



The Australian and New Zealand Intensive Care Society
Centre for Outcome and Resource Evaluation

Report on COVID-19 admissions to Intensive Care in Victoria

01 January 2020 - 30 September 2020

Published 22 Oct 2020

This report contains data on all suspected or confirmed COVID-19 cases reported to the ANZICS Adult Patient Database (APD) between 01/01/2020 and 30/09/2020 from adult Intensive Care Units (ICUs) in Victoria

Summary Findings

Between 01/01/2020 and 30/09/2020 there were 883 admissions to 32 out of 45 ICUs in Victoria with *suspected or confirmed COVID-19* that accounted for 4403.4 bed days. Of these, 321 (36.4%) were admitted with *COVID-19 pneumonia* and accounted for 2261.8 bed days.

Amongst all patients admitted with *suspected or confirmed COVID-19*, in-hospital mortality was 13.8% and 26.5% in those who needed invasive mechanical ventilation. Median duration of stay in ICU was 2.7 days (IQR 1.3 - 5.8), and 6.8 days (IQR 3.2 - 13.0) in those who needed invasive mechanical ventilation.

Amongst the subgroup admitted with *COVID-19 pneumonia*, in-hospital mortality was 14.1% and 21.7% in those who needed invasive mechanical ventilation. Median duration of stay in ICU was 3.8 days (IQR 1.7 - 9.3), and 8.9 days (IQR 4.2 - 16.7) in those who needed invasive mechanical ventilation.

Data Collection Process

On 5th February 2020, ANZICS CORE requested that ICUs apply a diagnostic subcode of “suspected or confirmed pandemic infection” to all patients in whom COVID-19 was either confirmed or the likely diagnosis based on clinical suspicion. There were 22 subcodes added to relevant existing primary diagnoses (Appendix Table 1).

Contributing ICUs are asked to enter data for all admissions, including demographics and first 24-hour physiology, as soon as possible. The ANZICS CORE team extracts the data once a week for sites using the ANZICS data collection tool, COMET. Non-COMET sites submit their data weekly through normal data submission process.

Reporting Definitions

Patients with *suspected or confirmed COVID-19* refer to any patient with diagnosis subcode of “suspected or confirmed pandemic infection”. For reporting purposes, these patients have also been analysed as two separate groups: *COVID-19 pneumonia* and *Other suspected or confirmed COVID-19*.

- *COVID-19 pneumonia* refers to any patient who had an admission diagnosis of Viral pneumonia/pneumonitis or ARDS and who also had an associated sub-code of "Suspected or confirmed pandemic infection". These patients are those most likely to have had COVID-19. The ANZICS APD does not record whether patients had a confirmatory test which was positive for SARS-CoV-2.
- *Other suspected or confirmed COVID-19* refers to any patient admitted to an ICU with any diagnosis other than Viral pneumonia/pneumonitis or ARDS, but who was also listed with a diagnosis subcode of “suspected or confirmed pandemic infection”.

Number of ICUs Submitting Data in Victoria

- Total number of ICUs in Victoria: 45 (27 public, 18 private)
- Total number of ICUs submitting data: 45 (27 public, 18 private)
 - 39 ICUs provided complete data
 - 6 ICUs did not submit complete data for this report (1 Metropolitan, 2 Rural/regional, 3 Private)
refer to Acknowledgement section
- ICUs with at least one suspected or confirmed COVID-19 patient data submitted: 32
- ICUs with at least one *COVID-19 pneumonia* patient data submitted: 25
- Admissions with *suspected or confirmed COVID-19*: 883
- *Suspected or confirmed COVID-19* admissions with no ICU discharge recorded (still in ICU): 19
- *Suspected or confirmed COVID-19* admissions with no hospital discharge recorded (still in hospital): 41

Intensive Care Unit Workload

Figure 1. Cumulative intensive care admissions with *suspected or confirmed COVID-19* in Victoria

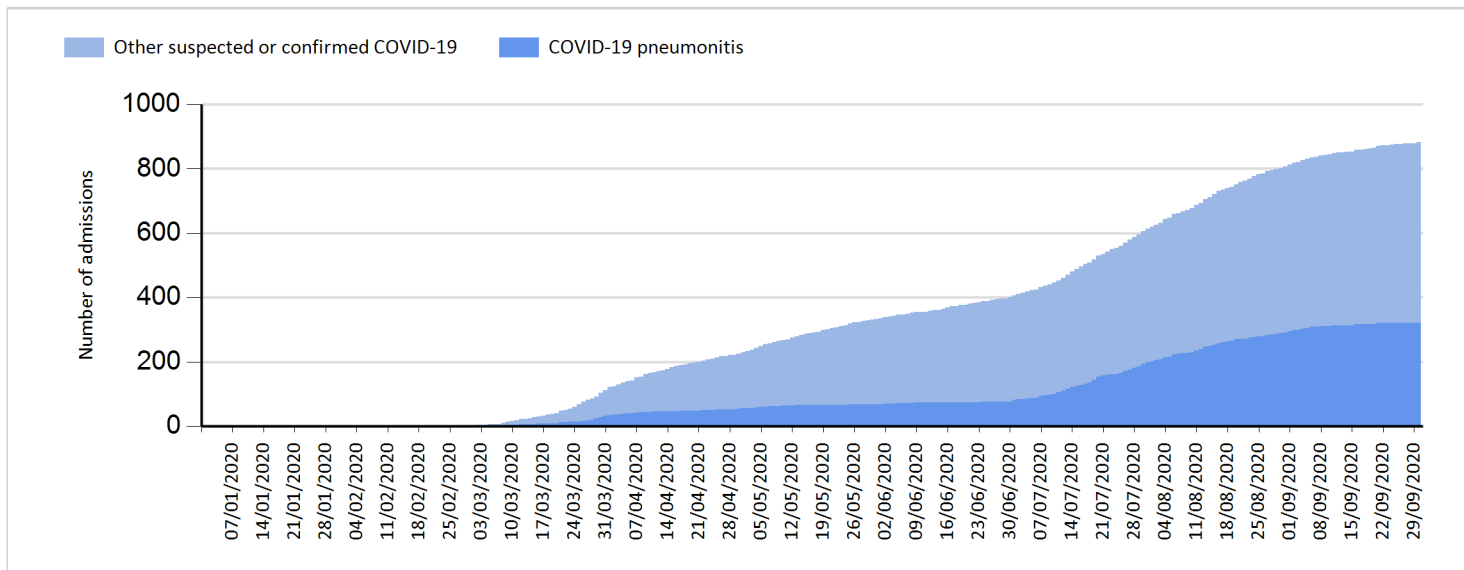


Figure 2: Daily census of patients within ICU with *suspected or confirmed COVID-19* in Victoria

