A Strategy to Enhance the Transitional Care for Communication from ICU

RN. HEESUNG PARK, Samsung medical center
Transfer: variable care due to different clinical settings.

Close cooperation  
Between ICU and ward

Patient’s and Relatives experiences

◆ Leith (1999)
① 50% of patients & 60% of relatives
   → positive step forward

② 40% of patients and relatives
   → a change in the level of care
## Patient’s and Relatives experiences

<table>
<thead>
<tr>
<th>Author(s)</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Forsberg et al. (2011)</td>
<td>① Needing to know&lt;br&gt;② Wishing the transfer had been better planned&lt;br&gt;③ Missing the safety of the ICU&lt;br&gt;④ Needing support from the staff</td>
</tr>
<tr>
<td>Field et al. (2008)</td>
<td>① Communication between ward and ICU staff broke down&lt;br&gt;② Feelings of being unprepared for transfer&lt;br&gt;③ Nurses on ward too busy</td>
</tr>
</tbody>
</table>
Our problems of ICU discharge

- Premature discharge
- Continuity of care
- Complaints & grievances
Our problems of ICU discharge

- Premature discharge
  : Pressure on intensive care beds
  e.g.) CPR, Respiratory failure or Shock at ER

- Continuity of Care
  Patients who stayed for long term
  Patients who take home ventilator, high flow nasal cannula… etc.
Our problems of ICU discharge

- Patients and families with complaints and grievances: Adverse events, unexpected condition.

“My husband was walking fine before the admission, but now he is just lying on a bed!”
What is “Relief nurse”? 

① ICU Nurse
② Advanced critical care nurses in our medical center
③ One relief nurse during evening and night shift
④ But Not practitioner
What is “Relief nurse”? 

◆ Purpose
To improve the safety and efficiency of critical care

◆ Activities
① Arrange ICU beds
② CPR (ICU + Wards)
③ ECMO & CRRT
④ Transfer ICU patient
⑤ Respiratory care
⑥ Advice related critical care, ETC
Transitional care process

Key aspects

Step 1. Identifying barriers

Step 2. Establishing performance

Step 3. Implementation strategies
# Application of transitional care

## Step 1. Identifying barriers

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Who is responsible</td>
</tr>
<tr>
<td>2</td>
<td>Insufficient knowledge and information</td>
</tr>
<tr>
<td>3</td>
<td>How to arrange</td>
</tr>
<tr>
<td>4</td>
<td>Inadequate criteria</td>
</tr>
</tbody>
</table>
Step 2. Establishing performance

Overall concepts

- Representatives
- Criteria
- Education
- Arrangement
Application of transitional care

Step 2. Establishing performance

1) Representatives
   ① Evening shift relief nurses conduct transitional care
   ② Night shift relief nurses conduct care to only unstable patients
Application of transitional care

Step 2. Establishing performance

2) Transitional caring criteria
   ① Premature discharge
   ② Continuum of care
   ③ Patient and family with complaints and grievances
Application of transitional care

Step 2. Establishing performance
3) Providing information
① Providing transitional caring criteria to ICU nurses via notification cell
② Educating charge nurses at ICU about how to request transitional care
Application of transitional care

Step 2. Establishing performance

4) Arrangement

① Patients who meet the criteria

-> Highlighter on the ICU patient lists

② Relief nurse on evening shift checks the list
Application of transitional care

Step 3. Implementation Strategies

Goal
① Maintain safety
② Help the patient to reach the best possible condition

Strategies

Secure  Encourage  Collaborate
Step 3. Implementation Strategies

1. Secure
   ① Assess patient’s vital signs are stable
   ② Re-Check respiratory issues, fever, and other problems
   ③ Environment in the ward ≠ in the ICU
      : Fewer observations & monitoring
Application of transitional care

Step 3. Implementation Strategies

2. Encourage

① Promote *self-Ability*
   - Support the patients to manage small things
     E.g) Gargle, wash hands & face

② Give information
   - Provide repeated information to the patient and families based on their needs
     E.g) how to provide oral care, or their drains
Application of transitional care

Step 3. Implementation Strategies

2. Encourage

③ By giving sense of confidence
Anxiety due to different environment
Focus on positive signs
Instill hope and courage
“ your medical crisis is over now “
Application of transitional care

Step 3. Implementation Strategies

3. Collaborate
   Information about patient’s specific needs
   Help staff at the ward to prepare
   E.g ) Difficult airway, Cuff care, Medical devices

   ➔ Improve the ICU patient’s discharge process
   ➔ Reduce gap between ICU and general ward
Implementation

Transitional care (N=420) during 2014

- Complaints & grievances: 3.8%
- Premature discharge: 11.4%
- Continuum care: 84.7%

<table>
<thead>
<tr>
<th></th>
<th>Continuum care</th>
<th>Premature discharge</th>
<th>Complaints &amp; grievances</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transitional care (N=420)</td>
<td>356</td>
<td>48</td>
<td>16</td>
</tr>
</tbody>
</table>
Our activities

- Complaint and grievances
  Mr. Kim was mid 30 who had laryngeal cancer, tracheotomy was done 1 day before transfer

  ➔ Complaints: Tracheostomy
    ① Secure:
    Assess patient’s vital signs are stable
    Re-check respiratory issues, fever, & other problem

    ② Encourage
    Give information: listen & repeating explanation

    ③ Collaborate
Strategies

Secure  Encourage  Collaborate

Standard of CARE