

# Analysis Of Critical Incidents That Took Place In All ICUs At A Tertiary Referral Centre In Sri Lanka In December 2017.

## **Researchers**

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## **Background**

SJGH is a tertiary referral centre in Sri Lanka comprising 3 ICUs with 25 beds. There is no data regarding the incidence of critical incidents(CI) in ICUs in Sri Lanka. It is also relevant to compare its incidence in a lower and higher income countries.

## **Objectives**

To identify common CI and their frequency during December 2017.

Determine the ‘critical incident density’ in each ICU and compare values on specific days, times and staff counts.

To find the categories of staff who reported.

## **Methods**

A CI form was used. The completed forms were replaced daily.

CI were categorized under equipment, cannulation and lines, patient related, pharmaceutical, airway, physical and other.

The total number of patients, doctors and nurses were recorded.

## **Results**

There were 66 incidents. The number of patients was 123 and patient hours were 13944.

The age ranged from 32 to 79 with a mean of 66.52(SD=12.532).

Pharmaceutical incidents were reported most(25.75%, n=17).

Persistent supraventricular/ventricular tachycardias occurred in 13.6% (9).

45% of CI were detected by doctors. 74.2% were reported by registrars. 36% detected by nurses, only 13.6% were reported by them.

50% CI were reported during working hours while the rest were after hours. .

Overall Incident density was 4.7

Incident density on weekends and weekdays were 5.5 and 4.47 in all ICUs respectively.

21% of CI were recorded when the nurse:patient ratio was <1 and the rest were recorded when it was 1 or more.

Nearly 50% CI were with a patient:doctor ratio of <4 and 50% CI were when the patient:doctor ratio >4.

### **Conclusions**

The CI density doesn't have a marked difference per doctor, weekend vs weekday hours, working vs after hours. More than 3/4ths of CI were with a nurse: patient ratio <1. Some CI went unreported.