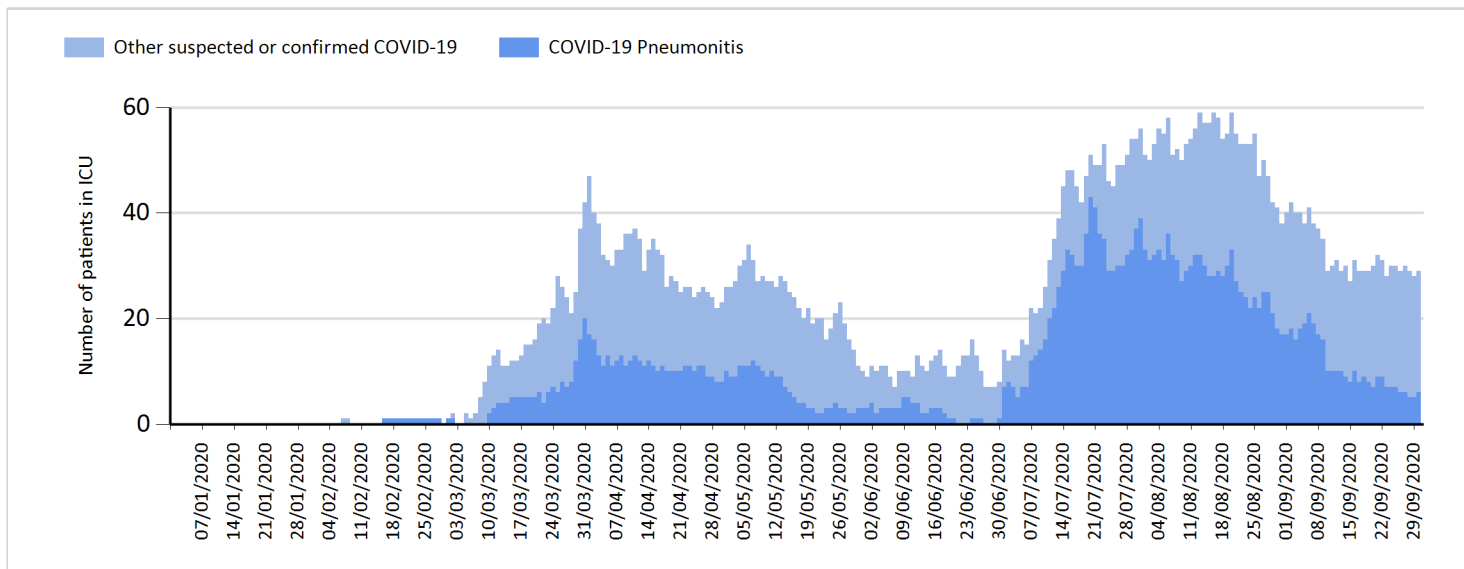


Figure 3. Admissions with *suspected or confirmed COVID-19* in Victoria by classification

