

Standardised communication and procedures to improve patient transfer from ICU to ward



Transfer of patients from the intensive care unit (ICU) to a general hospital ward is often challenging and inefficient, resulting in medical errors and adverse events. A new study published in *Canadian Medical Association Journal* has identified key barriers or facilitators to high-quality patient transfers: resource availability, communication and institutional culture. The study recommends that hospitals implement standardised multimodal communication and procedures to manage common delays in patient transfer.

"The transfer of patients from the ICU to a hospital ward is one of the most challenging, high-risk and inefficient transitions of care because the patients are among the sickest in the healthcare system, they are transitioning from high technological units to less acute environments, and many providers are involved in exchanges of information and responsibility," writes Dr. Jeanna Parsons-Leigh, [Cumming School of Medicine, University of Calgary](#), Canada, with co-authors.

The study was conducted in eight hospitals in seven cities across Canada. Three broad themes emerged from consultation with patients, families and healthcare professionals that can hinder or improve high-quality patient transfers: resource availability, communication and culture.

Suggestions to improve patient transfers from the ICU to ward include:

- Standardised discharge communication tools to ensure open, continuous communication between patients or families and healthcare providers
- Standardised discharge communication tools for use among healthcare providers
- Multiple forms of communication, including both verbal and written tools, to document transfer and ensure continuity of care
- Procedures to manage delays in transferring patients and coordinate care.

The study provides qualitative information on the experiences of patients, families and healthcare professionals who are involved in this high-risk healthcare transition.

"This study was part of a larger multicentre prospective cohort study in which we analysed transfer processes documented in patients' medical records and solicited patient, family member and provider experiences by survey. Findings from the survey showed that failures of patient flow and communication are common, but did not offer us an in-depth and comprehensive description of what barriers and facilitators to high-quality patient transfers look like and mean for multiple stakeholders. We felt that a follow-up qualitative study that offered us the opportunity to speak with stakeholders about their experiences would give us the thick-description we were looking for," Dr. Parsons-Leigh explained to *ICU Management & Practice* in an email.

She noted that patients and healthcare providers have distinct views on what is important during transitions of care. "Because of this, it is possible for providers to feel like they are ticking all of the appropriate boxes as they ready a patient for transfer, but at the same time, for the patient and family members involved in that transfer to feel as though their needs are not being met."

Many hospitals across Canada have taken efforts to make their transfer processes more comprehensive and patient and family partnered, according to Dr. Parsons-Leigh. "Our team is in the process of piloting an ICU transfer tool in Calgary that is based on this work. We also have plans to develop a suite of tools specific to patients and families," she added.

Source: [CMAJ - Canadian Medical Association Journal](#)

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