

# Facilitating Patient/Family Transitions from ICU to Inpatient Units: Communication and Expectations

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## 1 Background

The transition from ICU to unit-based care can be stressful and create anxiety for patients and families. While there is some relief the patient is well enough to leave the ICU, the changes that come with moving to a new floor can be stressful for everyone involved. WICU nurses received reports that some patients seemed anxious and not fully prepared for the move. In this project, we seek to address the issue of 'transition anxiety' by understanding what aspects of transferring to a new floor bring anxiety to patients and families. Our goal at the end of this project is to create an educational tool that addresses our findings to be given to patients and families at the time of transfer. The hope is to better prepare and educate our patients for their move. No such tool is currently used in the WICU for the purpose of reducing transfer anxiety and ensuring the same information is given to all patients and families. This will help to standardize our discharge process in the WICU.

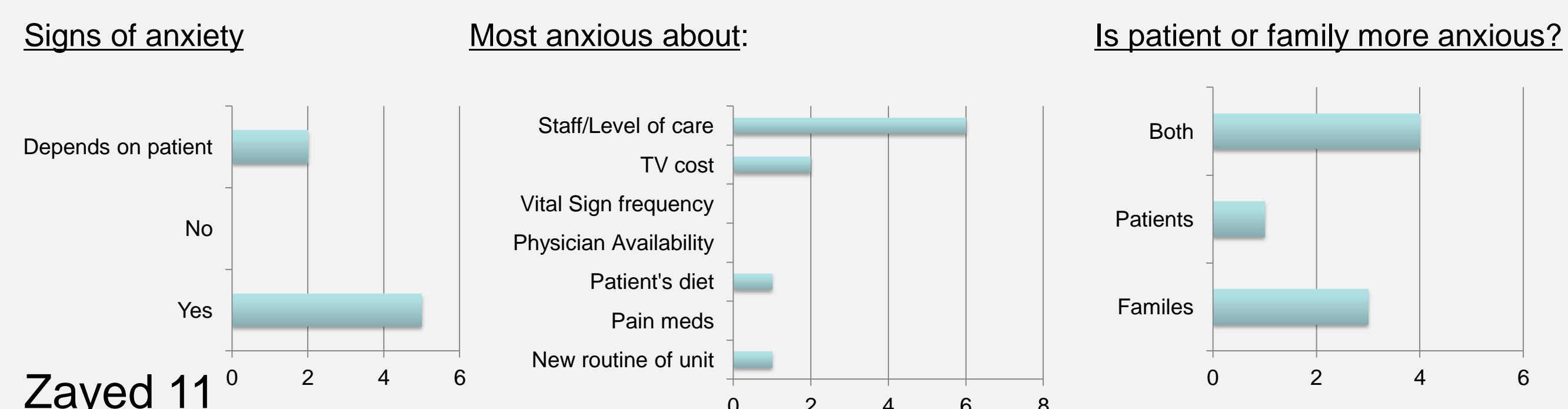
## 2 Methods

A series of qualitative interviews were performed by the Fuld fellow using a questionnaire survey tool. During the first few rounds of surveys, WICU patients < 4 days post transfer were interviewed first. After coming to the conclusion that more data was needed, floor nurses on the following units were interviewed: Zayed 11, Marburg 2, Weinberg 4C, and Weinberd 4D. The nurses were asked about their experiences and assessments of patients/families exhibiting signs of anxiety after being transferred from the WICU. An online, anonymous SurveyMonkey was created for the WICU nurses to complete addressing their experiences of pre-transfer education with patients and families. Qualitative interviews were analyzed for trends in these areas: observed signs of anxiety, what patients are most anxious about, and whether the patient or family is most anxious. Questions that required nurses to choose answers were added up. The topics that received the most answers were chosen as focus areas for our educational tool.

