



The Organization of Critical Care: An Evidence-Based Approach to Improving Quality (Respiratory Medicine)

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The origin of modern intensive care units (ICUs) has frequently been attributed to the widespread provision of mechanical ventilation within dedicated hospital areas during the 1952 Copenhagen polio epidemic. However, modern ICUs have developed to treat or monitor patients who have any severe, life-threatening disease or injury. These patients receive specialized care and vital organ assistance such as mechanical ventilation, cardiovascular support, or hemodialysis. ICU patients now typically occupy approximately 10% of inpatient acute care beds, yet the structure and organization of these ICUs can be quite different across hospitals. In *The Organization of Critical Care: An Evidence-Based Approach to Improving Quality*, leaders provide a concise, evidence-based review of ICU organizational factors that have been associated with improved patient (or other) outcomes. The topics covered are grouped according to four broad domains: (1) the organization, structure, and staffing of an ICU; (2) organizational approaches to improving quality of care in an ICU; (3) integrating ICU care with other healthcare provided within the hospital and across the broader healthcare system; and (4) international perspectives on critical care delivery. Each chapter summarizes a different aspect of ICU organization and targets individual clinicians and healthcare decision makers. A long overdue contribution to the field, *The Organization of Critical Care: An Evidence-Based Approach to Improving Quality* is an indispensable guide for all clinicians and health administrators concerned with achieving state-of-the-art outcomes for intensive care.

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Review

From the book reviews:

“It presents the multidisciplinary development of the critical care model and a perspective on next steps in the evolution of critical care. Providers at any level are an appropriate audience for this work written by international experts from Western Europe and North America. ... This book is important for anyone seeking to understand the process and personnel important to the intensive care unit.” (David J. Dries, Doody’s Book Reviews, September, 2014)

From the Back Cover

The origin of modern intensive care units (ICUs) has frequently been attributed to the widespread provision of mechanical ventilation within dedicated hospital areas during the 1952 Copenhagen polio epidemic. However, modern ICUs have developed to treat or monitor patients who have any severe, life-threatening disease or injury. These patients receive specialized care and vital organ assistance such as mechanical ventilation, cardiovascular support, or hemodialysis. ICU patients now typically occupy approximately 10% of inpatient acute care beds, yet the structure and organization of these ICUs can be quite different across hospitals. In *The Organization of Critical Care: An Evidence-Based Approach to Improving Quality*, leaders provide a concise, evidence-based review of ICU organizational factors that have been associated with improved patient (or other) outcomes. The topics covered are grouped according to four broad domains: (1) the organization, structure, and staffing of an ICU; (2) organizational approaches to improving quality of care in an ICU; (3) integrating ICU care with other healthcare provided within the hospital and across the broader healthcare system; and (4) international perspectives on critical care delivery. Each chapter summarizes a different aspect of ICU organization and targets individual clinicians and healthcare decision makers. A long overdue contribution to the field, *The Organization of Critical Care: An Evidence-Based Approach to Improving Quality* is an indispensable guide for all clinicians and health administrators concerned with achieving state-of-the-art outcomes for intensive care.

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