Adult Intensive Care Unit Standard Intents

ICU.1 Qualified physician is responsible for managing the adult intensive care unit.

ICU.1.1 The adult intensive care unit is directed by a physician qualified in critical care medicine by education, training, and experience.

ICU.1.2 The unit head takes the overall responsibility for the operation of the unit.

Standard Intent:

The clinical care, patient outcomes, and overall management of the ICU require a person who is qualified in critical care by education, training and experience. The director takes the overall responsibility of the unit.

ICU.2 The adult intensive care unit nurse manager is a qualified registered nurse.

ICU.2.1 The nurse manager is a registered nurse qualified by education, training and, experience in managing critically-ill patients.

ICU.2.2 The nurse manager develops and collaborates with other departments as needed for developing policies and procedures for the unit (e.g., policies and practices related to infection control).

Standard Intent:

The clinical care, patient outcomes, and overall management of a hospital are only as good as the clinical and managerial activities of each individual department or service. Good departmental or service performance requires clear leadership from a qualified individual by education, training and experience.

ICU.3 The adult intensive care unit is covered by qualified medical and nursing staff.

ICU.3.1 The intensive care unit is covered by physicians qualified in managing critically ill patients twenty-four hours a day, seven days a week.

ICU.3.2 Medical staff working in the adult intensive care unit are certified in advanced cardiac life support (ACLS) and are trained on fundamental critical care support.

ICU.3.3 Nursing staff working in the adult intensive care unit are certified in advanced cardiac life support (ACLS).

Standard Intent:

There are qualified staff members (physician and nurses) in ICU to provide safe and effective care and treatment to patients in ICU all the times during the day. Education, background, experience, training, and/or certification must be consistent with the scope of services in ICU, the population served, with the needs of patients.

ICU.4 The adult intensive care unit has admission and discharge criteria.

ICU.4.1 The adult intensive care unit identifies its own population based on age and diagnosis related groups.

ICU.4.2 The admission and discharge criteria are defined in writing.

ICU.4.3 The criteria for admission are based on physiological parameters.

ICU.4.4 The criteria are developed collaboratively between relevant staff.

ICU.4.5 In an open ICU setting, the Most Responsible Physician (MRP) is the admitting consultant whereas in a closed ICU setting, the MRP is a member of the medical staff in the ICU.

Standard Intent:

Managing the patient in intensive care units are costly and usually are limited in space and staffing, hospitals may restrict admission to only those patients with reversible medical conditions. To ensure consistency, the criteria should be physiologic-based and developed collaboratively between the relevant ICU staff. The criteria are used to determine direct entry to the unit; for example, directly from the emergency department. The criteria are also used to determine admission into the unit from within the hospital or from outside the hospital (such as when a patient is transferred from another hospital).

ICU.5 The adult intensive care unit has an effective handover process.

ICU.5.1 There is a documented evidence of handover between physicians at change of shift.

ICU.5.2 There is a documented evidence of handover between nurses at change of shift.

ICU.5.3 There is a documented evidence of handover between intensive care nurse and the unit/ward nurse at the time of transfer to a lower acuity of care.

Standard Intent:

Effective communication, which is timely, accurate, complete, unambiguous, and understood by the recipient, reduces errors and results in improved patient safety. Breakdowns in communication can occur during any handover of patient care and can result in adverse events, background noises, interruptions, and other distractions from unit activities can inhibit clear communication of important patient information. Standardized, critical content for communication between the patient, family, caregiver, and health care providers can significantly improve the outcomes related to handovers of patient care. Handovers of patient care within a hospital occur

- Between health care providers, such as between physicians and other physicians or health care providers, or from one provider to another provider during shift changes;
- Between different levels of care in the same hospital such as when the patient is moved from an intensive care unit to a medical unit or from an emergency department to the operating theatre; and

From inpatient units to diagnostic or other treatment departments, such as radiology or physical therapy.