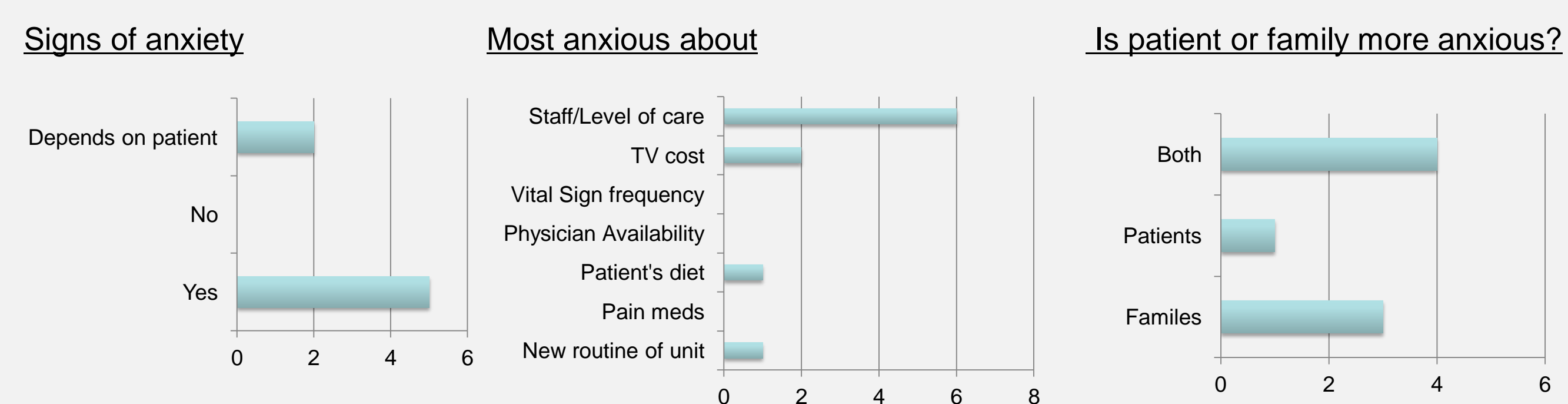
## 3 Results

The following charts are results from the surveys of floor nurses:

