

## **TL4b**

Provide one example, with supporting evidence, of a Nurse Manager's advocacy for resources to support a unit goal.

### **Example b: Nurse Manager Advocates for Tele Intensive Care Unit Carts to Monitor Stepdown and Intensive Care Status Patients**

#### **Unit Goal**

Remote monitoring of Intensive Care Unit (ICU) patients by Tele Intensive Care Unit (eICU) nurses and intensivists has been a safety strategy at WakeMed Health & Hospitals since 2012. Using technology to provide critical care services to a patient remotely, the eICU improves patient outcomes and decreases length of stay. eICU nurses monitor ICU and step-down patients from a remote location and partner in caring for patients in all adult ICUs at WakeMed and in patient rooms that are not hardwired but have access to mobile monitoring carts. As the volume of patients has increased, and more patients are boarding in emergency departments (ED) awaiting step-down and ICU placement, strategies to safely monitor them were examined by eICU Nurse Manager Shelly Deifer, BSN, RN, CCRN-E and intensivists in July 2022.

The WakeMed eICU unit Quality Committee Charter goal is to “monitor the quality of care delivered and develop strategies and tools aimed at maintaining quality patient care based on evidence-based practice.” To monitor the quality of care provided to step-down and ICU status patients, eICU clinical nurses must use equipment with high-definition audio and video as well as integrated software tools to remotely access the patient's data, treatment information, and clinical plan of care. At WakeMed, eICU carts are used when a patient's room is not hardwired to provide remote access. The deployment of the eICU mobile cart is therefore imperative to meet the unit goal of providing quality care. ([Evidence TL4b-1, eICU Quality Committee Charter](#))

#### **Nurse Manager Advocacy**

In early July 2022, Deifer met with David Kirk, MD, Chief Clinical Integrations Officer, Pulmonary and Critical Care, to examine ways in which the ICU staff could provide additional support for patients and nurses in the EDs. They discussed how patients boarding in the EDs is linked to increased mortality and morbidity and how a robust telemedicine option has been proven to decrease those risks to step-down and ICU status patients.

On July 25, 2022, Deifer met with Sabrina Tyndall, DNP, RN, NEA-BC, Executive Director Nursing, Cary, to advocate for monitoring step-down and ICU status patients boarding in the EDs. Deifer requested the reallocation of 12 eICU carts, currently available to support inpatient step-down and ICU status patients, to fulfill the eICU goal of delivering high-quality patient care to patients boarding in the EDs. Deifer asked Tyndall if the mobile carts could be used on step-down status patients as well as ICU status patients in the EDs, as suggested by best practices in the literature. ([Evidence TL4b-2, Deifer Meeting with Tyndall July 25, 2022](#))

Deifer contacted Robin Tate, BSN, RN, CEN, Nurse Manager, Raleigh ED, to discuss a consistent process for getting boarder patients on a mobile cart for monitoring. In a July 29, 2022 email to Kirk, Deifer summarized her conversation with Tate about how to establish a workflow for ED clinical nurses to use the mobile carts effectively on step-down and ICU ED boarder patients.

On August 4, 2022, Deifer emailed Karen Weaver, MSN, RN, CEN, Nurse Manager Garner ED, to advocate for piloting the use of one mobile cart for step-down and ICU status patients at the freestanding Garner ED. The Garner ED was selected because it sees the highest acuity patients.

Deifer continued to advocate for expanding the use of the mobile carts outside the traditional ICU and inpatient step-down status setting to all the Healthplex EDs. Weaver agreed to be the first Healthplex ED to pilot the eICU mobile carts. ([Evidence TL4b-3, Deifer Meeting with Tyndall August 15, 2022](#)) Due to the limited surveillance at the Healthplex locations, Deifer needed to partner with Bioengineering to advocate for expanded mechanisms of telemonitoring surveillance to enable the mobile carts to be used at the Healthplex EDs. The following met on August 15, 2022 to address eICU capacity to cover ED boarder patients: Deifer; Kirk; Tyndall; Daniel Fox, MD, Executive Medical Director, Hospitalists; Craig Mangum, MD, Wake Emergency Physicians; Marcy vanSchagen, MSN, RN, CNL, Director System Capacity & Patient Placement, Clinical Administrators; and Christie Hatch, MSN, RN, CEN, NE-BC, Director Emergency Services. Deifer was responsible for ensuring each location had the proper number of carts to meet patients' needs. ([Evidence TL4b-4, Telemedicine in the ED Summary Email August 15, 2022](#))

### **Acquisition of Resources**

Deifer advocated for 10 of the 12 mobile carts to be used for monitoring patients in the EDs. Six carts went to Raleigh ED to monitor step-down and ICU status patients, two carts to North ED, two carts to Cary ED, one cart to Garner ED, and the last mobile cart was out of service. Deifer's advocacy to acquire eICU carts to meet the needs of boarding ICU and step-down status patient in the EDs resulted in the eICU clinical nurses meeting their unit goal of providing high-quality patient care. ([Evidence TL4b-5, eICU Mandatory August 2022 Staff Meetings](#))