



## ICU Nurse 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 2 minutes to complete.**

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

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or 403-956-2113

Thank you for your help!

Place patient label here

**Please consider the transfer of your recent patient:**

1. How involved did you feel in the process of deciding to move this patient from the ICU to a hospital ward?

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

2. From your perspective, what factors were considered 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): \_\_\_\_\_

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3. In an ideal situation, would you have preferred to keep this patient in the ICU longer before transferring him/her to a hospital ward?

- Yes (please explain): \_\_\_\_\_
- No

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4. Who was your **primary contact** when handing over care of this patient? Please select **one**.

- Accepting physician/team
- Nurse assuming care of this patient
- Covering/other ward nurse
- Ward charge nurse
- ICU outreach team/liaison
- Ward respiratory therapist
- Ward physiotherapist
- Other (please specify): \_\_\_\_\_

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5. How did you 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): \_\_\_\_\_

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6. What did you communicate to your **primary contact** on the ward? Please select all that apply.

- Diagnosis
- Treatments received in the ICU
- List of ongoing issues/concerns
- Current treatment plan
- Care plan
- Past medical history/important comorbid conditions
- Goals of care/patient resuscitation status
- Current medications
- Medication reconciliation with chronic therapies
- Allergies
- Patient mobility
- Plans for follow up by the ICU team
- Relevant social/cultural/spiritual issues
- Family involvement/issues
- Nursing support for activities of daily living (i.e. self-care)
- Hospital discharge plan

Other (please specify): \_\_\_\_\_

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7. When did you communicate the above information? 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 ward
- Not sure

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8. How was your communication with your primary contact structured?

- A system-by-system discussion of this patient's needs (i.e. head to toe assessment)
- Pertinent information was discussed in order of priority
- Unstructured narrative
- Other (please specify): \_\_\_\_\_

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9. Who else did you communicate with when handing over care of this patient? Please select all that apply.

- Accepting physician/team
- Nurse assuming care of this patient
- Covering/other ward nurse
- Ward charge nurse
- ICU outreach team/liaison
- Ward respiratory therapist
- Ward physiotherapist
- Ward occupational therapist
- Ward speech therapist
- Ward pharmacist
- Other (please specify): \_\_\_\_\_

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10. How would you rate the quality of communication between yourself and the ward team regarding this patient's transfer from the ICU to the hospital ward?

- Excellent
- Good
- Average
- Fair
- Poor

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11. What information did you communicate to 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): \_\_\_\_\_
- I did not give any information to the patient and/or family (please skip to question 13)

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12. How did you communicate the above information to this patient and/or family about the transfer process? Please select all that apply.

- Verbal communication
- Written communication
- Other (please specify): \_\_\_\_\_

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13. Who accompanied this patient to the receiving ward? Please select all that apply.

- ICU nurse
- Ward nurse
- ICU outreach team/liaison
- Nursing attendant
- Porter
- Admitting physician/team
- ICU physician
- Ward physician
- Respiratory therapist
- Other (please specify): \_\_\_\_\_
- Not sure

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14. 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 the hospital ward?

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

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15. 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

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16. 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**?

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

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## Demographics

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18. Which of the following most accurately describes your professional designation?

- Nurse practitioner
- RN
- LPN
- Nurse clinician
- Other (please specify): \_\_\_\_\_

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19. What was your relationship to this patient?

- Bedside nurse
- Bedside LPN
- Nurse practitioner
- Nurse clinician/charge nurse
- Other (please specify): \_\_\_\_\_

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## Follow up

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20. 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.