Category :**Outcome scores**

A88 - ***Accuracy of icu nurses versus physicians and impact of icu experience on early prediction of mortality of critically ill patients: a further in-depth analysis of the premiums trial.***

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Introduction:

We wanted to investigate if the effectiveness of predicting ICU mortality and in-hospital mortality (IHM) by caregivers was influenced by function and years of experience on ICU. This abstract is a deeper analysis of the PREMIUMS trial, the results of which are described in another abstract.

Methods:

The study was performed at the 1056-bed Ghent University Hospital, and the questionnaire was made available electronically via the PDMS system. Included were all admitted surgical critically ill patients with an anticipated stay of more than 48 hours. A total of 162 patients where at least one nurse and one physician were questioned about their level of experience and the patient's prospect on probability of ICU and hospital survival were included in this analysis.

Results:

We found an effective ICU mortality of 12.5% and effective IHM of 20.9%. Nurses vs. physicians showed no statistical difference in their ability of predicting mortality, here calculated by an AUC of 0.848 [0.729;0.967] vs. 0.899 [0.816;0.983] for ICU mortality and 0.834 [0.735;0.933] vs. 0.913 [0.858;0.968] for IHM. Both nurses and physicians overestimated mortality risk, with a mean predicted ICU mortality of 19.4% vs. 29.9%, and a predicted IHM of 26.8% vs. 29.1%. When we analysed if more experienced healthcare workers (>20y) performed better than younger colleagues (<5y experience) we did not find a significant difference. Their ability of predicting showed an AUC of 0.899 [0.817;0.890] vs. 0.914 [0.827;1.000] for ICU mortality and an AUC of 0.845 [0,748;0,942] vs. 0.894 [0,819;0,968] for IHM.

Conclusion:

We found no difference between nurses and physicians working on ICU in their ability of predicting ICU mortality and in-hospital mortality. Very experienced ICU staff was not better in predicting mortality than colleagues with less experience.

References: