

ED to ICU LOS

PI Initiative MTQIP

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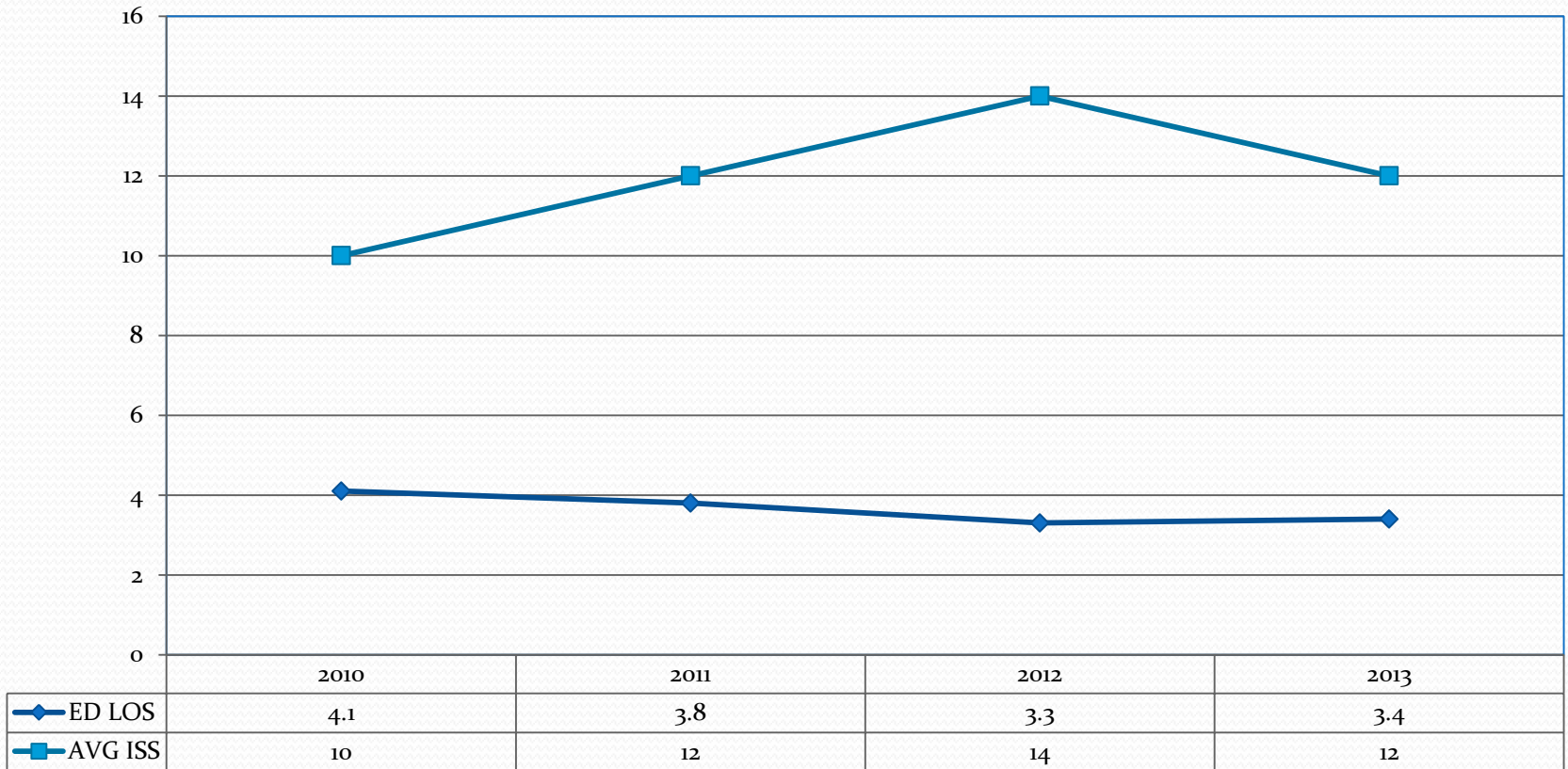
