

Intensive Care Medicine Ground Rules

2019

1. INTENSIVE CARE MEDICINE BENEFIT

The intensive care benefits are only payable to consultants with a special interest in intensive care medicine who are registered with Irish Life Health. The benefits relate to the medical management of appropriately admitted patients to an Irish Life Health approved intensive care unit (ICU), the patient having been admitted under the care of the appropriately qualified intensive care consultant* or the critical care of a patient having been transferred to the intensive care consultant by another hospital consultant.

In non-surgical cases when a patient is admitted under the care of a consultant physician and requires active medical attention from the admitting physician, including the period of the patient's stay in the intensive care unit, the in-patient attendance benefit is payable to the admitting physician and the intensive care benefit is payable to the intensive care consultant who treats the patient in the ICU.

*Intensive care consultant refers to the intensive care consultant(s) who take(s) responsibility for the patient during their stay in the intensive care unit and is a member of the Joint Faculty of Intensive Care Medicine of Ireland.

2. INTENSIVE CARE UNIT

Irish Life Health approved ICUs must be a separate designated hospital facility for the care of the critically ill patient. It must be equipped and staffed to be able to support common single and multi-organ system failures, in particular ventilatory, circulatory, neurological and renal failure.

The minimal monitoring for each bed space should consist of:

- > Continuous ECG monitoring
- Invasive and non-invasive haemodynamic monitoring (Arterial line, CVP, NIBP)
- Pulse oximetry
- > Central and/or cutaneous temperature measurement
- Continuous monitoring of mechanical ventilation (alarm parameters, ABG sampling, oximetry)
- > End -tidal capnography (BJA, 2016)
- > Oxygen supply failure alarm

The ICU must have a designated consultant as medical director, supported by other suitable qualified consultants, with allocated intensive care sessions providing 24 hour continuous consultant availability. In addition, non-consultant medical doctors must be immediately available to the ICU and provide 24 hour cover for the unit.

All invasive mechanically ventilated patients and other similarly critically ill patients must be nursed in a 1:1 ratio by a suitably qualified registered nurse. 50% of nurses in ICU should have worked in the setting for greater than 2 years or should have post-registration qualification in intensive care attained to graduate certificate level as a minimum (Joint Faculty of Intensive Care Medicine of Ireland, 2011). The nurse in charge of the unit must have a post registration qualification in intensive care (or equivalent) at graduate certificate level as a minimum. At least two registered nurses must be present at all times in the unit should a patient be admitted.

3. INTENSIVE CARE MEDICINE SERVICES

The intensive care medicine benefit is payable for the care of a patient appropriately admitted to an Irish Life Health approved ICU (see attached list). The patient must require invasive mechanical ventilation support or there is the possibility of a sudden, precipitous deterioration in requiring immediate endotracheal intubation and mechanical ventilation.

If a patient is not extubated prior to return from theatre, an ICU benefit is only payable where there is a clinically sound rationale for continued invasive mechanical ventilation.

If a patient requires unplanned admission to an ICU, arising from a post-operative emergency (i.e. non elective surgery), benefit will be considered on submission of full details to Irish Life Health

Patient care also includes but is not limited to the following:

- > Assessment of the patient including blood gases and/or pulmonary function testing
- Minute to minute attendance with the patient with frequent re-assessment of blood gases/ clinical state and pulmonary function, hereafter, frequent review (i.e. several visits by the consultant to the patient during each 24 hour period)
- > Continuous Renal Replacement Therapy (CRRT)
- > Single or multi-organ support
- Prescription of appropriate sedative/ analgesia regimes these may include narcotic infusions. PCAs and/ or epidurals
- > IV drugs
- > Vaso-active agents
- > Venous pressure and blood volume studies
- Oximetry
- IV cannulation
- Continuous ECG monitoring
- Nasogastric tube
- Transtracheal aspiration
- Laryngoscopy
- > Endotracheal intubation including induction of general anaesthesia
- > Invasive neurological monitoring
- Urinary catheterisation
- > Total parenteral nutrition
- > Performance and interpretation of other tests and procedures as appropriate

4. CONSULTATIONS

Consultation benefit is payable to the intensive care consultant for a patient being assessed for admission to the ICU as defined in intensive care medicine and where it is deemed that the patient does not require admission to the ICU.

5. CONDITIONS OF PAYMENT

The claiming of benefit will continue on the basis of a fully completed Irish Life Health claim form from the primary treating consultant.

6. INTENSIVE CARE MEDICINE AGREED ICU BEDS

The intensive care medicine benefits are only applicable to patients in receipt of intensive care in the agreed intensive care beds in the hospitals listed below.

COUNTY	HOSPITAL NAME	BEDS
Cavan	Cavan General Hospital	2
Cork	Mercy Hospital	5
	Bon Secours Hospital System - Cork	6
	Cork University Hospital	15
Donegal	Letterkenny General Hospital	5
Dublin	Tallaght University Hospital	9
	Beacon Hospital	8
	Beaumont Hospital	15
	Blackrock Clinic	12
	Connolly Hospital Blanchardstown	4
	Mater Misericordiae University Hospital	15
	Mater Private Hospital	9
	St. James's Hospital	24
	St. Vincent's University Hospital Elm Park	9
Galway	Galway Clinic	8
	Portiuncula Hospital Ballinasloe	2
	University Hospital Galway	13
Kerry	Kerry University Hospital	5
	Bon Secours Hospital System - Tralee	1
Kildare	Naas General Hospital	3
Kilkenny	St. Luke's General Hospital	4
Laois	Midland Regional Hospital, Portlaoise	2
Limerick	University Hospital Limerick	8
Louth	Our Lady of Lourdes Hospital Drogheda	5
Navan	Navan Hospital	2
Mayo	Mayo University Hospital Castlebar	2
Offaly	Midland Regional Hospital Tullamore	4
Sligo	General Hospital Sligo	5
Tipperary	South Tipperary Hospital (Clonmel)	4
Waterford	Waterford Regional Hospital	5
Westmeath	Midlands Regional Hospital (Mullingar)	5
Wexford	Wexford General Hospital	5