

Enhancing Transitions of Care in the Weinberg ICU

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1 Background

Transitions of care in the inpatient setting often elicit anxiety from patients and family members, especially in instances when a patient is moved from an intensive care unit to a lower acuity floor (Field, Prinjha, & Rowan, 2008).

These psychosocial concerns highlight the importance of effective communication, between teams and with families, to prevent poor patient outcomes and improve the quality of care. This QI project extends in multiple directions to reduce patient, family, and provider anxiety surrounding transitions of care from the Weinberg ICU (WICU) at the Johns Hopkins Hospital. We are primarily interested in the small subset of WICU patients with a length of stay (LOS) > 48 hrs. The WICU is one of 63 ICU teams nationwide currently participating in the PCOR-ICU collaborative effort organized under the Patient-Centered Outcomes Research Institute.

2 Objectives

- Enhance tools of patient and family education
- Gather knowledge about patient characteristics associated with readmission to the WICU from the floor
- Pilot a critical care transition program coordinated by the WICU NP service to reduce readmission rates
- Build the confidence of providers in caring for critically ill patients

3 Methods

Understanding Patient/Family Concerns:

In spring 2017, the needs of Weinberg patients and families were assessed through the Family Satisfaction Survey in the ICU (FS-ICU), an accredited and validated tool used by PCOR-ICU.

Provider Surveys:

A voluntary paper survey was given to resident physicians and nursing staff in spring 2017, asking them to cite the top three reasons why their patient might be readmitted to the WICU after transfer.

Creating an Education Tool:

A multidisciplinary team created a handout organized by body system (cardiovascular, respiratory, etc) to enhance teaching about commonly encountered problems experienced by WICU patients.

This team consisted of staff NPs, the unit CNS, a pharmacist, a bedside nurse, and an administrative coordinator. This double-sided sheet explained common medications and their adverse effects, to empower family members with this knowledge and enlist them more fully in their loved one's care.

Critical Care Transition Program

The critical care transition program (CCTP) began in summer 2017 to identify and prevent readmission of "at risk" patients discharged to the floor. These included patients with a WICU LOS > 48 hrs, those found to be medically complex by specified criteria, patients with a history of ICU readmission, and those discharged late at night to facilitate a new admission. Patients who met these criteria (and their families) received specialized education with the multidisciplinary body systems and medications tool. The possibility of NP staff evaluating these patients after transfer was also explored.

4 Results

The FS-ICU survey results of WICU family members demonstrate several potential areas of improvement for clinical staff. While most expressed satisfaction with the care provided to their loved ones by bedside nurses, they did not always feel included in the clinical decision-making process. These results indicate an opportunity for nursing staff to practice more patient- and family-centered care. The effort to improve patient/family education about medications will address that sense of exclusion experienced by family members.

Both nurses and physicians stated that hemodynamic alterations (e.g. hypotension, sepsis) represented their top concern with respect to readmission of their patient (Figure 1). There were commonalities across disciplines, but some notable differences, in the reasons provided for potential readmission.

It will be challenging to directly assess the efficacy of the medication teaching tool. However, it is an expectation that hospitals educate patients and family members on medications during the inpatient stay – which would be reflected in Johns Hopkins' Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) scores.

5 Conclusions

After a length of time in the ICU, patients and family members may be fearful of leaving a familiar environment and staff, or that the care they will receive at the stepdown unit will be inadequate. This anxiety is often shared by staff: nurses receiving patients from the ICU report that these patients require a high amount of care, arrive medically unstable, or were not ready for transfer (Enger and Andershed, 2017).

With respect to the critical care transition program, we await the data on readmission rates and other patient outcomes, which shall be obtained through chart audits.

6 Future Directions

Depending on the success of the CCTP, investigators may continue extending the service into the future. It may also be worth pursuing conversations or outreach to floor nurses to better understand their needs related to transitions of care.

We have supported the needs of patients and families by collecting data from staff about reasons for readmission, and building a CCTP to improve the outcomes of "at risk" patients. Data collection will continue through fall 2017.

