Staff perception of patient discharge from ICU to Ward based care: A comparative survey.

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Background

It is widely recognised that patient handover is important to patient safety (WHO, 2007). The quality of information exchange between ICU and ward nurses, when patients are transferred out of Intensive Care, is important to the continuity of safe care. However, there is limited research that addresses ward and ICU nurses experience of the discharge process. Therefore, this research aimed to explore nurses’ experiences of the discharge process from ICU to the ward environment.

Method

The study described in this article was conducted in a New Zealand Metropolitan hospital. Using an exploratory descriptive design we adapted a questionnaire based on Whitaker and Ball’s (2000) research on ICU patient handover from the ward nurse perspective. The questionnaires were then analysed using a descriptive thematic approach.

Results

The questionnaire response rate of 48% included 45 ICU and 47 Ward nurses. The ICU nurses had 14 years nursing experience while the ward nurses had 11 years. Communication emerged as the overarching theme within the research and four sub themes which surfaced were used to sort nurses’ views on handover.

Key findings included that the written and verbal communication needs of each group differ dependent upon setting and the timing of a discharge. Timing of handover also requires nurses to negotiate. Responses indicated that some ICU nurses had negative feelings about handover of patients to ward-based nurses.

Conclusions

Standardised handover, with content and processes that are mutually negotiated, is crucial to providing the safest environment for patients.

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“Some ICU nurses could be more friendly and helpful at handing over. Ring before coming and arrive more on time – alert us if not”.

“It saves an awful lot of time if the patient arrives with ward charts. The ICU charts are alien to the staff and maybe an avoidable risk factor”.

“Perhaps a clearer idea for family in particular about how different the ward will be. Families often find the transition to less machinery and higher nurse-patient-ratios difficult”.

“Explain what to expect [to families]. Patient-nurse ratios. Reinforce that they [the patient] are ready for discharge. They will still be observed or monitored”.

“Some wards you know are competent and understand your handover. Others treat you as a nuisance and don’t listen”.

“Discharge paperwork is too complicated. It should be a one sided form A4, that the staff know only important information is on”.

“It is important that we sit down with the ward nurse and go through the whole discharge summary. Explain how the patient has been and what we are concerned with. Being a ward nurse taking an ICU patient can be very daunting”.

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