

Admissions	All ICU and HDU admissions including readmissions but not including transfers between ICU and HDU. Coronary care, procedure only and ward type admissions should be excluded.
Admission Source	The mechanism by which a person was admitted to the ICU/HDU for the current episode of care and provides information for analysis of admission patterns and referrals. Paediatric retrieval/transfer should be considered a Home (Direct Admission) to ICU/HDU.
After Hours Discharge	Discharge of a patient to ward or home between 18:00 hours and 05:59 hours. Excludes patients that died in ICU/HDU or transferred to Other ICU/HDU or Other Hospital. For adult cases, this data relates to ACHS CI 1.5 ICU - adult discharge between 6pm and 6am. For paediatric cases, this data relates to ACHS CI 1.6 ICU - paediatric discharge between 6pm and 6am.
Antibiogram	Laboratory testing for the sensitivity of an isolated bacteria strain to different antibiotics.
Antibiotic Stewardship Program	A program or policy, including input from microbiologists and/or infectious disease specialists that aims to optimise antibiotic prescribing for patients within the ICU/HDU. Minimum twice per week ICU/HDU rounds with microbiologists and/or infectious disease specialists or compliance with a hospital policy with respect to the use of restricted antimicrobials. Please refer to the Australian Commission on Safety and Quality in Health Care Antimicrobial Stewardship Clinical Care Standard at https://www.safetyandquality.gov.au/sites/default/files/2020-11/saq10001_ccs_antimicrobial_v4_film_web.pdf
Available Bed	A bed with advanced life support capability that is fully staffed and funded.
Cancelled Elective Surgery	An elective surgical case with a planned admission to ICU/HDU that was cancelled due to inadequate resources in ICU/HDU such as beds or staff. For adult cases, this relates to ACHS CI 1.2 ICU - elective adult surgical cases deferred or cancelled due to unavailability of bed. For paediatric cases, this relates to ACHS CI 1.7 ICU - elective paediatric surgical cases deferred or cancelled.
CICM Level	Functional ICU/HDU level as per guidelines from the College of Intensive Care Medicine (CICM). Please refer to the CICM Minimum Standards for Intensive Care Units at https://www.cicm.org.au/common/Uploaded%20files/Assets/Accredited%20Sites/Unit%20Seeking%20Accreditation/IC-1-Minimum-Standards-for-Intensive-Care-Units.pdf
CLABSI	Refers to a central line associated blood stream infection where a central line has been in situ within 48 hours of the event.
CLABSI rate per 1000 line days	Calculated by dividing the number of ICU/HDU associated blood stream infections by the number of central line days in ICU/HDU patients multiplied by 1000. For adult cases, this relates to ACHS CI 4.1 Adult ICU-associated CI-CLABSI. For paediatric cases, this relates to ACHS CI 4.2 Paediatric ICU-associated PI-CLABSI.

Clinical Handover	<p>The communication and transfer of responsibility and accountability for some or all aspects of care from one health care professional to another at the end of a shift.</p> <p>Please refer to Australian Commission on Safety and Quality in Health Care Communicating for Safety Standard at https://www.safetyandquality.gov.au/standards/nsqhs-standards/communicating-safety-standard</p>
Coronary Care Unit (CCU)	Hospital ward specialised in the care of patients with cardiac conditions that require continuous monitoring and treatment.
Contribution to ANZPIC	This relates to ACHS CI 5.2 Participation in the ANZICS CORE Paediatric Intensive Care. Patient whose age is < 16 years.
Contribution to APD	This relates to ACHS CI 5.1 Participation in the ANZICS CORE Adult Patient Database (APD). Patient whose age is ≥ 16 years.
Critical Care Qualification	A post-registration award at a minimum certificate level obtained by successful completion of an accredited critical care education program (≥6 months duration).
Director of Research (DOR)	A clinician whose role is to lead research in the ICU/HDU. Also known as Lead Clinician of Research.
Discharge Delay (Exit Block)	<p>Delay in the discharge of a patient to ward or home by 12 hours or more. Excludes patients that died in ICU/HDU or transferred to Other ICU/HDU or Other Hospital.</p> <p><i>In 2019, this question was updated from 6 hours to 12 hours to conform with ACHS CI 1.4 ICU - adult discharge delay more than 12 hours.</i></p>
Discharge Destination	<p>This data is required to calculate Discharge Delay (Discharges to Ward and Home) and After Hours Discharge (Excludes Died in ICU/HDU, transferred to Other ICU/HDU or Other Hospital).</p> <p>If unable to state the destination of ALL patients, at a minimum please identify how many ICU/HDU patients died and how many were discharged to the ward, home, ward/home (paeds only), and list other admissions in Unknown/Other.</p>
DOR Protected Time FTE	The fraction of full time equivalent (FTE) that is allocated to the Director of Research or Lead Clinician of Research, that is free from any clinical commitment and available solely or predominantly for research activities.
ECMO	Extracorporeal membrane oxygenation is an extracorporeal technique of providing cardiac and/or respiratory support.
Enrolled Nurse	A nurse who has completed training in the vocational sector. Referred to as a division 2 registered nurse in Victoria.
Fellow	A medical practitioner who has completed a specialist trainee program but has not yet obtained a consultant position.
Follow up	<p>Refers to contact made by an ICU/HDU team member involved in the care of the deceased patient to the relevant family member/s within 12 weeks of the patient's death. The follow-up contact must evaluate the care provided within the ICU/HDU. Contact can be via face to face, telephone, letter, survey, or conducted in a mode in accordance with organisational policy that may exist.</p> <p><i>In 2020, this question was updated from 4 weeks to 12 weeks to relate to ACHS CI 6.1 Empathetic practice toward families of ICU patients.</i></p>
Full Time Equivalent (FTE)	A unit that indicates the workload of an employed person (or student) in a way that makes workloads comparable across various contexts.

