The Faculty of Intensive Care Medicine

CRITICAL AIMS

Enhanced Care: Bridging the gap between the ward and critical care to ensure patients receive the right treatment, in the right place, at the right time and by the right people

1. We must change the way we deliver care as patient demographics have changed
People are living longer, often with multiple long term conditions, and when admitted to hospital are likely to be sicker and at increased risk of deterioration. Critical Care should be involved in service developments to ensure these patients can be monitored and receive interventions in a safe environment.

2. The balance between supply and demand needs to be addressed in light of these changes
Complex patients and advances in medicine have led to an increasing requirement for monitoring and interventions not previously delivered on a normal ward. Despite many of these patients not meeting the criteria for admission to critical care it has become the safest place to receive this enhanced level of care. This creates additional pressure on critical care, which is already working at capacity.

3. To improve hospital efficiency new models of delivery of care should be explored
Some patients are not admitted to critical care due to lack of resource, they may not be referred in the first place, or there may be a significant delay in admission resulting in pressure in other departments, particularly the ED.

4. Staff caring for sicker patients must be competent to do so
Patients remaining on a normal ward still require increased monitoring, putting pressure on the multi professional team caring for them.

5. Patients should receive the care they require in a safe environment
Many organisations have addressed this by developing a service that sits between the ward (level 0-1) and critical care (level 2 and 3). These areas have a variety of names but one thing they all have in common is the enhanced care that the patients are able to receive.

6. The delivery model should be flexible enough to meet local needs
The drivers for development and implementation vary, dependent on local need. This may be specialty related, such as acute medicine, procedure related, such as elective surgical pathways, or patient related, such as the pregnant or recently pregnant woman.

7. It is essential to understand that Enhanced Care is not high dependency care
It is important that there is an overarching governance structure, involving critical care, to ensure that the service delivered in these areas is both safe and appropriate.

8. Delivery of enhanced care should be a multi professional collaborative
Under normal circumstances intensivists will not deliver enhanced care but their involvement, either job planned or ad hoc, will add to the educational opportunities in these areas and facilitate seamless transition between enhanced care and critical care.

9. Attention to minimal safe staffing requirements in essential
With the patient as the focus, the care to be provided by an enhanced care service should be determined first, followed by the competence/skills of the multi professional team required to deliver this. Consideration of the initial and continual educational needs is essential prior to implementation.

10. Appropriate allocation of funds will allow more patients to be cared for
There are patients admitted who receive no organ support. Development of Enhanced Care services will be an efficient use of limited NHS resource, reducing the requirement to increase the number of high dependency beds.