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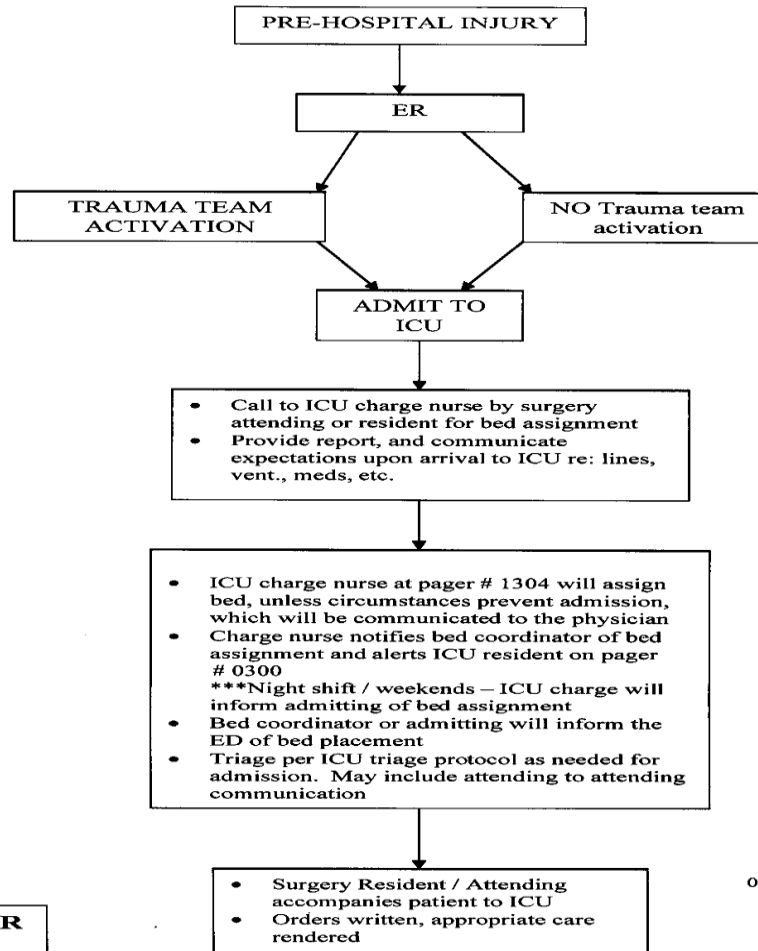


