

Improved Patient Care through Multidisciplinary Collaboration in a Community Hospital ICU

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Introduction / Problem

BID-Needham (BIDN) is a 58-bed community hospital with a 7-bed medical/surgical adult “open ICU” model with care provided by Hospitalists. With changing clinical demands, increased patient volume, and evolving patient complexity, BIDN recognized the desire to provide high-quality ICU care locally, limiting the need for transfer ICU patients to BIDMC when possible, while providing outstanding quality ICU care safely within available resources. Following extensive external and internal review, BIDN recognized the need to enhance ICU expertise available to the Hospitalists, while preserving the “open” ICU model.

Aim / Goal

To develop and implement a robust ICU program to provide necessary ICU expertise and guidance while preserving the “open ICU” model with Hospitalist-based care, and allow the safe delivery of ICU care to select patients in the community hospital setting.

The Interventions

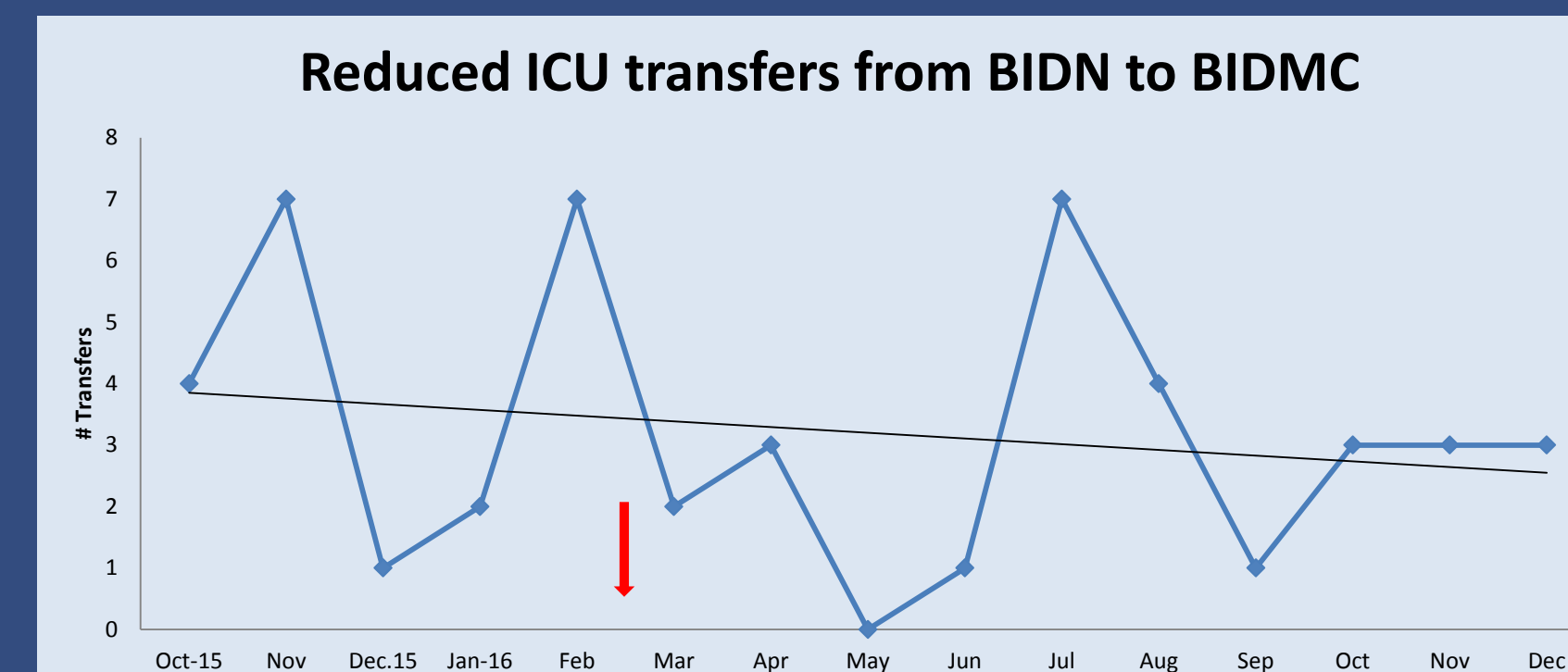
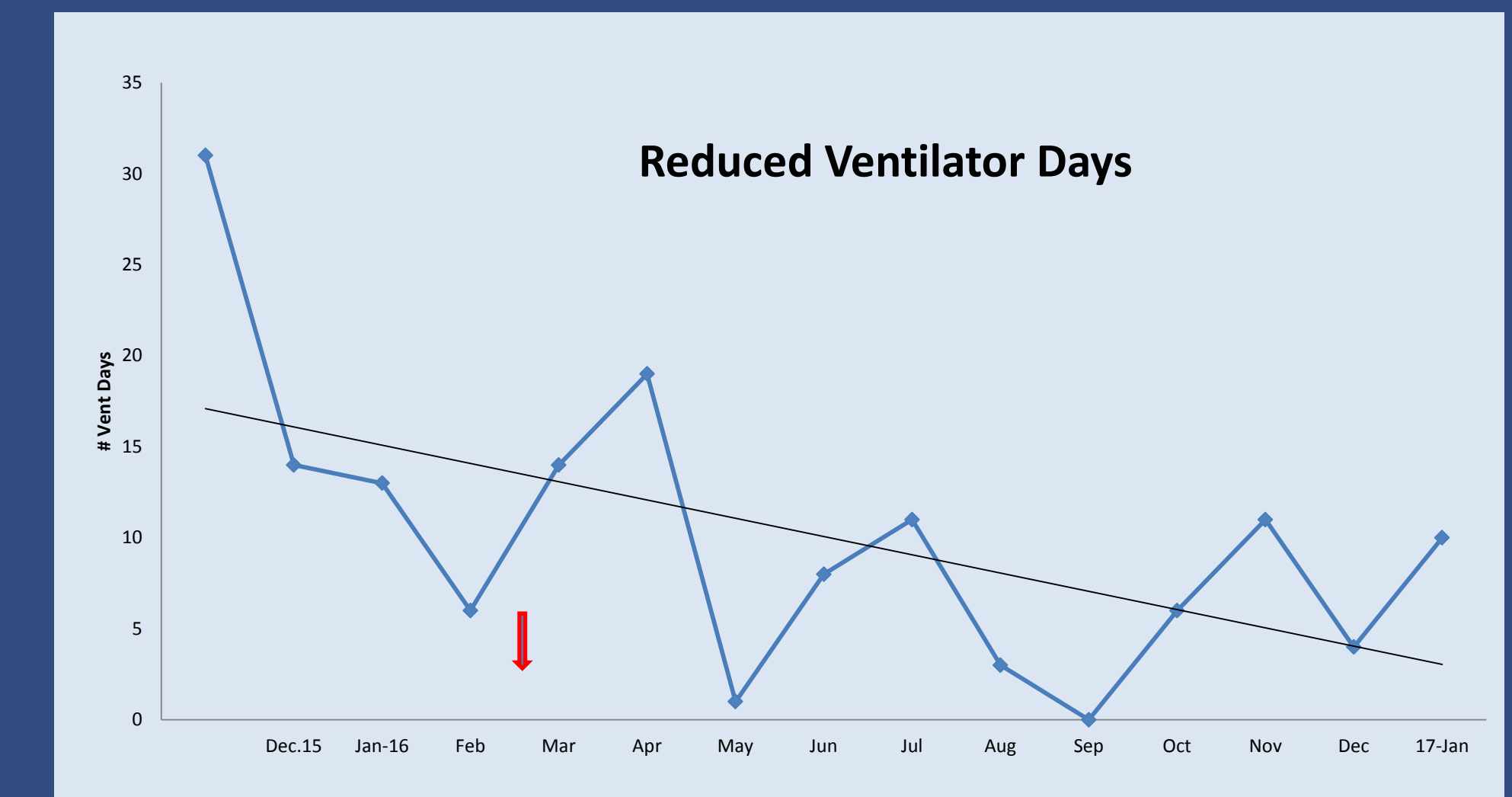
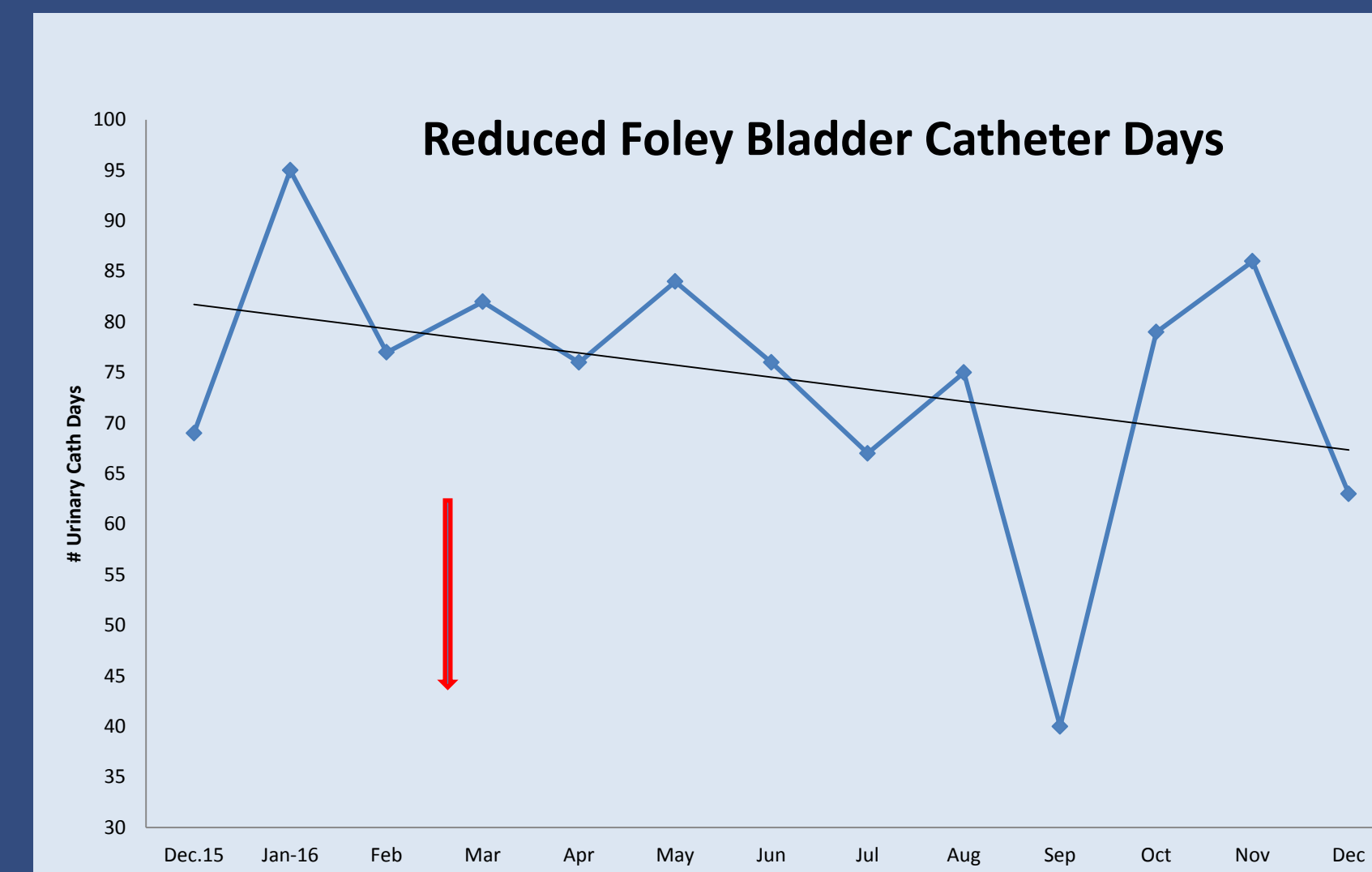
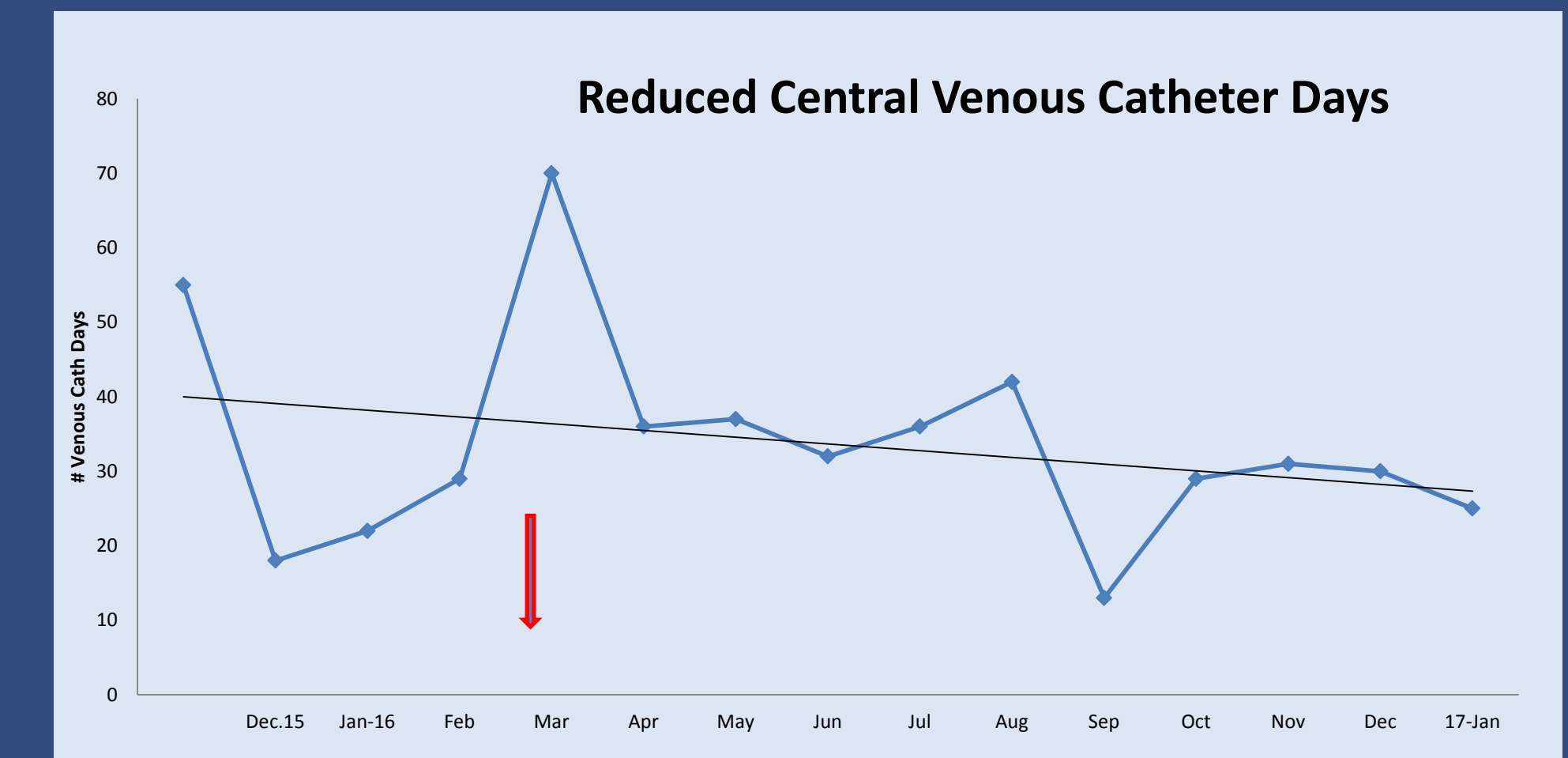
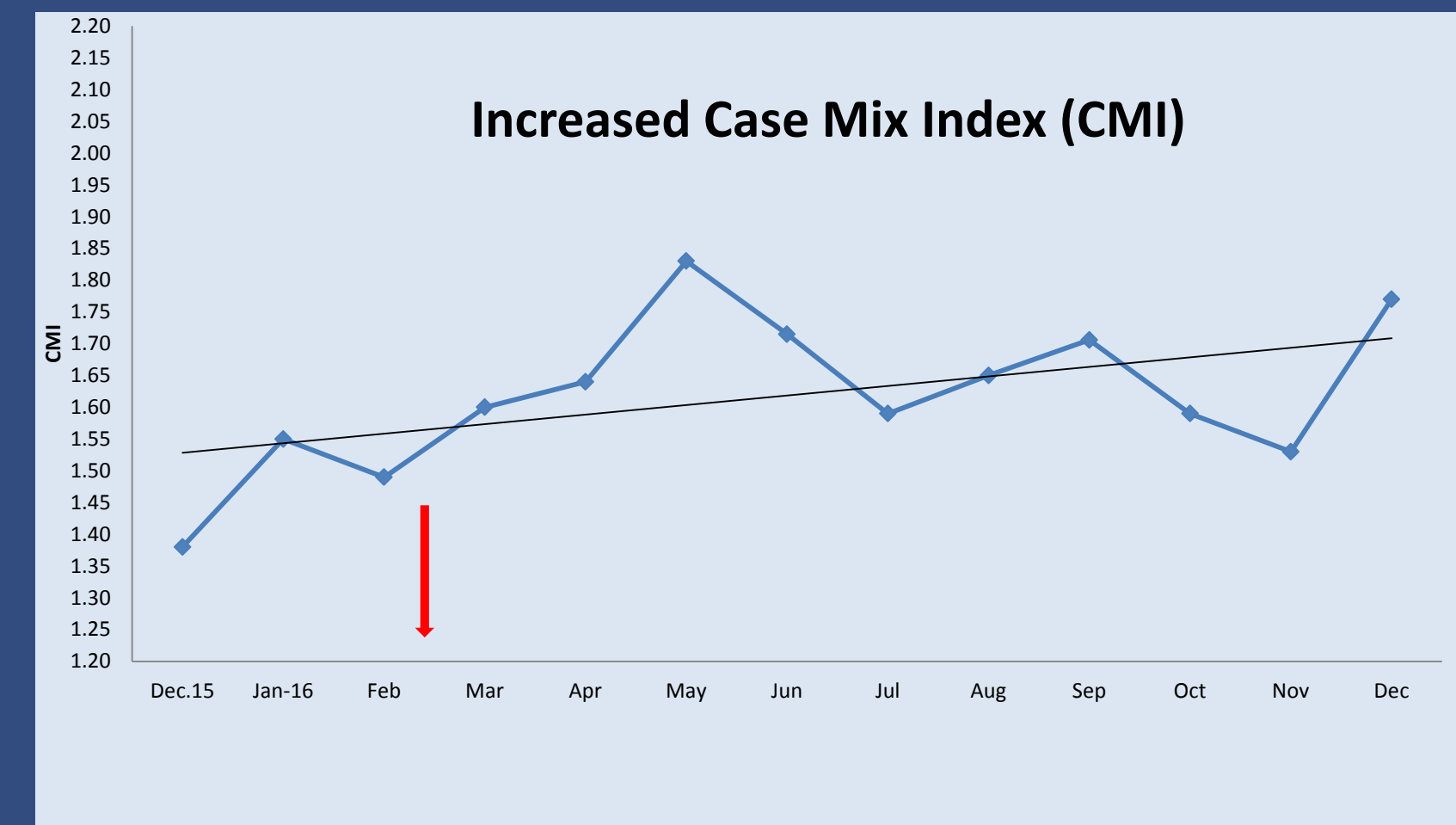
New Intensivist Program was implemented February 2016, with the following key components:

