

Managing Patient Flow

Levels of Care Definitions



Levels of Care: (summarised from: *Levels of Critical Care for Adult Patients, Intensive Care Society, 2002*, see full document for further detail and clinical examples). Note that some definitions, particularly at level 1 and 2 are the subject of current review.

Level 0: **Requires hospitalisation** – needs can be met through normal ward care.

Level 1:

- a) **Patient recently discharged from a higher level of care.**
- b) **Patients in need of additional monitoring, clinical input or advice.**
- c) **Patients requiring critical care outreach service support.**
- d) **Patients requiring staff with special expertise and/or additional facilities for at least one aspect of critical care delivered in a general ward environment.**

Level 2:

- a) **Patients needing single organ system monitoring and support.** (Patients in need of advanced respiratory support as the only major organ system supported due to an acute illness would normally satisfy the criteria for level 3).
- b) **Patients needing pre-operative optimisation:** Requiring invasive monitoring and treatment to improve organ function.
- c) **Patients needing extended post-operative care:** Extended postoperative observation is required either because of the nature of the procedure and/or the patient's condition. Included in this group would be patients needing short term, i.e. less than 24 hours, routine postoperative ventilation who are otherwise well with no other organ dysfunction, e.g. fast track cardiac surgery patients.
- d) **Patients needing a greater degree of observation and monitoring.**
Observation and monitoring that cannot be safely provided at level 1 or below, judged on the basis of clinical circumstances and ward resources.
- e) **Patients moving to step-down care. (i.e from a higher level).**
- f) **Patients with major uncorrected physiological abnormalities:** These physiological abnormalities, if uncorrected, are likely to indicate a patient requiring at least level 2 care. Patients with lesser degree of abnormality or other physiological abnormalities may also require level 2 or 3 care.

Level 3:

- a) **Patients needing advanced respiratory monitoring and support:** Excluded from this group would be patients needing short term, i.e. less than 24 hours, routine postoperative ventilation who are otherwise well with no other organ dysfunction, e.g. fast track cardiac surgery patients. If ventilatory support exceeds 24 hours, or other significant organ dysfunction develops, these patients now need level 3 care.
- b) **Patients needing monitoring and support for two or more organ systems, one of which may be basic or advanced respiratory support.**
- c) **Patients with chronic impairment of one or more organ systems sufficient to restrict daily activities (co-morbidity) and who require support for an acute reversible failure of another organ system.**

From (Critical Care Information Advisory Group). January 2006

Ti “Transfers In” are patients who have come to your unit, but are someone else’s demand, such as a transfer from another unit due to bed pressures. These will always be recorded in your unit bed section.

To “Transfers out” are patients who you were originally your patients, but have had to transfer out for non-clinical reasons. These are still your demand. They will *always* be recorded in the Virtual Bed section.

Virtual Beds:

These are patients who should be admitted to Critical Care but prevented due to capacity issues. They may be patients who are on the ward recovery or other units requiring upgrade of care, or from outside of the hospital, but have not been moved for non clinical reasons (see below). Use the Level 2 and 3 codes above, and state location and time of referral or demand. If they do not arrive on the unit, indicate their destination (such as *ward, died* or *other ICU / HDU*).