

**LAC+USC MEDICAL CENTER**  
**MICU - 4B**  
**SCOPE OF SERVICES**

**Departmental Purpose**

The Medical Intensive Care Unit 4B is a 20 bed ICU located on the 4<sup>th</sup> floor of the Inpatient Tower area C4B. The unit exists to provide medical, nursing and collaborative interdisciplinary care to those patients who are critically ill and require intensive monitoring and treatment in the LAC+USC Medical Center. Medical Management of the patients is the responsibility of the Division of Pulmonary and Critical Care Medicine. The unit is managed by a Nurse Manager in collaboration with the Medical Director of the MICU.

**Types and Ages of Patients Served**

The Medical Intensive Care Unit 4B provides specialized high level of care to adult and geriatric critically ill patients admitted from the Emergency Department, the Medical and Surgical Wards or outside transfers. Major medical diagnoses include but are not limited to Multi-System Organ Failure, Respiratory Failure, Sepsis, Intra-cranial Hemorrhage, Cancer, Diabetic Ketoacidosis, Gastrointestinal Bleed, Uncontrolled Hypertension, Lymphoma, Renal Failure and Tuberculosis.

**Methods Used to Assess Patient Needs**

An interdisciplinary approach to patient care management is used to assess and care for the patient. Nursing and Critical Care House Staff, under the direction of a Critical Care Attending, act collaboratively with Pharmacy, Dietary, Respiratory Therapy, Speech Therapy, Physical Therapy and Social Services to develop and element an appropriate plan of care with each patient. Additional collaboration exists through Pastoral Care, Palliative Care, the Department of Radiology, EKG and Epidemiology.

**Scope of Service and Complexity of Care**

The focus of care is to stabilize and restore the patient to their optimal level of functioning and coping with illness, injury or disability. Important aspects of care involves providing intensive medical and nursing care from admission to discharge/transfer by treating, managing and preventing potential or actual life threatening health problems; providing diagnostic, preventive, therapeutic, rehabilitative, supportive and palliative care through an interdisciplinary approach to patient care management; providing patient/family education that is directed toward explanation of current illness and prevention of recurrence of an episodic illness; and preventing complications and promoting healing. In addition to the extensive physical care provided for patients, nurses work closely with other disciplines to keep family members/significant others informed of the patient's progress and provide ongoing support. This is often accomplished in patient/family conferences held with the health care team.

**Quality of Care Indicators**

- Ventilator Associated Pneumonia
- Central Line Associated Blood Stream Infection
- Hand Hygiene
- Pressure Ulcer Prevention and Management
- Catheter Associated Urinary Tract Infections
- Patient Falls
- Universal Protocol
- Patient Satisfaction
- Patient Identification Practices
- Patient/Family Teaching
- Nursing Process

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**Quality of Care Indicators conti.**

- Clinical Alarms
- Sepsis

**Performance Improvement Indicators**

- Hand Hygiene Compliance
- Reduce Hospital Acquired Pressure Ulcer Incidence
- Reduce Catheter Associated Urinary Tract Infections
- Reduce Central Line Associated Blood Stream Infection Prevention
- VTE prevention and treatment 1115 Waiver compliance
- Early Sepsis Recognition and Treatment 1115 Waiver compliance
- Reduce Ventilator Associated Pneumonia
- Increase Patient Satisfaction scores
- Increase Vaccine Assessment and Administration

**Unit Based Team Project**

- Early mobilization of the ICU patient
- Immunization Compliance Improvement Project
- CAUTI Project

**Recognized Standards**

Care is provided consistent with applicable regulatory and professional standards inclusive of but not limited to the California Board of Registered Nursing, the American Nurses Association, OSHA, The Joint Commission, Title 22, the American Association of Critical Care Nurses, the FDA, the American Medical Association.

**Availability of Necessary Staff**

The unit operates 24 hours a day, seven days a week. The nursing staff reports to a Nurse Manager who works collaboratively with the Medical Director of the Intensive Care Unit. The Nurse Manager is responsible for providing sufficient quantities of nursing staff to meet the acuity needs of the patients and the census of the unit. She or he is responsible for the quality of the nursing care provided and the performance of the assigned staff. Staff on the unit has specific competence assessments for their professional level and/or job description. Patient care is provided by Registered Nurses who have successfully completed the Basic Adult Critical Care Program or who have obtained a CCRN credential, a unit orientation, and training in the Critical Care Information Systems.