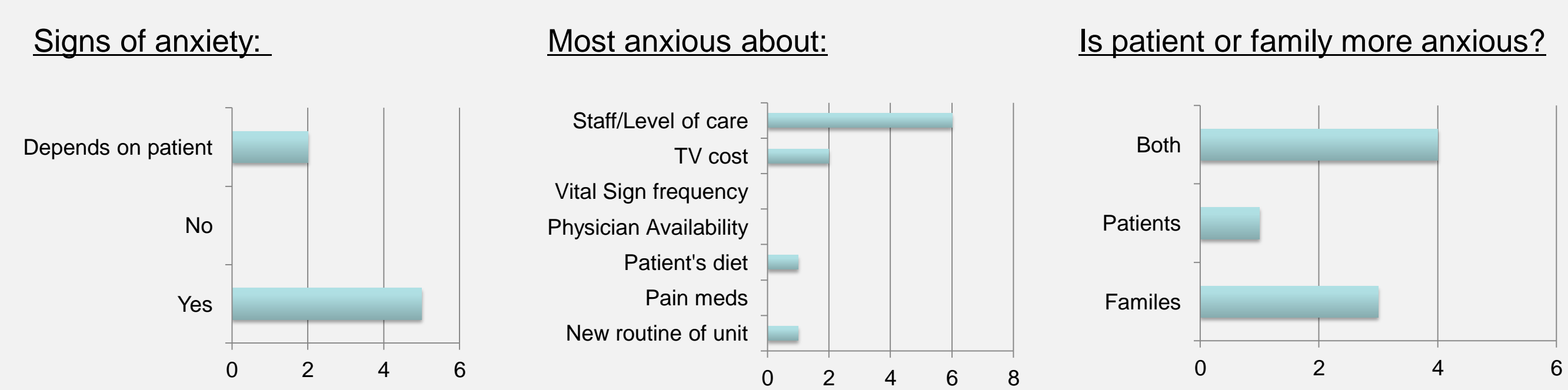
### Marburg 2



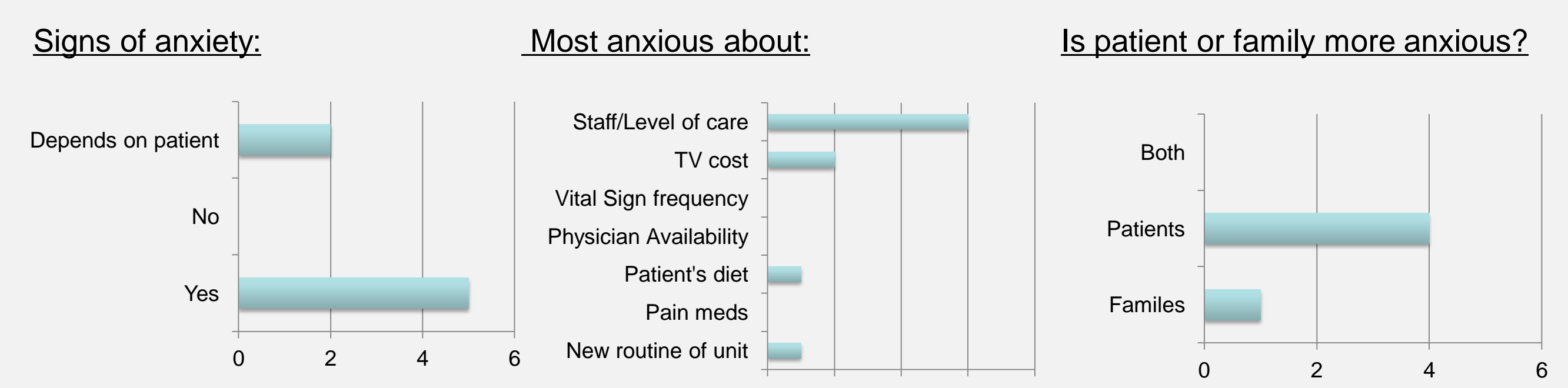
### Zayed 11



### Weinberg 4C



### Weinberg 4D

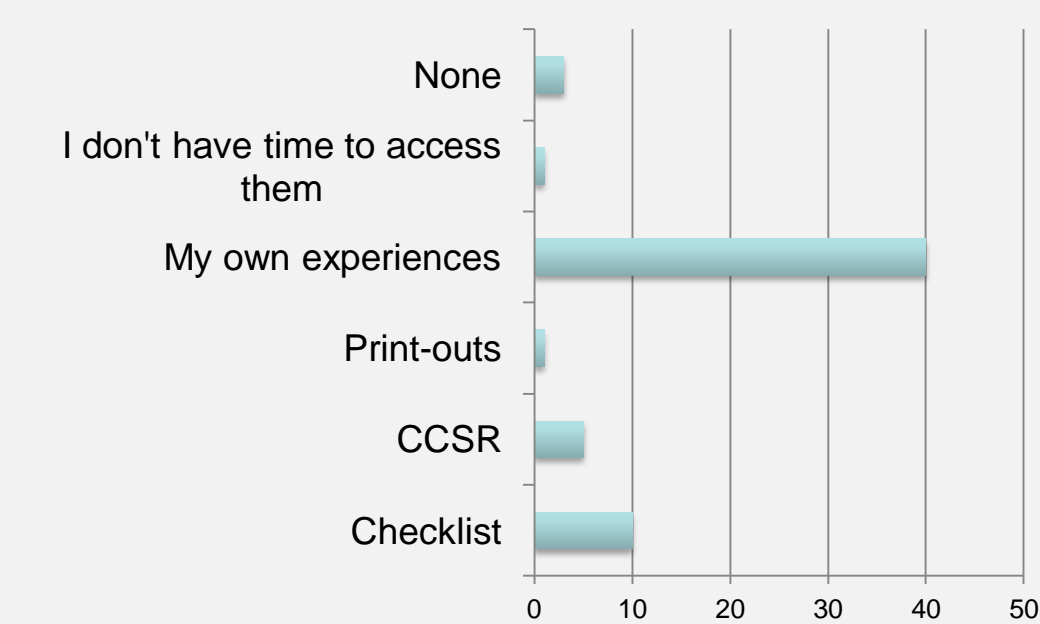


### Significant findings from patient interview survey:

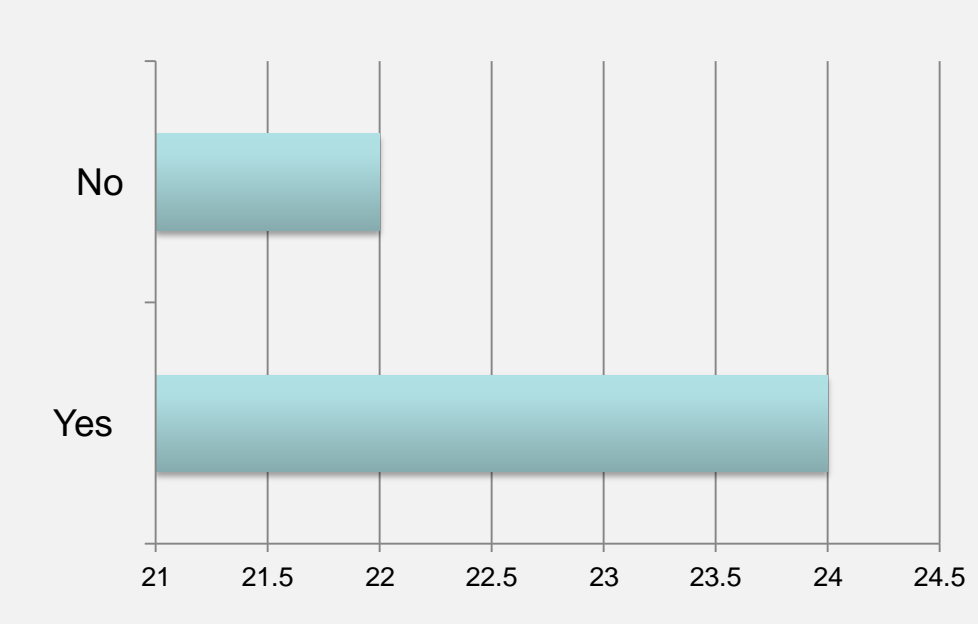
