



Hôpitaux
Universitaires
Genève

Division of Tropical and
Humanitarian Medicine



WHO Collaborating Centre for Humanitarian
Medicine and Disaster Management

Prioritized care in a tertiary hospital intensive care unit during the Sars-Cov-2 pandemic

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Intensive care unit - Centre for Humanitarian Medicine and Disaster Management WHO Collaborative Centre

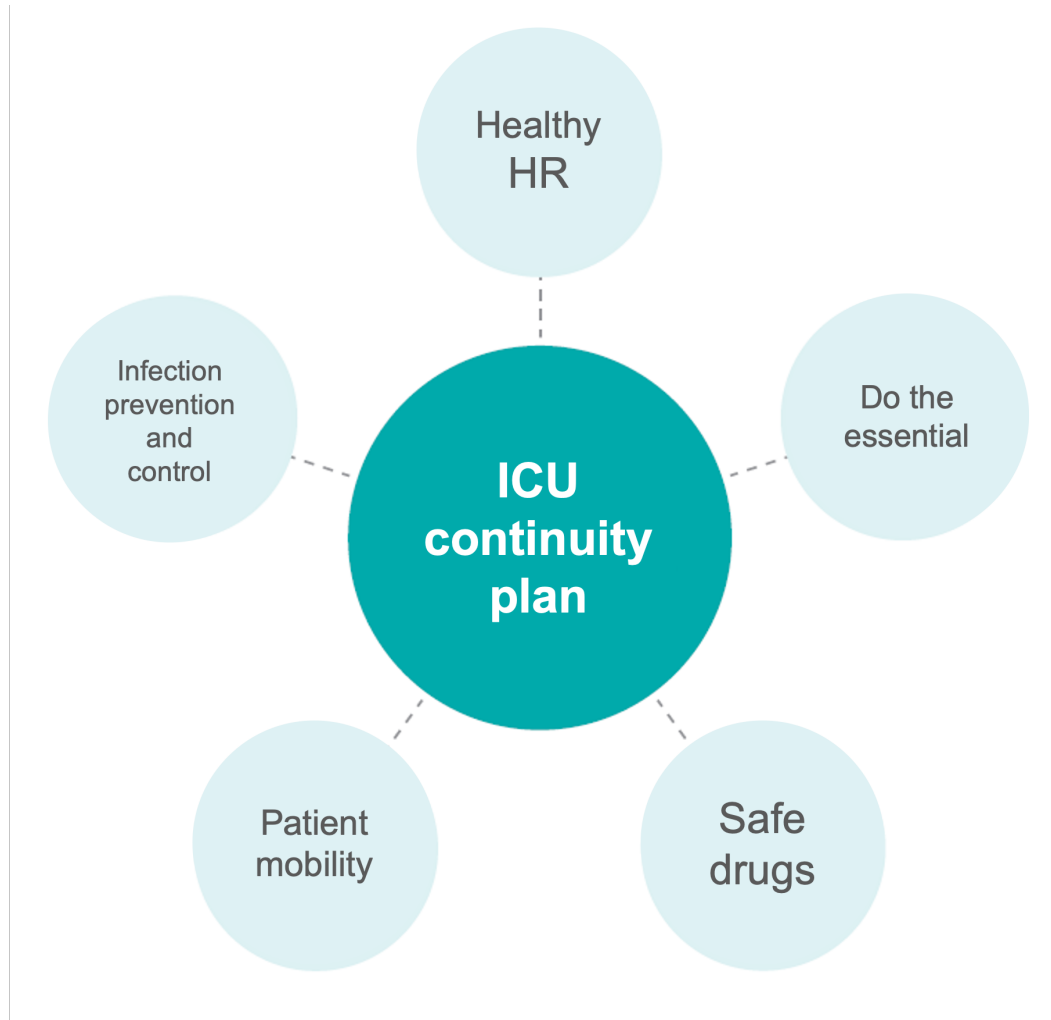
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Pre-pandemic ICU

