

The Critical Care Resource Intensivist Model: An Essential Component to Critical Care Nursing

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Introduction

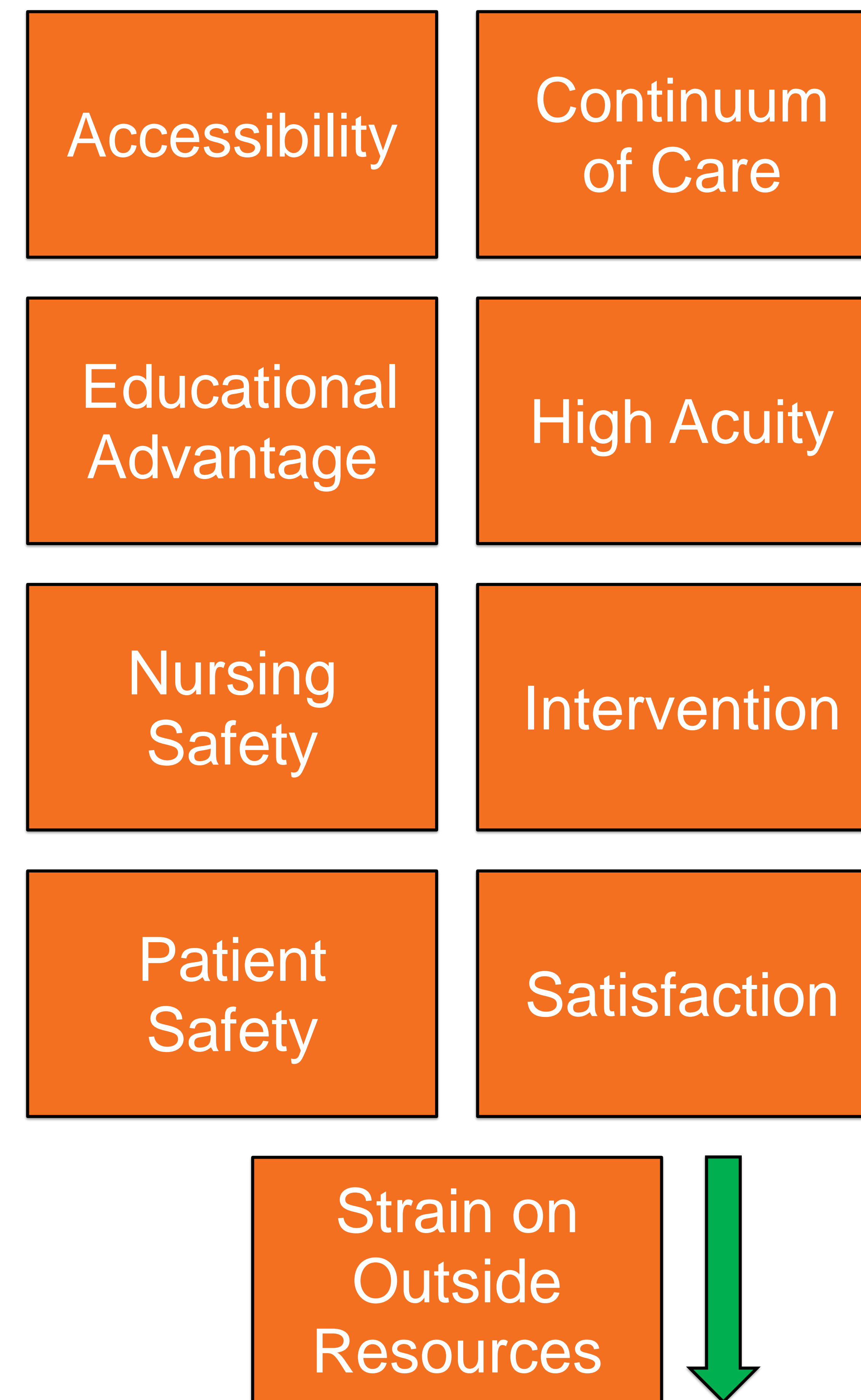
Critical Care (CC) is an essential, in-patient hospital-based service. Staffing guidelines recommend 24/7 in-house intensivist coverage. Gaps in CC coverage were identified at our large, academic Level 1 trauma center and urban county safety net hospital. A multidisciplinary team of fellowship-trained CC doctors from the Departments of Anesthesia, Emergency Medicine, Medicine, Neurology, and Surgery was created. This team, called the Critical Care Resource Intensivists (CCRI), fills gaps in CC coverage and provides in-house CC support throughout the hospital, primarily at night. Few studies have evaluated the impact of 24/7 in-house intensivist coverage on CC nursing. This research group hypothesized that having CCRI coverage is beneficial to CC nursing.

Methods

An anonymous, voluntary survey was sent to all CC nurses who worked at night in the Cardiac, Medical, Neurologic, and Surgical ICUs and the Rapid Response teams. The survey was sent out prior to, concurrent to, and one-year post implementation of CCRI. Survey results were aggregated via an electronic cloud-based survey tool. A total of 130 night nurse responses were received and used in the analysis. Answers were categorized into pre- and post-CCRI strata. Two investigators (KR & MC) separately coded the data using mixed deductive and inductive approaches to identify common themes from the free-text answers. A few of the responses fit into more than one theme due to the length of the response.

- While working nights in the ICU, is there an Attending available for your patient care needs?
- While working nights in the ICU, how often are non-emergent procedures performed with an Attending present?
- While working nights in the ICU, is there progress of care, such as extubations, removal of central lines, Foley catheters, downgrade orders by a rounding Attending?
- While working nights in the ICU, how often does an Attending arrive to the bedside in a timely manner?
- While working nights in the ICU, do you ever have concerns about availability of getting an Attending provider?
- How many years have you been a nurse?
- How long have you been at UF Health as an RN?
- Do you have any concerns/comments about having an Attending at night/afterhours for just ICU patients?
- Do you ever have concerns about availability of faculty in the ICU?

Results



Conclusions

CCRI was uniformly and unanimously felt to improve patient care and decrease strain on outside resources. The nine common themes shown in orange were clearly identified throughout the survey responses. The results further confirmed the hypothesis by showing the essential need of, and benefit of, an in-house CC doctor – not only for patient care, but also for satisfaction and retention of CC nurses. Additionally, the need to expand the CCRI model across institutional campuses was evident. These responses demonstrate the strong support of the CCRI model by CC nurses.

Future Recommendations

- Investigate the impact of 24/7 in-house intensivist coverage on CC doctor/nurse team dynamics and CC nursing retention
- Study how CCRI could improve recruitment, education, and growth of CC nursing
- Study the expansion of CCRI to other hospitals within the health system

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