

Special Care Units For The Critically Ill: *Providing Key Technology While Also Meeting Emotional/Social Needs*

The Challenge:

Chronically and critically ill patients need holistic care that intensive care units often are not designed to provide.

The Goal:

Provide the best technology while also allowing nurses to focus on patients' emotional and social needs

An Innovative Solution:

Nurse-managed "Special Care Units" as a companion to ICUs.

What It Is

- A unit that is physically separate from the regular intensive care unit. Nurse case management is the care delivery system, with medical care delivered by one attending pulmonologist.
- Patients are transferred to the SCU following a five-day stay in the ICU and remain in the SCU until discharge.

Where To Learn More

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What It Does

- Acknowledges that aggressive use of sophisticated technologies is not sufficient to restore an acceptable quality of health to patients who have experienced prolonged periods of critical illness. Instead, it is important to alter the environment, tend to social and emotional needs, and explicitly re-evaluate goals of care.
- Altering the physical environment and the usual care processes to provide a more balanced and tailored approach was successful in improving outcomes, while reducing costs.
- Addresses physical care needs of critically ill patients as well as the psychological impact of critical illness – addressing coping, depression, and life satisfaction after critical illness.

How It Stands Out

- Studies have shown a significant reduction in "cost per survivor," (that is, effectiveness as measured by the total costs of the program and the number of patients successfully discharged from the hospital) as well as a reduction in early re-hospitalization rates, with no increase in mortality or complications.
 - Readmission rates to the hospital within three weeks of SCU care were 8%, compared with 20% where traditional ICU care was involved.
 - The average cost per survivor was \$109,220 in the SCU, vs. \$138,434 in the traditional ICU care.
- At its launch in 1990, represented one of the first attempts to re-conceptualize how care is delivered, to change the traditional focus on physiologic and psychological interventions and outcomes, to incorporate families within the plan of care, and to formally establish quality of life goals.
- During the unit's first six years of operation, requests for consultation were received from 75 facilities/organizations, in 35 states and four foreign countries.