


HealthLeaders^{Media} FACT FILE

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Intensive Care

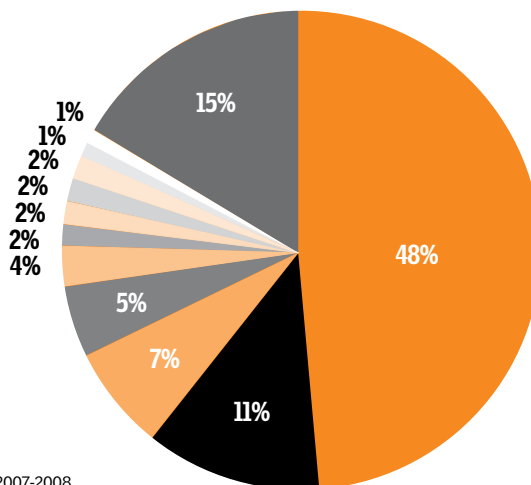
The intensive care unit is one of the most complex settings in the hospital, involving myriad specialists offering a broad spectrum of complex care to critically ill patients. While service lines such as cardiology and general surgery continue to top the list of ICU discharges, other kinds of procedures are seeing high growth in the critical care setting. Sleep studies top a list of high-volume

intensive care procedures with above average growth rates, according to one study, while nonchemotherapy injections and respiratory therapy are also seeing high growth. In the quality and patient safety realm, a study of ICU safety incidents found that problems related to communication, clinical management, and ICU management were a factor more than half the time. 

PHYSICIAN ACTIVITY PROFILE

This chart shows the percentage of intensive care procedures per critical care medicine specialist and includes both inpatient and outpatient care. Patient encounters account for the majority of activity. The leading intensive care diagnostics are pulmonary function tests at 7% of procedures per physician.

-  Hospital visits
-  Office visits
-  Pulmonary function tests
-  Critical care services
-  Consultations, inpatient
-  Consultations, office
-  Spirometry
-  Bronchospasm evaluation
-  EKG
-  Sleep studies
-  X-ray, chest
-  Other procedures



SOURCE: Thomson Reuters Physician Activity Database, 2007-2008

DISCHARGE TRENDS

In a six-year study of hospital intensive care discharge trends for Medicare patients, ICU patients represent on average 2% of discharges, 4% of patient days, and nearly 5% of total payments.

Year	Total discharge rate per 1,000 patients	ICU patient discharge rate per 1,000 patients	ICU patient average LOS	Mean ICU patient hospital payments
2001	361.5	7.33	12.0	\$19,271
2002	361.2	7.10	12.2	\$20,571
2003	361.3	7.08	12.2	\$20,623
2004	367.4	7.14	12.2	\$19,263
2005	369.1	7.16	12.1	\$19,869
2006	369.2	7.36	12.0	\$20,758

SOURCE: Thomson Reuters

ICU Improvements

The Society of Critical Care Medicine offers these guidelines for improving the quality of care in the ICU:

- 1. Start a conversation.** Although it may seem obvious, the first step to improvement must begin with a conversation with your ICU partners in care, hospital administrators, and colleagues throughout your community.
- 2. Improve nursing care through certification.** Although certification is not mandatory to practice critical care, a certified critical care nurse has specific training that is crucial for delivering safe and effective care.
- 3. Improve the skills of the non-ICU specialist.** Management of ICU patients can be challenging for practitioners not specifically trained in the treatment of the critically ill. Consider critical care training courses for your non-ICU specialists.
- 4. Standardize ICU practice.** Consistent practice guidelines can be used to develop protocols specific to your ICU. Keep protocols simple and visible so they can be easily referenced.
- 5. Reduce medication errors.** One method to reduce errors is through a computerized physician order entry system, but ICU care involves complexities seldom present elsewhere, so a CPOE system must be able to adapt to the multiple requirements of any given patient.
- 6. Improve the physical environment.** Have a design team work with healthcare personnel to craft a unit that meets the unique needs of patients and staff.
- 7. Measure your progress.** For accurate comparisons, use an assessment tool to gather, centralize, analyze, and share data from participating ICUs.
- 8. Be more visible.** Make yourself known to the people who can increase your ICU's visibility, including hospital public relations directors, television, print, and radio journalists, local legislators, and local businesses.
- 9. Advocate for better care.** Repeated advocacy efforts by many critical care providers are more effective than a single visit by a hospital administrator.
- 10. Implement a multiprofessional team approach.** An intensivist—a physician with subspecialty training or equivalent qualifications in critical care medicine—can direct the care of ICU patients by multiple practitioners.

