

BACKGROUND

Improvements in healthcare have contributed to longer life expectancy which lead to an increase in demands and costs of healthcare (Prin & Wunsch, 2025). In 2025, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) approved a new standard calling on U.S. hospitals to implement plans that identify and mitigate barriers to efficient flow across the continuum of care (Prin & Wunsch, 2025).



CONCLUSIONS

When the hospital gets busy, one of the critical issues that we encounter is the lack of ICU beds. By creating an ICU Step-Down unit, we will be able to improve the hospital flow by managing patients who are not sick enough to be in the ICU but are stable enough to be in the ICU Step-Down unit. The ICU Step-Down unit envisions to care for patients through their acute illness, disease, or injury so they can return to the community at an optimal level of function.

When nurses are highly skilled and knowledgeable, patient care outcomes will improve. The elevation of nursing practice will also have a positive impact on nurses' morale which will help improve retention and job satisfaction.



PURPOSE

The ICU Step-Down unit is designed to provide quality care through an interdisciplinary approach to manage critical care patients and more stable ICU patients. The goal of this prospective unit is to implement appropriate treatment protocols to manage acute conditions and to prevent complications from disease processes.

METHODS

By comparing current ICU practice versus the current IMC model and the proposed ICU step-down unit, we aim to identify practices that can be adapted or modified to ensure patient safety while improving throughput in the hospital. We are conducting an exhaustive review of current evidence-based literature and policies within the organization, and reviewing standards of care for an ICU Step-Down unit.

Current ICU	Current IMC	Future State ICU Step-Down Unit
Invasive hemodynamic monitoring	Any hemodynamically stable patient with acute coronary syndrome, an irregular heart rhythm, or other conditions without any serious signs of severe hemodynamic compromise	Use of invasive hemodynamic monitoring such as an arterial line for continuous monitoring to steer the care of critically ill patients, particularly those experiencing hemodynamic dysfunction
Vasoactive drug administration including active titration	Use of fixed dosage drug infusions	Expand the use of drips by allowing the use of medications such as Dobutamine, Esmolol, and Nicardipine
Mechanical ventilator support via endotracheal tube Acute oxygen therapy management	Stable patients with tracheostomy tube for chronic care Continuous Bipap support less than or equal to 50%.	Patients on ventilator for weaning and chronic care Continuous Bipap support with no fiO2 restrictions

REFERENCES

Prin, M. & Wunsch, H. (2025). The Role of Stepdown Beds in Hospital Crochets://-pmc.ncbi.nlm.nih.gov/articles/PMC4315815

