

Children's intensive care units performing well despite low staffing levels

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Standards of care in children's intensive care units come under scrutiny in a new audit report published today by the University of Leeds and the University of Leicester.

The report, commissioned by the Healthcare Quality Improvement Partnership and carried out by the Paediatric Intensive Care Audit Network (PICANet) showed that [death rates](#) in [children's](#) intensive care units are low and continue to fall. However, there continues to be a higher risk of mortality for children of south Asian origin observed in earlier years.

This national audit also found that only 5 children's intensive care units across Britain and Ireland were staffed with the number of qualified nurses recommended by the Paediatric Intensive Care Society.

Professor Elizabeth Draper, co-principal investigator of PICANet from the University of Leicester, commented: "There has been a decline in the number of children's intensive care units meeting the level of [nurse staffing](#) specified by their professional body. However, this is set against a low overall mortality rate and evidence that all institutions endeavour to provide the best quality facilities and information for parent and carers."

PICANet collected data from 31 institutions providing paediatric intensive care. They looked at details of over 55,000 admissions to these units of nearly 39,000 individual children aged between 0 and 15 years

over a three year period from 2009 to 2011. This included where each child was admitted, their diagnosis and the treatment they received, how long they remained in intensive care and the eventual outcome.

The report showed that the death rate in paediatric intensive care units is continuing to fall, dropping from 4.2% in 2009 to 3.9% in 2011.

However, a repeat analysis of more recent data from admissions in England and Wales between 2008 and 2011 showed that risk-adjusted mortality for children of south Asian origin was 40% higher than for other children admitted to paediatric intensive care, a slight increase since the first analysis was published in 2007. The death rate in English and Welsh paediatric intensive care units was 6.3% for south Asian children vs.4.0% in the rest of the children during this later period.

"Most children leave paediatric intensive care alive," said Dr Roger Parslow, a senior lecturer at the University of Leeds and co-principal investigator of PICANet. "However, we have repeated some earlier work on children of south Asian origin and it would appear that they still have a higher risk of dying in paediatric intensive care than other children. Our data do not explain why and we are keen to investigate this in more detail."

A snap-shot survey of staffing levels across the institutions also highlighted the mismatch between standards set by the Paediatric Intensive Care Society and the situation on the ground. Only 15% of institutions met the recommended ratio of nursing staff to children's [intensive care](#) beds, despite overall staffing levels remaining the same.

Provided by University of Leicester

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