



## Ward 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 2 minutes to complete.**

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

Barbara Artiuch (Research Assistant) at  
[barbara.artiuch@albertahealthservices.ca](mailto:barbara.artiuch@albertahealthservices.ca)

Denise Buchner (Senior Research Associate) at [dlbuchne@ucalgary.ca](mailto:dlbuchne@ucalgary.ca)  
or 403-210-6977

Dr. Tom Stelfox (Study Lead) at [tom.stelfox@albertahealthservices.ca](mailto:tom.stelfox@albertahealthservices.ca)  
or 403-956-2113

Thank you for your help!

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

1. How did you participate in the decision making process to accept this patient from the ICU to this hospital ward? Please select all that apply.

- Accepted transfer of the patient
- Determined which ward the patient would go to
- Determined when (day or time) this patient could be transferred
- Requested additional test(s) before this patient was transferred
- Requested additional treatment(s) before this patient was transferred
- Requested additional consult(s) before this patient was transferred
- Other (please specify): \_\_\_\_\_

2. What factors influenced your decision to accept this patient for transfer? Please select all that apply.

- This patient was ready to leave the ICU
- This patient was improving
- I believe I am the best physician/team to care for this patient
- I/my team cared for this patient before he/she was admitted to the ICU
- I/my team performed an operation on this patient
- Workload to care for this patient (e.g. physician, nurse, respiratory therapist etc.) influenced the decision
- How busy I am/my team is with clinical work influenced the decision
- How busy the ICU is/was influenced the decision
- Other (please specify): \_\_\_\_\_

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

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

4. Was the acceptance of this patient contingent on him/her being admitted to a specific ward?

- Yes
- No
- Not sure

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5. Did you or a member of your team assess this patient **while he/she was in the ICU?**

- Yes
- No

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6. Did you or a member of your team speak with this patient and/or his/her family about the transfer **while he/she was in the ICU?**

- Yes
- No

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7. Who was your **primary contact** in the ICU during this patient's transfer of care? Please select **one**.

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

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8. 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): \_\_\_\_\_

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9. What was communicated to you about this patient? 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/patient 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): \_\_\_\_\_

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10. When was the above information communicated to you? 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 this ward
- Not sure

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11. How much information did you receive to support proper care for this patient?

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

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12. If you did not receive all of the necessary information, what was missing?

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13. How would you rate the quality of communication between yourself and the ICU team regarding this patient's transfer?

- Excellent
- Good
- Average
- Fair
- Poor

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14. Were you notified when this patient arrived on the ward?

- Yes
- No

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15. After this patient arrived on this ward, when was he/she assessed by a member of your team?

- 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

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16. How would you rate your workload at the time this patient arrived on this hospital ward?

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

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17. 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 this hospital ward?

- Yes
- No
- Not sure

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18. In your opinion, during the remainder of this patient’s hospital stay, what is his/her 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)

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19. 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

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

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

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## Demographics

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23. What is your level of medical training?

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

## Follow up

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24. 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.