Critical Care Capacity – Problems and Solutions

The Problem
- The census of critically ill patients is routinely above 90% and often >100% capacity at times
- This has led to the routine use of the PACU as additional ICU beds
- These patients are not optimally covered – PACU nursing is often left without a clear plan / orders
- Survey results indicate that currently 50% of these patients are waiting longer than 2 hours in the PACU before being evaluated by the ICU team
- This project spun off from an earlier Faculty Hour chartered team that developed a streamlined process for handling ICU boarders in the PACU

Aim/Goal
- To have critically-ill surgical and neuro-science patients ‘boarding’ outside of the surgical ICUs be rounded on before 11AM and within 1 hour of admission
- Providing a clear multi-system plan and orders to improve care and earlier discharge to floor or appropriate unit
- Improvement in nursing satisfaction with improvements in timeliness and quality of communication and orders

The Team
- Anesthesia, Surgery and Emergency Medicine critical care physicians who attend the Surgical ICUs

The Interventions
- Attending critical care physician will be assigned to a “Float” role daily
- Morning report with ALL surgical critical care attendings and fellows on service to “run the list” (7:00AM)
- Float Intensivist meets with the Admission Facilitator each morning (7:30AM)
- “Float Intensivist” will round on all surgical ICU boarders in the PACU & MICUs (8-11AM)

The Results/Progress to Date
- Started Float position November 1, 2014
- Patients boarding outside of the surgical ICUs are now being seen earlier (data collection underway)

*Survey data from October 2014

Lessons Learned
- Better communication with AFs leading to improved bed assignments
- LOS data will be confounded by floor bed availability which may necessitate a “call out” time stamp to track the true impact on patient readiness for the floor

Next Steps/What Should Happen Next
- Collect LOS data/throughput data
- Evaluate captured billing for hospital of critical care patients
- Complete post-intervention survey to assess nursing satisfaction with Float position and improvement of care

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