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Evaluation of the implementation of the medical surveillance unit

Background: The Medical Surveillance Unit (MSU) was developed after an internal review supported the need for intermediate level of patient care, within the Pasqua Hospital in Regina, Saskatchewan. Minimal published Canadian literature describing such intermediate care units led the MSU through an 18 month evolution where models of care, staff education, and patient management strategies were developed. The purpose of this study was to examine the effects of MSU implementation on hospital-system and clinical outcomes, including: hospital length of stay (LOS), MSU LOS, 30 day hospital readmission, mortality, EARS scores, and AT scores.

Methods: A retrospective chart review in a random sample of 298 patients was conducted examining the effects of MSU implementation on hospital-system and clinical outcomes.

Results: Univariate analyses revealed several findings within 3 phases of implementation including: an increase in patient comorbidities ($p < 0.05$), and improvements in hospital LOS ($p < 0.05$), and MSU LOS ($p < 0.001$) between phases. The clinical documentation of the vital signs necessary to calculate an EARS score drastically improved from 15% in Phase 1, as the EARS tool was readily used by staff in later phases ($p < 0.001$). Lastly, the use of the AT in Phase 3 significantly increased the resource intensity of the patients admitted to the MSU in comparison to Phase 2 ($p < 0.001$).

Conclusion: Results revealed that this model of care leads to important improvements in hospital-system and clinical outcomes. The replication of this model of high functioning surveillance should be considered across Saskatchewan and beyond.

Biography

Marlee Cossette is the nursing manager and co-lead for the Medical Surveillance Unit at Pasqua Hospital in Regina, Saskatchewan. She graduated in 2006 with a Bachelor of Science in Nursing and is currently working towards her Master of Nursing through Athabasca University. As a Registered Nurse, Marlee is proud of the achievement seen for both patients and staff through the creation and implementation of this unique patient care delivery model that combines intermediate care with the foundational pillars of accountable care.

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