



Multi-purpose ICU Rooms Flexible



Rice Memorial Hospital in Wilmar, Minnesota in the United States is all set to implement a new integrated caring approach to intensive care through the use of acuity-adaptable rooms that will be incorporated with a medical and surgical unit that is capable of adjusting to either a general patient or an intensive care patient.

It is felt that this approach will create more flexibility and will also result in the availability of more resources for intensive care nurses. Jessica Vagle, Director of Adult Health and Care Management Services believes this will make care better and will provide more support to the staff.

The intensive care model was part of a study that was conducted by the hospital two years ago. The objective of the study was to identify utilisation trends as well as develop a plan for the future use of hospital space. The study reported that hospital care is migrating towards outpatient services, but Rice Hospital had more inpatient capacity that it was using at the time. Efforts have thus been made to make the facility more efficient and to lower the hospital's operating costs.

The idea to integrate intensive care within the medical and surgical unit emerged as hospital executives and department brainstormed on how to make the system more efficient. Rice invested nearly US\$300,000 in renovating 10 patient rooms in acuity-adaptable rooms. Observation windows and extra nurses' stations were added to be able to monitor intensive care patients more closely.

Under the new system, there is no doubt that the patient's ICU experience will change. There will be fewer physical transfers into an out of an ICU, and instead patients will generally remain in the same room throughout their stay. Families will have greater access to lounge areas and conference rooms and some acuity-adaptable rooms will have futons, enabling family members to stay overnight if they choose to do so.

Vagle points out that the reduction in transfers from one unit to another will reduce errors that sometimes happen during handoffs and transfers. ICU nurses will have more support and will be less isolated.

The only expected downside from this integration is the loss of the patient's sense of improving when they are moved out of the ICU. It is an emotional benchmark, but the Rice team is confident that this can be addressed by making things clearer to patients. The organisation plans to track the success of this new approach through patient satisfaction surveys, employee surveys and clinical benchmarking.

Flexibility and adapting to changing needs have become key for hospitals, said Vagle. "In this day and age, nimbleness is the name of the game. We continually have to think of new ways to deliver the care to the community."

Source: [West Central Tribune](#)

Image Credit: Rand Middleton, Tribune

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