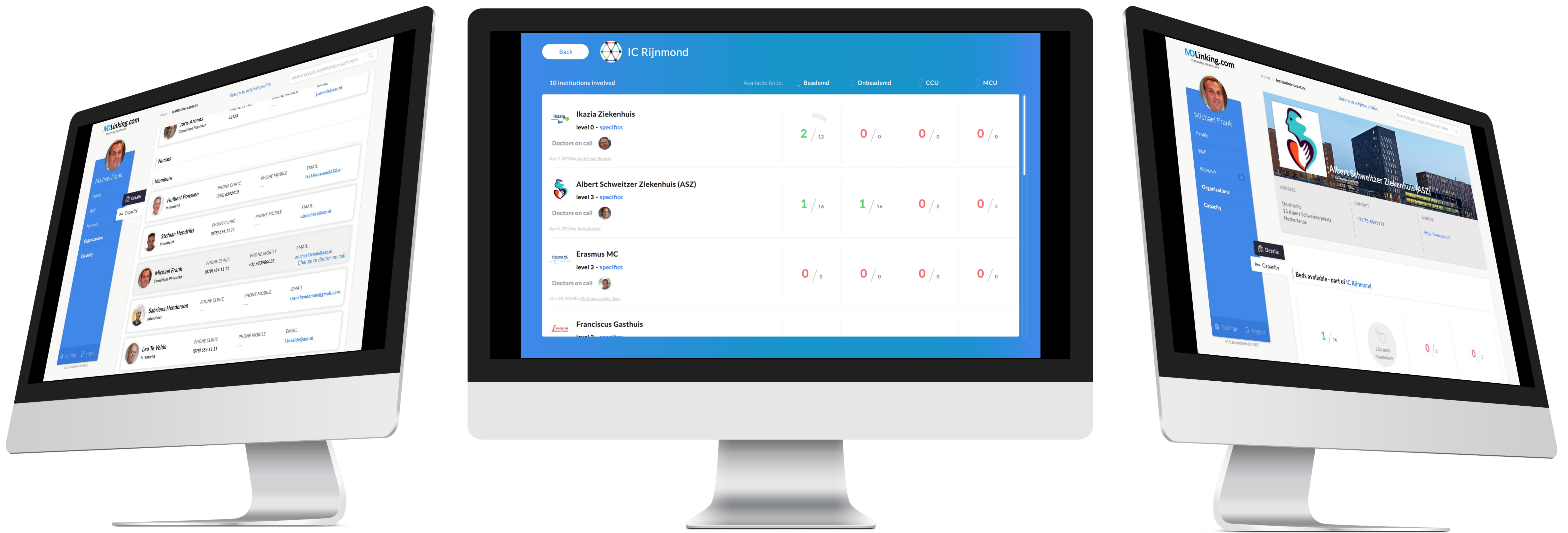# ICU Patients Allocated to Available Right Level of ICU by Using a Web-Based Bed Capacity App

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PROBLEM

It was impossible to keep track of the exact overview of the bed capacity in the RICC across all 10 locations. Resulting in the following problems: **1).** The wrong patient/pathology was treated at the intensive care units (ICU) without the right resources and staff resulting in allocation to another ICU, **2).** Unplanned prolonged total length of stay (TLOS) in the ICU, **3).** A trend towards Increase of morbidity and mortality on the ICU, **4).** Increase healthcare costs, **5).** Time-consuming process for the physicians in allocating patients to the right level of ICU.

OBJECTIVE

Develop a real-time web-based Bed Capacity App (BCA) for the different levels of free (ICU) beds, in different locations, departments and cooperating institutions.

RESULTS

The impact of the BCA triggered a daily participation of all physicals, resulting in:
- Transparency and accuracy in registration of the bed capacity.
- Allocation of the right patient to the right level of ICU with the right requirement's.
- Trend towards a decrease in TLOS resulting in a decrease of morbidity and mortality.

LESSONS LEARNT

By introducing BCA in RICC we teamed up and got fully engaged;, resulting in:
- Mutual transparency.
- Improvement of communication.
- Standardization in treatment policy, and patient allocation to the correct ICU.

The quality of care increased by the fact that that we cooperated and therefore benefitted from this disruptive innovation.

MESSAGE

Health-Tech innovations such as the BCA are essential in assisting the optimizing of the quality in daily care of patients in healthcare departments such as the ICU. Introducing new applications on the work floor can cause some primary hesitation on actual use, logically it must prove it's added value. However, in the RICC we are very optimistic of the introduction of the BCA, and cannot imagine working without it. Modern medicine stepped into our world and improved the complete process of allocation of ICU patients in different locations of 10 cooperating hospitals significantly.

No ethical approval was required.
There was no conflict of interest.