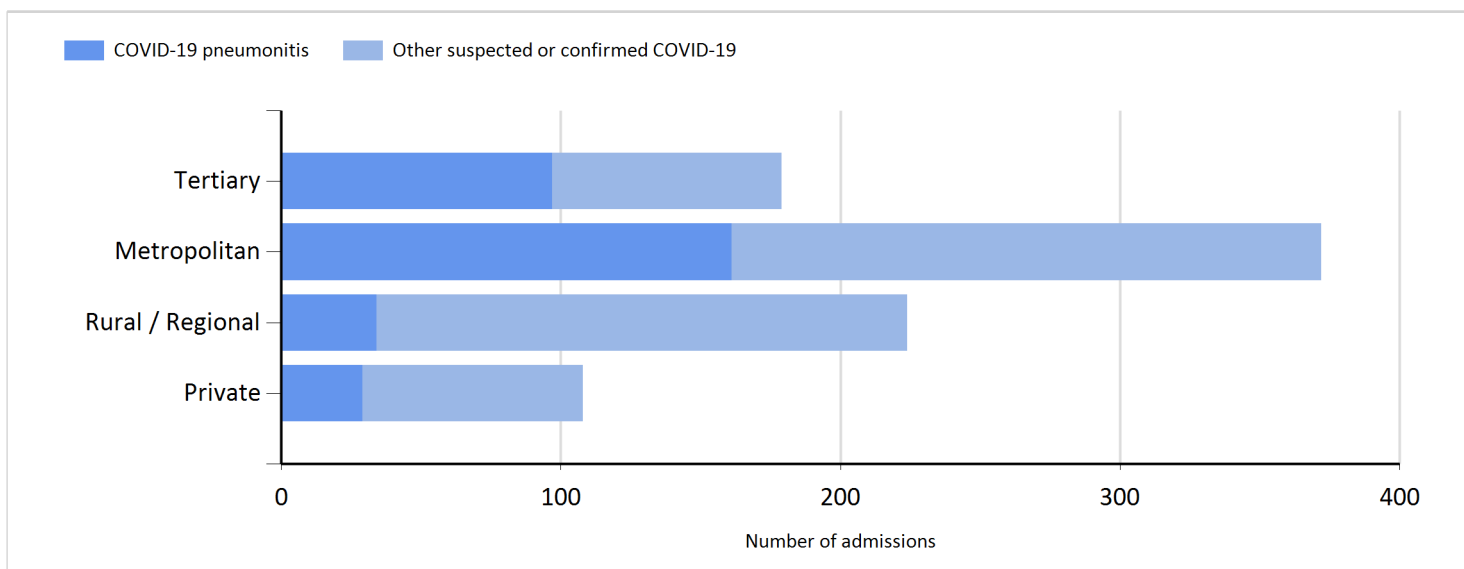


Figure 4. Intensive care admissions in Victoria per day by category

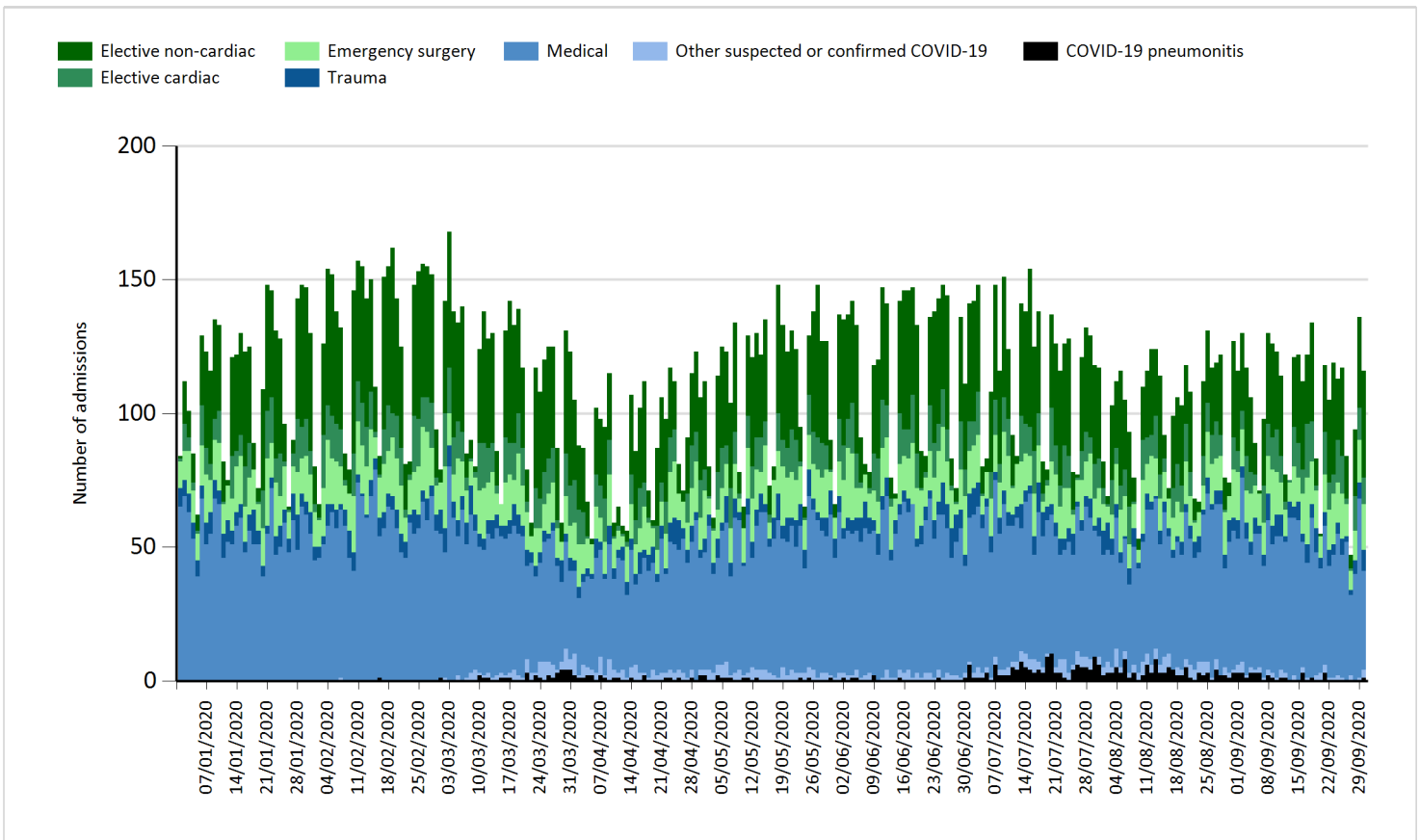
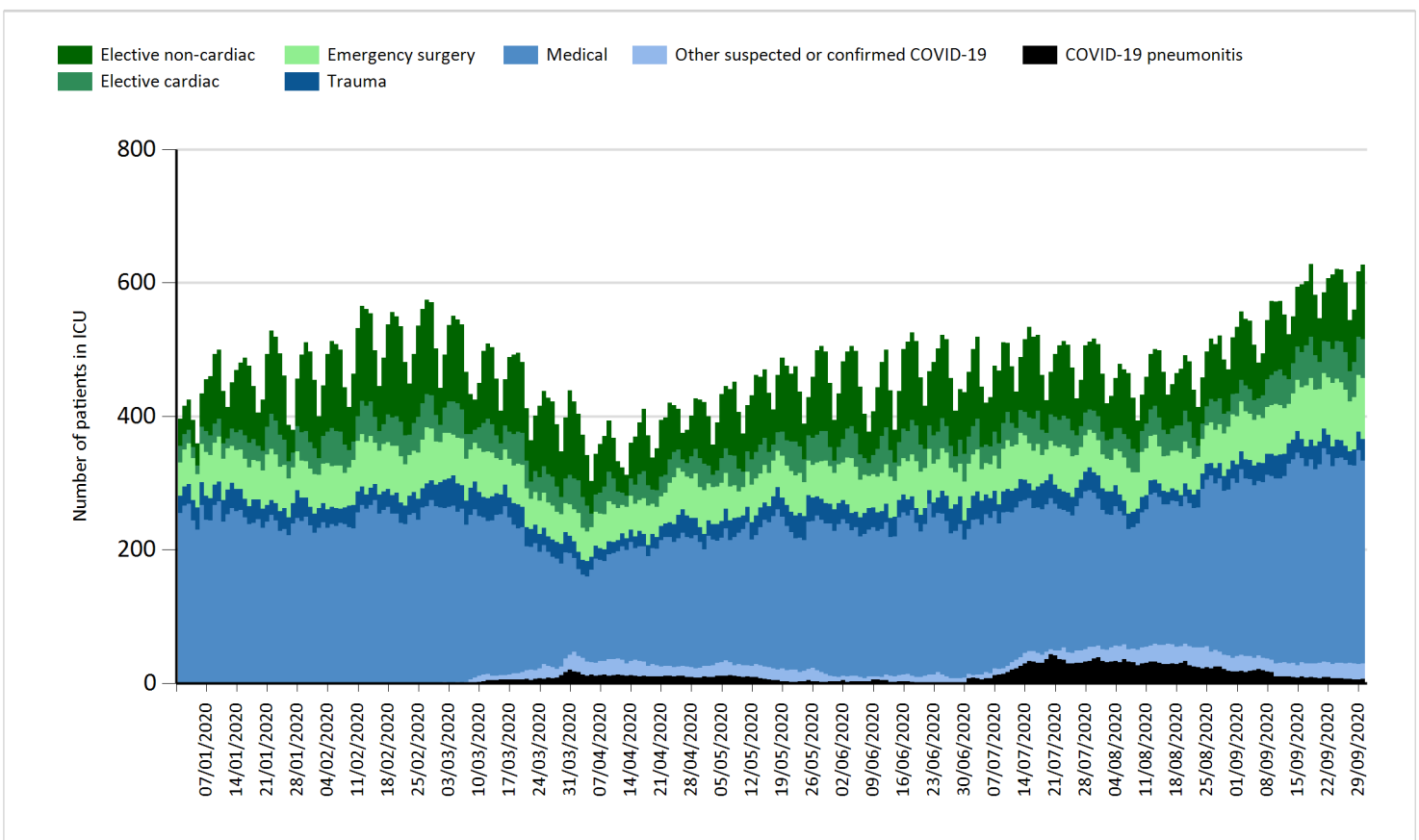


