Accountable Care Unit Components and Attributable Health Care Outcomes: An Integrative Review

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BACKGROUND

- ❑ Internationally, healthcare institutions are gearing up efforts toward redesigning health services to improve efficiency and quality of care in nursing wards. Among interprofessional collaborative models, accountable care unit (ACU) emerged as one of the most popular.
- ❑ ACU is an innovative approach by Stein et al. (2015) to healthcare delivery that converts traditional hospital nursing wards into managed microsystems which is consisted of four components such as:
  - Geographic cohorting (GCH)
  - Structured interdisciplinary rounds (SIBR)
  - Unit performance reporting (UPR)
  - Physician-nurse co-leadership (PNCL)
- ❑ The Saskatchewan Health Authority (SHA) adopted ACU and reported favorable outcomes. However, effectiveness remains unclear due to limited and contradictory evidence (Burdick et al., 2017; Jala et al., 2019; Howard et al., 2019; O'Leary et al., 2015).

OBJECTIVES

Since ACU is a relatively new healthcare concept with limited studies available, studying the individual ACU components is strategic to a holistic understanding of ACU. A focus on individual and combined ACU components were explored to determine the evidence on attributable healthcare outcomes in an adult medical-ward setting.

METHODOLOGY

- ❑ **Design:** An integrative literature review based on Whittemore and Knafl's (2005) approach was employed to critically appraise extant and relevant literature to develop a comprehensive and integrated summary of ACU components that can inform clinical practice, policy development, and research
- ❑ **Search criteria:** Limited to peer-reviewed full-text articles published from January 1, 2010, to June 15, 2020.
- ❑ **Data Sources:** CINAHL, EMBASE, MEDLINE, Scopus, and PsychInfo.
- ❑ **Search Method:** The Prisma Flow Chart (Moher et al., 2009), shown in Figure 1, outlines the systematic search, identification, and inclusion of papers.
- ❑ **Review and Analysis:** The data were critically appraised and analyzed using the Mixed Method Appraisal Tool (Hong et al., 2018), rating system for level of evidence (Melnyk & Fineout-Overholt, 2015), constant comparative approach and thematic analysis.

RESULTS

Out of 498 articles, 33 were included for integrative review (28 studies and five non-research articles).

M.M.A.T. RATING

QUALITY	NO. OF STUDIES
100% (VERY HIGH)	11
80% (HIGH)	15
60% MODERATE)	2
20% (LOW)	0
0% (VERY LOW)	0
TOTAL	28

FLOW CHART

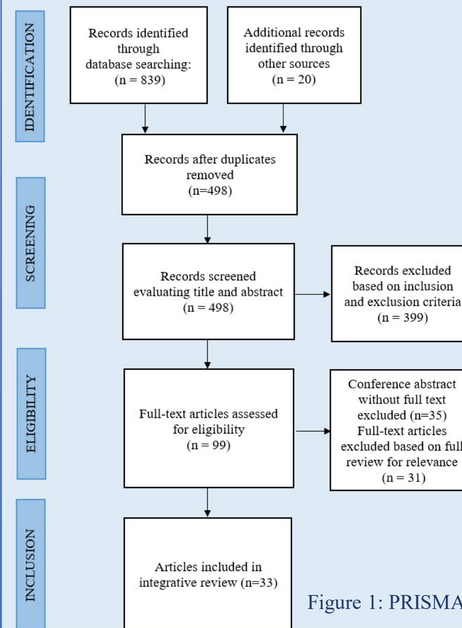
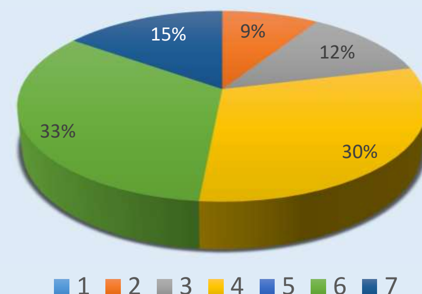


Figure 1: PRISMA

LEVEL OF EVIDENCE



LITERATURE SYNTHESIS

The attributable healthcare outcomes for ACU components were encapsulated under three themes: clinical, staff, and patient.

- ❑ In terms of clinical outcomes, the standardization of the features and combination of all four ACU components can be associated with a reduction in mortality rates.
- ❑ The synthesis also suggest that ACU components, whether individually or combined, have significant impacts on staff outcomes. There is a consensus among studies in terms of improved staff satisfaction, productivity, and teamwork.
- ❑ However, the evidence indicates a limited impact on patient satisfaction. There is also an existing gap in the qualitative literature for patient outcomes; thus, further studies on understanding patients' experiences are needed.

CONCLUSION

ACU as an emerging healthcare service model offers integration of different components that may offer some positive healthcare outcomes in adult medical-ward settings. However, further improvement of the components is imperative to achieve substantial clinical outcomes (length of stay, 30-day readmission rates, adverse events, and fall occurrences).

REFERENCES

Please send an email to request for a complete list of references to ivan.aldrich@usask.ca