Critical Care success stories from NICHE hospitals are detailed in this sixth entry in the NICHE Solutions article series. The initiatives described in these stories detail the successful application of best practice solutions related to NICHE Clinical Improvement Models and other NICHE resources. Developed in collaboration with NICHE designated hospitals, the series covers a wide range of clinical and organizational topics.

In addition to the Critical Care stories, the Solutions library contains these geriatrics-related categories: COMMUNICATION, MEDICATION, DELIRIUM/DEMENTIA, URINARY CATHETERS, ENVIRONMENT, FUNCTION & FALLS, INTEGRATED SYSTEM IMPLEMENTATION, GERIATRIC PATIENT CARE ASSOCIATE, NUTRITION/ELIMINATION, the EMERGENCY DEPARTMENT and PATIENT/FAMILY EDUCATION. New Solutions stories and categories are created to offer improvement strategies to NICHE hospitals and affiliate sites.

Critical Care


“Although efforts to prepare for the graying of the world’s population began in the 1960s, now, early in the 21st century, clearly these efforts have fallen short—the number of health care providers trained to care for older adults is greatly insufficient. Nowhere is this insufficiency more evident than in critical care. As a result in a 2008 report from the Institute of Medicine (IOM),1 John Rowe suggested that all health care providers must become more competent in the care of old adults.” (p. 3–4)

Solution No. 5

Title: Reducing Delirium with a Team Approach. Author: Cathy Hebert, RN, GCNS-BC, Mission Hospital, Asheville, North Carolina.

SOLUTION: Reduce the incidence of delirium and improve the recognition/diagnosis of delirium through the use of nationally recognized best practices embedded in the electronic medical record.

Solution No. 29

Title: Acuity Adaptable Care Delivery Model. Author: Kristy Todd, MSN, FNP-BC, RN-BC, Clinical Nurse Specialist, Saint Mary’s Health Care, Grand Rapids, Michigan.

PROBLEM: Rapidly deteriorating conditions that occur with older adult patients and frequent in-hospital transitions that can cause missed or delayed treatments, medication errors and patient falls.

SOLUTION: Incorporating an evidence-based acuity adaptable care delivery model that helps hospitals reduce the number of transfers, decrease length of stay (LOS) and improve patient satisfaction.

Solution No. 31

Title: Supporting a Family-Centered Care Model in ICU Implementation of a Volunteer Program. Author: Nancy Merrill, Patient Care Manager, Halton Healthcare Services, Oakville, Ontario, Canada.

PROBLEM: Older adult patients in the ICU and their families are anxious and feel marginalized, and the care team alone cannot always satisfactorily meet their needs.

SOLUTION: Development of an integrated Family Centered Care Model including a volunteer program to assist the team and improve the ICU experience.

Solution No. 32

Title: Impact of Palliative Education on ICU Nurses’ Moral Distress. Authors: Catherina Madani, RN, MSN, Cassia Chevillon, RN,
MSN, Mary Hellyar, RN, MSN and Jane Georges, RN, PhD, UC-San Diego, Thornton ICU, San Diego, California.

PROBLEM: Lack of emotional preparedness training nurses need to care for critical care patients over an extended period of time or at the end of life (EOL).

SOLUTION: Initiative to educate nurses about the need and benefit of palliative care in an ICU setting.

References