**Intensive Care Unit: Acuity Tool Certification**

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| **Institution Name:** | *hospital name* |
| **Facility ID:** | *facility site ID number* |
| **Hospital Contact Name:****Title:****E-mail Address:****Phone Number:** | *hospital contact’s name, title, e-mail, and phone number* |
| **Name of Proposed Acuity Tool:** | *vendor name if applicable and what it’s called at your facility* |
| **Acuity Tool Format:** | *electronic or hardcopy* |
| **Intensive Care Units in which the acuity tool will be deployed:** | *name and type of each ICU (e.g. West 8 – Surgical ICU)* |

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| I. Acuity Tool Description |
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| II. Methodology for Scoring Acuity |
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| III. Indicators Included |
| Clinical Indicators of Patient Stability |  |
|  | Physiological status |
|  | Clinical complexity\* |
|  | Related scheduled procedures |
|  | Medications and therapeutic supports |
| Indicators of Staff Nurse Workload |
|  | Patient age |
|  | Patient and family communication skills and cultural/linguistic characteristics |
|  | Patient and family education |
|  | Family and other support |
|  | Care coordination |
|  | Transitional care and discharge planning |
| Critical Environmental Factors |
|  | Physical environment of the ICU |
|  | Nursing skill mix, competency, familiarity with ICU |
|  | Available patient care equipment and technology |
|  | Available medical, ancillary, and support staff in ICU |
| \*Note: Clinical complexity is a composite of all defined indicators.  |
| IV. For the ICU(s) listed above, please briefly describe how your acuity tool meets the unique care needs and circumstances of the patient population in that ICU |
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Please see the attached supporting documents.