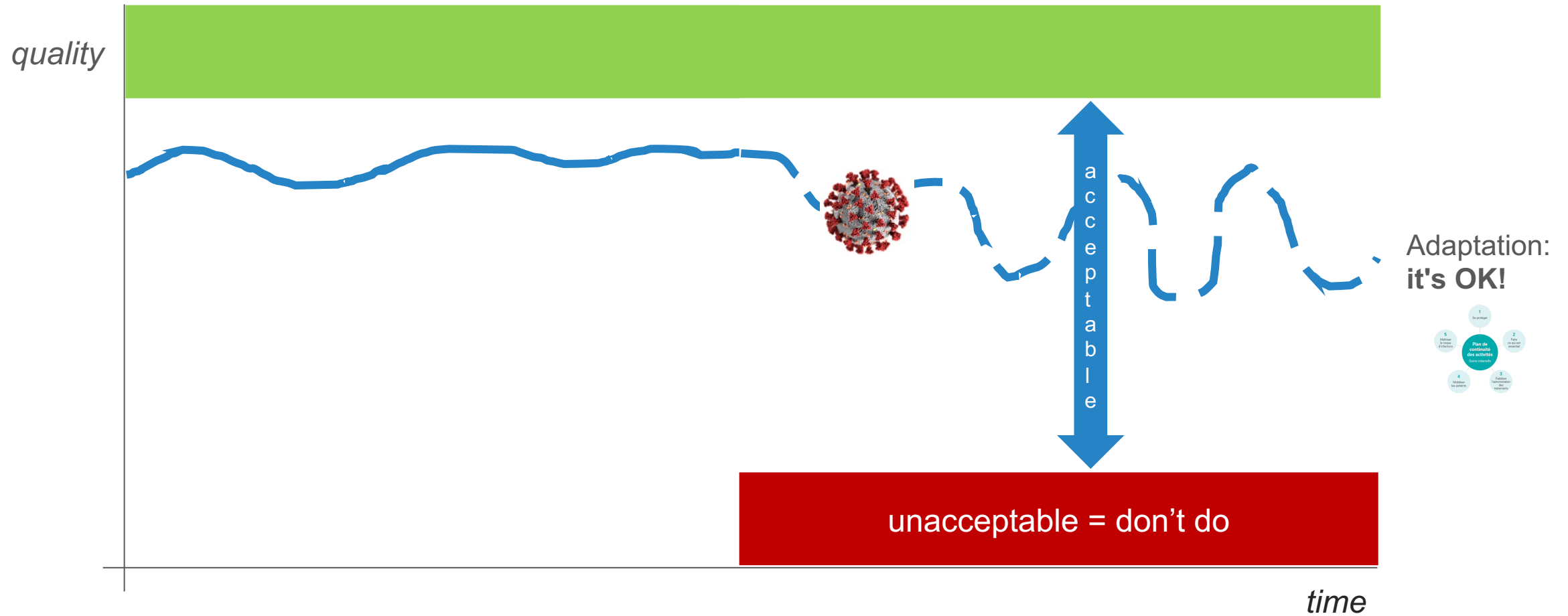
- 32 beds
- 2200 patients / year
- Bedside nurse to patient ratio: from **1:1** to 1:2
- Specialized ICU nurses: 70%



