

TAP TO GO
BACK TO
KIOSK MENU

The ICU Transition Volunteer Program: Improving Patient Transfers from ICU to Floor

Abraham Shin, Justin Sun

Introduction/Problem

Central Problem: BIDMC's ICU Patient and Family Advisory Council reported that transferring from the ICU to a general medicine or surgical recovery floor can be an overwhelming and distressing experience for both patients and their family members.

Solution: Volunteer ICU transition guides provide information and non-medical care to patients before and after the transition.

Aim/Goals

- Improve the transition experience for patients and their families before and after transfer from the ICU to general hospital floors
 - Reduce anxiety, set expectations, address needs
- Improve nursing staff satisfaction with the transition process
- Assess the effect of volunteer intervention during ICU to floor transfer on patient outcomes

The Team

<u>Volunteers</u>	<u>Staff</u>	<u>Staff</u>
Geoff Bocobo	Luke Brindamour, MD	Barbara Sarnoff Lee, MSW, LICSW
Daniel Leary	Michael Cocchi, MD	Senior Director, Social Work and Patient/Family Engagement
Vishva Patel	Director, Critical Care Quality	Kathryn Zieja, BS
Dawn Piccolo	Caroline Moore, MPH	QI Project Manager, Business Transformation
Noopur Ranganathan	Director, Volunteer Services	ICU and Med/Surg floor Nursing Leadership and Staff
Abraham Shin	Stephanie Harriston-Diggs	
Justin Sun	Director, Volunteer Services	
	Shannon Lawson, MSHRM	
	Program Manager, Volunteer Services	

The Interventions

- Round on each ICU and collect names of patients who have recently transferred or will soon be transferring to the floor
- Interface with patients in the ICU who will soon be transitioning (help gather patient belongings, collect family contact information for whiteboard, answer questions/address concerns).
- See patients on the floor after transfer (get water, blankets, tissues; ensure that patient can use nurse call button, help plug in phone charger, address specific requests)
- Submit questionnaire to study team to document intervention. Study team surveys patients to assess benefit of transition guide intervention.

Results/Progress to Date

Volunteers over the life of the program	10
Current volunteers	6
Unique shifts served	243
Total patients visited	443
Average # of patients visited per shift	1.8
Range of visits per shift	0 - 7
Surveys administered to intervention patients	194
# of surveys still needed for study	106 (out of 300)

ICU Transition Guide Program by the numbers: July 2017 – February 2019, 2.5 years.

For more information, contact:
Caroline Moore, MPH, Director of Volunteer Services/ cpmoore@bidmc.harvard.edu

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Challenges Faced

- Depending on many factors, such as time of the day, shift change, and room availability, some volunteers finish a shift without any patient transfers.
 - Volunteers visit other patients on the floor to provide any non-medical care even if the patients did not recently arrive from the ICU.
- Due to unpredictable transition times and patients' need for rest, volunteers do not always have the opportunity to assist patients both in the ICU and on the patient floor.
- Communication can be difficult when assisting patients who are hard-of-hearing or do not speak English.
 - Unit coordinators and nurses in the ICU have started informing the volunteers of any potential challenges.
- Intervention effectiveness is limited by degree of patient consciousness and receptiveness to help
 - Interactions must be tailored to each patient's unique situation to maximize benefit