SOURCE: Society of Critical Care Medicine, *Improving Your ICU: Tips for Better Care*

Upcoming Topic:
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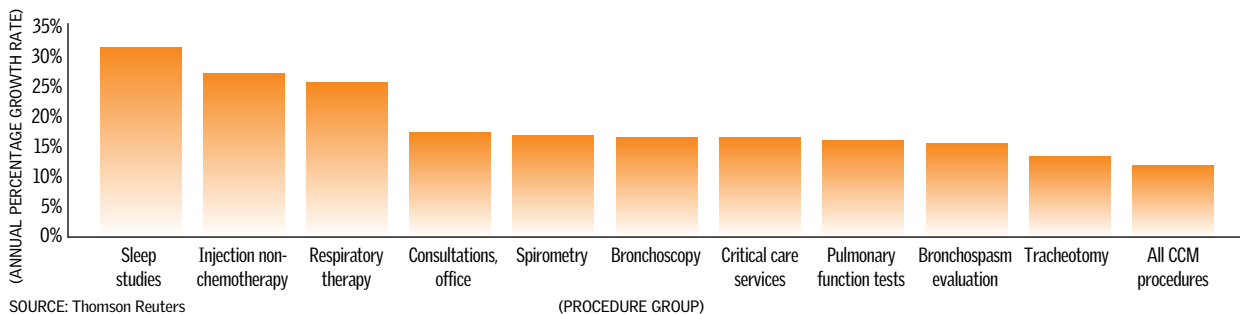
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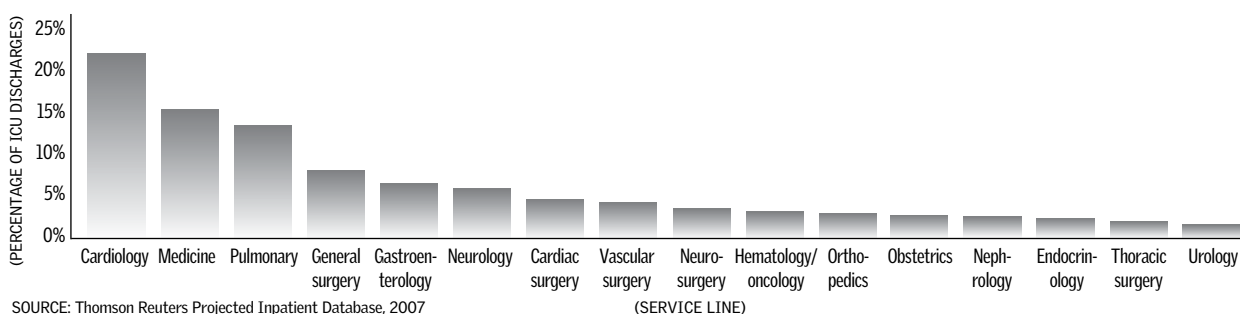
PROCEDURE GROWTH

Sleep studies top a list of high-volume intensive care procedures with above average growth rates performed by critical care medicine specialists. Procedures include both inpatient and outpatient care.



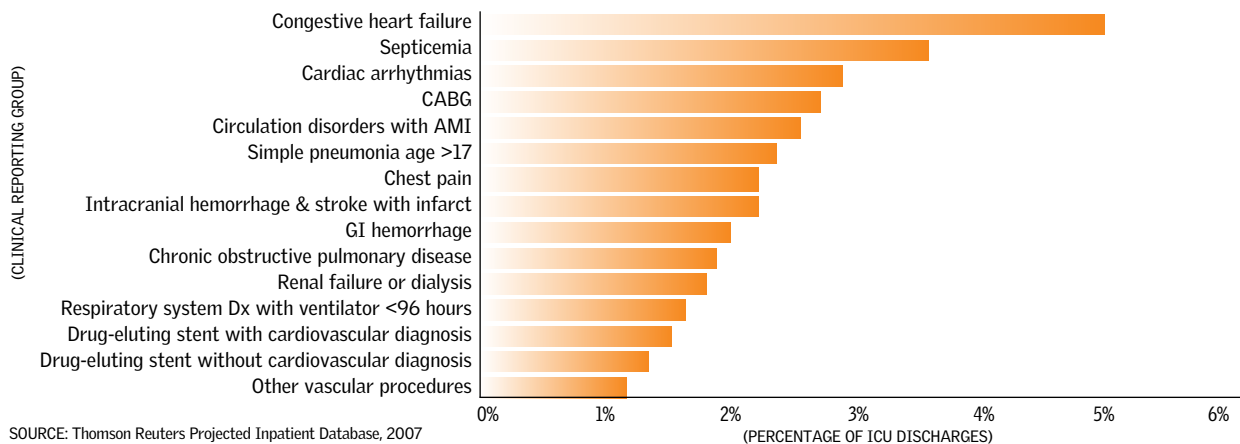
SERVICE LINES IN THE ICU

Cardiology is the leading service line for intensive care unit discharges followed by medical, pulmonary, and general surgery.



PATIENT COMPOSITION

Congestive heart failure is the leading clinical reporting group for intensive care patients, followed by blood infections and other cardiovascular diseases such as arrhythmias, coronary artery bypass graft, and circulation disorders with AMI.



WHAT'S BEHIND SAFETY INCIDENTS?

In an analysis of 646 ICU safety incidents involving adult medical patients and 707 incidents involving adult surgical patients, problems related to communication, clinical management, and ICU management were a factor more than half the time.

