

The ICU Paradigm Shift

ICUs are currently viewed as a critical, yet expensive, component of hospitals. However, with a shift in mindset and approach, critical care programs can become strategic assets to their facilities.

	OLD PARADIGM A Templated and Siloed Approach	NEW PARADIGM A Holistic and Interconnected Approach
<p>Operational Assessments</p>	<ul style="list-style-type: none"> • General overview of program size and scope • Questionnaire about performance data, operations, credentialing, and scheduling 	<ul style="list-style-type: none"> • In-depth questionnaire • Dialogue with clinical and ancillary teams • Onsite collaborative rounding for real-time discovery • Dynamic goal setting • Validating data abstraction
<p>Staffing</p>	<ul style="list-style-type: none"> • Fractional ICU coverage • Reliance on short-term staffing (i.e. locums) • Lack of consistent specialized training or support • Inadequate level of scope and support for APPs 	<ul style="list-style-type: none"> • 24/7 intensivist-led care • Optimized physician and APP coverage • Integrated telemedicine • Specialty training for clinical staff
<p>Access</p>	<ul style="list-style-type: none"> • Disjointed communication and clinical care • Increased ICU hold times in the ED • Delayed transfers out of the ICU • Geographical barriers to intensivist expertise 	<ul style="list-style-type: none"> • Strong medical director presence & leadership • Utilized admission and discharge criteria • Targeted care when and where it is needed • Keeping patients closer to home

With the shift to the new paradigm, the entire hospital experiences multiple benefits to cost and quality metrics.

<p>Quality</p>	<ul style="list-style-type: none"> • Enhanced interdisciplinary communication and collaboration • Decreased ICU and inpatient mortality and length of stay • Increased throughput into and out of ICU 	<p>Costs</p>	<ul style="list-style-type: none"> • Cross-subsidizing of costs and impacts • Integrated staffing coverage • Decreased staffing turnover and increased retention • Increased documentation accuracy • Increased CMI for reimbursement
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