

## A Year of Programs in Critical Care

When launching the Critical Care Leadership Network (CCLN), GNYHA and United Hospital Fund set as one of the group's primary goals facilitating cutting edge, critical care education for clinical staff across GNYHA member hospitals. Regardless of hospital size or teaching status, CCLN envisioned that all critical care clinicians should have access to the national expertise that exists in the GNYHA membership. Supporting this priority was CCLN's determination that standardizing and centralizing education for intensive care unit (ICU) staff and physicians-in-training will translate to less variation in patient care, better adherence to evidence-based practice guidelines and, ultimately, better patient outcomes.

Primarily led by critical care fellowship directors, CCLN also started out with the belief that valuable graduate medical education dollars could be spent more efficiently by cutting faculty and logistical costs and thus set out to design a series of high-quality programs—to be held at GNYHA—that would utilize local attending physicians as faculty. CCLN also designed the programs to highlight the depth of critical care expertise in the region, while leveraging our collective resources to train and develop our own hospital critical care staff.

This issue of the *Health Care News In-Depth* reviews CCLN's programs and accomplishments over the past year.

### Critical Care Ultrasonography

In October 2007, CCLN held its first education program: an intensive four-day course for critical care fellows in capturing and interpreting images on portable ultrasound devices—a course that was repeated in 2008. Portable ultrasound devices are increasingly important for the critical care setting because of their transportability, which offers the possibility to make more accurate diagnoses and to better perform certain procedures at the bedside without having to move a patient.

North Shore-Long Island Jewish Health System's Dr. Paul Mayo served as the lead faculty for this program, offering intensive, "hands on" instruction to first year pulmonary/critical care fellows who were accompanied by at least one senior attending physician from their hospital. Each instructor was assigned two fellows for the hands on portion of the training, during which the fellows practiced their skills on actors hired to portray patients. CCLN encourages hospitals

to enroll fellows in this training for each year of their three-year fellowships, allowing fellows to refine their skills while building the hospitals' internal capacity for ultrasound. CCLN plans to expand the program to include training of attending physicians in the future.

### Therapeutic Hypothermia

In December 2007, CCLN hosted a symposium developed and largely delivered by Dr. Stephan Mayer, NYP/Columbia University Medical Center, on therapeutic hypothermia. Research findings strongly suggest that therapeutic hypothermia improves mortality rates and functional outcomes for certain cardiac patients—presenting a potential new protocol in critical care delivery. The CCLN program focused on identifying appropriate patients for this treatment, the management of these patients, and organizational issues around implementing hypothermia protocols. Many attendees left the program

intending to adopt therapeutic hypothermia as part of the course of care for patients at their hospitals.

Medical staff from the Fire Department of New York City (FDNY) also attended the CCLN program and subsequently invited the directors of the intensive care units and emergency departments across New York City to a meeting to discuss the development of a comprehensive, Citywide protocol for providing therapeutic hypothermia to eligible cardiac arrest patients. FDNY anticipates launching the project in Winter 2008-09.

### End-of-Life and Palliative Care in the ICU

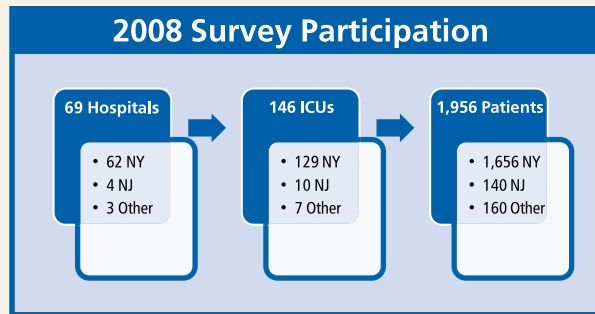
While focused on clinical care delivery, CCLN presented a March 2008 conference focused on clinician and patient/family communication at the end of life. The first half of the program comprised presentations highlighting the current New York State landscape

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## The CCLN 24-Hour ICU Survey

In each of the past two years, CCLN surveyed critical care units in GNYHA's membership over two 24-hour periods with the goal of collecting primary source data regionally to assess all aspects of ICU care delivery. The information that emerged from the data allowed CCLN to focus on specific areas where critical care staff need additional education, forming the basis of the CCLN Educational Series.