7 References

- Field, K., Prinjha, S., & Rowan, K. (2008). "One patient amongst many": a qualitative analysis of intensive care unit patients' experiences of transferring to the general ward. *Critical Care*, 12(1), R21.
- Enger, R., & Andershed, B. (2017). Nurses' experience of the transfer of ICU patients to general wards: A great responsibility and a huge challenge. *Journal of Clinical Nursing*.
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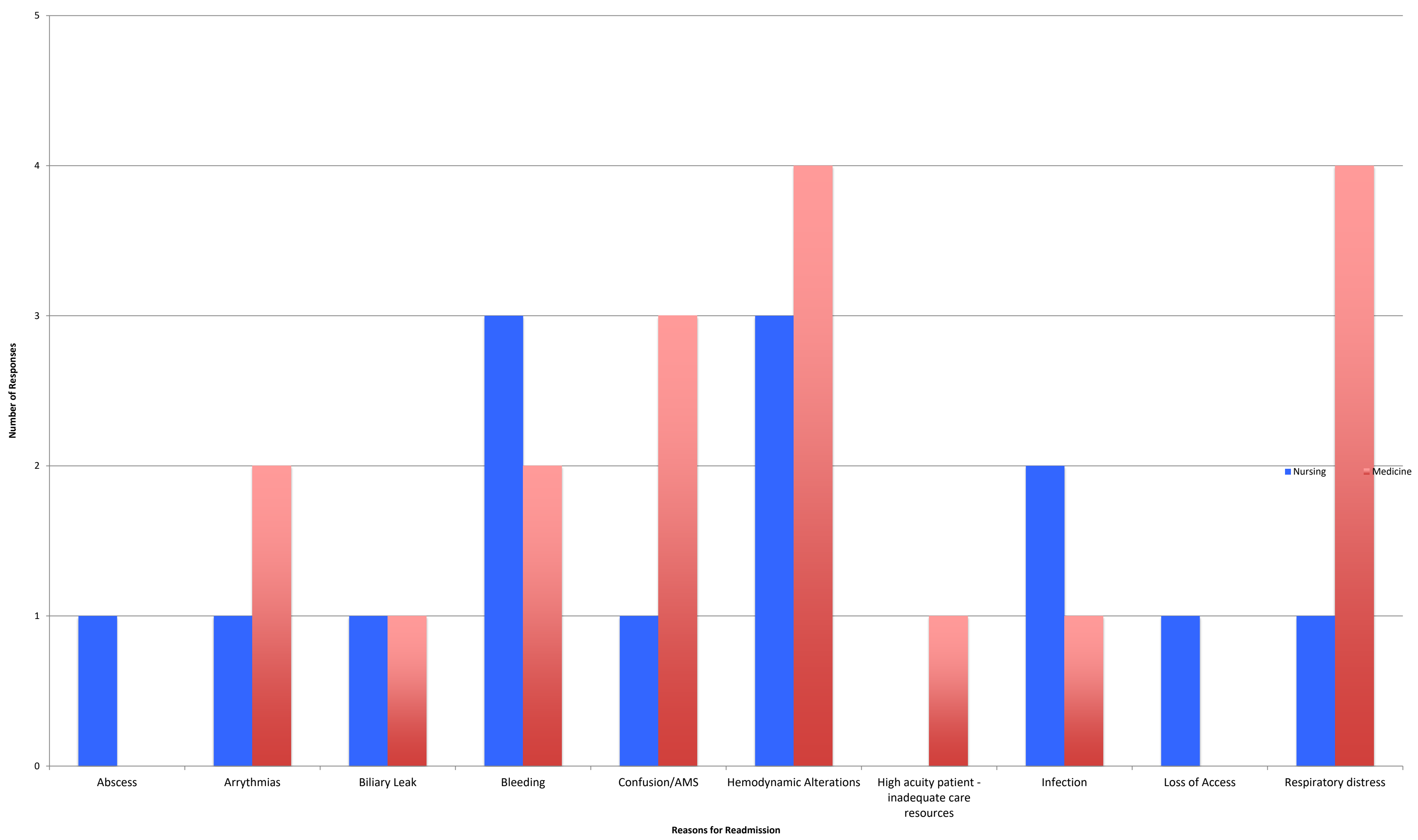


Figure 1. Reasons for potential readmission to the WICU cited by clinical staff, organized by discipline of the respondent (n=10). Data obtained through voluntary written surveys in spring 2017.