The Canadian Association of Critical Care Nurses

Position Statement

Structure of Critical Care Units

CACCN Position

Nursing care for critically ill patients and their families requires a unique environment that is structurally different from other clinical units. While it is acknowledged that there are numerous variables contributing to patient outcomes, the appropriate environment enables the process (Rashid, 2006; Schmalenberg & Kramer, 2007).

When planning new or renovated critical care units, the health care facility should incorporate an evidenced based design in which critical care nurses have been provided an opportunity to participate (Gregory, 1993; Runy, 2004; White, 2006). The design should incorporate the needs of the population that it hopes to serve. (Gregory, 1993; Williams &Wilkins, 1995). Enhanced patient and caregiver safety needs to be given prime consideration (Runy, 2004).

For each individual patient care area the health care facility must provide:

- A design that allows for constant visualization while providing privacy for the patient and family (Rashid, 2006; Schmalenberg & Kramer, 2007; Surrey Memorial Hospital, 2006; White, 2006; Williams & Wilkins, 1995).
- Minimized traffic flow past individual patient care areas (White, 2006).

- Adequate spacing to allow for equipment and procedures commonly performed at the bedside (Rashid, 2006; Surrey Memorial Hospital, 2006; Williams & Wilkins, 1995).
- Spacing should accommodate family presence at the bedside in addition to the patient and caregiver zones

- Equipment, with the capability to provide both advanced monitoring and therapy, that is both functioning and contemporary and will allow for the evolution of technology (Brown & Gallant, 2006; Schmalenberg & Kramer, 2007; Surrey Memorial Hospital, 2006; Williams & Wilkins, 1995). Facilities and specifically skilled staff to maintain, test, update and clean the equipment routinely must also be provided (Rosenberg & Moss, 2004).

- Information technology linking the critical care unit with lab, pharmacy, diagnostic imaging, health records and other departments/services in such a way as to facilitate the input and retrieval of patient information seamlessly (Lapinsky, Holt, Hallett, Abdolell, & Adhikari, 2008; Surrey Memorial Hospital, 2006; White, 2006; Williams & Wilkins, 1995).

- Equipment and supplies organized to ensure patient and caregiver safety and easy access (Gurses & Carayon, 2007; Rashid, 2006; Rosenberg & Moss, 2004; Runy, 2004; Surrey Memorial Hospital, 2006; White, 2006; Williams & Wilkins, 1995).

- Ability to provide for patient isolation including airborne infection isolation (Rashid, 2006; Rosenberg & Moss, 2004; Surrey Memorial Hospital, 2006; White, 2006).

- A method of direct nurse to nurse communication from within isolation rooms, in addition to the unit based call system.

- Private patient rooms to facilitate noise reduction, privacy, sleep quality and lower nosocomial infection rates (Brown & Gallant, 2006; Gurses & Carayon, 2007; Rashid, 2006; Surrey Memorial Hospital, 2006).

- Adequate lighting for caregivers to perform required tasks.

- As much natural light as good functional design allows, using windows where possible, to facilitate feelings of well-being for patients, family members and staff (Rashid, 2006; Surrey Memorial Hospital, 2006; White, 2006).

- Waste disposal systems that minimize staff and patient exposure to contaminants close to the bedside (Rashid, 2006; Surrey Memorial Hospital, 2006).

- When possible, toilets should be provided at each bedside

- Unrestricted unit access should be provided to sanctioned visitors while protecting the privacy of patients. (Rosenberg & Moss, 2004; Surrey Memorial Hospital, 2006; White, 2006; Williams & Wilkins, 1995).

Family

Unit and family waiting area design that allows the family to remain close to the patient to facilitate active involvement in the plan of care, throughout the duration of the patient's admission (Brown & Gallant, 2006; Rashid, 2006; Runy, 2004; Schmalenberg & Kramer, 2007; Surrey Memorial Hospital, 2006; White, 2006).

Medication Area

- Narcotics storage that meets Health Canada requirements

- Appropriate resources to ensure proper storage, preparation and dosing of unit prepared medications – temperature controlled fridges, access to drug monographs, dosing charts etc.

- Area to prepare necessary medications that has adequate lighting, limited distractions/quiet (Rosenberg & Moss, 2004; Runy, 2004).

Staff

Equipment to facilitate the preservation of the health and safety of staff providing care, including but not limited to personal protective equipment, lifting devices and work surfaces at appropriate heights (Rashid, 2006; Surrey Memorial Hospital, 2006).

Staff lounge to allow for privacy and to assist the physical and mental restoration of the health care staff (Rashid, 2006; Surrey Memorial Hospital, 2006; Williams & Wilkins, 1995) An area with some degree of privacy that allows staff to consult with each other, or with patient families, regarding

patient issues, plans of care and education (Rashid, 2006; Rosenberg & Moss, 2004; Surrey Memorial Hospital, 2006; Williams & Wilkins, 1995).

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