SPACELABS HEALTHCARE

Case Study

Blessing Health Reduces ICU Readmissions and Cardiac Arrests with HART Program and Rothman Index

Highlights:

- **33.9% reduction** in 24-hour ICU readmissions
- **32.7% reduction** in 72-hour ICU readmissions
- **22% decrease** in cardiac arrests outside the ICU

Achieved through proactive surveillance and rounding using the Rothman Index by Blessing's High Acuity Response Team (HART)

Objective:
Blessing Health set out to enhance early detection of clinical deterioration and prevent adverse events through a restructured high-acuity care model, leveraging experienced critical care nurses and the Rothman Index® (RI).

Background:
Located in Quincy, IL, Blessing Hospital is the largest and oldest member of the Blessing Health System which also includes Blessing Corporate Services, Illini Community Hospital, Blessing Health Hannibal, Blessing-Rieman College of Nursing & Health Sciences, Denman Services Inc., and The Blessing Foundation. It serves over 400,000 people across 21 counties in Illinois, Missouri and Iowa. A not-for-profit community institution since 1875, Blessing has built it's reputation on a foundation of "True Human Connection," delivering not-for-profit, community centered care.

Challenge:
Before the COVID-19 pandemic, Blessing's High Acuity Response Team (HART)—comprised of experienced critical care nurses—had achieved notable success in reducing unplanned ICU transfers and code blues outside the ICU by using proactive surveillance supported by the Rothman Index.

However, during the pandemic, the HART nurses were reassigned to staff a second ICU, temporarily pausing their proactive surveillance model. Once COVID pressures eased, Blessing returned to a single ICU and recognized a renewed opportunity to optimize HART's impact.

"The Rothman Index helps us see decline before it becomes visible at the bedside. Early identification and intervention is key to reducing escalations, and the RI gives us added confidence in knowing we are seeing those patients quickly."

Tracy Viers, MSN, APRN, AC-AGCNS; Clinical Nurse Specialist

Solution:

Blessing restructured and strengthened the HART program through several strategic improvements:

- Defined the HART nurse role with clear expectations and qualifications
- Closed staffing gaps to ensure 24/7 coverage
- Fully integrated the Rothman Index into rounding and surveillance routines
- Created a “HART List” for high-risk patients—those recently transferred from higher acuity units, post-event, or flagged via RI trends
- Prioritized surveillance in the Progressive Care Unit, where patient conditions can rapidly deteriorate

Results:

As a result of this structured return and enhanced workflow, Blessing reported measurable improvements in patient outcomes:

- 24-hour ICU readmissions dropped by 33.9%
- 72-hour ICU readmissions dropped by 32.7%
- Cardiac arrests outside the ICU decreased by 22%
- HART consults increased by 35.7%, reflecting greater integration and impact

“The RI Helps us stay ahead of patient decline—we’re not just reacting, we’re preventing.”

Laura Weigand, BSN, RN, CCRN, TNS; Supervisor HART/ Sepsis RN Coordinator, Quality & Performance Improvement

Conclusion

By refining its HART program and embedding the Rothman Index into daily clinical practice, Blessing Health transformed patient monitoring into a proactive, team-based safety net. The results demonstrate not only better outcomes but also a scalable model that blends compassion with precision.

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