OBJECTIVES

- Improve ED/ICU plan of care for ED patients
- Create capacity in ICU ED by leveraging ED patients with possible
- Assigning vICU skill sets with appropriate test ordering (high patient, high床)
- Bring support for ED RN with care at bedside specially

PLANNING/RESEARCH METHODS

A collaboration between ICUs and ED for the Emergency Department Toward ICU-Free, Contained Bed Management and Throughput Nursing Feedback was conducted to identify areas of patients waiting in the ED for ICU/IMU beds. The ED RN and ICU/IMU staff were the critical members of a multidisciplinary team and were the primary and secondary points of contact. The goal of the project was to improve patient flow for those patients waiting in the ED for ICU/IMU beds. This included education of their roles.

IMPLEMENTATION METHODS

The lead of people, process, and technology was the focus of implementation efforts. The former comprised those components of any process or system that require people to work with or through them. The latter included the process of aligning ICU admit criteria with appropriate bed assignment (right patient, right bed). The vICU service was proposed to be a new method to improve patient flow for those patients waiting in the ED for ICU/IMU beds. The technology involved the use of a virtual ICU (vICU) to support the Emergency Department (ED) and patient care needs.

WORKFLOW

ED vICU Process

1. Start the vICU process
2. The vICU team will contact the Emergency Department (ED) with a consult order
3. The vICU team will provide care to the ED patient
4. The vICU team will complete the consult
5. The vICU team will provide feedback to the ED RN

FINANCIAL MODELING

2 month combined pilot period

<table>
<thead>
<tr>
<th>Month</th>
<th>Estimated Net New ICU Cases</th>
<th>Estimated Net New ICU Cases</th>
<th>Estimated Net New ICU Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pilot Period Month 1 = April /one.tab = May /one.tab = June /one.tab = July /one.tab</td>
<td>-3 (11.5%)</td>
<td>0 (0%)</td>
<td>3 (11.5%)</td>
</tr>
<tr>
<td>Pilot Period Month 2 = June /one.tab = July /one.tab = August /two.tab</td>
<td>1 (3.8%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
</tr>
</tbody>
</table>

RESULTS

During the course of a two-month pilot, an estimated net of 15 new ICU case beds were realized. Thirty-five of these were identified in the ED in forty-four of these from ICU length of stay reductions resulted from targeted care

| Pilot Period Month 1 = April /one.tab = May /one.tab = June /one.tab = July /one.tab | -3 (11.5%) | 0 (0%) | 3 (11.5%) |
| Pilot Period Month 2 = June /one.tab = July /one.tab = August /two.tab | 1 (3.8%) | 0 (0%) | 0 (0%) |

EXTERNAL ICU ADMISSION TREND

- Stable ICU to ED patient volume despite higher physician volumes

FEEDBACK EXCERPTS

- "I had the opportunity to utilize the virtual ICU doctor and I was very impressed and grateful. I was able to stop the DKA protocol without having to argue with one of the other ones to help out. This video process was absolutely remarkable. Thank you for getting this for us - ER RN"

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