

Hospital Survey

(Please fill in one survey for each ICU where you will collect data)

1. Please enter the name of the hospital:

2. What type of hospital is this?

<input type="checkbox"/>	Tertiary Care Hospital
<input type="checkbox"/>	Community Hospital
<input type="checkbox"/>	Other

If other, please specify:

3. How many acute care beds are in this hospital?

<input type="text"/>	Beds
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4. In 2013, how many patients were admitted to this hospital (excluding patients discharged from ER and outpatient visits)?

<input type="text"/>	Patients
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5. Are there any high dependency/step down (i.e. intermediate care) units in this hospital?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	Not sure

6. Does this hospital regularly host residents (i.e. teaching units)?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

7. How would you classify the study ICU in this hospital?
Please select all that apply.

<input type="checkbox"/>	Medical
<input type="checkbox"/>	Surgical
<input type="checkbox"/>	Trauma
<input type="checkbox"/>	Neurological
<input type="checkbox"/>	Burn
<input type="checkbox"/>	Other

If other, please specify:

8. Does the study ICU use an open or closed model of care? Open: physicians direct care of individual patients with the assistance of ICU staff
- Closed: patient care is primarily directed by ICU physicians
- Mixed: patient care is jointly directed by ICU and non-ICU physicians
- Other

If other, please specify:

9. How many critical care beds are in the study ICU? Beds

10. How many of the above beds are available for patient care? Beds

11. In 2013, how many patients were admitted to this study ICU? Patients

12. Please indicate how the following documents are recorded in this study ICU's health record system (please select all that apply):

	Paper Based	Electronic	Both
a) Laboratory values:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Physician orders:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Physician notes (admission, progress, consultation, etc.):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Nursing notes:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Allied health professional notes (respiratory therapists, physiotherapists, dieticians, etc.):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. Please indicate how the following documents are recorded in the **WARD** health record system used in this hospital (please select all that apply):

	Paper Based	Electronic	Both
a) Laboratory values:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Physician orders:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Physician notes (admission, progress, consultation, etc.):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Nursing notes:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Allied health professional notes (respiratory therapists, physiotherapists, dieticians, etc.):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. Does your hospital use the same electronic record system in both the study ICU and ward?

- Yes
- No - but the ICU and ward providers can access both systems
- No - ICU providers access the ICU system, ward providers access the ward system
- Not applicable - neither the ICU nor ward use an electronic record system
- Other

If other, please specify:

15. Which of the following tools and/or procedures does this hospital employ during patient discharge from ICU to a hospital ward? Please select all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Education program to train providers on how to discharge patients | <input type="checkbox"/> Standard procedure to minimize delays once patient is ready for discharge |
| <input type="checkbox"/> Guideline or policy to standardize patient discharge | <input type="checkbox"/> Standard procedure to reconcile patient goals of care (i.e. confirm goals of care at time of discharge) |
| <input type="checkbox"/> Triage protocol to identify patients with the greatest need for ICU care | <input type="checkbox"/> Standard procedure to reconcile medications |
| <input type="checkbox"/> A risk stratification tool to identify patients ready for discharge | <input type="checkbox"/> Standard procedure to provide the receiving team with a summary of the patient's medical problems, care received and care plan |
| <input type="checkbox"/> Standard procedure to identify receiving team and discharge location | <input type="checkbox"/> Standard procedure for handing off responsibility of care from ICU to the hospital ward |
| <input type="checkbox"/> Standard procedure to determine the best day of week and time of day for discharge | <input type="checkbox"/> Standard procedure for follow-up of patients following discharge |
| <input type="checkbox"/> Standard procedure to activate patient and family support systems | <input type="checkbox"/> Standard procedure for checking that all necessary steps are completed (i.e. checklist) |
| <input type="checkbox"/> Standard procedure to inform patients and families of discharge planning | |
| <input type="checkbox"/> Standard procedure to introduce patients and families to receiving teams | |
| <input type="checkbox"/> A tool to measure patient, family, and/or provider anxiety related to discharge | |
| <input type="checkbox"/> Standard procedure to inform patients and families about care received, care planned, discharge process and discharge locations | |

16. Please indicate which measures this study ICU routinely collects regarding quality assurance activities for patient transfer from ICU?
Please select all that apply.

- Measure adverse events related to discharge
- Measure Medical Emergency Team (MET) activation to 'rescue patients' after discharge
- Measure readmission of patients to the ICU
- Measure patient mortality after discharge from ICU
- Measure patient, family, and/or provider satisfaction with ICU discharge
- Other
- None

If other, please specify:

17. What type of critical care transition programs are offered by this hospital? Please select all that apply.

- Outreach team/MET team/other team
- Follow up by Nurse Liaison
- Follow up by Physicians
- Follow up by Nurses
- Follow up by Respiratory Therapists
- Follow up by Pharmacists
- Follow up by Social Workers
- Other
- None

If other, please specify:

18. Please indicate all those responsible for planning patient discharge from the study ICU to the hospital ward (including providers licensed for independent practice and trainees):

- ICU Physician
- Ward Physician
- ICU Nurse
- Ward Nurse
- Critical Care Transition Team
- ICU Respiratory Therapist
- Ward Respiratory Therapist
- ICU Physiotherapist

- Ward Physiotherapist
- ICU Occupational Therapist
- Ward Occupational Therapist
- ICU Speech Therapist
- Ward Speech Therapist
- ICU Pharmacist
- Ward Pharmacist
- Other

If other, please specify:

19. Please indicate what communication tools are used to support families and patients during the ICU discharge process. Please select all those that are used.

- Brochures
- Videos
- Websites
- Support groups
- Other
- None

If other, please specify:

20. How is patient information commonly transferred from the study ICU to the hospital ward? Please select all that apply.

- Face-to-face handover between providers
- Telephone handover between providers
- Written handover between providers
- Electronic handover between providers
- Other

If other, please specify:

Thank you for completing this survey!