The Problem

ED to ICU / Year



Process Change



**ALGORITHM FOR
TRAUMA
PATIENTS
Admitted to ICU**

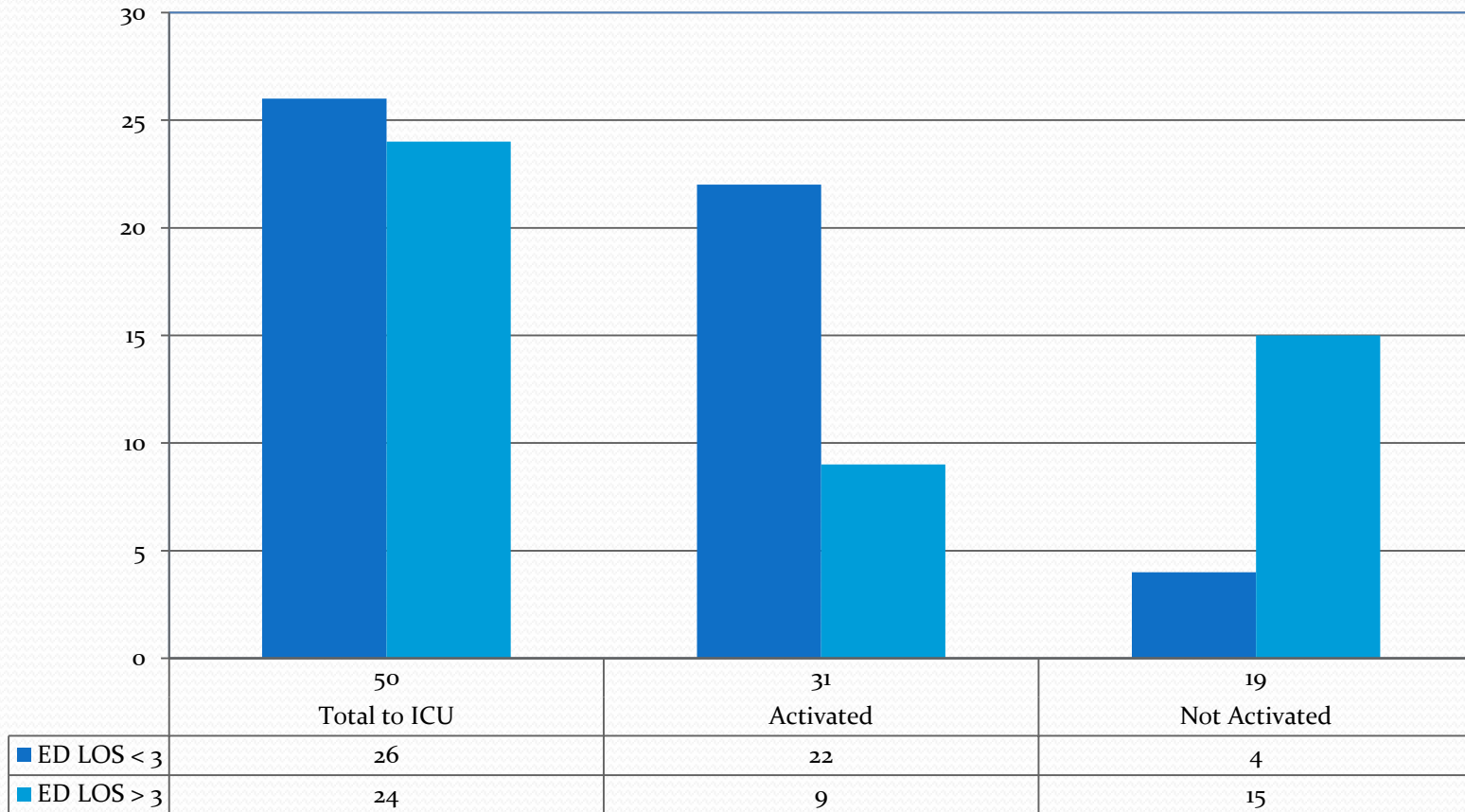
03/18/2011

Interventions

- Education RE: TTA criteria
- “WHY” critical patients to ICU quickly:
 - Better for patient care
 - Off load the ED staff
 - Maintain “ready” perception in ED for EMS
- Future - Review Trauma Activation Criteria
 - Include geriatric population
 - Fall From Standing
 - Age > 65
 - Anticoagulation therapy

Outcome (Results)

