

Date sent: **Mon, 30 Apr 2007 14:52:25 -0400**
From: **"MacLeod, Bruce" <BMACLEOD@mercy.pmhs.org>**
Subject: **RE: [emap] ICU borders - CONFIDENTIAL PA PEER REVIEW PROTECTED**
To: **'Emergency Medicine Association of Pittsburgh' <emap@list.pitt.edu>**
Send reply to: **Emergency Medicine Association of Pittsburgh <emap@list.pitt.edu>**

The agreement that is in place is: if there is a ICU patient in the ED 4 hours after the decision to admit, and there is an "ICU nurse" (.whether it is an ICU nurse or a mandated ED nurse was not discussed) who would be assigned to that patient and would be available almost exclusively for that patient then the ICU ATTENDING would come down and assume care of the patient.

Rose has mentioned that she is being asked to use extra ED nurses to cover these sort of situations. The ICU attendings, represented by Dr. Greer, have said that they will not assume care unless there is a specifically assigned nurse for that patient.

Gary,
It sounds like you proceeded in a reasonable and patient focused fashion.

Ty
bam

-----Original Message-----

From: emap-bounces@list.pitt.edu [<mailto:emap-bounces@list.pitt.edu>] On Behalf Of Brader MD, Eric Sent: Monday, April 30, 2007 12:16 PM To: 'Emergency Medicine Association of Pittsburgh' Subject: RE: [emap] ICU borders - CONFIDENTIAL PA PEER REVIEW PROTECTED

Was there also - and there's more - the admitting residents refused to write orders on the patient - since the patient wasn't in the ICU. There were open beds in the ICU - so if an ICU nurse was called in - the pt could have gone upstairs. Instead the ED was dumped on we had a busy night. Krish then solved the problem by sending the patient to a monitored bed - 10T which triggered a whole new round of resident dumping. Subspecialty then tried to dump to the hospitalist service - since usually the hospitalist covers cards patient.

EB

-----Original Message-----

From: emap-bounces@list.pitt.edu [<mailto:emap-bounces@list.pitt.edu>] On Behalf Of Pollock MD, Gary Sent: Saturday, April 28, 2007 12:43 AM To: ['emap@list.pitt.edu'](mailto:emap@list.pitt.edu) Subject: [emap] ICU borders - CONFIDENTIAL PA PEER REVIEW PROTECTED

1106427

Pt tonight seen and dxed with CHF, + enz. Needs ICU care. No ICU bed available and the nursing supervisor told me that the pt would need to stay all night here in the ED. I asked for a critical care nurse to watch the patient. I spoke with the patient and offered him and the family transfer, however, the pt had a recent cath by Krish and would prefer to stay here. (I spoke with him about the need to stay in the ED tonight and he is ok with that). I told the nursing supervisor that I would need an ICU nurse to watch the patient and was told that she spoke to Mary Ann Foley who said that one of the ER nurses would have to watch the patient one on one.

My understanding is that the hospital is supposed to provide a critical care nurse for this scenario. What it appears they are doing is mandating an ED nurse to stay tonight to take care of him. Seems suboptimal in my opinion.

Bruce/Kaveh - anything else I could have or should have done and can this be addressed as this is not how I remember the policy. Am I incorrect? Thanks Gary As part of its commitment to providing state-of-the-art services, Mercy is proud to feature The Mercy Joint Replacement Center - an extension of its orthopedic and rehabilitation services. Let Mercy help you. Call 1-800-232-5660. www.mercylink.org

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