



**LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES  
HARBOR-UCLA MEDICAL CENTER**

**SUBJECT:** CRITICAL CARE PHYSICIAN SERVICES

**POLICY NO.** 360B

<b>CATEGORY:</b> Provision of Care	<b>EFFECTIVE DATE:</b> 3/99
<b>POLICY CONTACT:</b> Jay Thomas, MD	<b>UPDATE/REVISION DATE:</b> 12/21
<b>REVIEWED BY COMMITTEE(S):</b> Critical Care Committee, Pediatric Critical Care Committee	

**PURPOSE:**

To provide guidelines for the provision of medical care to intensive care unit (ICU) patients.

**POLICY:**

Harbor-UCLA Medical Center physician staff will provide a certain minimum standard requirement for the provision of care to critically ill patients throughout all intensive care units within the hospital.

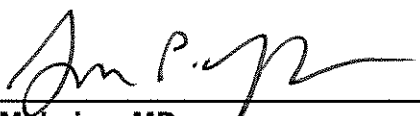
1. An ICU patient is defined as a patient who is either admitted to an ICU or designated for admission to an ICU bed with one of the following:
  - a. Acute respiratory failure requiring mechanical ventilatory support (both intubated and non-invasive support) for  $\geq$  12 hours;
  - b. Hemodynamic instability requiring ongoing fluid or blood product resuscitation or use of vasopressors or inotropes;
  - c. Acute myocardial infarction, ongoing myocardial ischemia, unstable ventricular and supraventricular arrhythmias, post-percutaneous cardiac interventions, cardiac tamponade, or advanced heart failure;
  - d. Acute kidney injury requiring continuous renal replacement therapy (CRRT);
  - e. Other major organ failure requiring care in an ICU setting.
2. A credentialed critical care (CC) physician will primarily manage or provide ongoing co-management for all ICU patients (as defined above).


**PROCEDURE:**

1. A credentialed CC physician will be actively involved in primarily managing or providing ongoing co-management for all ICU patients.
  - a. The CC physician will be notified of an ICU patient by the primary service at the time it is recognized that the patient requires ICU level care. For patients requiring surgical ICU admission due to their intraoperative or Post-Anesthesia Care Unit status having unexpectedly become critical, the **chief resident or attending** from the respective surgical subspecialty service must speak (in person or by phone) directly with the surgical intensive care **attending** prior to the patient's arrival in the surgical ICU.

**REVISED:** 1/12, 2/13, 10/13, 4/17, 12/21

**REVIEWED:** 2/02, 2/05, 3/11, 1/12, 2/13, 10/13, 4/17, 12/21

**APPROVED BY:**   
 Anish Mahajan, MD  
 Chief Executive Officer

  
 Anish Mahajan, MD  
 Chief Medical Officer

  
 Jason Black, MBA, DNP, RN  
 Chief Nursing Officer



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- b. The CC physician will evaluate the ICU patient within 24 hours of being notified.
  - c. The ICU patient will be seen on rounds at least once daily and, if needed, more frequently, by the CC physician.
  - d. The CC physician will be actively involved in the critical care management of the ICU patient 24 hours a day, seven days a week. This involvement will include the oversight of and order writing for all therapies related to critical care (e.g., ventilator management, vasopressor use).
2. The type of critical care physician involved for each patient will be determined according to the primary service and the nature of the patient's critical care needs. As a general guideline, however, the critical care physician to be involved will be:
- a. Medical Critical Care (Division of Cardiology or Division of Respiratory and Critical Care Medicine and Physiology) for patients primarily on services within the Departments of Medicine and Family Medicine.
  - b. Surgical Critical Care/Trauma or Anesthesiology Critical Care for patients on services within the Departments of Surgery, Orthopedic Surgery, and Obstetrics & Gynecology.
  - c. Pediatric Critical Care for patients on services within the Department of Pediatrics, with the exception of Neonatal ICU patients who will be covered by Neonatology.
  - d. Neurocritical Care for patients primarily on services within the Departments of Neurology and Neurosurgery.
3. Credentialing of critical care physicians will be determined by the Credentials Committee based on the recommendation of the Department Chair. The minimum suggested requirement for critical care privileges is **(one of the following)**:
- a. Completion of an ACGME-approved fellowship with board eligibility/board certification in medical critical care, surgical critical care, anesthesia critical care, pediatric critical care, or neonatology,  
**OR**
  - b. Training in critical care as part of an ACGME-approved residency program with documented experience in the management of critically ill patients (if  $\geq$  two years since completion of the residency). This training and experience must be judged sufficient by the department chair. As a general guideline, the post-residency experience should include the care of at least an average of three critically ill patients per month.
  - c. Department chairs may determine that individual subspecialty physicians without formal board-eligibility/board-certification in critical care have had such extensive training in critical care during their residency and/or fellowship that they may be eligible for credentialing in critical care.

Reviewed and approved by:  
Medical Executive Committee on date 12/2021

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Beverley A. Petrie, M.D.  
President, Professional Staff Association