Multidisciplinary Collaboration to Expand Surgical Critical Care Capacity on the East Campus

The Problem

- With growing surgical volume and limited critical care capacity on the West Campus, creative solutions will be needed to optimize existing space and resources
- Transfer of surgical patients from the East Campus to the SICUs on the West Campus involves increased risk to patients
- The East Campus Finard ICU has traditionally been a ‘closed’ model unit which is different than the ‘semi-open’ or co-management model in the West SICUs
- Surgical patients have been uncommon in FICU and pose unique challenges
- There has been variability in clinical practice and comfort with surgical critical care patients among FICU providers
- There has been variability in communication between FICU providers and surgeons

In 2015 a multidisciplinary working group was assembled with leaders from Surgery, Medicine, Anesthesia, Nursing, Health Care Quality and Administration to address these issues and develop short-term and long-term solutions.

Aim/Goal

- Develop a co-management model for the FICU that provides safe, effective, and efficient care for critically ill patients from any service line on the East Campus.

The Team

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The Interventions

- Developed a Triage plan for critically ill surgical patients utilizing PACU and FICU resources as appropriate; enforced that all critically ill patients on the East Campus must be admitted to the FICU or to the PACU as a boarder if necessary
- Provided guidance around transfers: Patients deemed to require transfer to a West SICU now require discussion with the on-call SICU intensivist
- Clarified roles: The FICU team will co-manage surgical patients with the primary team (Surgery, OB/GYN, Orthopedics, etc)
- Emphasized need for Attending-to-Attending discussion of all patients at the time of admission and on a daily basis
- Developed expectations and standards around order writing and communication
- Established process for consultative assistance from West Campus SICU intensivist and fellow for FICU patients
- Nursing education plan developed to increase RN comfort with surgical patients; bedside support and teaching provided by TSICU nurse educator
- All cases reviewed for quality and safety purposes
- Presented new model in multiple forums: M+M, grand rounds, faculty/ house staff / nursing meetings

The Results/Progress to Date

- In the first two months of this new co-management model in FICU, there were 17 non-Medicine admissions (see below)
- There was one patient transferred to a West SICU due to recurrent OR needs over a holiday weekend

Lessons Learned

- Utility of reviewing cases in real time and providing feedback to clinicians
- The importance of close communication between the primary team and the FICU team cannot be underestimated
- Clarification and delineation of roles/tasks has led to greater accountability and responsibility
- QA review has identified fewer problems/issues over time

Next Steps/What Should Happen Next

- Ongoing QA review of cases
- Continue to foster collaboration between all service lines
- Develop FICU as a model unit for training of medical and surgical critical care fellows and residents
- Maximize our critical care capacity at BIDMC through optimal utilization of both campuses

FICU Co-Management Volume

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