- 68% reported no anxiety before or after transfer from WICU
- 50% reported transfer preparation was received from nurse
- 81% reported they felt ready to leave the WICU

### Significant findings from WICU nursing staff survey:

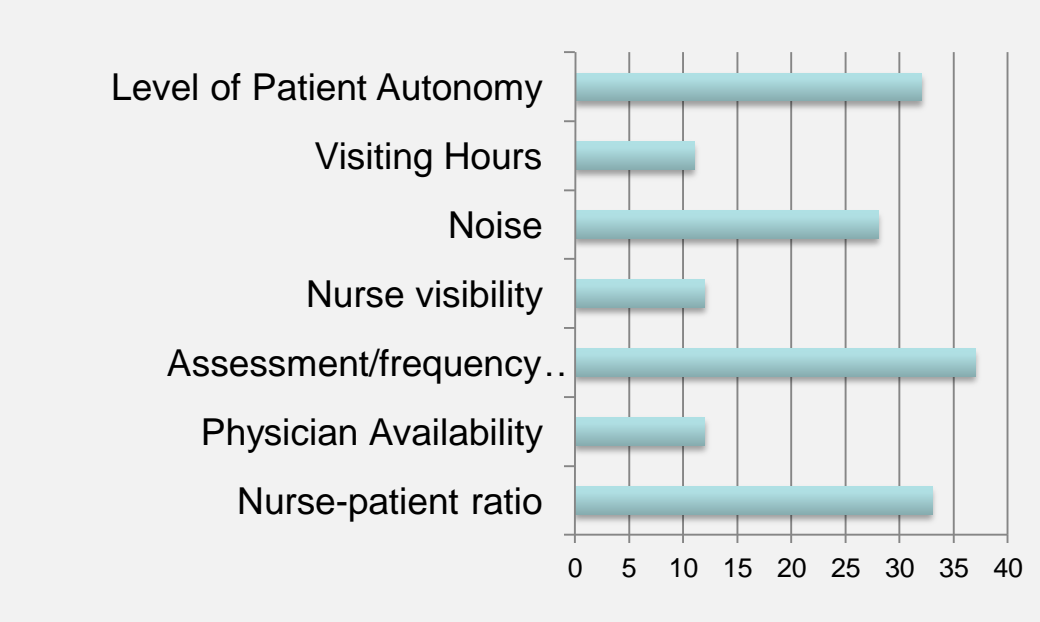
What resources do you utilize for transfer preparation and education?



