

Developing a Dynamic Postoperative Neurosurgical Triage System

The Problem

An increase in neurosurgical and high-risk spine volume has strained the resources of our neurological intensive care unit. This has resulted in unplanned admissions to other critical care locations, including the postoperative anesthesia care unit (designated as “neurosurgical boarders”). Data supports improved outcome when such patients receive the specialized care provided in a neurological ICU.

Aim/Goal

- Reduce the number of neurosurgical boarders by designing a dynamic system to effectively triage patients between levels of care (Hospital floor, Step down Unit, Neurosurgical Intensive Care Unit)

The Team

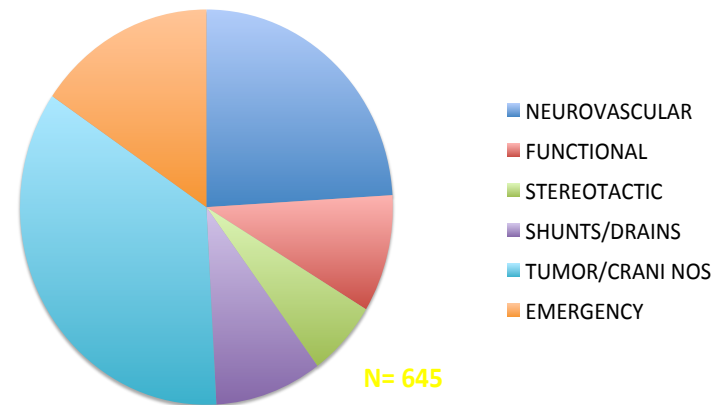
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The Interventions

- Create criteria to assist with triage
- Daily multidisciplinary communication
- Daily pre-round in Neuro ICU to identify patients who can be discharged
- Identify patients from OR who would need admission to postoperative Neuro ICU

The Results/Progress to Date

- Collected AIMS Data 1/1/13-12/31/13
- Track postop destination of neurosurgical patients (in progress)
- Correlate data since implementation (ongoing)



Lessons Learned

- Resource allocation can be used effectively and safely to triage patients who undergo neurosurgical and high-risk spine procedures.

Next Steps/What Should Happen Next

- Expand the number of step-down beds
- Continue to track postoperative critical care utilization