

Successful Sustainment of ICU Program in a Community Hospital ICU

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BID-Needham

Introduction/Problem

In February 2016, to more effectively manage increasing clinical demands and higher acuity patients and decrease transfers to the tertiary center at BIDMC, BID-N launched an Intensivist Program to facilitate the care of ICU patients. The service model is an 'open ICU' in which the patients continue to be managed by Hospital Medicine Service with on-site consultation and rounding by the Intensivist Service 7 days/week.

Part of the development of this program included education for nursing staff, identifying and planning for implementation of clinical care protocols for specific medical diagnoses.

From the initial implementation, this program has been demonstrated to be effective at improving clinical outcomes for patients as well as improving throughput efficiency, and increasing the ability of the ICU to care for patients with higher acuity medical conditions. Average daily census increased while length of stay decreased.

The next challenge was to implement steps to sustain the program goals and achievements and further develop a professional collaborative model aimed at further optimization of clinical care while providing an efficient and manageable throughput process.

Aim/Goal

- Initiate sustainable programs and continue to improve metrics including
 - Efficient throughput,
 - Increased capacity for managing higher acuity patients
 - Improved outcomes for ICU level patients
 - Decreasing unnecessary transfers to BIDMC

The Team

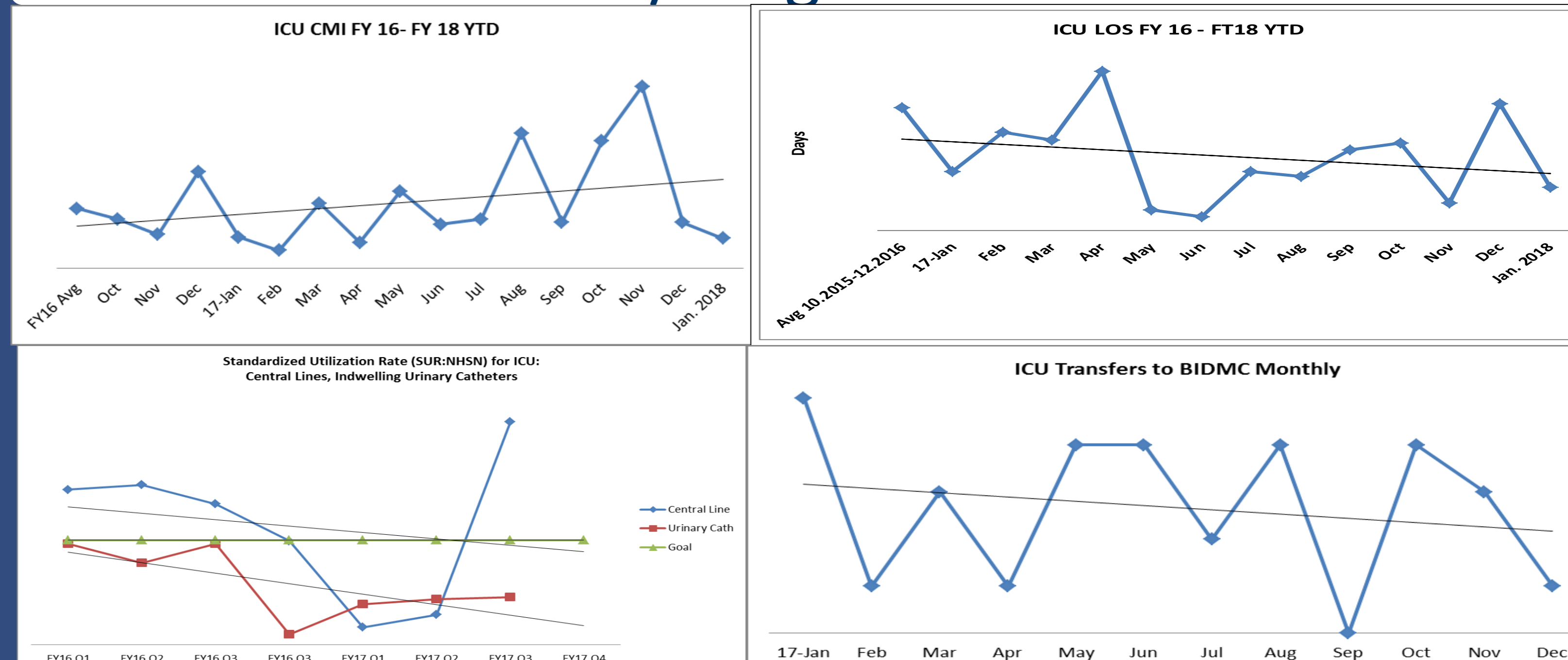
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- Ghania El-Akiki MD, Director Hospital Medicine, BIDN
- Kathy Davidson RN, MS, MBA CNO
- Al Santos RN, MS Nursing Director
- Christine McKee RN,MS Clinical Resource

Cristina Allen RN,MS Nurse Educator

The Interventions

- Calendar of weekly education programs by intensivists during workday for nursing staff
- Standardized content and format for daily bedside rounding
- Collaborative implementation of protocols including Phenobarbital protocol and sepsis
- Consistent orientation of new nursing staff to ICU communication and clinical protocols
- Formalization of Critical Care Committee
 - Reporting outcome metrics
 - Shared decision-making regarding program implementation

Results/Progress to Date



ICU program continued clinical and throughput success. Successful sustainment measures:

- CMI increased by 0.2
- LOS decreased by 0.5 day while maintaining ADC
- SUR decreased for CL and Indwelling Urinary Catheter maintained at < 1
- 0 VAP, 0 Reportable skin injury, 0 falls with injury
- Successful implementation of clinical protocols

For more information, contact:

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