

TEAM

AnMed Health is a Magnet®-designated, teaching organization with 70 locations based in Anderson, South Carolina. The organization's Intensive Care Unit (ICU) Team initiated a multidisciplinary effort in September 2015 to optimize ICU processes with the goals of reducing costs, reducing length of stay, improving quality of care, and increasing stakeholder involvement in the patient's plan of care.

SITUATION

AnMed Health's ICU is a 19-bed, combined medical and surgical critical care unit that cares for patients with heart failure, renal failure, respiratory failure, respiratory illnesses such as pneumonia and pulmonary edema, as well as patients with sepsis and other infectious diseases. ICU patients and families experience much suffering, including the stress of being hospitalized, the chance of patients contracting a hospital-acquired condition, and even the inconvenience families experience needing to travel to and from the hospital for extended periods of time. The ICU Team's primary goal in this effort was to optimize processes by bringing the collective knowledge of all stakeholders in the patient's care (e.g., physicians, nursing, Pharmacy, Respiratory Services, Care Coordination, patients, and family members) together to discuss each case individually. The team believed that a multidisciplinary approach to optimizing care processes would contribute to efficiency and quality, and lead to reduced costs, reduced lengths of stay, and improved patient and family experiences.

ACTIONS

The ICU Team approached patient care with patient safety and quality at the forefront of all decision making and implemented multiple best practices to optimize care, reduce costs, and reduce lengths of stay:

- Daily, multidisciplinary, bedside rounds co-lead by nursing and physicians
- A pain, agitation, and delirium assessment tool, and subsequent protocol and order set
- A sepsis protocol, and support for a sepsis coordinator
- An early mobility protocol that walks patients on ventilators, and early nutritional support
- Protocols and managed activities to reduce patient falls with injury
- An antibiotic stewardship program, good hand hygiene, and comprehensive unit cleaning processes to reduce hospital-acquired clostridium difficile (C. diff) rates
- Protocols for tubing and dressing changes to impact central line infection rates
- Evidence-based insertion and care protocols to impact catheter-associated urinary tract infection (CAUTI) rates
- Discussions during rounds about possible early catheter removal to reduce catheter-associated urinary tract infections
- Glucose management, thrombotic prophylaxis and stress ulcer prevention

IMPACT

The ICU Team's multidisciplinary approach to optimizing care helped it meet its goals of reducing costs and length of stay. For example, collaboration with Pharmacy resulted in a switch from intravenous to oral proton pump inhibitor medications. This change alone has saved close to \$10,000. The ICU Team's work on early mobility programs and in refining days on the ventilator has resulted in a decrease in overall ICU length of stay for patients admitted with sepsis, despite these patients' higher severity of illness. ICU length of stay is currently 2.7 days.

Since implementing the new care approach, the ICU has had no falls with injury and has exceeded the NDNQI® benchmark for 24 months. The unit has seen continued improvement related to C. diff infections for 13 months, including reducing unnecessary antibiotic usage. It also has sustained CAUTI rates below the NDNQI benchmark for eight consecutive quarters.

Overall patient experience performance for the ICU Team is the 75th percentile. In addition to high patient experience performance, employee engagement levels for the ICU exceed AnMed Health's organization-wide engagement performance on the manager, employee, and teamwork domains.