General ICU	Non-dedicated intensive care unit that provides a broad range of services including neurosurgical, cardiac surgery and post-operative care, excluding coronary care.
HDU	High dependency unit with infrastructure or patients managed by the ICU, excluding coronary care.
Hospital Beds	<p>The number of hospital beds available to provide overnight accommodation for patients, averaged over the counting period. Include hospital beds at the main hospital campus only.</p> <ul style="list-style-type: none"> - Include acute inpatient mental health beds - Include short stay unit beds - Include ED observation ward beds - Exclude all other mental health beds - Exclude rehabilitation beds - Exclude HITH beds - Exclude maternity and neonatal cots - Exclude ED beds <p>This data can usually be sourced from Hospital Exec suite.</p>
Hospital Funded Data Manager	Hospital funded data manager(s) role would typically include responsibility for management of ANZICS Registry data and paid by a hospital department.
Hospital Separations	<p>The total number of episodes of care for overnight admitted patients, which can be total hospital stays (from admission to discharge, transfer or death), or portions of hospital stays beginning or ending in a change of type of care (for example, from acute to rehabilitation) that cease during a reference period. Include separations at main hospital campus only.</p> <ul style="list-style-type: none"> - Include patients admitted overnight to a short stay unit - Include ED patients admitted overnight to an ED observation ward - Include acute inpatient mental health - Exclude all other mental health - Exclude rehabilitation - Exclude HITH - Exclude maternity and neonatal - Exclude ED presentations not admitted to hospital <p>This data can usually be sourced from Hospital Exec suite.</p>
ICU Days	The total number of days for patients who were admitted to the ICU/HDU for an episode of care. Calculated as the difference between the ICU/HDU discharge date and ICU/HDU admission date. Often referred to as Patient Bed Days.
ICU Hours	The total number of hours for patients who were admitted to the ICU/HDU for an episode of care. Calculated as the difference between the ICU/HDU discharge date and time and ICU/HDU admission date and time. Often referred to as Patient Bed Hours.
Infectious Disease Specialist	Infectious disease specialists trained in Australia are fellows of the Royal Australasian College of Physicians (FRACP) and the Royal College of Pathologists of Australasia (FRCPA) following training supervised jointly by the two colleges.
Intensive Care Specialist	A medical practitioner who has been specifically trained in intensive care medicine. Intensive care specialists are formally certified in intensive care by completing the training requirements of the CICM.
Invasive Ventilation	Mechanical ventilator support via oral/nasal intubation or tracheostomy tube.

