



KING'S
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Florence Nightingale School of Nursing & Midwifery

Enhancing understanding during early critical illness recovery; the use of a patient discharge summary

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On behalf of the UCCDIP project group:

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Introduction and background

- Discharge from critical care can cause high levels of anxiety in patients and family members (Bench et al 2010).

- Effectiveness of interventions to promote recovery (Bench et al 2010) “the experience of ICU was **very traumatic** and I found there was a real **lack of information** afterwards to help me **come to terms** with **what had happened**” (<http://icusteps.org/>)

- Patients “**should be offered information...and encouraged to actively participate in decisions related to their recovery...tailored to individual circumstances**”. (NICE, 2007: 16)

Objectives

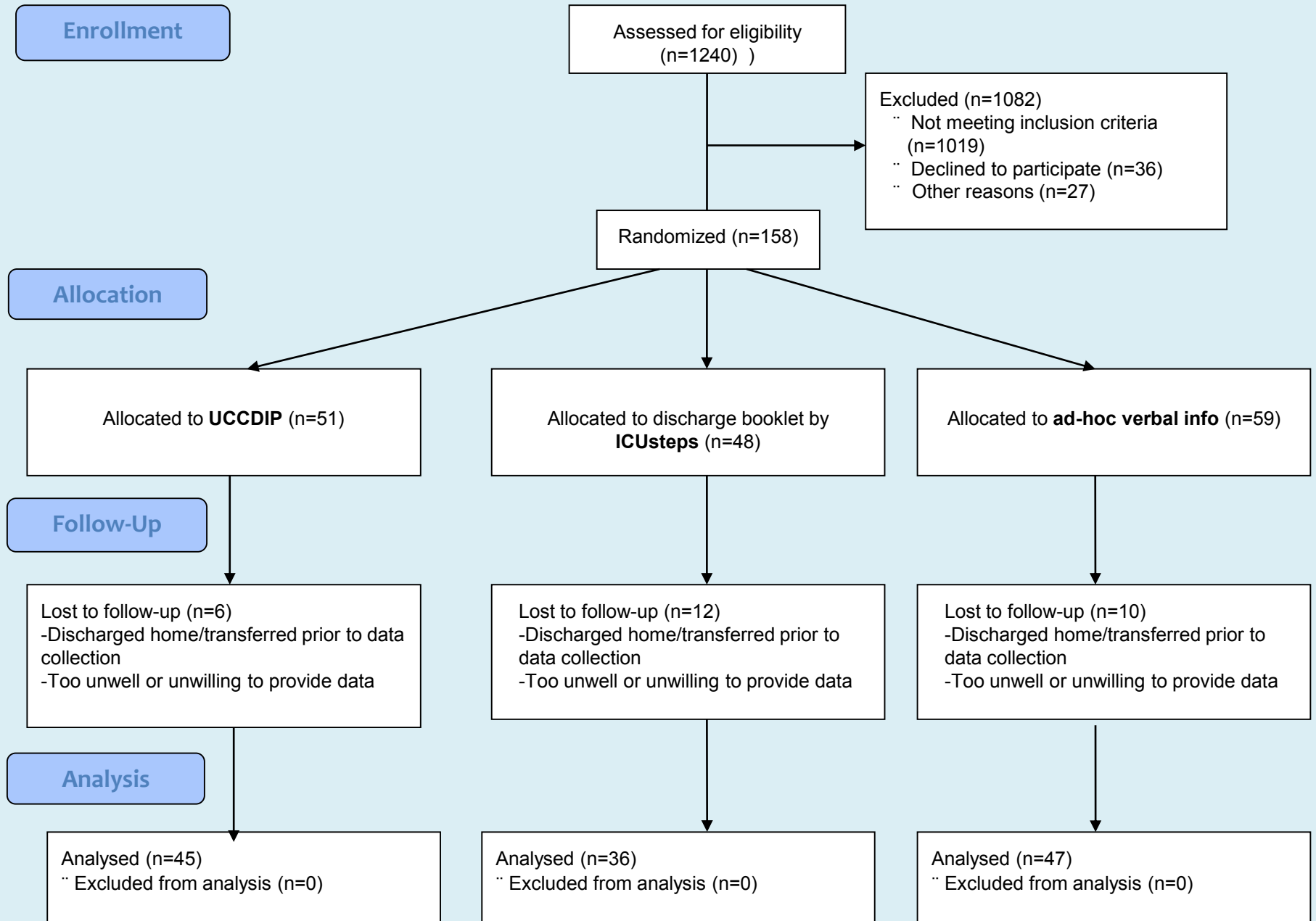
To evaluate whether, in comparison with usual care, a User Centred Critical Care Discharge Information Pack (UCCDIP), which included a patient discharge summary, would:

- (1) Improve patients' and relatives' psychological well-being
- (2) Improve the discharge experience
- (3) Be a feasible intervention to deliver in critical care.

