

## Communication facilitator beneficial in intensive care unit

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(HealthDay)—Adding a full-time trained communication facilitator in

the intensive care unit (ICU) may improve quality of care while also reducing costs, according to a study published online Sept. 27 in the *Annals of the American Thoracic Society*.

Nita Khandelwal, M.D., from the University of Washington in Seattle, and colleagues assessed the economic feasibility of staffing ICUs with a communication facilitator. This was measured through 135 patients admitted to the ICU at a single hospital. All patients had predicted mortality  $\geq 30$  percent and a surrogate decision maker.

The researchers found that total ICU costs (mean, \$22.8k; P = 0.02) and average daily ICU costs (mean,  $-\$0.38$ k; P = 0.006) were significantly lower with the intervention. With a 1.0 full-time equivalent facilitator and predicted ICU mortality of 15 percent, the simulation demonstrated a total weekly ICU cost savings of \$58,400 and weekly direct-variable savings of \$5,700, after incorporating facilitator costs.

"Adding a full-time trained communication facilitator in the ICU may improve quality of care while simultaneously reducing short- (direct-variable) and long-term (total) [health care costs](#)," the authors write. "This intervention is likely [to] be more cost-effective in a lower mortality population."

**More information:** [Full Text \(subscription or payment may be required\)](#)

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