**Title:**
Implementing an Acuity Adaptable Care Model in an Existing Academic Medical Center

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**Session Title:**  
Evidence-Based Practice Poster Session 1

**Slot (superslotted):**
EBP PST 1: Friday, 28 July 2017: 10:00 AM-10:45 AM  
EBP PST 1: Friday, 28 July 2017: 12:00 PM-1:30 PM

**Keywords:**
Acuity Adaptable, Operational Efficiencies and Quality Improvement scores

**References:**

**Abstract Summary:**
Implementing an Acuity Adaptable Unit (AAU) model of care requires thoughtful planning. The model has many benefits, including improving satisfaction, improving quality outcomes, and decreasing workload for ancillary staff. We will provide an overview of how to plan and implement an AAU while also incorporating a major hospital expansion.

**Learning Activity:**

<table>
<thead>
<tr>
<th>LEARNING OBJECTIVES</th>
<th>EXPANDED CONTENT OUTLINE</th>
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<tr>
<td>Participants will be able to describe the benefits of an AAU model, inclusive of patient/staff experience and patient flow and metrics tracked with disclosure of the early data findings</td>
<td>o Acuity Adaptable Unit: Defining the Stanford Health Care Model and Associated Benefits</td>
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<td>Participants will learn about the lead time to train staff and implement an AAU model in an existing facility with distinct ICU, IICU, and acute care units</td>
<td>SHC: Our journey</td>
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<td>Participants will be able to describe the barriers and challenges to implementing an AAU model in an Academic Medical Center</td>
<td>Acuity Adaptable Unit: Consideration for Hospital Expansion Planning and Activation</td>
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Participants will be able to identify and describe the impacts that an AAU model has on transition and activation planning for a hospital expansion

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<th>Acuity Adaptable Unit: Challenges and Countermeasures</th>
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<td>SHC: Current update and review of early metrics</td>
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Abstract Text:

Stanford Health Care has successfully implemented one Acuity Adaptable Unit (AAU) for neurosciences patients. The Stanford AAU model merges acute care patients and intermediate intensive care patients within one patient care unit. The nursing staff on the AAU are all trained and competent to provide varied levels of care to match each patient's clinical needs, which minimizes patient transfers between units and handoffs between clinicians, thereby decreasing demands on housekeeping and transport and improving patient safety. The current hospital expansion provides a unique opportunity to leverage this successful model of care and spread it throughout the organization, with the intent of improving the patient experience, minimizing disruptions to care, improving the staff experience, improving patient flow, and decreasing operational costs. We are currently 50% through our implementation in our existing hospital and will move the model to our new tower. This will be Stanford Health Care's new model of Nursing Care and a strategy to bring best practice to our patient centered care. This change in our existing Nursing mental model has truly been a change management initiative as well as an opportunity to look at quality outcomes from a new perspective. Patients will not move for technology and the added training allows nurses in the Acute Care and Intermediate Intensive Care areas to bring a higher level of critical thinking to their patients. Physicians and ancillary staff can now enjoy a team atmosphere and colocate their resources with their patients. Case Management has played a pivotal role in clarifying level of care, and Housekeeping and Transport are enjoying the decrease in effort since we are transferring patients less often. All of these efficiencies add to our cost effectiveness and lean perspective we have toward delivering exemplary care while being efficient. We will share some of our early metrics and lessons learned with the audience. We have learned valuable lessons along the way.