

Aim

Decrease the Critical Care Length of Stay of Ventilated patients originating in Chilliwack by 20 % by June 2019

Background

The management of critically ill patients is incredibly complex and involves a multi-disciplinary team approach. The specialty is changing extremely quickly with new techniques and a changing understanding of optimum aggressive management of these patients. The intensive care unit at Chilliwack Hospital manages a steady volume of high acuity patients. This results in a significant burden on Internal medicine physicians at Chilliwack to ‘keep up’ with the quickly expanding field of critical care, in addition to the numerous other aspects of general internal medicine that they practice in a community hospital environment. This situation leads to frequent transfers of patients to other ICUs, which extends their length of stay and impacts patient care. The addition via telemedicine of a specialist in intensive care during daily rounds will augment the knowledge and decision making capacity of the Chilliwack Internist allowing for a positive impact in patient care and reduced transfers and length of ICU stay for ventilated patients.

Project Design & Strategy

The change we are testing is having a tertiary Intensivist attend (via telemedicine link) daily rounds on patients on Mechanical Ventilation at Chilliwack General Hospital on weekdays for a period of 6 months. The Intensivist will offer advice to the CGH team on management strategies for these patients.

SPECIFIC Changes Made

- Consistent timing and attendance in daily rounds
- Adoption of Tele-intensivist as team member in rounds
- Additional bedside education for entire multi-disciplinary team



Results

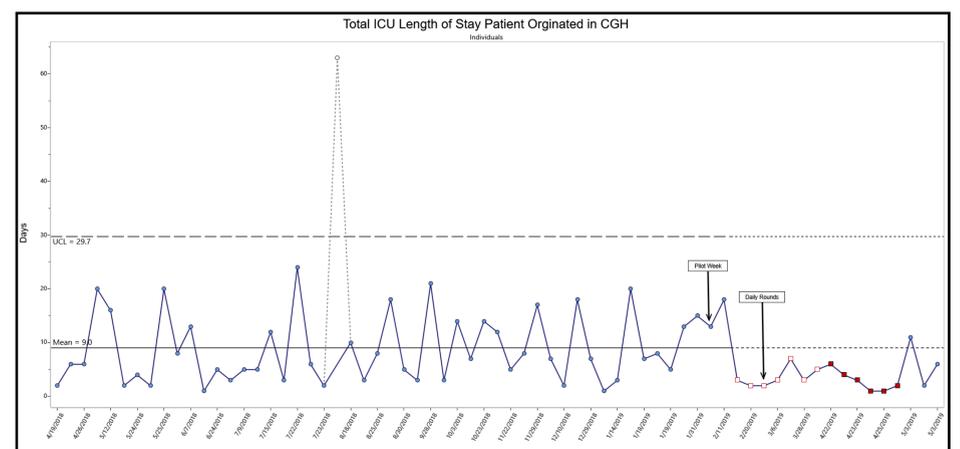
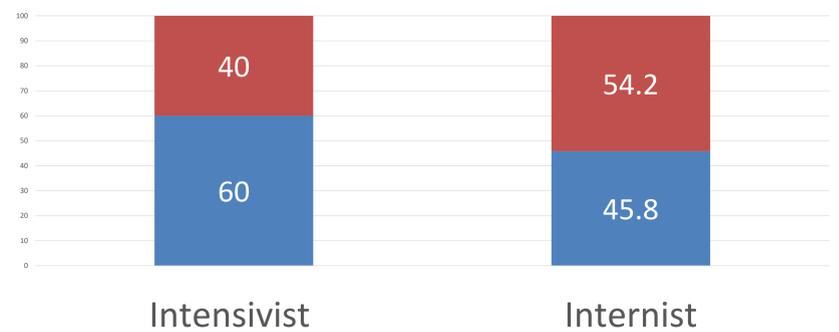
Total patients consulted (Mar 1 – May 8 2019) 37 PATIENTS

Staff Survey Results

CGH RNS (31 responses)

- 100% felt Virtual rounds improved patient safety
- 98.6% felt Virtual rounds improved their confidence that their patient was receiving the best possible care

Do you think the co-rounding changed the plan for the patient today?



Mean ICU LOS pre intervention 9.0 days
Mean ICU LOS post intervention 3.8 days

58% REDUCTION IN ICU LENGTH OF STAY

Lessons Learned

- 1) Voice quality in a loud ICU can be variable and is improved with an external speaker and education on creating a “quiet zone” around the team that is participating in virtual rounds
- 2) Comfort on the part of the rounding team with tele-rounds can be improved with pre-emptive education

Next Steps

- Tele-rounds will continue at CGH to allow for further data collection and evaluation on their ongoing impact on LOS
- Additional sites are being considered for implementation of tele-rounds

Team

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