Anecdotes of Patient Interactions from Volunteers

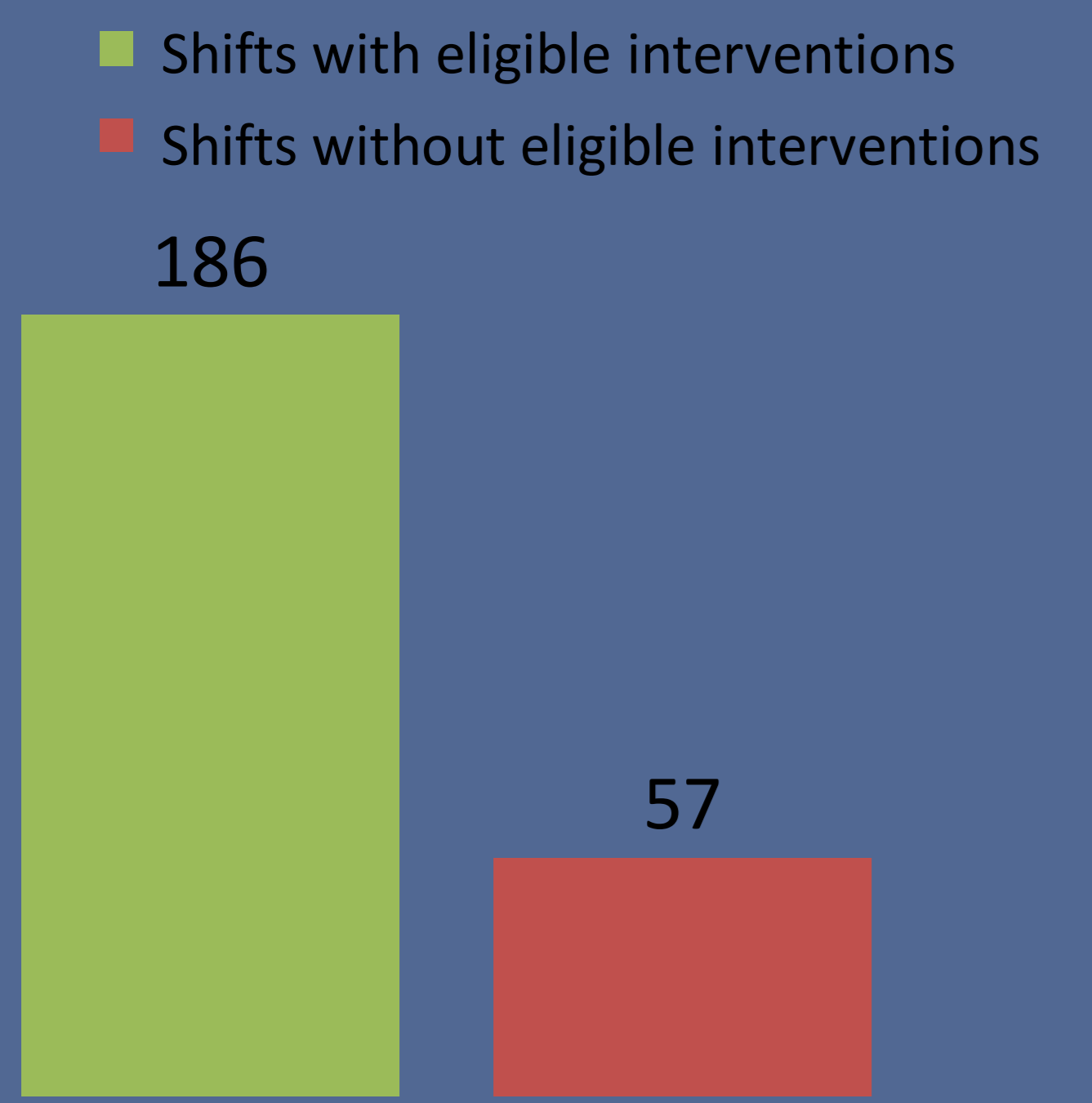
"She complained of a headache and I conveyed this to her nurse. I got her an extra blanket for warmth. Her voice was a bit weak/hoarse so I had her test the call button; she was relieved the nursing station was able to hear her."

"I stopped by the ICU room that a patient had been staying in to make sure nothing had been left behind. I found a crayon drawing that had been drawn by the patient's grandchild taped on the whiteboard, so I brought this to the patient's new room and posted it there."