Design and methods

- Single centre Pilot RCT funded by NIHR (RfPB)
- Large NHS hospital, London, England
- Inclusion criteria: >72 hours stay, discharge Mon-Fri 08-22.00hrs, able to speak/understand English
- Data collection 08 August 2011- 04 May 2012
- Outcomes: Hospital Anxiety and Depression, perceptions of enablement and coping (5 days and 28 days post ICU discharge)
 - A questionnaire survey elicited discharge experiences and identified feasibility issues.
- Quantitative data analysed using Chi-square and Kruskal Wallis, with significance set at $p < 0.05$, qualitative data analysed using content analysis

FLOW DIAGRAM OF TRIAL PARTICIPANTS (PATIENTS)



Sample characteristics of recruited patients

		UCCDIP	ICUSteps	Verbal
Age (Years)	Mean \pm SD	60 \pm 15.19	59 \pm 15.26	61 \pm 17.48
Ethnicity (White British/Irish)	<i>n</i> (%)	40 (78%)	34 (71%)	41 (69%)
Gender (Male)	<i>n</i> (%)	26 (51%)	25 (52%)	31 (53%)
Medical or Surgical Unit	Medical <i>n</i> (%)	28 (55%)	28 (58%)	26 (44%)
Emergency admission	<i>n</i> (%)	40 (78%)	38 (79%)	44 (75%)
APACHE II score	Admission to critical care <i>Median</i> (Range)	18.0 (4-34)	16.5 (6-30)	16.0 (4-33)
	Discharge to ward <i>Median</i> (Range)	10.0 (0-20)	8.0 (0-20)	9.0 (0-21)
Length of stay	Critical Care Days <i>Median</i> (Range)	8.0 (4-108)	6.0 (4-66)	6.0 (3-374)
	Hospital Days <i>Median</i> (Range)	22.0 (6-226)	17.0 (5-137)	22.0 (7-173)
Level 3 critical illness	<i>n</i> (%)	35 (69%)	29 (60%)	34 (58%)
Total no. of participants	<i>n</i> (%)	51 (100%)	48 (100%)	59 (100%)

Hospital Anxiety and Depression scores (HADS)

Results (patients)

		ICU steps	UCCDI P	Verbal	Overall	K***/ p value
Anxiety score at Follow up 1*	Median	8.00	7.00	7.00	7.00	0.79/ 0.67
	<i>n</i>	36	43	47	126	
	Range	19	21	19	21	
Anxiety score at Follow up 2**	Median	6.00	7.00	5.00	6.00	0.08/ 0.96
	<i>n</i>	8	17	13	38	
	Range	13	18	16	18	
Depression score at Follow up 1*	Median	10.00	11.00	12.00	11.50	0.19
	<i>n</i>	35	37	39	40	
Total HADS score at Follow up 2**	Median	10.00	11.00	12.00	11.50	0.41/ 0.82
	<i>n</i>	8	17	13	38	
	Range	23	27	23	27	

Brief COPE scores

		ICU steps	UCCDIP	Verbal	Overall	K***/ p value
Emotion focused COPE score	Median	26.00	25.00	26.00	26.00	1.60/ 0.45
	<i>n</i>	36	40	37	113	
	Range	26	23	23	26	
Problem focused COPE score	Median	15.00	14.00	16.00	15.00	6.49/ 0.01
	<i>n</i>	36	40	35	111	
	Range	15	21	17	23	
Dysfunctional focused COPE score	Median	13.00	13.00	16.00	13	0.20/ 0.91
	<i>n</i>	10	15	11	36	
	Range	10	17	16	17	
Dysfunctional focused COPE score	Median	18.00	18.00	17.5	18.00	0.14/ 0.93
	<i>n</i>	10	15	12	37	
	Range	15	20	16	20	

UCCDIP participants worried significantly less (X²=11.16, p=0.03)