- Provide ICU consultation services to the BIDN Hospitalists 24 hours/day, 7 days/week
- Identify a Medical ICU Director, and select a BIDN ICU physician team from qualified BIDMC MICU physicians
- Establish formal daily multidisciplinary ICU rounds to discuss management and set clear goals for each ICU patient
- Establish multidisciplinary team, including Hospitalist, ICU physician (Intensivist), ICU Nursing, Respiratory Therapy, Pharmacy, Nutrition, Physical Therapy, Case Management.
- Incorporate an ICU Rounding checklist as a vehicle for daily rounds to promote comprehensive quality care (including quality improvement “bundles”)
- Develop pathways for delivery of standardized, evidence-based care to specific ICU diagnoses (ex. Sepsis, DKA, acute alcohol withdrawal)
- Establish comprehensive educational tools (including weekly ICU lecture series for Hospitalists, ICU nurses, and Respiratory Therapists, bedside teaching, daily bedside ventilator rounds)
- Update and revise ICU procedures and policies
- Monitor quality improvement outcomes for ICU patients

The Team

- Henry Koziel MD, Medical ICU Director
- Ghania El-Akiki, MD
- Gregory McSweeney MD,
- Kathy Davidson RN, MS MBA
- Cistrina Allen, RN, BS
- Christina McKee RN
- Al Santos RN,MS,

Results/Progress to Date



Lessons Learned / Next Steps

Establishment of a collaborative and comprehensive ICU Program providing Intensivist Consultation services 24/7 for Hospitalists providing ICU care in a community setting is associated with significant and consistent quality improvements in the delivery of ICU care to select patients

For more information, contact:

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