Foreword

Outcomes of critical care practice have been in the forefront of local, regional, and national health policy over the past decade. As healthcare expenditures increase, particularly for critical care services, federal agencies and third-party payers are asking for empirical evidence on patient outcomes. This issue of Critical Care Nursing Quarterly describes outcomes of critical care practice from several perspectives, including structure and processes that influence patient outcomes.

The article by Hass provides an overview of the history of critical care units and describes the empirical evidence for the impact of organizational models on patient outcomes and resource use.

The outcomes of critical care practice are influenced by patient safety issues, including the efficient and effective use of clinical alarms, as described by Phillips and Barnsteiner. As noted by these authors, challenges include using monitors that are sensitive and specific; designing and applying protocols for specific patient populations, customized for individual patients; and maximizing the use of monitoring systems to ensure patient safety.

Boyle and colleagues describe important process issues and the evidence base for communication around end-of-life decisions in critical care. The implications for practice, education, and future research are identified.

Research on additional strategies to improve communication among clinicians and assessing the organizational and unit context on end-of-life outcomes is essential.

Wagner and Stenger present a review of the evidence for aneurysms, including the pathogenesis, risk factors, treatment options, and outcomes. Nurses are in an ideal position to use this evidence in the provision of information to patients and families regarding risk factor reduction and possible treatment options.

Bowman and colleagues describe the process and outcome of using evidence to improve enteral feeding practices in a Medical Intensive Care Unit, with the overall goal of reducing aspiration risk, and ventilator-associated pneumonia. This multidisciplinary, evidence-based practice is an exemplar of how application of evidence can improve patient outcomes.

It is our hope that this issue will provide a stimulating discussion for addressing patient outcomes of critical care practices in your organization.

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