

Case Mix Programme (CMP) Annual Meeting 2024

On **Thursday 2 May 2024**, 354 delegates from CMP and Irish National ICU Audit (INICUA) participating units, critical care networks and other intensive care organisations gathered for the CMP Annual Meeting in central London, this year in celebration of ICNARC's 30th birthday!

The overarching theme of the meeting was effective CMP participation: looking at how units can get the most out of the CMP, from collecting and submitting the data to



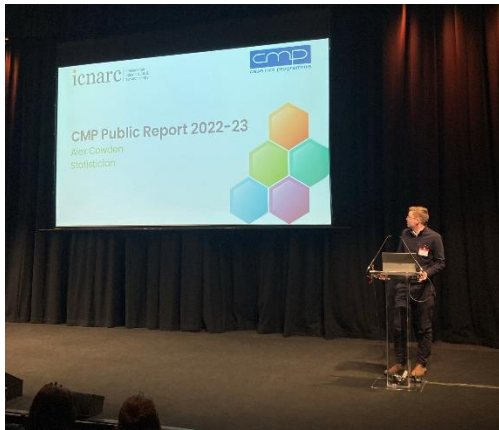
using their reports for local monitoring and improvement. To mark ICNARC's 30-year milestone we also looked back at where ICNARC started and what has been achieved over the years.



The programme was bursting with content with a total of **17 speakers**. We had the privilege of once again being joined by exhibitors: **Mela Solutions**, the **Intensive Care Society** and the **Clinical Trials Unit** from ICNARC. As always, **ICNARC Data Coordinators** could be found at the CMP Helpdesk answering queries and meeting their units.

This year also marked **David Harrison** and **Paul Mouncey's** first CMP Annual Meeting as ICNARC Co-Directors, giving further cause for celebration, and it was David who took to the stage first to welcome everyone.

We then dived straight into the CMP updates from the ICNARC Team, kicked off by **Andrew Fleming, National Clinical Audit Programme Manager**, who gave us a summary of CMP participation, upcoming training, and new resources, which include a Document of Support to aid units in gaining the necessary funding and staffing for effective participation.



Up next, and making his annual meeting debut, was **Alex Cowden, Statistician**, presenting on one of the most anticipated developments of the year, the CMP Public Report 2022-2023. Alex walked us through some of the stand-out figures and having taken on board delegate opinions at last years' meeting, presented the new visual displays utilised in the report, including new patient outcome flow diagrams.

On the theme of reporting, we then heard from **Elisa Giallongo, Statistician**, also taking to the stage for the first time, who presented on the recent changes to the Quarterly Quality Reports. This included additions such as new quality indicators and supporting analysis. Elisa also shared future plans including the development of the new ICNARC Version 4.0 risk model.

Before the break, **National Clinical Audit Coordinator, Tim Matthews**, gave a brief overview of how we promote good practice in the CMP, examples of which include regular communication and engagement in training. It is through this effective communication that we can both *develop* the audit, in the form of updated datasets, and *add value*, in the form of research projects and optional modules.



Following its success at last year's annual meeting, we decided to include a segment hearing once again from participating units about their experiences of CMP. In line with this years' theme, we heard from four units, with different settings and resources, on their productive participation. As everyone in attendance would agree, these presentations were engaging, informative and highly entertaining; we definitely have some hidden comedians in our midst!

From **Dorset County Hospital**, a 350-bed hospital with an audit team of two, **Aimee Deeney, Audit Facilitator**, emphasised teamwork, and real time data collection as the keys to their unit's success. Aimee and her colleague Linda have fostered great working relationships with the clinical team on their unit, and regularly attend multidisciplinary team meetings to clarify any queries. Aimee and the team have utilised the hospital's digital resources to their advantage,

setting up links between their CMP software and hospital systems to import patient demographics and access information on diagnoses.

Up next was **Matthew Gaughan, Consultant in Anaesthetics and Intensive Care** at the **Queen Elizabeth Hospital, Gateshead**, a 440-bed hospital that, contrary to Dorset's digital approach, continues to use paper Kardex's for patient care records. Following a mortality data review in 2018 that showed inaccurate data entry, the audit team made significant changes that led to improvement in the timeliness, completeness, and accuracy of their data. Key to this was creating clearly defined roles within the team and breaking down hierarchies within the hospital structure, encouraging ward clerks to chase up results where needed.

Tony Thomas, Consultant in Anaesthetics and Intensive Care at **Salford Royal Hospital**, took to the stage with an abundance of gifts for the audience including an internally created ICNARC coding site, a vasoactive drug-rate calculator and recorded tutorials on topics such as merging spreadsheets containing common data, how to display postcode locations to examine trends and how to create monthly reports on specific data areas (e.g. drug related data) to feed back to staff. These tools allow Salford to gain the most out of their CMP data.

