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### Intensive Care Management in Austria

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This article focuses on the current status of postoperative intensive care medicine in Austria, with special emphasis on ICU categorization and the requirements for board certification in intensive care medicine.

#### Overview

Currently (2003), the Austrian Federal Hospital Act reports a total number of 272 hospitals providing 67,708 beds for the Austrian population (8,117,754 inhabitants in 2003). About half of these hospitals are public institutions (133 hospitals). The total number of intensive care beds was 1,645 in 2003 (2.4% of all registered hospital beds) (Bundesanstalt Statistik Austria Hugelg 2003).

Intensive Care medicine in Austria is mainly performed by the following specialties: Anaesthesiology and Intensive

Care Medicine (n=691, 36%), Internal medicine (n=584, 31%), Paediatrics (n=275, 14%), Surgery (n=175, 9%) and Neurology/Neurosurgery (n=116, 6%).

#### Classifications

According to the federal government (Modell 2004) all intensive care units in Austria are classified on the basis of structural criteria and level of care provided at three levels (I-III). This classification was created to meet the requirements of the performance-based billing system introduced in 1997. Level III indicates high-end intensive care medicine, caring for the most seriously ill patients requiring maximum effort (TISS-28  $\geq 32$ ) and the highest nurse per bed ratio ( $\geq 3$ ). Level I units treat patients with fewer personnel and less technical equipment (TISS-28  $\geq 22$ , nurse/bed ratio  $\geq 2$ ). Level II units are characterized by a mean TISS-28  $\geq 27$  and a nurse/bed ratio of  $\geq 2.5$  (Metnitz et al. 2005). The minimum number of beds required for classification as an intensive care unit is six for all categories. These data are provided in part by the Austrian Centre for Documentation and Quality Assurance in Intensive Care Medicine (ASDI), which was approved by the Austrian federal government in 1997 (Metnitz et al. 1999). As mentioned, this definition has only been created for billing purposes, with each ICU receiving points for every patient treated per day.

For internal evaluation and continuing medical education purposes in postoperative ICUs, the Austrian Societies of anaesthesiology and postoperative intensive care medicine (OEGARI and OEGIAIM) created an evaluation program on anaesthesiology ICUs in Austria. This program was started in 1993 with a questionnaire being sent to all anaesthesiology ICUs in Austria. Data were evaluated and a second evaluation was performed in 1997. According to the results from this evaluation, anaesthesiology ICUs were grouped into three different

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categories, A, B or C. A level A unit must have eight beds, >1000 ventilation days, a nurse/bed ratio >3.5 and a physician present the entire day. Category B represents units with a minimum number of 6 beds, >500 ventilation days, a nurse/bed ratio of 2.6-3.4 and a physician present at least 80% of the day. Category C requires a minimum number of 4 beds, >200 ventilation days, a nurse/bed ratio of 2.1-2.5 and a doctor present at least half of the day. This categorization is used for education and training purposes: category A units may offer full training in the specialty anaesthesiology and intensive care medicine for 24 months, category B for 12 months and category C for 6 months only.

#### **Training and Education in Intensive Care Medicine in Austria**

Special competence in intensive care medicine can be acquired in two different ways in Austria. The first route is by completing training in the specialty anaesthesiology and intensive care medicine, which takes at least six years, of which at least two years must be spent exclusively in intensive care training. Furthermore, a theoretical postgraduate course with examination is mandatory for all participants. In 2003, 1,752 specialists in anaesthesiology and intensive care medicine were registered in Austria, with the majority (n=495) working in the capital Vienna. A second route through which to become a specialist in intensive care medicine is provided for board-certified physicians of the following specialties: internal medicine, surgery, paediatrics, respiratory disease, neurosurgery, neurology, or psychiatry. To specialise in intensive care medicine, members of these specialties must work exclusively in an ICU for at least three years, and training and education must be performed under the supervision of specialists in anaesthesiology and intensive care medicine, or a base discipline plus intensive care medicine. Training and education is performed according to the guidelines of the Austrian chamber of physicians. Each specialty has a certain core-curriculum set up by the individual specialties, representing a catalogue of procedures and special knowledge to be learned and practiced by the trainee (e.g. skills in echocardiography).

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