



Patient Survey

We are conducting a national study to improve the quality of care patients receive as they move from the Intensive Care Unit (ICU) to a hospital ward. To do this we need to hear about your experiences – good and bad.

Your **participation is voluntary and all the information you provide will be kept confidential**. Your responses will help us to improve care for critically ill patients. **This survey takes less than 10 minutes to complete.**

If there are any questions or concerns, please do not hesitate to contact our team:

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Thank you for your help!

We are interested to know how prepared you felt when you were moved from the ICU to this hospital ward.

1. Before you were moved from the ICU to this hospital ward, did anybody explain to you what was going to happen?

- Yes
- No
- Not sure

2. How involved did you feel in the process of **deciding** to be moved from the ICU to this hospital ward?

- Completely involved
- Somewhat involved
- Neither involved nor uninvolved
- Somewhat uninvolved
- Completely uninvolved

3. Please indicate what information was communicated to you before you were moved from the ICU to this hospital ward. Please select all that apply. (If you were not given any information, please skip to question 8.)

- A summary of events that happened while you were in the ICU
- A summary of you current medical conditions
- The current treatment plan
- Information about who would take over your care on this hospital ward
- Information about how the ICU team will follow up with you after the move
- Information about what to expect regarding care on this hospital ward
- Other (please specify): _____

4. How was this information communicated to you? Please select all that apply.

- Verbal conversation(s) with the doctors
- Verbal conversation(s) with the nurses
- Formal meeting(s) (e.g. family meeting)
- Personalized care sheet (e.g. ICU stay summary)
- Other (please specify): _____

5. How much of the information did you understand?

- All of the information
- Most of the information
- About half of the information
- A little information
- None of the information

6. Is there any other information you would have liked to receive?

- Yes (please specify): _____
- No

7. Did a member of the medical team review goals of care/resuscitation status with you **before** you left the ICU?

- Yes
- No
- Not sure

8. Did you feel that the ICU medical team addressed your questions and/or concerns about the move from the ICU to this hospital ward?

- Yes
- Somewhat
- No

9. Did you have the chance to meet your new ward care provider(s) **before** the move took place?

- Yes
- No

10. Did you feel that you developed a trusting relationship with any **ICU care provider(s)** while you were in the ICU?

- Yes
- No (Please skip to question 12.)

11. If yes, with whom? Please select all that apply.

- Doctor
- Nurse
- Respiratory therapist
- Occupational therapist
- Physiotherapist
- Pharmacist
- Social worker
- Chaplain
- Other (please specify): _____

12. Did a family member accompany you when you were moved from the ICU to this hospital ward?

- Yes
- No
- Not sure

Next, we are interested to know about your experiences after you were moved from the ICU to this hospital ward.

13. Were you assessed by a nurse **within the first hour** of arriving on this hospital ward?

- Yes
- No
- Not sure

14. After arriving on this hospital ward, when were you **first seen by a doctor**?

- Within the first hour
- Within 1-4 hours
- After 4 hours of arriving on this ward but on the same day
- More than 1 day after arriving on this ward
- Not sure

15. Did a member of the ICU team visit you since you arrived on this hospital ward?

- Yes
- No
- Not sure

16. Are you aware of any harmful events/errors in your care that occurred since you were moved from the ICU to this hospital ward?

- Yes
- No

17. If yes, what was the nature of the event(s) and what do you believe caused it/them?

18. Up until now, do you feel that you have developed a trusting relationship with any care provider(s) on this **hospital ward**?

- Yes
- No (Please skip to question 21.)

19. If yes, with whom? Please select all that apply.

- Doctor
- Nurse
- Respiratory therapist
- Occupational therapist
- Physiotherapist
- Pharmacist
- Social worker
- Chaplain
- Other (please specify): _____

20. Overall, how satisfied were you with the transfer process?

- Completely satisfied
- Somewhat satisfied
- Neither satisfied nor dissatisfied
- Somewhat dissatisfied
- Completely dissatisfied

21. How could the process of being moved from the ICU to this hospital ward have been improved?

Lastly, we are interested to know some information about you.

22. What is the highest level of education you have completed?

- Eighth grade or less
- Some high school, but did not graduate
- High school graduate
- Some college/university, did not graduate
- College diploma/certificate
- Four year university degree
- More than a four year university degree

23. Which ethnicity do you most closely identify with?

- Caucasian
- Black or African Canadian
- Asian
- Aboriginal or First Nations
- East Indian
- Latin American
- Other (please specify): _____

24. What language do you speak at home most of the time?

- English
- French
- Spanish
- Vietnamese
- Hindi/Punjabi
- Mandarin/Cantonese
- Other (please specify): _____

25. Where do you live?

- In the city where this hospital is located
- Out of town

26. Before this hospital stay, have you been to an ICU as a patient or as a family member of a patient?

- Yes
- No

27. Are you a health care professional?

- Yes
- No

Thank you for completing the survey! Your participation is invaluable in helping us to explore the needs of patients and families during transition out of the ICU and will help us to improve this process for other critically ill patients and their families in the future.