

THE ORGANIZATION

Bed Size: 457 hospital beds; 12 SICU beds

Number of Sites/Locations: One

Academic or Community: Academic

THE TEAM

Description: Surgical Intensive Care Unit (SICU) Collaborative Practice

Multidisciplinary: Yes

Established: More than 10 years ago (approximately 2006)

Care Setting: SICU; Team also follows patients through the Emergency Department, Interventional Radiology, OR, PACU, step-down unit, surgical floors, rehabilitation, and outpatient services as patients' needs arise.

Patients: Critically ill and injured trauma patients (NYC Health + Hospitals/Jacobi is a Level One Trauma Center)

TEAM STRUCTURE

Location: Most team members or their direct reports work in the same location.

Outcomes Access: Team meets monthly to review quality and safety metrics and discuss areas of improvement. Metrics are uploaded to the quality and safety dashboard on the hospital intranet. Press Ganey results are shared and posted weekly.

Shared Goals: Measures include CAUTI, CLABSI, hand washing, pressure ulcers, standardization of early parenteral nutrition, standardization of sedation to decrease ventilator days, difficult airways identification, and obtaining ETCO2 for SICU patients.

Team Incentives: Monthly educational seminars, providing CCRN materials to help RN team members prepare for certification exam, and recognition of a job well done. Seeing a critically injured patient walk out of the hospital is the best incentive.

Team Building Example(s): Team members have been trained in TeamSTEPPS, participate in Daily Goals Rounds to advocate for patients, discuss and solve "real time" patient issues during daily huddles, and have an opportunity to interact and collaborate outside the unit during monthly educational sessions designed to help staff nurses obtain CCRN status.

TEAM PERFORMANCE

Team Contributions to Improving Value and Enhancing Care

- Team diligently works to improve patient safety through eliminating CLABSIs and decreasing central line use.
- No central line infections for the past 6 years.
- Working to eliminate CAUTIs and decrease Foley usage.
- Developed safer transport of the critically ill inpatient, earlier mobility in the SICU, family-centered visitation process for patients, and SICU delirium education for nursing.
- ETCO2 monitoring for all patients, point-of-care lab technology in the SICU, hi-flow nasal cannula, work stations on wheels to facilitate staff care at the bedside, and comfortable recliners so that families can remain at the bedside.
- "Stand Up to Violence" is a unique, NYS Department of Justice-funded, hospital-based violence interruption program. It supports victims and families of trauma related to crime and goes out into the community to help interrupt violence associated with retaliation.

Team Impact on Delivering Care that Reduces Patient Suffering

- Implementing a culture of safety and making quality care a priority reduces adverse patient outcomes and improves overall patient and staff satisfaction.
- Team seeks the opinions of other members when making important decisions about patient care.
- The SICU Collaborative works closely with hospital services to provide quality care to reduce patient suffering. This includes: Pain Management, Palliative Care, "Stand Up to Violence," and the Patient Experience Team.
- Team efforts to reduce suffering extend to the family, whom they view as partners in care.
- Patients and families are kept informed and involved every step of the way. All staff members exhibit compassionate, connected care for every patient and family, every time, every day.

Outcome Highlights

PATIENT EXPERIENCE

Overall Patient Experience

- Press Ganey scores for the SICU, step-down unit, and surgical units are often the highest of all inpatient units.
- Rankings for Rate the Hospital 0-10, exceed the 50th percentile for the NY Peer Group.
- Rankings for Rate the Hospital 0-10 are at the 99th percentile when compared to all other NYC Health + Hospitals facilities.

Patient Evaluation of Teamwork

- Mean score for this area is 90 ± 2

SAFETY, CLINICAL, OPERATIONAL, COST

Safety

- Identification of difficult airways
- Transport of the critically ill Inpatient (ED-SICU)
- Standardizing early parenteral nutrition
- Standardization of sedation to decrease ventilator days
- Clinical alarm monitoring
- Bedside report with anesthesia post OR procedure
- Early mobilization of the critically ill patient
- 6th Vital Sign
- Obtaining ETCO₂ for the SICU patients

Clinical Process

- Follow standardized bundle for central line placement and maintenance
- Follow standardized bundle for Foley placement and maintenance
- Follow standardized protocol for pressure ulcer prevention and care
- Follow bundles for prevention of ventilator associated events

Clinical Outcomes

- Measures include:
 - Ventilator associated events
 - CLABSI prevention
 - CAUTI prevention
 - Hand hygiene compliance
 - Self-extubations
 - Hospital acquired pressure ulcers prevention

Operational

- Average daily census
- Average length of stay
- Mortality rate
- Ventilator days
- Foley days

ENGAGEMENT

Overall Team Member Engagement

- Daily Goal Rounds include a one-page checklist reviewed by the chief with the team.
- Team consists of all of the patient's caregivers including: nurses, doctors, physician assistants, ancillary staff, respiratory therapists, nutritionists, pharmacists, social workers, and physical and occupational therapists.
- All team members are comfortable voicing their concerns and providing their opinions on what is best for "their" patient.
- Staff attends success celebrations, recognize each other for a job well done, and often stay after shift to support team.