Figure 5. Daily census of all patients within ICUs in Victoria by category



Figures 1 to 3 refer to patients admitted with *suspected or confirmed COVID-19*. Figure 4 reports the number of patients (of all diagnoses) admitted each day to ICUs in Victoria. Figure 5 represents a daily census of the number of patients who are present within each ICU every day in Victoria.

Characteristics of Admitted Patients

Table 1 shows the frequency of each main primary diagnosis amongst admissions to ICUs in Victoria coded with *suspected or confirmed pandemic infection*. *Viral pneumonia* was the single most common diagnosis.

There were 321 patients (36.4%) considered likely cases of *COVID-19 pneumonitis* who had an admission diagnosis of Viral pneumonia/pneumonitis or ARDS.

Table 1. Top 5 diagnoses for admissions to ICUs with *suspected or confirmed COVID-19* in Victoria

| Top 5 diagnoses for suspected or confirmed COVID-19 admissions | Patients with suspected or confirmed COVID-19 (n=883) |
|--|---|
| Viral pneumonia | 32.3% |
| Sepsis, other than urinary | 12.9% |
| Bacterial pneumonia | 12.5% |
| Chronic obstructive pulmonary disease | 8.7% |
| Sepsis with shock, other than urinary | 7.8% |

Table is based on all admissions with subcode of suspected or confirmed pandemic infection submitted between 01/01/2020 and 30/09/2020

The characteristics and outcomes of all admissions with *suspected or confirmed COVID-19* to ICUs in Victoria are summarised in Tables 2 to 5. Patients are also broken down by the two subgroups: *COVID-19 pneumonitis* and *Other suspected or confirmed COVID-19*.

Demographics, comorbidities and sources of ICU and hospital admission are shown in Table 2. Interventions and therapies provided are reported in Table 3. Outcomes are reported in Table 4 and 5. Only those with completed hospital episodes are included and patients who are still in hospital have been excluded from Table 4 and 5. Outcomes of the subgroup requiring invasive ventilation are reported in Table 5. The distribution of gender and mortality by age groups is shown in Figure 6.

Table 2. Characteristics of patients admitted to ICUs with *suspected or confirmed COVID-19* in Victoria

| Characteristics | All patients with suspected or confirmed COVID-19 (n=883) | COVID 19 pneumonitis (n=321, 36.4%) | Other suspected or confirmed COVID-19 (n=562, 63.6%) |
|---|---|-------------------------------------|--|
| Sex | | | |
| Female | 376 (42.6%) | 130 (40.5%) | 246 (43.8%) |
| Male | 504 (57.1%) | 189 (58.9%) | 315 (56.0%) |
| Age (years)* | 64.0 (51.0 - 74.0) | 60.0 (50.0 - 71.0) | 66.0 (52.3 - 76.0) |
| BMI* | 28.5 (24.0 - 35.0) | 30.0 (26.0 - 35.0) | 27.0 (23.0 - 34.0) |
| Indigenous status | | | |
| Indigenous | 17 (1.9%) | 2 (0.6%) | 15 (2.7%) |
| Non-Indigenous | 855 (96.8%) | 315 (98.1%) | 540 (96.1%) |
| Unknown | 11 (1.2%) | 4 (1.2%) | 7 (1.2%) |
| Pregnancy status | | | |
| Pregnant | 2 (0.2%) | 1 (0.3%) | 1 (0.2%) |
| Not Pregnant | 181 (20.5%) | 82 (25.5%) | 99 (17.6%) |
| Unknown | 193 (21.9%) | 47 (14.6%) | 146 (26.0%) |
| Chronic conditions and Comorbidities | | | |
| Respiratory | 147 (16.6%) | 25 (7.8%) | 122 (21.7%) |
| Cardiovascular | 128 (14.5%) | 34 (10.6%) | 94 (16.7%) |
| Liver | 12 (1.4%) | 4 (1.2%) | 8 (1.4%) |
| Renal | 40 (4.5%) | 9 (2.8%) | 31 (5.5%) |
| Lymphoma | 15 (1.7%) | 2 (0.6%) | 13 (2.3%) |
| Metastatic Cancer | 30 (3.4%) | 5 (1.6%) | 25 (4.4%) |
| Leukaemia/Myeloma | 19 (2.2%) | 3 (0.9%) | 16 (2.8%) |
| Immunosuppressed | 67 (7.6%) | 17 (5.3%) | 50 (8.9%) |
| Diabetes | 223 (25.3%) | 75 (23.4%) | 148 (26.3%) |
| Treatment limitation order | 184 (20.8%) | 41 (12.8%) | 143 (25.4%) |
| Emergency response admission | 231 (26.2%) | 116 (36.1%) | 115 (20.5%) |
| Source of admission to Hospital | | | |
| Home | 768 (87.0%) | 273 (85.0%) | 495 (88.1%) |
| Other hospital (incl ICU and ED) | 98 (11.1%) | 40 (12.5%) | 58 (10.3%) |
| Nursing home, chronic, palliative care | 14 (1.6%) | 6 (1.9%) | 8 (1.4%) |
| Other/unknown | 3 (0.3%) | 2 (0.6%) | 1 (0.2%) |
| Source of admission to ICU | | | |
| Operating theatre/recovery | 1 (0.1%) | 0 (0.0%) | 1 (0.2%) |
| Emergency department | 526 (59.6%) | 146 (45.5%) | 380 (67.6%) |
| Ward | 284 (32.2%) | 146 (45.5%) | 138 (24.6%) |
| Other hospital (incl ICU) | 70 (7.9%) | 28 (8.7%) | 42 (7.5%) |
| Other/missing | 2 (0.2%) | 1 (0.3%) | 1 (0.2%) |