Last, but by no means least, we heard from **Jo Fideles, Senior Audit Nurse**, representing **King's College Hospital**, one of the largest intensive care departments in the UK with 7 units across 2 sites. Jo emphasised that CMP data are crucial for improving patient care and safety, illustrating this through actions taken by King's to improve on three quality indicators. These actions included local audit and case review, evaluation of clinical practice, and participation in a randomised control trial. All actions relied fundamentally on the dissemination of information, training, and active collaboration across teams.

The unit speakers were then joined again by **Tim Matthews** and **Andrew Fleming** for a Question-and-Answer session. Topics covered included staff to patient ratios, issues of poor data versus poor care, how to improve bedside collection and how a structural audit can best be implemented.



After lunch we welcomed to the stage, keynote speaker **Robbie Foy, Clinical Professor of Primary Care at the University of Leeds**. Robbie's captivating talk looked at what we know, and think we know, about delivering feedback from national clinical audits and research, and whether we can do better and learn faster. This included consideration of what the best comparators are in national clinical audit, to ensure that everyone strives to improve, and highlighted the importance of aligning audit and trial processes and fostering collaborative relationships.



On the topic of collaborative relationships, our next session focused on Patient and Public Involvement and Engagement (PPIE) and the integral role it plays within the CMP. **Caitlan Wolsey, ICNARC Business Development Projects Manager**, walked us through the recent PPIE work for the National Data Opt-Out (NDOO) and the secondary use of CMP data. Through discussion groups, PPIE representatives contributed to both the communication strategy for the NDOO and ensured that all secondary use of data is ethical and responsible.



We then heard from **PPIE contributor, Robert Lawrence** who, in addition to his involvement in ICNARC NDOO discussion groups and development of materials for critical care patients on data transparency, has contributed to research management groups such as PARADISE (predicting post-operative atrial fibrillation for cardiac surgery) and forums such as the Oxford Critical Care Patient Forum; emphasising how PPIE representatives can act as a 'second pair of eyes' for specialists.



Closing the session was **Natalie Creary, Founder of Liberating Knowledge**, an organisation whose mission it is to transform lives by harnessing knowledge and dismantling systemic barriers to build just and sustainable futures, especially for marginalised communities. With *coproduction* at the centre of their work, Natalie detailed two successful projects; Black Thrive CAPSA service and the EXAKT Study, in which Liberating knowledge has influenced the roll out of culturally appropriate advocacy, made resources and information more accessible and challenged stakeholder engagement.

In our final session of the day, and in celebration of ICNARC's 30th birthday, ICNARC's Founder, **Kathy Rowan, Scientific Advisor**, gave an overview of her PhD work in developing the UK APACHE II study in 1987, that led to the founding of ICNARC in 1994. ICNARC's early goals included promoting local audit of critical care through



comparative data and building research capacity in critical care. As Kathy said, 'ICNARC has always been its people...', both internal and external, and this is clear in the growth seen in participation, external collaborators, and stakeholders over the years.



Developing on this, **David Harrison** returned to the stage with a presentation underscoring the importance of continuous refinement in risk models to ensure fair and accurate comparisons. Tracing the history of critical care risk models from 1980 to the present, including the development of the ICNARC model, David demonstrated how regular recalibration, evaluation and enhancement can lead to significant improvements in risk prediction and fair comparative reporting.

Doug Gould, Senior Researcher, took us through the evolution and benefit of data-enabled trials, detailing the clinical trials pathway from identifying a question through to how results are integrated into care.

Using examples of trials such as UK-ROX, 65 Trial and POPPI, Doug highlighted that utilising routine data captured through the CMP ensures representativeness of the data and reduces the burden of data collection.

Finally, **Paul Mouncey, Co-Director**, presented on pandemic preparedness and pandemic response, focusing on how having good networks in place, and learning from SwiFT (Swine Flu Triage study) in 2009, facilitated the Covid-19 study in 2020. Through audit and the use of CMP data, ICNARC provided crucial evidence on the ethnic differences in the effects of Covid-19. Furthermore, REMAP-CAP, a study planned from 2011 to be ready for a pandemic, generated results on effective interventions for treating critically ill patients with Covid-19.

The meeting was closed by **David**, thanking delegates for attending and for their hard work and dedication over the last 30 years. We then continued our celebrations with a drink's reception!

We look forward to welcoming you next year at the CMP Annual Meeting 2025!

