



Poster # 8

Title of poster: Patient and Family Experiences when Moving from the Intensive Care Unit (ICU) to a Hospital Ward

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Abstract

Intensive Care Unit (ICU) patients are the sickest patients in a hospital and receive constant, one-on-one, specialized care in an environment utilizing life support technologies and significant resources (Field, Prinja, & Rowan, 2008). When their condition improves, they are usually transferred to a regular hospital ward, an environment with fewer resources and staff. Patients and their families often find the transition from ICU to a hospital ward very challenging. Here they become 'one patient amongst many' (Field et al., 2008), and the nurse to patient ratio switches from one-to-one to one-to-many. Moving these vulnerable patients to an environment with limited resources is a risky medical transition and, due to the demand for ICU beds, patients may be given little advance notice of their move (Forsberg, Lindgren, & Engström, 2011). In Canada, over 250,000 patients will be transferred from ICUs this year; however many patients will suffer adverse consequences during the transition (Forsberg et al., 2011), and 18,000 patients will be re-admitted to the ICU (Leeb, Jokovic, Sandhu, & Zinck, 2006). These data indicate both the risk associated with ICU to hospital transfers and the inadequacies of the transition process. (Field et al., 2008).

Relocation stress and transfer anxiety are terms frequently used in the medical community to describe the transition experience (Chaboyer, 2010; Suen, Lee, & Wong, 2010). Previous research describes patients who are transferred from ICU to hospital ward as exhibiting both physiological stress (altered heart rate, blood pressure, respiration and sleep patterns) and psychological stress (insecurity, fear, anger and tension) (Suen et al, 2010). Data suggests that family members exhibit similar emotions such as fear, mistrust and vulnerability (McKinney & Deeny, 2002; Odell, 2000).

We are conducting a study to better understand patient and family experiences during patient transfer from ICU to hospital ward. The goal of the study is to improve ICU to ward transition experiences by listening to the lived experiences of patients and families.

The research question guiding the study is: What are the experiences of patients and family members when a patient is moved from the ICU to a regular hospital ward?

Data will be collected using the PACER (Pacer and Community Engagement Research) method of peer-to-peer research to engage patients and families. (Marlett & Emes, 2010). PACER is a collaborative inquiry and research framework consisting of three phases: SET (initial phase, which involves a focus group of representative participants who share relevant experiences and become advisors to help set the study's direction and goals), COLLECT (data collection and analysis phase, which involves up to 12 semi-structured interviews with patients and family members), and REFLECT (final phase, which involves a focus group with the original SET participants to review the findings, analyse data and identify recommendations).

By listening to and analyzing the lived experiences of patients and families, we will gain a deeper understanding of the transfer experience. By engaging patients and families throughout the entire process, our research will be distinguished from more traditional investigations.

