Case Mix Programme dataset update
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Case Mix Programme dataset update

- Where are we now?
- Introducing the modular dataset
- Where do we go from here?
CMP V4.0 – where are we now?

• Consultation completed
  – ICS/FICM Joint Standards Committee
  – NHS England Adult Critical Care Specialty Group
  – National Adult Critical Care Data Group
  – Most importantly, YOU!

• Field specification released to Software Developers
Introducing the modular dataset

- Core module (mandatory)
- Daily module (optional)
- Validation module (optional)

Modular approach will give more flexibility in future, e.g. to introduce modules for specialist units
Core module

- One record for each admission
- Similar to V3.1...
Key changes from V3.1 to V4.0 core

- Most obstetric fields dropped
- Burns fields dropped
- Most organ donation fields dropped
- Clearer pathway for recording route into the unit (with short-cuts for most common options)
- Clearer approach to coding surgery/procedures (first tier of coding method removed)
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Admitted to your unit from:

Theatre, your hospital (previously ED or not in hospital) 7%

Theatre, your hospital (previously on ward, your hospital) 38%

ED, your hospital 22%

Emergency admissions unit, your hospital 21%

Ward, your hospital 88%
Key changes from V3.1 to V4.0 core

- More detail on past medical history (including frailty)
- NEWS2 prior to admission
- SOFA score and full Sepsis-3 definition
- New physiology (CRP, PCT)
- Interventions during unit stay
- Treatment goals and treatment limitations
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Heart

Chronic heart disease:

No chronic heart disease N

Very severe chronic heart disease – symptoms at rest V
Heart

Chronic heart disease:

- No chronic heart disease
- Chronic heart disease — no functional limitations
- Chronic heart disease — symptoms with moderate activity
- Severe chronic heart disease — symptoms with light activity
- Very severe chronic heart disease — symptoms at rest
Clinical Frailty Scale*

1. **Very Fit** – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.

2. **Well** – People who have no active disease symptoms but are less fit than category 1. Often, they exercise or are very active occasionally, e.g. seasonally.

3. **Managing Well** – People whose medical problems are well controlled, but are not regularly active beyond routine walking.

4. **Vulnerable** – While not dependent on others for daily help, often symptoms limit activities. A common complaint is being “slowed up”, and/or being tired during the day.

5. **Mildly Frail** – These people often have more evident slowing, and need help in high order IADLs (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.

6. **Moderately Frail** – People need help with all outside activities and with keeping house. Inside, they often have problems with stairs and need help with bathing and might need minimal assistance (cuing, standby) with dressing.

7. **Severely Frail** – Completely dependent for personal care, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months).

8. **Very Severely Frail** – Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness.

9. **Terminally III** – Approaching the end of life. This category applies to people with a life expectancy <6 months, who are not otherwise evidently frail.

**Scoring frailty in people with dementia**

The degree of frailty corresponds to the degree of dementia. Common symptoms in mild dementia include forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal.

In moderate dementia, recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting.

In severe dementia, they cannot do personal care without help.

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Treatment goals and treatment limitations

• Historically, critical care was only for active treatment of reversible illness:

  “A key factor is … the degree of possible benefit weighed against the risks from therapy. This will depend on whether or not the patient has a reversible condition.”


• This has changed...

  “The intensive care team should manage resources flexibly to facilitate organ donation and/or end of life care for patients outside the intensive care unit whenever appropriate.”

  FICM/ICS. *Guidelines for the provision of intensive care services Version 2 (public consultation draft)*. October 2018.
Treatment goals and treatment limitations

• Treatment goals at admission to your unit:
  – Pre-surgical preparation
  – Active care
  – Observation – active treatment not thought to be appropriate
  – End of life care
Treatment goals and treatment limitations

• Any limitations on treatment at admission to/during stay in your unit:
  – Not for intubation or mechanical ventilation
  – DNACPR
  – Not for dialysis
  – Any other limitation

• Response options:
  – At admission
  – By discharge
  – No limitation
Treatment goals and treatment limitations

• For patients discharged from the unit:
  – Patient would be considered for readmission to critical care (yes/no)
Modular dataset

- Core module (mandatory)
- Daily module (optional)
- Validation module (optional)
Optional daily module

- CCMDS organ support and additional interventions recorded daily
- Totals calculated automatically by software
Daily interventions

• Respiratory
  – ECMO
  – ECCO$_2$R
  – Invasive ventilation
  – Non-invasive ventilation
  – Non-ventilatory support

• Intubation
  – Translaryngeal
  – Tracheostomy

• Cardiovascular
  – Central venous catheter

• Genito-urinary
  – Urinary catheter

• Gastrointestinal
  – Parenteral feeding
  – Enteral tube feeding
Modular dataset

- Core module (mandatory)
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Optional validation module

- Validation queries raised in local software
- Provide explanation when required
- Confirmation and explanation passed to Platform X on submission
- Explanation accepted by Data Coordinator or dialogue continues through Platform X until resolved
CMP V4.0 – where do we go from here?

- **ICNARC**
  - Working on additional documentation and training materials
  - Updating Platform X to support V4.0
- **Software Developers**
  - Implementing V4.0 in software
  - Testing
- **You**
  - Transition to Platform X
  - V4.0 training/support (e.g. webinars)
  - Transition to V4.0