* Median (IQR)

Table is based on all admissions with subcode of suspected or confirmed pandemic infection submitted between 01/01/2020 and 30/09/2020

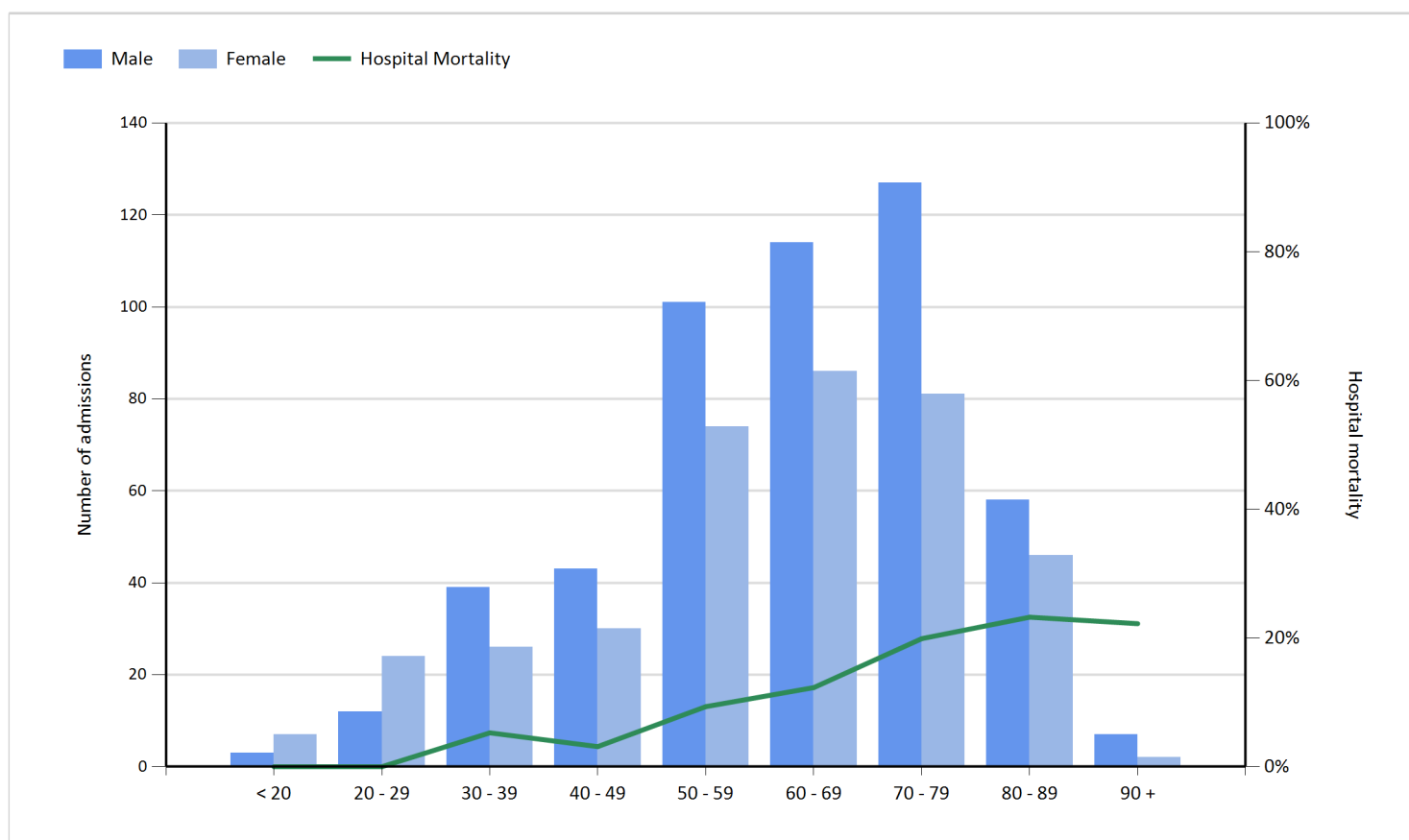
Table 3. Interventions and Therapies for patients admitted to ICUs with *suspected or confirmed COVID-19* in Victoria

| Interventions and Therapies | All patients with suspected or confirmed COVID-19 (n=842) | COVID-19 pneumonitis (n=310, 36.8%) | Other suspected or confirmed COVID-19 (n=532, 63.2%) |
|--|---|-------------------------------------|--|
| Invasively ventilated (day 1 in ICU) | 24.6% (217/883) | 36.8% (118/321) | 17.6% (99/562) |
| Invasively ventilated (anytime in ICU) | 33.4% (276/826) | 47.2% (144/305) | 25.3% (132/521) |
| Invasive ventilation hours in ICU# | 196.5 119.0 (51.0 - 271.0) | 250.3 171.0 (70.8 - 334.0) | 146.0 84.0 (37.0 - 162.0) |
| Non-invasively ventilated (anytime in ICU) | 19.7% (163/827) | 17.0% (52/305) | 21.3% (111/522) |
| Non-invasive ventilation hours in ICU# | 20.0 12.5 (4.0 - 27.3) | 16.3 7.0 (3.0 - 19.0) | 21.2 14.0 (5.0 - 30.0) |
| Inotropes | 40.9% (337/824) | 46.1% (141/306) | 37.8% (196/518) |
| Renal replacement therapy | 7.5% (57/764) | 7.5% (22/294) | 7.4% (35/470) |
| Tracheostomy | 2.6% (19/741) | 5.5% (16/292) | 0.7% (35/470) |
| ECMO | 1.3% (11/820) | 1.6% (5/305) | 1.2% (6/515) |
| Thromboprophylaxis | 91.3% (785/860) | 97.1% (306/315) | 87.9% (479/545) |