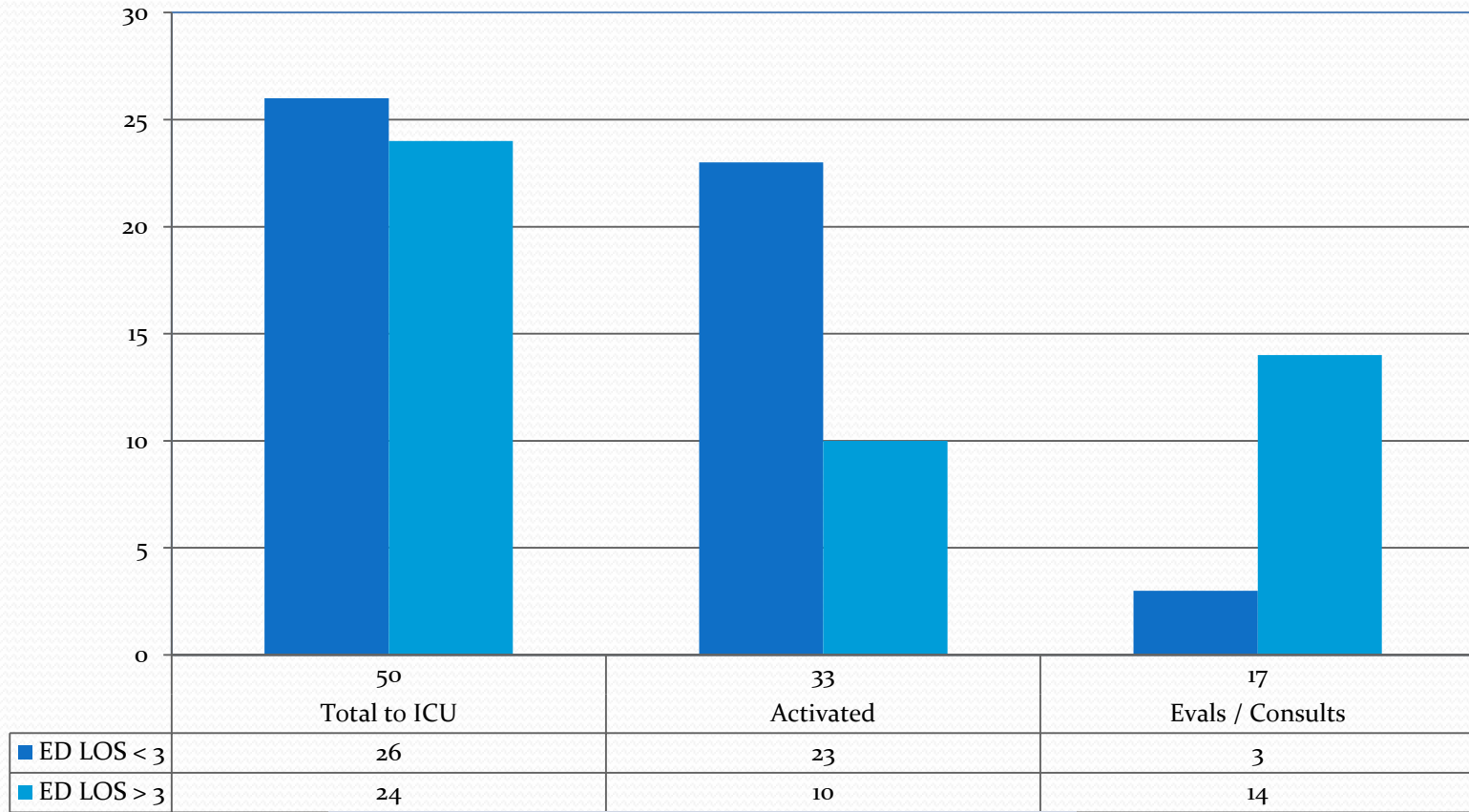
MTQIP ED to ICU Time Oct / Jan 2013



		ED LOS < 3hrs	ED LOS > 3 hrs
Total to ICU	50	52%	48%
Activated	31	71%	29%
Not Act.	19	21%	79%

Outcome (Results)

