



Personalized Approach to the Intensive Care Unit (ICU)

"The care is completely transformed from when I was a bedside nurse!" exclaimed Jennifer Burgett, MSN, RN, the Clinical Manager of Wooster Community Hospital intensive care unit. Burgett was discussing a new concept being implemented in the hospital's intensive care unit called "ICU Liberation." This approach to ICU care can change not only the patient's outcome, but also works with a medical team concept and involves the patient's family in every aspect of care.

The ICU Liberation approach is a collaborative that is supported by the Betty and Gordon Moore foundation. After a personally harrowing experience in an ICU, the Moores set-up a grant to change the way care is offered across the country. They took applications from hospitals nationwide. Seventy-seven hospitals were chosen—five of them in Ohio. WCH received an acceptance letter in June of last year. "We started preparations," Dr. Bruce Arthur explains, "and went live in January. In that time we have had a lot of great success. Sedation is much improved; our ventilator hours have almost been cut in half; and length of stay has been reduced."

What does this approach mean to the patient? "It has changed the way we

deliver care in the intensive care unit. The communication between all the different disciplines all occurs in front of and with the patient and family during rounds - at the same time every day - so that everyone knows the exact direction that the care plan needs to go," says Karen Steiner, MSN, RN. Steiner continues, "The family is involved in the plan. We might ask them questions about things that have happened at home, or things that they would know about the patient that can drive some of the decisions the team makes."

One of the major breakthroughs has come in getting patients up to walk with a ventilator. In traditional intensive care settings, patients are generally heavily sedated and sedentary, which often leads to additional problems that might require treatment down the road. In the ABC bundle approach, many of the changes are affected by and dependent on the other. Dr. Arthur discusses, "When you start taking individual strategies and bundle them - it's synergistic!" In order for patients to get up and about with the ventilator, sedation is adjusted, and the timing for being off the ventilator has become standardized as well. When a patient was ready to go off the ventilator "we used to do that any time of day," says Dr. Arthur. "Now our average time is

6:30a which gives the team a full 12-hours with everyone onsite in the event of any issues."

With the new increased visiting hours, family members are not only free to be

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— *Linda Wigton*

present with their loved ones, but are available to assist in many ways. And there is no longer the worry on the



part of the family that if they leave the patient's side to get a bite to eat or get some rest that they might miss seeing the doctor and asking questions. Having team rounds at the same time everyday has streamlined this and insured that all members of the patient's care team are available to both patient and family every day.

Involving the family has greatly increased both family and patient satisfaction during the difficult experience of having a loved one in need of critical care. Linda Wigton, a recent patient to the unit shared, "I thought it was great and so did my family. You knew when they were going to make rounds. All departments were represented, everyone from the doctor, nurses, rehabilitation, food service—everybody. So we all knew what the plan would be for the day and if there were any changes everybody was on the same page." In past experiences, Wigton and her family had been frustrated by having doctors and other caregivers coming in and out of the patient room all day and making changes. "My family knew rounds would be around 9:00a so they could be there, ask questions and know just what was going on."

The advantage of being able to stay local can have a tremendous impact on the experience. "Usually when I get sick I have had to go to a different hospital. I was so happy to be able to stay here," added Wigton. "The program is so very beneficial to everyone involved—patients, family, doctors, and the whole staff."

These daily team rounds have also "decreased phone calls and interruptions" shares Burgett, so nurses and other staff are free to spend more quality patient care time. Nurses are no longer the go-between with family and care staff. Communication is direct and questions are answered on the spot.

A special brochure has been developed specifically for family members and visitors stressing the value they play in the care of their loved one. A new family satisfaction survey has also been implemented to track feedback and use it to continue to improve and refine protocol and care.

Dr. Arthur summarizes the impact of the ICU Liberation approach, "Overall, I think the most important part of it is that it has allowed us to catch up to bigger institutions with our ICU. We are excelling at what we do and are able to keep people in their community and provide the same level of care they would get in Cleveland or Akron."

The staff is thrilled with the outcomes as well. Says Steiner, "I've never worked anywhere where there are so many people who want to be here. It's a passion and a calling and I think that's what makes our hospital so special."

Patient Wigton shares, "I thought the care was great. I was impressed with everyone... The ICU staff couldn't have been better."



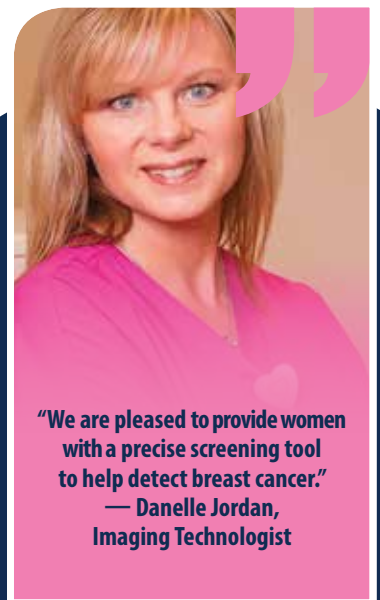
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Front Row (L to R): JoAnn Panno, Kathie Burille, Patient Linda Wigton, Christine Herouvis and Jennifer Jaquay.

Back Row (L to R): Melissa Hammerly, Jennifer Peterson, Karen Steiner, Phil Maletich, Dr. Bruce Arthur, Jennifer Cauley and Rita Abboud.