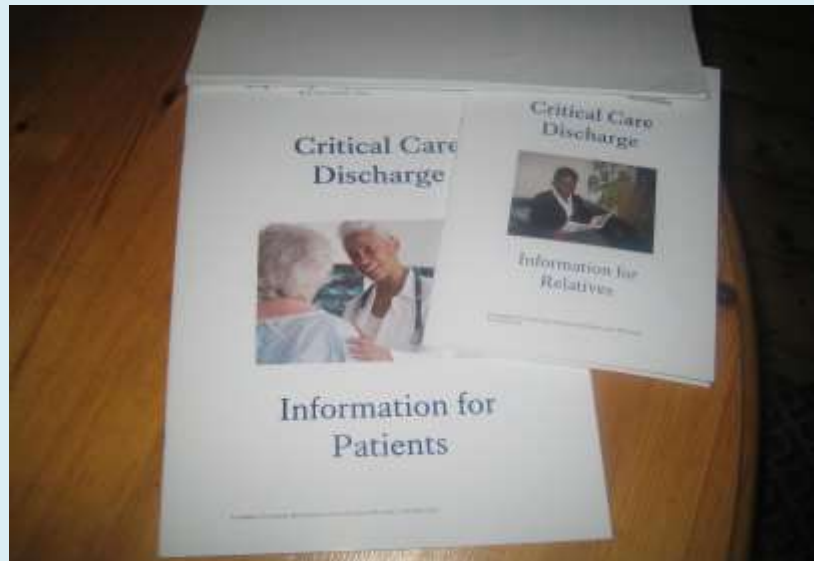
* 5+/-1 days post discharge

** 28 days or hosp discharge

*** Kruskal Wallis test statistic

User Centred Critical care Discharge Information Pack (UCCDIP)

- A patient discharge summary
- Two separate booklets containing core patient and relative information
- Prompts for patients/families to identify individual needs and related questions in each booklet
- Diary pages



**The patient discharge
summary:**

**Experience and
Feasibility**

Information for Patients

This book has been designed to support you when you move from critical care to a general ward. Everyone is different. It will help you to identify your individual needs and get the information you require to support your recovery on the ward.

Name:

Why was I in critical care? What happened to me?

You have been in intensive care at Kings College Hospital. You arrived on Friday 12th August 2011. You arrived early evening by helicopter because you had fallen 20 feet from scaffolding onto concrete.

You sustained many injuries = broken ribs, collapsed lung, a bad cut to the back of your head. You also had some bleeds in your brain.

Despite your many injuries you didn't need any surgery. You were put on a breathing machine and kept asleep for 24 hours, also a tube was put in your lung to help inflate it.

You have suffered some pain in your ribs and hiccups have caused discomfort. You have been confused whilst in intensive care, but you have not seemed upset to be here. You have had a good sense of humour and many visitors, both family and friends.

Completed by: NURSE (write name and position)

Date of discharge from critical care:

Ward: 6-02

Name of Ward sister/Charge Nurse:

Ward Tel no:

You have been in intensive care at XXX Hospital. You arrived on Friday 12th August 2011. You arrived early evening by helicopter because you had fallen 20 feet from scaffolding onto concrete.

You sustained many injuries = Broken ribs, collapsed lung, a bad cut to the back of your head. You also had some bleeds in your brain.

Despite your many injuries you didn't need any surgery. You were put on a breathing machine and kept asleep for 24 hours, also a tube was put in your lung to help inflate it.

You have suffered some pain in your ribs and hiccups have caused discomfort. You have been confused whilst in intensive care, but you have not seemed upset to be here. You have had a good sense of humour and many visitors, both family and friends

Questionnaire survey

- Patients ($n=51$),
- Relatives ($n=33$)

- Critical care ($n=84$) and ward nurses ($n=86$)

- Surveyed to report on the feasibility of the intervention and experience of its use.

Discharge experience

- Participants ($n=67, 54\%$) had little or no understanding of what had happened to them in critical care and struggled to take in information:

“Felt spaced out, unable to comprehend what was happening” (147V)

- Patient discharge summary helpful ($n=13, 93\%$):

“I had no memory of leaving my brother’s home or travelling to XXX so this has again given me some concrete information... it helped to fill in the gaps in my memory” (54U)

- Some patients too unwell to engage ($n=40$ nurses, 26%)

- *“I think it has potential to promote recovery and help the patient come to terms with what has happened” (C6) (Band 5)*
- *“May help reduce the patient’s frustration at a slow recovery, as they will be more aware of all they have been through” (W59) (Band 5)*
- *“It will help the nurses answer any questions ask (sic) by patient” (W84) (Band 5)*

- *“Wasn’t relevant to what happened to me in ICU. Biggest problem was hallucinations-these weren’t mentioned” (P41U)*
- *“It was generalized and the comments at the start about my husband did not go into enough detail” (F41U)*

