension or hepatic encephalopathy
- Metastatic disease: distant metastases
- Haematological malignancy: acute or chronic leukaemia, multiple myeloma or lymphoma
- Immunocompromise: chemotherapy, radiotherapy or daily high dose steroid treatment in previous six months, HIV/AIDS or congenital immune deficiency

Invasive ventilation during the first 24 hours was defined as mechanical ventilation (identified by the recording of a ventilated respiratory rate, indicating that all or some of the breaths or a portion of the breaths were delivered by a mechanical device) and sedation (receiving continuous or intermittent doses of agents to produce and maintain a continuous decreased level of consciousness) at any time during the first 24 hours and not reported as having zero days of advanced respiratory support.

Organ support is recorded as the number of calendar days (00:00-23:59) on which the support was received at any time, defined as:

- Advanced respiratory: invasive ventilation, BPAP via trans-laryngeal tube or tracheostomy, CPAP via trans-laryngeal tube, extracorporeal respiratory support
- Basic respiratory: >50% oxygen by face mask, close observation due to potential for acute deterioration, physiotherapy/suction to clear secretions at least two-hourly, recently extubated after a period of mechanical ventilation, mask/hood CPAP/BPAP, non-invasive ventilation, CPAP via a tracheostomy, intubated to protect airway
- Advanced cardiovascular: multiple IV/rhythm controlling drugs (at least one vasoactive), continuous observation of cardiac output, intra-aortic balloon pump, temporary cardiac pacemaker
- Basic cardiovascular: central venous catheter, arterial line, single IV vasoactive/ rhythm controlling drug
- Renal: acute renal replacement therapy, renal replacement therapy for chronic renal failure where other organ support is received
- Liver: management of coagulopathy and/or portal hypertension for acute on chronic hepatocellular failure or primary acute hepatocellular failure
- Neurological: central nervous system depression sufficient to prejudice airway, invasive neurological monitoring, continuous IV medication to control seizures, therapeutic hypothermia

Publications

The following publications, based on these data, are in press or preprint:

- Richards-Belle A, Orzechowska I, Doidge J, Thomas K, Harrison DA, Koelewyn A, Christian MD, Shankar-Hari M, Rowan KM, Gould DW. Critical care outcomes, for the first 200 patients with confirmed COVID-19, in England, Wales and Northern Ireland: a report from the ICNARC Case Mix Programme. *J Intensive Care Soc* 2020; doi:[10.1177/1751143720961672](https://doi.org/10.1177/1751143720961672)
- Richards-Belle A, Orzechowska I, Gould DW, Thomas K, Doidge JC, Mouncey PR, Christian MD, Shankar-Hari M, Harrison DA, Rowan KM. COVID-19 in critical care: epidemiology of the first epidemic wave across England, Wales and Northern Ireland. *Intensive Care Med* 2020; doi:[10.1007/s00134-020-06267-0](https://doi.org/10.1007/s00134-020-06267-0)
- Ferrando-Vivas P, Doidge J, Thomas K, Gould DW, Mouncey P, Shankar-Hari M, Young JD, Rowan KM, Harrison DA. Prognostic Factors for 30-day Mortality in Critically Ill Patients with Coronavirus Disease 2019: An Observational Cohort Study. *Crit Care Med* 2020; doi:[10.1097/CCM.0000000000004740](https://doi.org/10.1097/CCM.0000000000004740)
- Doidge JC, Mouncey PR, Thomas K, Gould DW, Ferrando-Vivas P, Shankar-Hari M, Harrison DA, Rowan KM. Trends in intensive care for patients with COVID-19 in England, Wales and Northern Ireland. *Preprints* 2020; 2020080267; doi:[10.20944/preprints202008.0267.v2](https://doi.org/10.20944/preprints202008.0267.v2)

Acknowledgement

Please acknowledge the source of these data in all future presentations (oral and/or written) as follows:

“These data derive from the ICNARC Case Mix Programme Database. The Case Mix Programme is the national clinical audit of patient outcomes from adult critical care coordinated by the Intensive Care National Audit Research Centre (ICNARC). For more information on the representativeness and quality of these data, please contact ICNARC.”