Mean (Median, IQR)

Table is based on all admissions with subcode of suspected or confirmed pandemic infection submitted between 01/01/2020 and 30/09/2020

Figure 6. Distribution of gender and in-hospital mortality by age group for patients with *suspected or confirmed COVID-19* in Victoria



Outcomes and Length of Stay

Hospital outcomes have been received for 842 patients, of whom 104 patients have died and 732 were discharged alive from the hospital. Lengths of stay and outcomes are summarised in Table 4 and 5 separately showing patients with *COVID-19 pneumonitis* and *other suspected or confirmed COVID-19* diagnoses.

Table 4. Outcomes and length of stay for patients admitted to intensive care with *suspected or confirmed COVID-19* in Victoria

| Outcome | All patients with suspected or confirmed COVID-19 (n=842) | COVID-19 pneumonitis (n=310, 36.8%) | Other suspected or confirmed COVID-19 (n=532, 63.2%) |
|---|---|-------------------------------------|--|
| ICU Mortality | 10.8% (87/807) | 10.0% (29/290) | 11.2% (58/517) |
| Hospital Mortality | 13.8% (104/756) | 14.1% (37/263) | 13.6% (67/493) |
| Pre-ICU Length of stay# (in days) | 1.7 0.3 (0.2 - 0.9) | 2.0 0.4 (0.1 - 1.7) | 1.6 0.3 (0.2 - 0.6) |
| ICU Length of stay# (in days) All admissions | 5.0 2.7 (1.3 - 5.8) | 7.1 3.8 (1.7 - 9.3) | 3.7 2.3 (1.1 - 4.4) |
| Survivors | 4.7 2.6 (1.3 - 5.3) | 6.7 3.5 (1.6 - 7.8) | 3.5 2.2 (1.2 - 4.2) |
| Non-survivors | 6.8 4.0 (1.4 - 9.1) | 10.2 7.3 (3.2 - 15.0) | 5.1 2.7 (0.8 - 6.0) |
| Long stay (> 10 days) ICU patients | 12.3% (103/840) | 23.2% (72/310) | 5.8% (31/530) |
| Hospital Length of stay# (in days) | 12.5 8.1 (4.4 - 15.2) | 15.1 10.8 (6.0 - 18.2) | 11.1 7.0 (3.8 - 12.9) |
| Survivor's discharge destination Home (including hospital in the home) | 72.0% (527/732) | 67.6% (184/272) | 74.6% (343/460) |
| Another acute hospital | 11.7% (86/732) | 9.6% (26/272) | 13.0% (60/460) |
| Rehabilitation | 6.0% (44/732) | 6.6% (18/272) | 5.7% (26/460) |
| Nursing home, chronic, palliative care | 2.6% (19/732) | 2.9% (8/272) | 2.4% (11/460) |
| ICU in another hospital | 7.0% (51/732) | 12.1% (33/272) | 3.9% (18/460) |
| Other destinations (including mental health) | 0.7% (5/732) | 1.1% (3/272) | 0.4% (2/460) |
| APACHE III score* | 53 (40 - 70) | 51 (37 - 65) | 56 (42 - 72) |
| APACHE II score* | 17 (12 - 22) | 16 (11 - 21) | 18 (13 - 22) |
| Predicted Mortality (ANZROD)# | 13.7% 7.0% (3.0% - 18.1%) | 10.9% 5.7% (2.8% - 14.4%) | 15.4% 7.9% (3.3% - 20.7%) |
| * Median (IQR), # Mean (Median, IQR) | | | |
| Table is based on all admissions with subcode of suspected or confirmed pandemic infection and completed hospital outcome submitted between 01/01/2020 and 30/09/2020 | | | |

Table 5. Outcomes and length of stay for patients admitted to intensive care with *suspected or confirmed COVID-19* that are invasively ventilated in Victoria

| Outcome | All patients with suspected or confirmed COVID-19 (n=264) | COVID-19 pneumonitis (n=139, 52.7%) | Other suspected or confirmed COVID-19 (n=125, 47.3%) |
|---|---|-------------------------------------|--|
| ICU Mortality | 20.9% (49/234) | 16.7% (20/120) | 25.4% (29/114) |
| Hospital Mortality | 26.5% (57/215) | 21.7% (23/106) | 31.2% (34/109) |
| Pre-ICU Length of stay# (in days) | 1.8 0.2 (0.1 - 1.2) | 1.8 0.3 (0.0 - 1.7) | 1.8 0.2 (0.1 - 0.6) |
| ICU Length of stay# (in days) | 9.8 | 12.1 | 7.3 |
| All admissions | 6.8 (3.2 - 13.0) | 8.9 (4.3 - 16.7) | 5.0 (2.2 - 8.7) |
| Survivors | 9.7 6.7 (3.1 - 12.6) | 11.7 7.9 (3.9 - 15.6) | 7.0 4.9 (2.2 - 8.6) |
| Non-survivors | 10.4 7.9 (4.0 - 15.3) | 14.1 13.4 (7.2 - 20.7) | 7.9 5.6 (1.4 - 9.1) |
| Long stay (> 10 days) ICU patients | 34.5% (91/264) | 46.0% (64/139) | 21.6% (27/125) |
| Hospital Length of stay# (in days) | 17.4 13.3 (6.1 - 22.7) | 20.1 16.1 (8.6 - 27.2) | 14.4 9.7 (4.3 - 19.0) |
| Survivor's discharge destination | | | |
| Home (including hospital in the home) | 56.6% (116/205) | 50.4% (58/115) | 64.4% (58/90) |
| Another acute hospital | 12.7% (26/205) | 11.3% (13/115) | 14.4% (13/90) |
| Rehabilitation | 11.2% (23/205) | 13.9% (16/115) | 7.8% (7/90) |
| Nursing home, chronic, palliative care | 0.5% (1/205) | 0.0% (0/115) | 1.1% (1/90) |
| ICU in another hospital | 18.5% (38/205) | 23.5% (27/115) | 12.2% (11/90) |
| Other destinations (including mental health) | 0.5% (1/205) | 0.9% (1/115) | 0.0% (0/90) |
| APACHE III score* | 64 (51 - 83) | 60 (47 - 75) | 71 (54 - 93) |
| APACHE II score* | 19 (15 - 26) | 18 (14 - 23) | 21 (17 - 29) |
| Predicted Mortality (ANZROD)# | 18.1% 9.8% (4.6% - 23.2%) | 12.9% 7.6% (4.0% - 17.6%) | 23.9% 13.1% (5.2% - 36.6%) |
| * Median (IQR), # Mean (Median, IQR) | | | |
| Table is based on all admissions with subcode of suspected or confirmed pandemic infection, invasive ventilation and completed hospital outcome submitted between 01/01/2020 and 30/09/2020 | | | |

