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Titolo	The Organization of Critical Care : An Evidence-Based Approach to Improving Quality // edited by Damon C. Scales, Gordon D. Rubinfeld
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Note generali	Description based upon print version of record.
Nota di bibliografia	Includes bibliographical references and index at the end of each chapters.
Nota di contenuto	Organizational Change in Critical Care: The Next Magic Bullet? -- Origins of the Critically Ill: The Impetus for Critical Care Medicine -- Intensivist and Alternative Models of ICU Staffing -- Health Professionals in Critical Care -- Computers in Intensive Care -- Integrating Subspecialty Expertise in the Intensive Care Unit -- Quality Improvement in the Intensive Care Unit -- Facilitating Interactions between Healthcare Providers in the ICU -- Teamwork and Leadership in the Critical Care Unit -- Caring for ICU Providers -- Rationing without Contemplation: Why Attention to Patient Flow is Important and How to Make it Better -- Rapid Response Systems -- The Chronically Critically Ill -- Regionalization of Critical Care -- International Perspectives on Critical Care -- Critical Care in Low-Resource Settings -- Disaster Planning for the Intensive Care Unit: A Critical Framework.
Sommario/riassunto	The origin of modern intensive care units (ICUs) has frequently been attributed to the widespread provision of mechanical ventilation within dedicated hospital areas during the 1952 Copenhagen polio epidemic. However, modern ICUs have developed to treat or monitor patients who have any severe, life-threatening disease or injury. These patients receive specialized care and vital organ assistance such as mechanical ventilation, cardiovascular support, or hemodialysis. ICU patients now typically occupy approximately 10% of inpatient acute care beds, yet the structure and organization of these ICUs can be quite

different across hospitals. In *The Organization of Critical Care: An Evidence-Based Approach to Improving Quality*, leaders provide a concise, evidence-based review of ICU organizational factors that have been associated with improved patient (or other) outcomes. The topics covered are grouped according to four broad domains: (1) the organization, structure, and staffing of an ICU; (2) organizational approaches to improving quality of care in an ICU; (3) integrating ICU care with other healthcare provided within the hospital and across the broader healthcare system; and (4) international perspectives on critical care delivery. Each chapter summarizes a different aspect of ICU organization and targets individual clinicians and healthcare decision makers. A long overdue contribution to the field, *The Organization of Critical Care: An Evidence-Based Approach to Improving Quality* is an indispensable guide for all clinicians and health administrators concerned with achieving state-of-the-art outcomes for intensive care.
