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### Intensive Care to Intermediate Care Bridge Program

Natasha Bartlett  
*Maine Medical Center*

Sally Langerak  
*Maine Medical Center*

Lindsey Lucas  
*Maine Medical Center*

Jonathan Archibald  
*Maine Medical Center*

Tayla Robbins  
*Maine Medical Center*

*See next page for additional authors*

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## Authors

Natasha Bartlett, Sally Langerak, Lindsey Lucas, Jonathan Archibald, Tayla Robbins, Miranda Thompson, Patrice Tetu, Calla Hastings, Megan Garland, Suneela Nayak, Stephen Tyzik, Ruth Hanselman, and Amy Sparks

Project: SCU2/R4 AVU Bridge Program  
Last Updated: July 15, 2019

Executive Sponsor:  
Facilitator: Natasha Bartlett, MS, RN, NE-BC, CCRN-CMC; Sally Langerak, BSN, RN, CMSRN; Lindsey Lucas, BSN, RN, RNC-NIC, CCRN; Jonathan Archibald, MSN, RN



Team Members: R4/IMC/AVU Leadership; SCU2 Leadership; Tayla Robbins, BSN, RN; Miranda Thompson, BSN, RN, CMSRN; Patrice Tetu, BSN, RN; Calla Hastings, BSN, RN; Megan Garland, BSN, RN

Plan	Problem/Impact Statement:	Study	Outcomes	
	As healthcare professionals, nurses partner with the patient, family, providers, co-workers, and other healthcare colleagues to deliver the highest quality care across the continuum. The SCU2/AVU Bridge Program is an internal source of cross-trained registered nurses (RNs) between Maine Medical Center’s medical intensive care unit (SCU2) and medical intermediate care unit (R4/IMC/AVU). Communication and collaboration will be enhanced to meet patient and family needs during times of unpredictable challenges and fluctuations in patient census, acuity, and volume.		<b>SCU2/AVU Bridge Program Feedback</b>	
	Scope:		Patient & Family	<ul style="list-style-type: none"><li>Family member: “many thanks to the doctors and nurses of the Special Care Unit and AVU. The many days of special care that you gave to [patient] will always be remembered in a loving way. Thanks to you, she will have a chance to make her best possible recovery. Again, thank you so much.”</li><li>Patient: “Yesterday, I met with a patient and his wife. Both had many wonderful things to say about AVU’s top-notch caregivers; they felt respected and treated well throughout this hospitalization. Compassion, intelligence, and attentiveness were highlighted. The patient and his wife described specific examples and provided the names of those who were extraordinarily stellar, including 3 Bridge RNs. Thank you for providing consistently excellent bedside care - you are appreciated”.</li><li>During R4/IMC/AVU Leader Rounding, patients and families often reflect the great care they received from SCU2/AVU Bridge RNs.</li></ul>
	Goal/Objective:		SCU2/AVU Bridge RNs	<ul style="list-style-type: none"><li>“Becoming a SCU bridge nurse has challenged me to see the bigger picture in patient care. It has given me the opportunity to follow through on patient outcomes. This position is extremely rewarding in the fact that I get to follow my patients through their whole hospital stay, from being critically ill to being ready to go home with family. On the flip side, working in AVU has given me the chance to work on my compassion with patients who are alert and able to communicate so that I can be a better bedside nurse in SCU. I absolutely love my SCU bridge position because it allows me to utilize different skills week after week. It has given me the opportunity to combine my critical thinking skills with a well practiced bedside manner, two things that make nursing so rewarding. Thanks for giving me the opportunity to thrive in this position, I truly enjoy coming to work every day!” –Tayla</li><li>“I am one of the bridge nurses for R4/SCU 2 and I have found it to be a very rewarding and educational experience. It has been very rewarding to take care of patients at their sickest and to be a part of the journey that patients take once they are well enough to leave SCU and to continue to work with them as they continue their journeys towards discharge from the hospital. The patients that I have had who have come from SCU onto R4 have commented to me that they are relieved when they transfer to a new unit and continue to see familiar faces with whom they have already gone through so much with. It’s been a wonderful opportunity to continue to build on a nursing level of experience and to continue to stay current with evidence based practice in both the critical and non-critical settings”. -Patrice</li><li>SCU2/AVU Bridge RNs have continually provided testimony that they are pleased with the program. It has improved their skill, engagement, and experience.</li></ul>
	Baseline Metrics/Current State:		Organizational	<ul style="list-style-type: none"><li>AVU has been able to facilitate procedures/interventions that would have traditionally required transfer to a different area, e.g. conscious sedation, medications uncommon to AVU/IMC settings. Because SCU2/AVU RNs have acquired different competencies, unnecessary transfers to higher levels of care have been safely avoided.</li><li>Shared staffing between SCU2/AVU allows for frequent staffing &amp; skill flexibility – when either SCU or R4/IMC/AVU have fluctuations in patient census, acuities, or staffing patterns, the SCU2/AVU Bridge RNs transition seamlessly between the two units based on needs.</li><li>Collaboration, trust, and strong relationships between the two units have developed and enhanced over time.</li></ul>
Do	Countermeasures:	Act	Next Steps	
	<ol style="list-style-type: none"><li>Collaboration with leadership of SCU2 and R4/AVU to develop action plan, role expectations, and competency based orientation tool.</li><li>Recruitment of dynamic tenured SCU 2 and R4 RNs for cross-training to host unit</li><li>Alternate SCU 2 and R4 nurses for cross-training – RN removed from home unit schedule and placed on host unit orientation; significant coordination between units involved</li><li>Target RN applicants for direct hire into SCU2/AVU Bridge Program</li><li>Employ shared governance model - frequently met to discuss Program process, outcomes, and suggested improvements</li></ol> <div><div>PATIENT CENTERED</div><div>RESPECT</div><div>INTEGRITY</div><div>EXCELLENCE</div><div>OWNERSHIP</div><div>INNOVATION</div></div>		<ol style="list-style-type: none"><li>Continue to identify strong SCU2/AVU Bridge Program team members</li><li>Expand the Program to include off shifts</li><li>Successfully maneuver through different scheduling, attendance, and compensation systems</li><li>Refine the orientation process for onboarding and evaluation; explore continuing educational opportunities</li><li>Continually evaluate the current Program and team with a shared-governance approach</li><li>Investigate evidence supporting bridge programs and implement appropriate recommendations</li></ol>	