Glossary

Figure 1 and 2 – These figures show cumulative and daily ICU admissions with *suspected or confirmed COVID-19* infection for each day during the reporting period

Figure 4 and 5 – These figures show all ICU admissions and census for each day during the reporting period by the broad diagnostic categories (as explained below).

| | |
|---------------------------------------|--|
| Elective cardiac | Includes all elective surgery cases with APACHE III diagnosis of valvular heart surgery, coronary artery bypass graft (CABG) and CABG with valve repair/replacement. |
| Elective non-cardiac | Includes all elective surgery cases with diagnosis other than cardiac (as above) or trauma. |
| Emergency surgery | Includes all non-elective surgery cases with diagnosis other than trauma. |
| Trauma | Includes all medical and surgical cases admitted to ICU for diagnosis of trauma. |
| Medical | Includes all medical cases admitted to ICU with diagnosis other than trauma or diagnosis subcode of suspected or confirmed pandemic infection. |
| Other suspected or confirmed COVID-19 | Includes all cases admitted to ICU with diagnosis subcode of suspected or confirmed pandemic infection other than viral pneumonia or ARDS. |
| COVID-19 pneumonitis | Includes all cases admitted to ICU with diagnosis subcode of suspected or confirmed pandemic infection that are viral pneumonia or ARDS. |

Table 2 Characteristics – Uses data from all records submitted to the APD irrespective of their outcomes data being incomplete. All NULL values excluded from calculations.

| | |
|--|--|
| Pregnancy Status | Includes all female patients between age of 10 years and 60 years. All other patients are excluded. |
| Treatment Limitation Order | Includes all patients with treatment goals on admissions recorded as treatment limitation order, palliative care for dying patient and potential organ donation. |
| BMI - Calculated as Weight (kg) / Height(m) ² . | BMI calculation relies on submission of height and weight, therefore reported using records where both components are submitted. |

Table 3 Interventions and Therapies - based on all data submitted for *suspected or confirmed COVID-19*. Null values excluded.

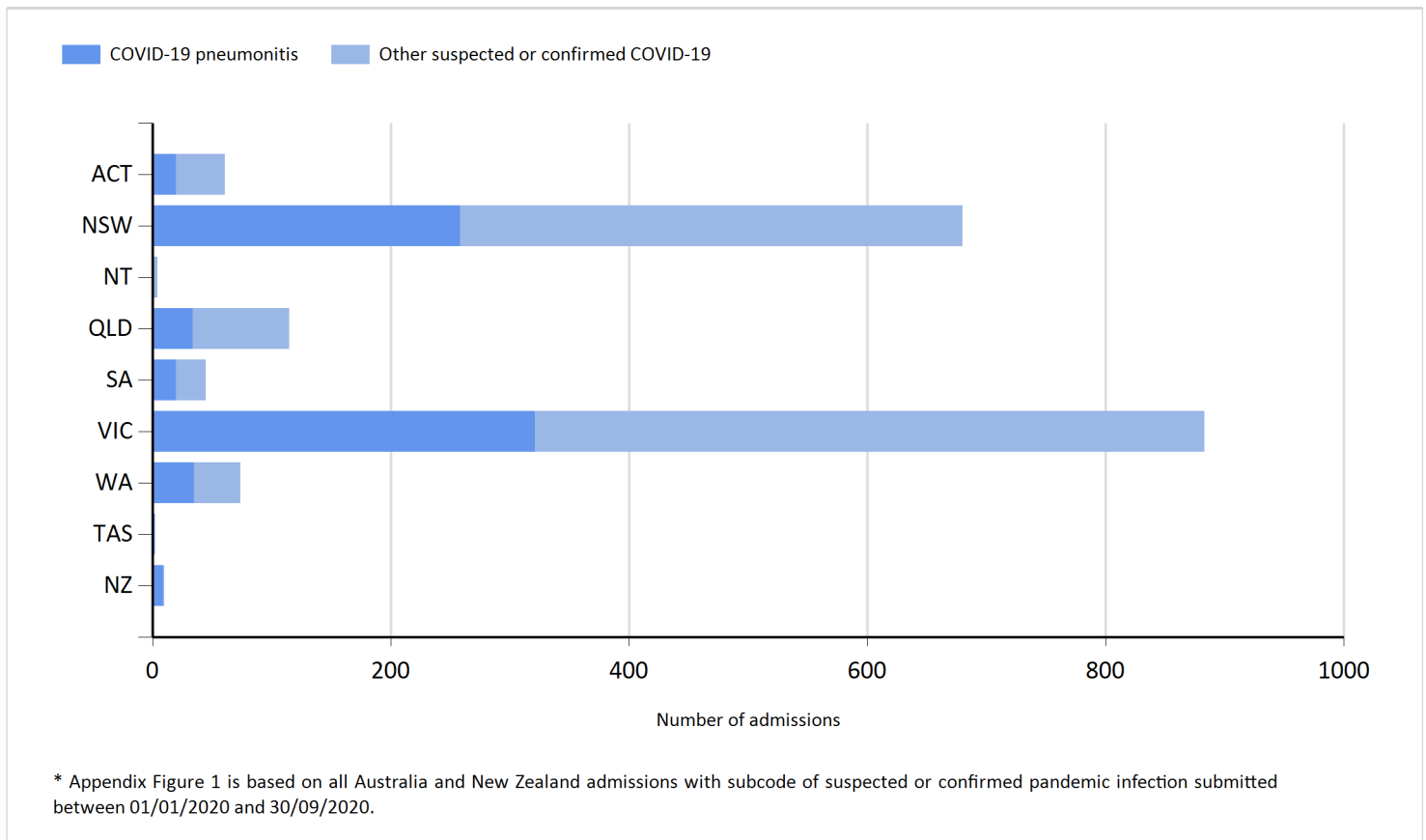
Table 4 and 5 Outcomes and Length of Stay - Uses data from all records submitted to the APD where relevant outcomes data complete. All NULL values are excluded from calculations.