ICU: security model and threats to activity shutdown



1 - A new operational framework

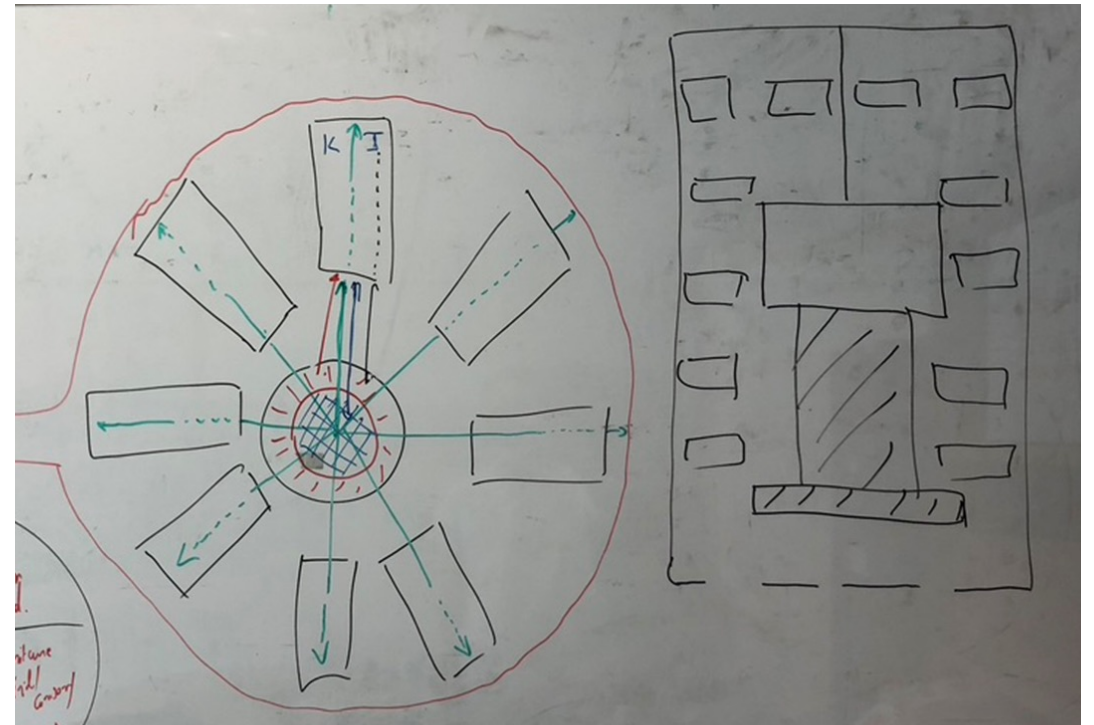


2 - A new organization: the cell

A cell is a modular and replicable entity.

Principles of its function :

- *The caregiver becomes the team*
The team carries out all the care activities in the cell.
- *The patient becomes the cell*
All the patients in the cell are likely to benefit from the whole team
- 2 coordinators manage the activity:
 - ICU specialized nurse
 - ICU specialized doctor

