



ICU Physician 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**. The survey has full ethics approval (REB13-0022) and your participation implies consent. Your responses will help us to improve care for critically ill patients. **This survey takes about one minute 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!

Please consider the transfer of your recent patient:

1. Which of the following factors did you consider when deciding that this patient was ready for transfer to a hospital ward? Please select all that apply.

- Age
- Severity of acute illness
- Comorbidities
- Diagnosis
- Type, number and duration of time that life support technologies used
- Duration of time since life support technologies were **discontinued**
- Adverse events experienced
- Frailty status (i.e. how frail)
- Physiological reserve
- Clinical course
- Amount of respiratory support (oxygen, suctioning, non-invasive ventilation) required by this patient
- Specialization of the **receiving medical team** (to match patient diagnosis/needs)
- Specialization of the **receiving unit** (to match patient diagnosis/needs)
- Time of day/day of week
- Shortage of ICU beds
- Goals of care/resuscitation status
- Amount of nursing care required for this patient
- Level of patient consciousness
- Results from a clinical prediction tool (please specify the name of the tool): _____
- Presence of a tracheostomy
- Patient mobility
- Family/patient input
- Other (please specify): _____

2. In an ideal situation, would you have preferred to keep this patient in ICU longer before transferring him/her?

- Yes (please explain): _____
- No

3. Who was your **primary contact** on the ward during this patient's transfer of care? Please select **one**.

- Receiving attending physician
- Receiving fellow/resident
- ICU outreach team/liaison
- Consulting colleague (non-ICU)
- Receiving ward nurse
- Other (please specify): _____
- I did not speak with anyone
- I did not have a primary contact

4. How did you or a member of your team communicate with your **primary contact**? Please select all that apply.

- Verbal communication over the telephone
- Face-to-face communication
- Written communication (e.g. discharge summary in paper or electronic chart)
- Electronic communication (e.g. email, text message, etc.)
- Other (please specify): _____

5. What was communicated by you or a member of your team to your **primary contact**? Please select all that apply.

- Diagnosis
- Treatments received in the ICU
- Current list of problems
- Current treatment plan
- Past medical history/important comorbid conditions
- Goals of care/resuscitation status
- Current medications
- Medication reconciliation with chronic therapies
- Allergies
- Patient mobility
- Plans for follow up by the ICU team
- Relevant social/cultural issues
- Family involvement/issues
- Other (please specify): _____

6. When did you or a member of your team communicate the above information to your **primary contact**? Please select all that apply.

- When it was decided that this patient was ready for transfer
- After this patient was accepted for transfer but before he/she left the ICU
- At the time this patient left the ICU
- After this patient arrived on the hospital ward
- Not sure

7. How would you rate the **quality** of communication between yourself and the ward team during this patient's transfer?

- Excellent
- Good
- Average
- Fair
- Poor

8. What information did you or a member of your team communicate to this patient and/or family before he/she was transferred to the hospital ward? Please select all that apply.

- A summary of events that happened while in ICU
- A summary of the patient's current medical conditions
- The current treatment plan
- Information about who would take over the patient's care
- Information about what to expect regarding patient care on a ward
- Information regarding ICU follow-up
- Other (please specify): _____
- No information was given to the patient and/or family (please skip to question 11)

9. How did you or member of your team give the above information to this patient and/or his/her family member(s)? Please select all that apply.

- Verbal communication
- Written communication
- Other (please specify): _____

10. In your opinion, how much of the information was understood by this patient and/or family?

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

11. Did you or a member of your team review goals of care/resuscitation status with this patient and/or the family before the patient was transferred to the hospital ward?

- Yes
- No
- Not sure

12. In your opinion, during the remainder of his/her hospital stay, what is this patient's risk of:

Experiencing an adverse event:

- Very high risk
- Somewhat high risk
- Neither high nor low risk
- Somewhat low risk
- Very low risk

Readmission to ICU:

- Very high risk
- Somewhat high risk
- Neither high nor low risk
- Somewhat low risk
- Very low risk

Death:

- Very high risk
- Somewhat high risk
- Neither high nor low risk
- Somewhat low risk
- Very low risk
- N/A (this patient was transferred out to die)

13. Did you or a member of your team use a tool (e.g. checklist or protocol) to facilitate the transfer of this patient from the ICU to this hospital ward?

- Yes (please specify the name of the tool): _____
- No

14. Overall, how would you rate the transfer of care for this patient?

- 1 – The transfer went exceptionally well
- 2
- 3 – The transfer was average
- 4
- 5 – The transfer was unacceptable

15. Do you have any recommendations for how the transfer of care from the ICU to the hospital ward could have been improved for **this patient**?

16. Do you have any additional comments regarding the transfer of care of this patient?

Demographics

17. What is your level of medical training?

- Attending (please specify number of years of independent practice): _____
- Fellow
- Resident
- Other (please specify): _____

Follow up

18. In the future we will conduct a small number of interviews and/or focus group discussions to supplement our survey data. May we contact you for an interview or focus group in the future?

- Yes
- No

If **yes**, please provide your contact information:

- Name: _____
- Phone number/email: _____

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.