Invasive Ventilator Time	The number of hours or days a patient (including those diagnosed as brain dead) is intubated (oral/nasal/tracheostomy) and ventilated but not weaned from mechanical ventilator support.
Lead Clinician of Research (DOR)	A clinician whose role is to lead research in the ICU/HDU. Also known as Director of Research (DOR).
Liaison/Outreach Nurse	An advanced practice nurse who assists patients and families in their transition to the ward and home and who promotes continuity of care.
Mechanical Ventilation	Continuous ventilator support by means of a mechanical device that moves gases into/from a patient's lungs to augment/replace respiratory effort.
Medication Safety Standard	<p>Medication Safety Standard refers to whether your ICU/HDU has a system in place to ensure that clinicians safely prescribe, dispense and administer appropriate medicines, and monitor medicine use.</p> <p>Please refer to the Australian Commission on Safety and Quality in Health Care Medication Safety Standard at https://www.safetyandquality.gov.au/standards/nsqhs-standards/medication-safety-standard</p>
MET/RRT/Code Blue	<p>Medical Emergency Team/Rapid Response Team/Code Blue</p> <p>Medical and nursing staff with advanced clinical and resuscitation skills who respond to at-risk patients in settings outside the ICU/HDU. Such patients present with specific clinical criteria.</p> <p>Adult MET Calls – This relates to ACHS CI 2.1 Rapid response system calls to adult ICU patients within 48 hours of ICU discharge. Patient whose age is ≥ 16 years.</p> <p>Paediatric MET Calls – This relates to ACHS CI 2.2 Rapid response system calls to paediatric ICU patients within 48 hours of ICU discharge to the ward. Patient whose age is < 16 years.</p> <p>This data can be sourced from the Hospital Emergency Response database.</p>
Non-Intensive Care Specialist	A medical practitioner with a qualification awarded by, or which equates to that awarded by, the relevant specialist training college.
Non-Invasive Ventilation	Ventilatory support such as CPAP/BiPAP, administered via facial or nasal mask or nasal cannulae. Excludes HFNC.
Non-Invasive Ventilator Time	The number of hours or days a patient is provided with ventilator support such as CPAP and BiPAP.
Nurse Consultation	Service provided by a senior ICU/HDU nurse to ward staff regarding treatment or management of patients who are not post-ICU/HDU.
Nurse Educator Registered Nurse	A registered nurse who combines their clinical experience and academic expertise to train students in nursing skills and who is exclusively rostered to perform this role.
Nurse to Patient Ratio	The number of nurses tasked with caring for a particular patient cohort. Ratios represented in whole numbers e.g. 0.5 nurses per 1 patient is recorded as 1:2 to make it a whole number ratio.
Occupancy	Calculated by dividing total bed days in a period by the product of the available beds and the days in the period.
Other Medical Staff	All non-specialists e.g. Registrars, Residents, Senior House Officers, etc.

Other ICU	Dedicated cardiac surgery/neurosurgical ICU/separate critical care unit, excluding coronary care.
Paediatric Patient	A patient < 16 years of age.
Pathology Stewardship Program	A structured program or policy to review and reduce unnecessary pathology use.
Physical Bed	A single patient care location fully configured to ICU standards. It is an actual bed, not a bed space.
Planned Admission	A planned admission to ICU/HDU. Post-surgical/procedure admissions are considered planned admissions when the need for admission was anticipated pre-operatively or prior to induction of anaesthesia. For non-surgical admissions, a planned admission should be considered as one that could be postponed for 24 hours with no adverse effect.
Readmissions	Any second or subsequent admission to ICU/HDU within the same hospital admission, excluding direct transfers to or from ICU/HDU. Readmission includes all readmissions; it is not equivalent to the ACHS indicator “readmissions ≤ 72 hours”.
Refused Unplanned Admission	An unplanned (emergency) patient referred to ICU/HDU but refused admission due to inadequate resources e.g. beds or staff. This relates to ACHS CI 1.1 ICU - adult non-admission due to inadequate resources.
Registered Nurse (RN)	Australia – A nurse who is registered with the Nursing and Midwifery Board of Australia in accordance with the Australian Health Practitioner Regulation Authority (AHPRA). New Zealand – A Registered nurse is defined by the Nurses Act 1977 as a nurse whose name is recorded on one of the registers of nurses.
Registrar	A medical practitioner appointed to a specialist training position.
Research Coordinator	Research coordinators are healthcare professionals, often nurses, who manage the clinical research in the ICU/HDU environment. Hospital funded Research Coordinators are paid by a hospital department such as the ICU/HDU nursing budget. Independently Funded Research Coordinators are paid by private means such as a private research special purpose fund, consultant contributions, industry, grant or university funding. Permanent ongoing role refers to positions that are not subject to periodic renewal. Temporary contract role refers to positions that are subject to periodic renewal e.g. 3 to 12-month contracts – which may be reviewed at the conclusion of the specified duration. These positions may have substantive roles within the ICU/HDU to return to at the end of the contract if not renewed.
Resident/House Officer	Junior medical practitioner not appointed to a specialist training position.
Retrieval Service	The provision of medical and nursing/ambulance staff, appropriately equipped to undertake out of hospital patient transportation of critically ill patients in accordance with the joint CICM/ANZCA/ACEM IC-10 (2024) guidelines . Please refer to https://www.cicm.org.au/common/Uploaded%20files/Assets/Professional%20Documents/IC-10-Guidelines-for-Transport-of-Critically-Ill-Patients.pdf
RRT	Rapid Response Team. See MET/RRT/Code Blue.

