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IMPROVING THE TRANSFER OF MEDICALLY COMPLEX PATIENTS FROM THE CARDIAC INTENSIVE CARE UNIT TO THE CARDIOLOGY INPATIENT WARD

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Background Readmission to the cardiac intensive care unit (CICU) increases LOS and cost, negatively impacts patient experience, throughput and resource allocation. A review of unplanned readmissions to the CICU identified that transfer of care and monitoring practices were not differentiated based on patient specific risk.

Objectives To increase days since last readmission to the CICU within 48 hours of transfer by defining patients at increased risk and standardizing key transfer processes.

Figure 1

Conclusions Transfer of care processes and outcomes for patients at increased risk of CICU readmission have improved. These interventions can be spread to other hospital units with the hopes of achieving similar results.