GNYHA received responses from 132 ICUs, representing 64 hospitals and 1,740 patients. The survey was refined based on lessons learned in 2007 and re-administered on March 25, 2008. In this second year, 146 ICUs, representing 69 hospitals and 1,956 patients, responded to the survey.



for surrogate decision making at the end of life and strategies for communicating effectively with patients and their families about these decisions. The second part of the day was spent on building skills and discussing strategies for improving the quality of such communications, specifically with regard to the patient's transition to palliative care and clarifying appropriate goals for care.

Speakers included experts from GNYHA member hospitals, who presented case studies and discussed the conceptual, ethical, and operational aspects of providing end-of-life care. In addition, program attendees took part in simulated communications training using typical scenarios in the ICU for patients receiving end-of-life care, their families, and the clinical teams who care for them.

### Postoperative Care of the Cardiac Surgical Patient

In April 2008, CCLN hosted a daylong educational program on *Postoperative Care of the Cardiac Surgical Patient*, designed to provide practical instruction on the care, preparation, and transport of cardiac patients from community hospitals to hospitals with cardiac surgery services, as well as caring for post-cardiac surgery patients in the ICU. Program participants were provided with hands on exposure to technology and devices in addition to a group discussion of case studies with expert faculty—Dr. Robert Sladen from NYP/

Columbia University Medical Center and Dr. Vladimir Kvetan from Montefiore Medical Center, in particular.

### Specialty Critical Care in the Medical/Surgical Unit

CCLN fellowship directors expressed a need to have critical care and internal medicine fellows and nurses trained to better care for patients with special needs in medical/surgical ICUs. The program held at GNYHA on June 17, 2008, covered both “Burn Management: The First Three Days” and “Fundamentals of Surgical Critical Care.” The first half-day session focused on early care of patients with major burns. Speakers assumed that, although definitive care of patients with major burns is best provided at a burn specialty facility, health care providers at other facilities may be responsible for the early care of such patients before they are transferred, especially in multi-casualty events or disasters. The session reviewed the fundamentals of the comprehensive management of major burn victims up to 72 hours after a burn incident, covering

topics such as resuscitation; inhalation injury; early wound treatment; physiologic support; and special topics such as mass casualty triage protocols, chemical and electrical injuries, abuse, preservation of function, and environmental and pain control.

The second half of the day examined surgical critical care and the management of patients by critical care professionals who are not surgical specialists. Although several cross-cutting themes—such as resuscitation versus diuresis, surgical versus non-operative management, and when to call for surgical support—framed the sessions, specific topics focused on hemorrhagic shock, pancreatitis, thoracic and pelvic trauma, as well as ischemic bowel and colonic ischemia.

### Critical Care Networks: A Partnership Model to Improve Patient Outcomes

In addition to the daylong educational programs, GNYHA and UHF hosted a two-day conference—*Critical Care Networks: A Partnership to Improve Patient Outcomes*—in January 2008. The conference was funded by a grant from the Agency for Healthcare Research and Quality (AHRQ).

More than 300 physicians and nurses participated in the conference, which covered issues ranging from clinical issues and patient outcomes to the public policy implications of administrative data, graduate medical education (GME) funding, and the impact of workforce shortages on the delivery of patient care and patient flow. Conference speakers, including many national experts in critical care from GNYHA member hospitals and CCLN, demonstrated the intersection between clinical practice and health care policy. The conference underscored the need for physicians and nurses to use a team approach to improve quality of care and patient outcomes. ■

*The Critical Care Leadership Network is just one of a number of GNYHA initiatives to improve health care quality and patient safety. For more information about GNYHA's initiatives on critical care, contact Zeynep Sumer (zsumer@gnyha.org). For information on GNYHA's overall quality and patient safety initiatives, contact Terri Straub (straub@gnyha.org). For information about root cause analysis training and perinatal safety, contact Lorraine Ryan (ryan@gnyha.org).*

*Additional information about all of GNYHA's quality and patient safety initiatives is also available in the Quality section of its Web site at [www.gnyha.org](http://www.gnyha.org).*