Safety and Quality Activity	A safety and quality activity is one that contributes to care within the ICU/HDU and aims to achieve optimal outcomes and improve processes of care e.g. reviewing outcomes data via ANZICS APD reports, conducting mortality and morbidity meetings, monitoring and reviewing incidents, and conducting audits on various process of care in the ICU/HDU.
Senior House Officer (SHO)	A medical practitioner in the second or subsequent years of practical experience after eligibility for full registration as a medical practitioner and who has not been appointed as a Registrar or Principal House Officer.
Senior Medical Officer (SMO)	Intensive care specialists and non-intensive care specialists. Specialist medical staff include intensive care, anaesthesia, medicine, paediatrics.
Senior Registrar	A position that involves increased seniority usually close to the completion of specialist training. The position will usually involve responsibility for clinical supervision of registrars.
Sepsis Care Co-ordinator	<p>A lead doctor or nurse with expertise in managing sepsis who coordinates multidisciplinary care throughout the patient's hospital stay, including transitions between settings (ED, ICU/HDU, wards) and medical teams.</p> <p>This relates to the Australian Quality statement 4: Multidisciplinary coordination of care in hospital.</p> <p>Please refer to https://www.safetyandquality.gov.au/standards/clinical-care-standards/sepsis-clinical-care-standard/quality-statements</p>
Sepsis Clinical Care	<p>Australia – The Sepsis Clinical Care Standard includes seven quality statements describing the key components of care that a patient presenting with signs and symptoms of sepsis should receive so that the risk of death or ongoing morbidity is reduced.</p> <p>Please refer to https://www.safetyandquality.gov.au/standards/clinical-care-standards/sepsis-clinical-care-standard/quality-statements</p>
Services Outside of ICU	Out of ICU/HDU services may include MET/RRT, ward, ED consults, post-discharge follow-up, total parenteral nutrition, vascular access, pain management, airway management, other but excludes interhospital transport.
Specialist	A medical practitioner with a qualification awarded by, or which equates to that awarded by, the relevant specialist training college.
Sustainability Initiatives	A clinician or team (e.g. Green Team) with responsibility for considering and implementing environmentally sustainable ICU/HDU policies and practices.
Transfers	<p>Transfer of a patient from your ICU/HDU to another facility/ICU/HDU to allow another patient to be admitted due to unavailability of a bed in your unit.</p> <p>Patients transferred from Emergency Department, Ward, and Operating Theatre to another hospital ICU/HDU due to bed unavailability are not captured for CCR reporting.</p> <p>This relates to ACHS CI 1.3 ICU - adult transfer to another facility/ICU due to unavailability of bed.</p>

Trauma Level One	<p>A trauma service capable of providing the full spectrum of care for the most critically injured patient, from initial reception and resuscitation through to discharge and rehabilitation. As well as this, the level one service provides research, education & fellowship training, trauma services overview, quality and improvement program, data collection, prevention and outreach programs, trauma audit, leadership responsibilities.</p> <p>For further details, please refer to the Royal Australian College of Surgeons website at https://www.surgeons.org/research-audit/trauma-verification/the-trauma-verification-process#Model%20resource%20criteria</p>
Trauma Level Two	<p>A level two service can be either metropolitan or rural based. Level two hospitals should provide comprehensive clinical care for the severely injured patient to supplement clinical activities of level one services in population dense areas. The clinical aspects of care for the injured patient should be identical to that of a level one service without the additional leadership, research and education components.</p> <p>For further details, please refer to the Royal Australian College of Surgeons website at https://www.surgeons.org/research-audit/trauma-verification/the-trauma-verification-process#Model%20resource%20criteria</p>
Undivided Admission	Where admissions cannot be separated into Unplanned (emergency) or Planned they should be entered as Undivided.
Unplanned Admission	An emergency admission to ICU/HDU for urgent care or treatment that could not be postponed without adverse effect. A postponed planned admission can subsequently become an unplanned or urgent admission.
VTE Prophylaxis	Venous thromboembolism prophylaxis refers to the administration of appropriate pharmacological or non-pharmacological measures to adult patients to diminish the risk of deep vein thrombosis and pulmonary embolism within the first 24 hours of ICU/HDU admission. VTE prophylaxis may be contraindicated in some patients.
VTE Prophylaxis Rate	<p>Calculated by dividing the number of adult patients that received VTE prophylaxis within 24 hours of ICU/HDU admission by the number of adult admissions into the ICU/HDU, excluding patients where VTE prophylaxis was contraindicated, not indicated and < 16 years of age.</p> <p>This relates to ACHS CI 3.1 VTE Prophylaxis in adult patients within 24 hours of ICU admission.</p>
Wellbeing	A clinician or team with responsibility for considering and responding to the wellbeing needs of staff within the unit.