| | |
|------------------------------|---|
| ICU Mortality | Percent deaths on ICU discharge for all admissions with known ICU outcome. Records with no ICU discharge (still in ICU) and those transferred to other ICUs are excluded from this calculation. |
| Hospital Mortality | Percent deaths on Hospital discharge for all admissions with known hospital outcome. Records with no hospital discharge (still in hospital), readmission to ICU and those transferred to other ICUs are excluded from this calculation. |
| ICU length of stay | Excludes records with no ICU discharge date submitted. |
| Long stay patients | Admissions with ICU length of stay more than 10 days. |
| Hospital length of stay | Excludes records with no hospital discharge date submitted. |
| APACHE II, APACHE III Scores | Severity scores (APACHE III and APACHE II score) use data from first 24 hours of ICU admission. If all physiology data is absent, record will be excluded from calculation of severity score and predicted mortality. |
| Predicted Mortality (ANZROD) | ANZROD predicted mortality use data from first 24 hours of ICU admission. If all physiology data is absent, record will be excluded from calculation of predicted mortality |

Appendix Table 1: Diagnoses associated with *suspected or confirmed pandemic infection*

| | Diagnoses | |
|---------------------------------------|--|---|
| COVID-19 pneumonitis | Pneumonia, viral Acute Respiratory Distress Syndrome (ARDS) | |
| Other suspected or confirmed COVID-19 | Shock, cardiogenic Cardiac arrest Congestive cardiac failure Rhythm disturbance Myocardial infarction Cardiomyopathy Respiratory arrest, without cardiac arrest Chronic obstructive pulmonary disease Airway obstruction Asthma | Sepsis, with or without shock Pneumonia, bacterial, or other Pneumonia, fungal or parasitic Cellulitis/soft tissue infection Neurologic infection Hepatic failure Endocrine disturbance Renal disorders Connective tissue disorders (includes vasculitis) |

Appendix Figure 1. Admissions with *suspected or confirmed COVID-19* by Jurisdiction*



Acknowledgements

ICUs contributing to the ANZICS CORE APD for the period of 01/01/2020 to 30/09/2020 in Victoria and latest ICU admission recorded for the reporting period for each site is listed below. Sites that are up to date with data submissions are indicated with an asterisk (*).

| | |
|---|--|
| Albury Wodonga Health ICU (23/09/2020) | Alfred Hospital ICU* (30/09/2020) |
| Angliss Hospital ICU (20/09/2020) | Austin Hospital ICU* (30/09/2020) |
| Ballarat Health Services ICU* (29/09/2020) | Bendigo Health Care Group ICU* (30/09/2020) |
| Box Hill Hospital ICU* (30/09/2020) | Cabrini Hospital ICU* (30/09/2020) |
| Casey Hospital ICU* (30/09/2020) | Central Gippsland Health Service (Sale) ICU* (28/09/2020) |
| Dandenong Hospital ICU* (30/09/2020) | Epworth Eastern Private Hospital ICU* (30/09/2020) |
| Epworth Freemasons Hospital ICU* (29/09/2020) | Epworth Geelong ICU* (30/09/2020) |
| Epworth Hospital (Richmond) ICU* (30/09/2020) | Footscray Hospital ICU* (30/09/2020) |
| Frankston Hospital ICU* (30/09/2020) | Goulburn Valley Health ICU (15/09/2020) |
| Holmesglen Private Hospital ICU (17/09/2020) | John Fawkner Hospital ICU* (29/09/2020) |
| Knox Private Hospital ICU* (30/09/2020) | Latrobe Regional Hospital ICU* (30/09/2020) |
| Maroondah Hospital ICU* (30/09/2020) | Melbourne Private Hospital ICU* (30/09/2020) |
| Mildura Base Public Hospital ICU* (30/09/2020) | Monash Medical Centre-Clayton Campus ICU* (30/09/2020) |
| Mulgrave Private Hospital ICU* (30/09/2020) | Northeast Health Wangaratta ICU* (30/09/2020) |
| Peninsula Private Hospital ICU* (30/09/2020) | Royal Melbourne Hospital ICU* (30/09/2020) |
| South West Healthcare (Warrnambool) ICU* (30/09/2020) | St John of God (Berwick) ICU (11/09/2020) |
| St John Of God Hospital (Ballarat) ICU* (29/09/2020) | St John of God Hospital (Bendigo) ICU* (30/09/2020) |
| St John Of God Hospital (Geelong) ICU (27/08/2020) | St Vincent's Hospital (Melbourne) ICU* (30/09/2020) |
| St Vincent's Private Hospital Fitzroy ICU* (30/09/2020) | Sunshine Hospital ICU* (30/09/2020) |
| The Bays Hospital ICU* (30/09/2020) | The Northern Hospital ICU* (30/09/2020) |
| University Hospital Geelong ICU* (30/09/2020) | Warringal Private Hospital ICU* (30/09/2020) |
| Werribee Mercy Hospital ICU* (30/09/2020) | Western District Health Service (Hamilton) ICU* (30/09/2020) |
| Wimmera Health Care Group (Horsham) ICU* (29/09/2020) | |

We thank and appreciate the efforts of all clinicians, data collectors and researchers and our colleagues within ANZICS.