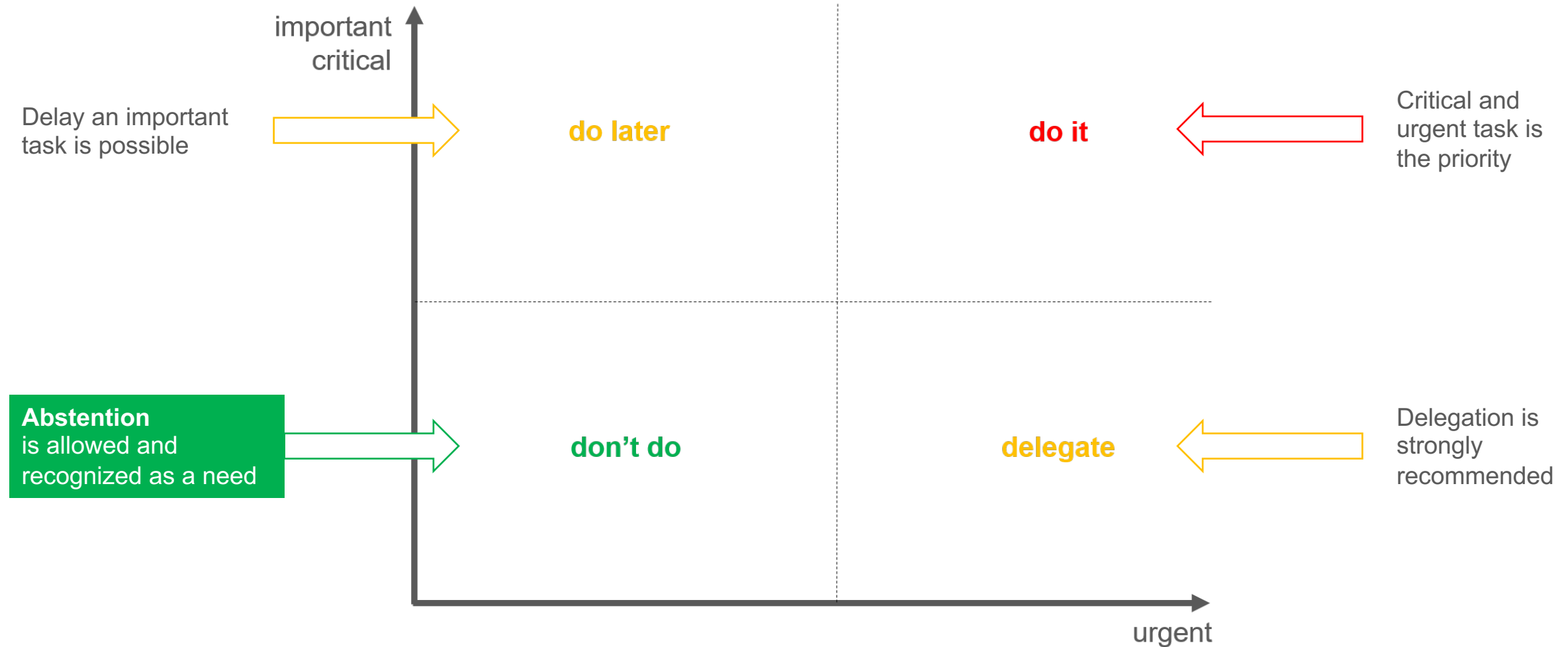


Huddle

- Objectives:
 1. to let the team members knowing each others
 2. to make them feel safe
 3. to organize activities
- How:
 1. Individual presentation: first name, experience in ICU, operational level (physical and psychological condition)
 2. Prioritization of activities
 3. Evaluate the cell capacity



Prioritization of activities

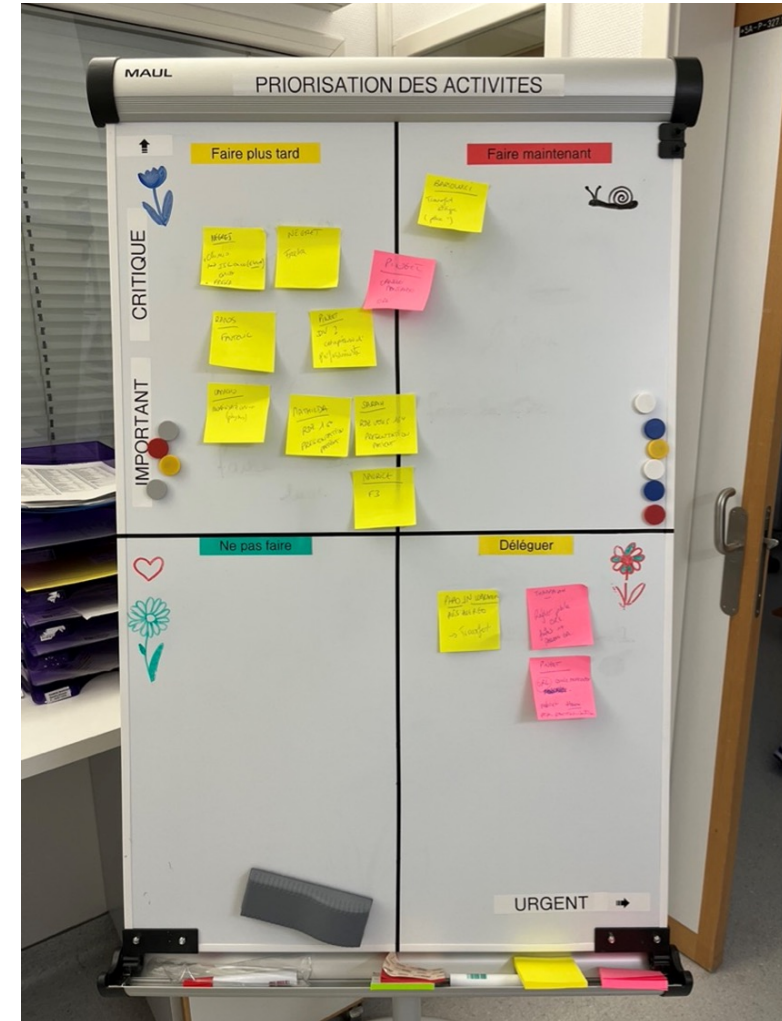


Controlled delegation



Prioritization care

- 55 nurses and 46 doctors trained
- 2 months of pilot phase
- 67 COV+ patients admitted
- 13 adaptations of the original plan
- NO critical safety issues



Take home messages

1. In our setting, human resources were the most important (limiting) factor in the long lasting pandemic
2. Planning for the worst scenario helped us:
 - to mitigate pandemic uncertainty
 - **to set new care boundaries**
3. The prioritized ICU care could allow to treat the most while attenuating staff burnout

Download references

