

Promoting Shorter Stays in the ICU & Reducing Days on Mechanical Ventilators

ICU Length of Stay

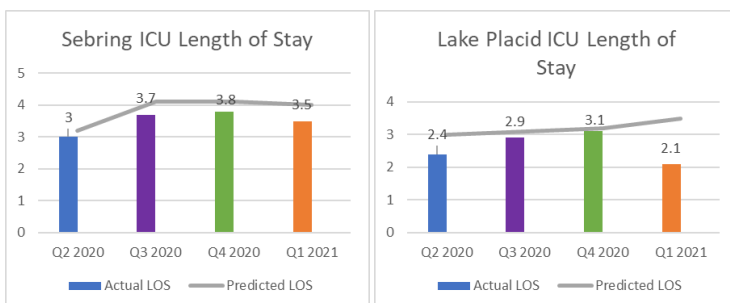
At AdventHealth Sebring and AdventHealth Lake Placid, a hospital department of AdventHealth Sebring, the care teams participate in multidisciplinary rounds daily to plan for the patient's release from the Intensive Care Unit (ICU) starting on the day of admission. The team includes:

- Nurses
- Care managers
- Pharmacists
- Physical therapists
- Physicians

Complementing on-site caregivers is the tele-ICU service, providing 24/7 availability of board-certified physicians who can remotely monitor a patient's condition and communicate with the care team using high-definition video teleconferencing equipment installed in each ICU room.

The bedside care team, supported by the tele-ICU service, ensures that we are able to provide the highest standards of care for our critically ill patients, reduce the number of days spent in an ICU bed, and improve outcomes for our patients. Longer stays than necessary in the ICU can result in weakness, cognitive decline, and other complications.

To make sure we are keeping our patients safe, we review data that compares the average number of days each patient spends in the ICU (actual LOS) with the average number of days predicted by a widely used benchmark (predicted LOS). Staying below the predicted number of days is associated with improved patient outcomes.



Safety goal: bars stay below the gray line

Days on a Ventilator

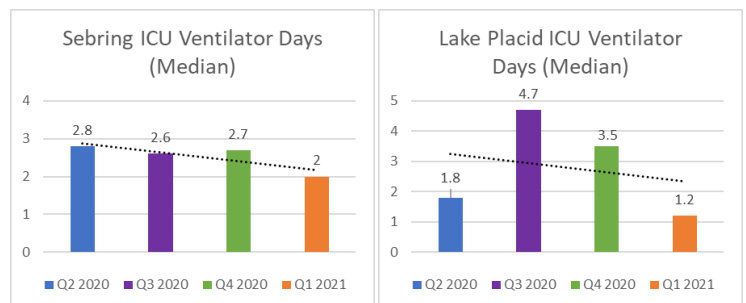
The standard treatment for patients who are unable to breathe on their own is to sedate them and put them on a ventilator. In a hospital ICU, patients on ventilators are typically weaned off the device after a few days when it's determined that they can breathe on their own. When patients remain on a ventilator for a prolonged period, their risk for several complications increases. Examples of these complications include ventilator-associated pneumonia, ulcers in the mouth, and pressure injuries (bed sores).

To improve patient safety and quality, our care team uses a ventilator bundle, which is a set of known best practices. This bundle includes:

- Elevating the head of the bed
- Daily "sedation vacations"
- Daily assessments to determine if patients can be taken off the ventilator
- Interventions to prevent stomach ulcers and blood clots
- Oral care

Ventilated patients also receive interventions to promote mobility and shorten their length of stay in the ICU. These might include turning and repositioning in the bed, range of motion exercises, or even getting patients out of their beds and into chairs for a while.

To measure our improvement, we review the median number of days our patients spend being ventilated. We compare our data to other hospitals in our health system and to external benchmarks.



Safety goal: decreasing trend (.....)