



Care Transition: The Care of the ICU Patient in an IMC Care Model

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INTRODUCTION

UF Health Shands Hospital is a tertiary healthcare facility that serves underserved populations in surrounding counties. A gap in the acute critical care delivery model was identified. This gap negatively effected throughput, length of stay for medical intensive care (MICU) patients patients in the ED, fragmented intensive care unit (ICU) level of care, and an overall increase in cost and resource allocation. Executive leadership including critical care CNS and CL for desired areas collaborated together to design an educational platform to enhance the skill and knowledge of our current IMC level nurses. A critical care model was implemented within the IMC setting in order to decrease the length of stay in the ED for MICU patients. The goal of this initiative was to create an expansion of the medical ICU through redesigning the unit's ICU capable beds.

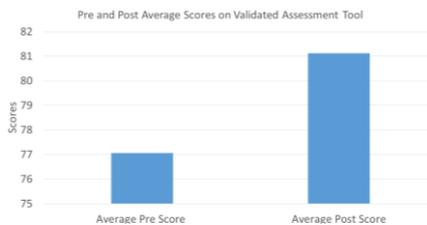
PURPOSE

The purpose was to redesign four ICU capable beds in the IMC in order to decrease the length of stay of medical ICU patients in the ED.

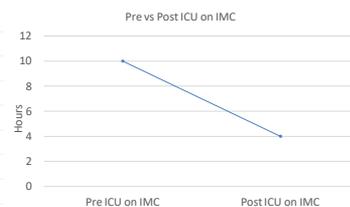
INTERVENTION

A core set of IMC nurses (n=16) were trained in the care of the critical care patient using didactic, skill simulation, and preceptor orientation in the ICU setting. Nursing knowledge was assessed using a validated assessment tool. The purpose of the tool was to individualize the orientation process. Pharmaceuticals and supplies were standardized in the IMC to mimic the ICU. Four ICU capable licensed beds were designated in the IMC as an expansion of the MICU. Physician coverage was established in alignment with the MICU care model.

RESULTS



RN validated assessment tool scores pre and post ICU education and training.



Length of stay for in the ED was decreased from an average of 10 hours per patient to an average of 4 hours per patient after implementing ICU beds in the IMC (3 month timeframe).

CONCLUSION

The new MICU care delivery model in the IMC setting was established in order to decrease length of stay of MICU patients in the ED and create and extension of the MICU in the IMC. Length of stay for the MICU patient in the ED was decreased ten hours per patient on average to four hours. The continuity of patient care was improved through the reallocation of resources. The care delivery model was improved by creating an extension of the MICU in an inpatient IMC setting.

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