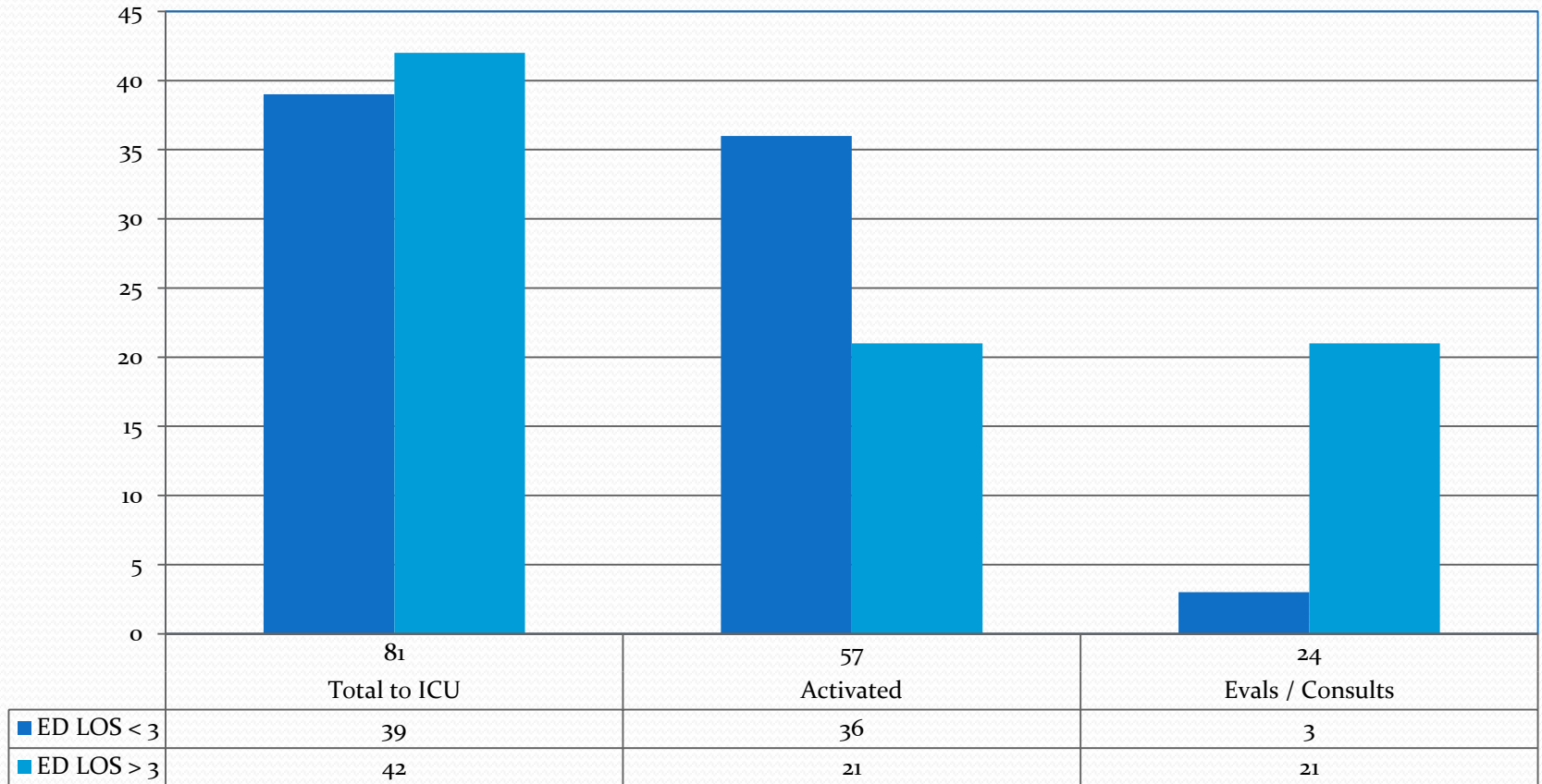
MTQIP ED to ICU Time Feb / May 2013



		ED LOS < 3	ED LOS > 3
Total to ICU	50	52%	48%
Activated	33	70%	30%
Evals / Consult	17	18%	82%

Outcome (Results)

MTQIP ED to ICU Time June / Sept 2013



		ED LOS < 3	ED LOS > 3
Total to ICU	81	48%	52%
Activated	57	63%	37%
Evals / Consults	24	12%	88%

Sustaining The Change

What Worked:

- ED to ICU algorithm
- Education:
 - Attendings
 - Residents
 - Nursing

Obstacles:

- CPOE – June '13
- June / July – new residents
- ICU nurses:
 - New ICU manager
 - Need to educate
- Better documentation for evals / consults

Future Directions

- Measure Trauma Activations ED – ICU
- Revise H & P:
 - Include time of notification when consulted
 - Include time of arrival when consulted
- Review Trauma Activation Criteria
 - Include geriatric population
 - Fall From Standing
 - Age > 65
 - Anticoagulation therapy

Questions??