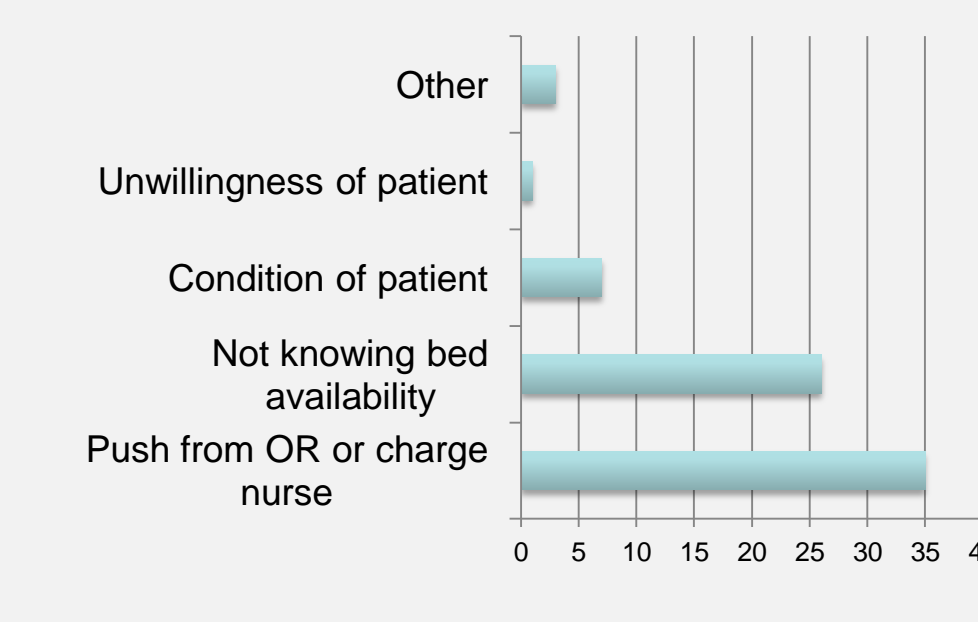
Do you assess every patient for anxiety before transfer, such as mood changes/anger/fear?



Which of the following do you include when educating about new unit routine?



What makes it difficult to ensure patients feel prepared for transfer?



## 4 Conclusions

After analyzing the interviews and charting the results from the surveys, we concluded there was need for improvement with the pre-transfer education process in the WICU. We received varying results in regards to how the current process is performed and concluded that standardizing the type of information delivered may help with anxiety reduction. With this information, the WICU discharge education tool was created, which encompasses the most reported changes that nurses, both floor and WICU, stated as stressful areas for patients and families. This tool is intended to provide repetition of key information to both patients and families. While we cannot prevent hospital stays from being stressful, we hope this tool will reiterate to patients we care not only about their physical, but also emotional well-being.

## 5 Future Directions

In October 2013, three months after implementation of the educational tool, a student nurse or an ICU nurse will follow up the tool's progress by meeting with floor nurses, newly transferred patients, and the WICU staff. The re-interviewing of floor nurses, recently transferred patients, and WICU staff is set to take place during a three month span (from October 2013 to December 2013). In January 2014, we will evaluate the data collected and the effectiveness of the tool. The results of the WICU staff survey will be used as a tool to educate on areas to focus on during the discharge teaching process. Changes to the tool will be made if re-evaluation proves necessary.

## 6 References

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