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Quality Improvement Activity: Care transition from ICU to a Med-Surg Unit

On July 25, 2020 a patient involved in a motor vehicle accident was admitted to the surgical intensive care unit. The patient suffered from multiple facial bone fractures, 5 broken ribs, a fractured left femur, and had significant swelling all over. The patient spent two days on the unit to stabilize before being taken to surgery to repair the broken bones and allow the physicians to assess for any further trauma. The surgery was successful, and the patient was able to have all of his fractures repaired. After being transferred back onto the surgical intensive care unit and being monitored for post-op complications, the TPCN did a quick general assessment and decided that the patient looked excellent and was stable enough to be transferred to a med-surg unit to continue healing. The patient mentioned that they felt that the cast was a little snug, but the ICU nurse disregarded this claim as she was very busy and felt that this simple issue could be resolved after transfer. However, upon arrival to the Med- Surg unit, the patient begins to complain to the receiving nurse of a burning and tingling sensation in his upper left leg. The nurse quickly assesses for the 6 P's (pallor, paresthesia, poikilothermia, paralysis, pulse, pain) and determines that the patient's signs and symptoms are consistent with that of compartment syndrome. The nurse also decides to draw a Complete blood panel on the patient and notices that the white blood cell count is 17,000/mm^3 indicating infection. The nurse quickly notifies the physician and prepares the patient for a fasciotomy. Once the patient arrives in the operating room, the physician realizes that this particular case of compartment syndrome is severe and has done extensive damage to the affected fascia. The physician completes the surgery and orders that the patient be started on the antibiotic Vancomycin and transferred back to the intensive care unit to be monitored closely.

Describe the scenario. In what way did the patient care or environment lack? Is this a common occurrence?

In the scenario above the patient underwent extensive bone reconstructive surgery after a motor vehicle accident. After post- op observation in the Intensive care unit, the patient was transferred to a med-surg unit and found to have a severe case of compartment syndrome in his left lower leg which led to a severe infection of the fascia in the affected area. The patient care was lacking during the period of observation after the initial surgery. If the ICU nurse was observing the patient per protocol, they would have noticed the patients complaints were indicative of compartment syndrome. Compartment syndrome can occur after a severe injury such as a fractured bone after a car accident and usage of a tight bandage such as a cast on the area that has been operated on. The nurse should have listened to their patient and performed a focused assessment on the affected areas. It is common for nurses to ignore their patients complaints when they think there might be some exaggeration involved. However, it is our job to listen to our patients needs in order to provide them with quality care.

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What circumstances led to the occurrence?

The circumstance that directly led to this occurrence was the busy ICU nurse that did not take an adequate amount of time to thoroughly assess the post-op patient well enough to identify that they were developing compartment syndrome before deciding to send them to med-surg.

In what way could you measure the frequency of the occurrence?(interviewing nurses, examining charts, patient surveys, observations, etc.)

The frequency of occurrence of the premature transfer of critical patients to a step-down unit or med-surg floor could be measured in a number of ways: interviewing nurses, reviewing incident reports, and reviewing the average length of hospital stays in relation to readmissions to critical care floors. Research has shown that the length of stay is significantly longer for patients that end up needing to be transferred back to an ICU rather than compared to those who are permanently moved to a med-surg unit. The longer a patient is required to stay in a hospital, the more likely they are to experience complications.

What ideas do you have for implementing interventions to address the problem?

Implement nursing protocols regarding the transfer of critical care patients that hold critical care nurses more accountable for the safety of the transfer.

- Create a checkoff list the nurse can use to guide their observations and have them sign the completed list.
- Require that the critical care nurse do a detailed bedside report to the nurse that they are transferring the care of the patient to.
- Provide incentives for the unit when they reach a specific number of patients with no readmits to the critical care unit.

How will you measure the efficacy of the interventions?

Measuring the efficacy of the interventions can be done by looking at the number of readmissions to ICUs from step-down/med-surg floors after implementing nursing protocols regarding the readiness for transfer in critical care patients.