

CHAPTER 3. SPECIALIZED MEDICAL PROGRAMS

3.01 POLICY

It is the Department of Veterans Affairs (VA) policy to provide Specialized Medical Programs to meet the critical health care needs of the eligible veteran patient.

3.02 INTENSIVE CARE UNITS (ICUs)

a. VA medical centers with ICUs must provide certain minimal services. Not all medical centers have ICUs. Depending on the patient population served by a given facility, critical care may be provided on-site, by transfer to another VA medical center, or by fee-basis or sharing agreement. In all cases, the object is to provide the best possible critical care for the individual patient.

b. Each ICU will have a designated physician chief who is a member of the VA staff with appropriate Board certification and clinical privileges. The ICU Chief, is administratively responsible for all aspects of the care given in the ICU around the clock, and should have an office near the ICU. At times when the ICU Chief is not available (e.g., sick or annual leave, national meetings or conferences), a qualified physician will be designated by the Chief of Staff (COS) to act for the ICU Chief.

c. The ICU Chief is responsible for directing all aspects of the operation of the unit, as well as for developing operating policies including admission criteria. The ICU Chief will be assisted by a multidisciplinary ICU committee that meets at least quarterly. This committee is composed of representatives from all subspecialties involved in critical care.

d. Only licensed physicians will function independently in ICUs. Physicians-in-training must be directly supervised by qualified, licensed physicians (e.g., post-graduate year (PGY) 2 or above) for all procedures. Physician assistants will act only in accord with physician orders and specific clinical privileges. Physicians working with intensive care patients must have individual beepers. Only appropriately trained physicians will perform invasive procedures in ICUs. NOTE: This includes central venous access and arterial cannulations in all forms.

e. Each ICU must have fully qualified critical care nurses to provide nursing care.

(1) At least one ICU nurse per shift must be fully trained in cardiac output determinations, and privileged to perform same if the ICU has capability for Swan-Ganz monitoring.

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(2) In tertiary care centers, at least one nurse per shift must be privileged to care for patients with temporary transvenous pacemakers and intra-aortic balloon pumps if these modalities are within the unit's capabilities.

(3) Lack of such staff is a sufficient reason to transfer a critically ill patient to another facility.