

# SCP Intensivist Program



Hospitals admit more than five million patients to intensive care units (ICU) across the U.S. each year. The severity of their condition is rather high, by nature – therefore, the mortality stats are alarming; nearly 10-29% of the above-mentioned patients each year do not survive.<sup>1</sup> Given these statistics, it is vital that hospitals ensure the quality of care their ICUs provide is at its highest level.

Due to the challenges of adequately staffing ICUs, some hospitals are forced to transfer patients to tertiary care facilities, who could otherwise be treated on-site. This lack of a fully functioning ICU places additional financial strain on hospitals and can adversely affect their reputation in the community. As a result, hospitals are beginning to recognize the benefits a dedicated intensivist offers for their institution.

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## Our Intensivist Program

In addition to our long-standing EM and HM services, we offer a dedicated intensivist program, which can operate either as a standalone program or integrated with our other service lines.

- Board-certified intensivists are on-site and coordinate patient care with a multidisciplinary team of nurses, specialists, and other medical professionals.
- Each member of the ICU staff strictly adheres to detailed, evidence-based protocols, which are critical to improving outcomes and quality.
- Based on facility size, SCP's clinical team will recommend the most appropriate and cost-effective coverage model.
  - Growing programs, or those with specialty needs, can be staffed with 24-hour physician coverage.
  - In cases with 12-hour overnight shifts, NPs and PAs specially trained in critical care are physically present, supported at all times by the on-call intensivist.
- The intensivists review treatment goals daily with ICU staff, patients, and family members.
- Care plans are coordinated with the patient's primary, specialty, or consultative physicians.



## Benefits to patients:

- Improved outcomes and shorter hospital stays.
- Lower mortality rates (as much as 40 percent, according to one estimate<sup>2</sup>).
- Fewer clinical and procedural complications.
- Decreased infection and ventilator rates.
- Decreased ventilator days.
- Improved family and patient satisfaction.
- Ability to remain in hospital rather than be transported elsewhere (closer to home and family).
- More efficient use of testing and consultative resources.



## Benefits to the hospital:

- Reduces ICU length of stay and overall cost of care, while improving overall quality of care and outcomes.
- Increases hospital's capabilities to serve a broader portion of patients' needs and increases overall revenues.
- Attracts more specialists to the medical staff.
- Supports development of additional "marquee" service lines and contributes to an improved reputation within the community.
- Improved clinical documentation.
- Overseen by the intensivist, patient care is consolidated and coordinated. The medical staff has one person for questions and answers — no more fractionalized care for the patient.
- In addition, our integrated model of EM and HM care means the entire service moves as a coordinated front. Patients transition from the ED and hospital to the ICU under the direct supervision of the emergency physician and hospitalist.

1 <http://www.sccm.org/Communications/Pages/CriticalCareStats.aspx>  
2 <http://www.leapfroggroup.org/ratings-reports/icu-physician-staffing>

**As a result, treatment becomes a true team effort with optimal outcomes and efficiency.**