

Posted Sep. 27, 2007

HEALTH CARE

ICU initiative improves care for R.I. patients

PROVIDENCE – Health care leaders from across the state gathered in Providence today to mark the end of Phase I of the Rhode Island Intensive Care Unit Collaborative and celebrate its achievements.



The ICU Collaborative – formed by the Rhode Island Quality Institute, Quality Partners of Rhode Island and the Hospital Association of Rhode Island to augment existing hospital quality-improvement programs – is an effort to improve the quality and safety of care for adult ICU patients, by reducing length of stay, complications and related costs.

SUCCESES in Phase I, over the past 2 years, include paring the rate of catheter-related bloodstream infections in adult intensive-care patients statewide by 58 percent.

The peer-to-peer team-sharing strategies it employs have proven successful in similar quality-of-care drives coordinated by Johns Hopkins University, the collaborative said. But the Rhode Island effort “was unique from the start,” in achieving 100-percent participation.

Over the past two years, it has succeeded in “improving the culture of safety” in more than 90 percent of adult ICUs in Rhode Island; eliminating all ventilator-associated cases of pneumonia for six consecutive months in nearly half of the state’s ICUs; and decreasing the rate of catheter-related bloodstream infections in ICU patients by 58 percent.

With a total of 263 adult ICU beds, Ocean State hospitals care for more than 16,000 such patients each year.

“Research has suggested that ICU complications, such as bloodstream infections, more than triple the risk of death and add an average of \$35,000 in cost to an ICU stay,” Laura L. Adams, president and CEO of the Rhode Island Quality Institute, said in a statement. “With every adult ICU in the state engaged in this effort, Rhode Island is well on its way to becoming the safest place in the nation to receive ICU care.”

The effort’s success “demonstrates that all involved in health care need to continue to work collaboratively, sharing solutions and driving positive change,” said H. John Keimig, CEO of Quality Partners of Rhode Island. “Health care needs to continuously challenge itself to ensure that every policy, performance and protocol is leveraging the best practices in quality improvement and patient safety.”

The program’s management costs have been underwritten by Blue Cross & Blue Shield of Rhode Island and UnitedHealthcare of New England, while internal costs have been covered by the participating hospitals.

“We’re very enthusiastic about the work being accomplished through the ICU Collaborative,” said Jim Purcell, president and CEO of BCBSRI.

“Phase I has produced compelling results,” agreed Stephen J. Farrell, CEO of UnitedHealthcare of New England, adding: “When leaders such as these come together for a cause as worthwhile as the ICU Collaborative, the results are impressive. The medical evidence to support this ICU initiative is at the core of the UnitedHealthcare mission to ensure patients are as healthy as possible throughout their lives.”

All ICU units in the state have agreed to continue the collaborative’s work, by participating in the second phase that began Sept. 1 and will run through Aug. 31, 2009, while BCBSRI and UnitedHealthcare have agreed to continue their financial support.

Goals for Phase II include “continuing the momentum established during Phase I and raising the bar on the care provided to ICU patients in our state,” the group said in a statement.

“Measuring and improving clinical performance has long been a top priority for hospitals in Rhode Island,” HARI President Edward J. Quinlan said in a statement. “The results of the Rhode Island ICU Collaborative are among many examples of how care is improved through the sharing of best practices and a commitment to quality and patient safety.”