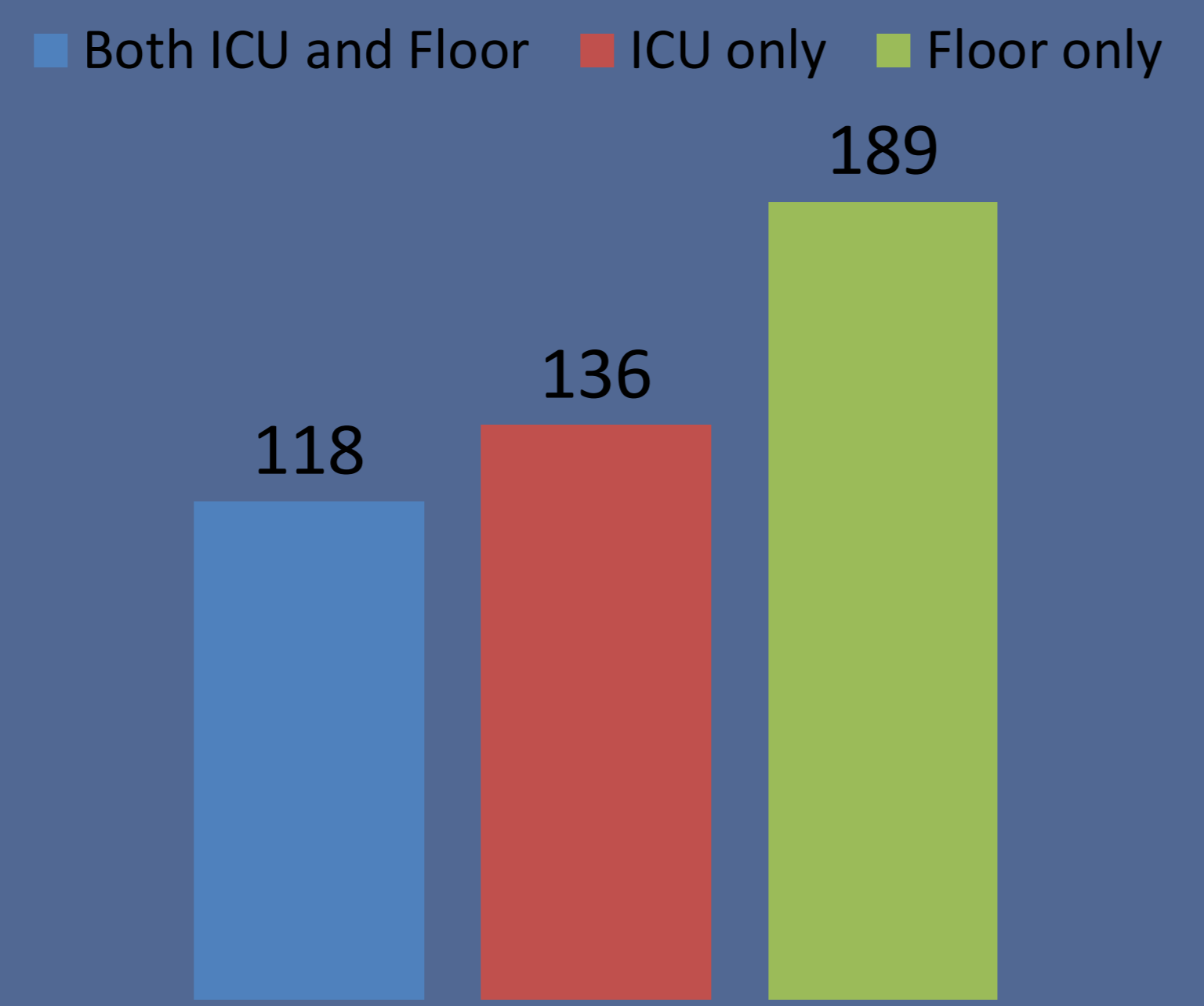
"I brought her a pitcher of water. She was concerned about missing her YMCA appointments. I called the Y and left a message for her trainer. She was also concerned about her newspaper delivery; we called to temporarily suspend deliveries. She expressed concerns about her future, told me she would need a pacemaker implanted because she collapsed due to cardiac arrhythmia. I did my best to talk her through it and she seemed to relax after speaking with me."

Overview of Typical Volunteer Shifts

243 Shifts Served since Aug 1, 2018



Where Did Interventions Take Place?



Next Steps

- Staffing volunteer shifts back to back during peak transition hours may increase effectiveness of intervention by ensuring that more patients are seen in both the ICU and floor
- Based on positive feedback from nursing staff and patients, the ICU transition volunteer program may expand to assist patients in the East Campus.



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