Structure, readability and
compliance with guidelines; a
retrospective analysis

Readability

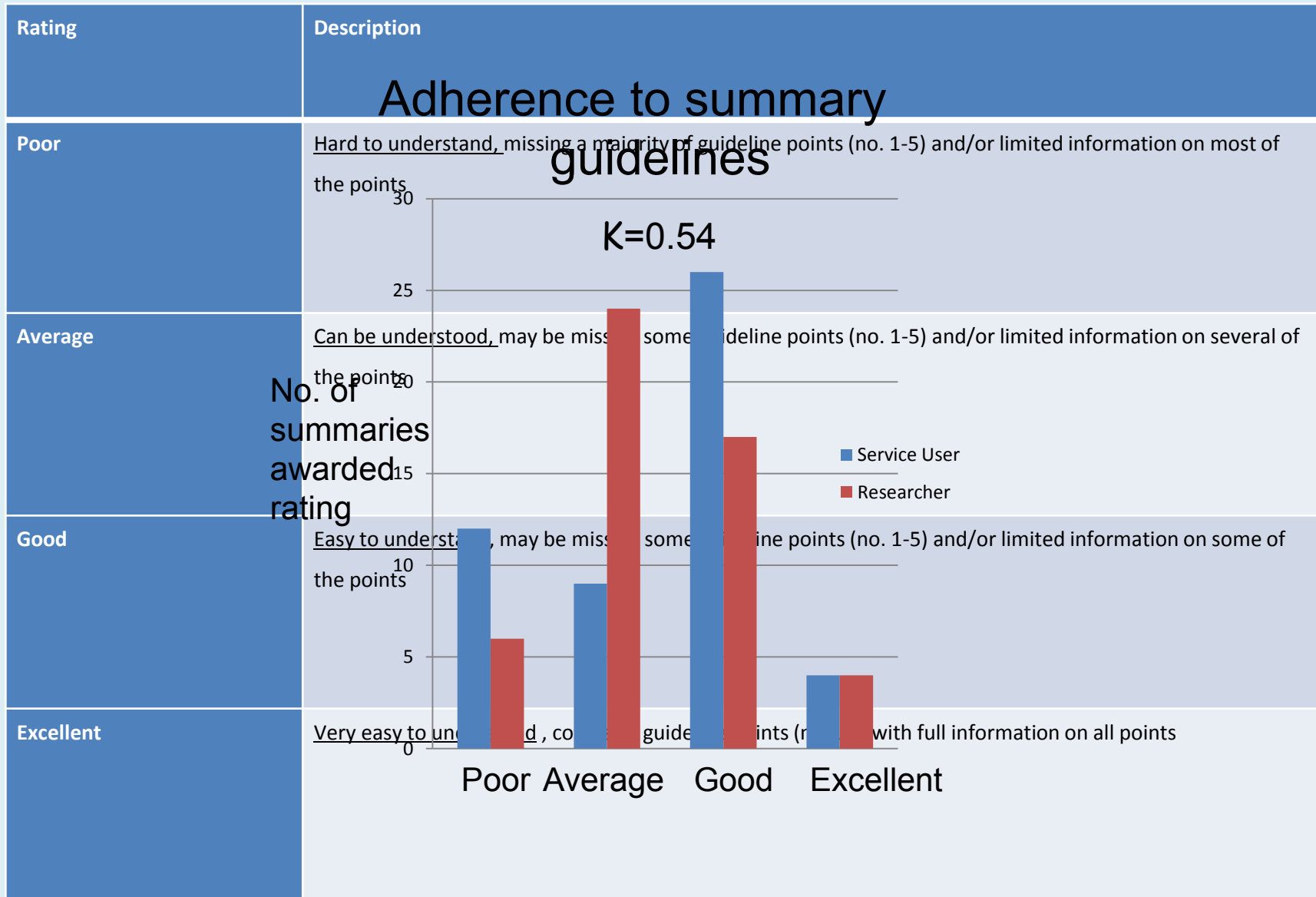
Range: 45.8- 84.1

9 (18%) <60 (difficult), **42 (82%) >60 (standard)**, 22 (43%) >70 (easy)

Flesch Reading Ease Score	Readability Level
0 - 29	Very difficult
30 - 49	Difficult
50 - 59	Fairly difficult
60 - 69	Standard
70 - 79	Fairly easy
80 - 89	Easy
90 - 100	Very easy

$$\text{FRE} = 206.835 - (1.015 \times \text{ASL}) - (84.6 \times \text{ASW})$$

Overall quality



Feasibility findings

- Varying levels of motivation
- Time issues (unit busy/rapid discharges):
staff:patient ratio 1:2 ($n=38$, 75%)
- Perceived by critical care nurses to increase their
workload ($n=26$, 65%)
- Took <15 minutes ($n=20$, 71%)
- Not difficult ($n=23$, 83%)

Conclusions/Implications

- A patient discharge summary is likely to be a useful adjunct to existing discharge information strategies, by helping patients understand their critical care experience.
- Further work is required to determine when and how it should be provided.
- With appropriate training and support, it is possible for nurses to write effective patient discharge summaries in a busy ICU
- Impact needs to be demonstrated in terms of patient outcome. We don't know which part of UCCDIP was most/least effective

Patient discharge summary training pack (free download):


<http://www.icusteps.org/professionals/discharge-information>




- Home
 - Support groups
 - Intensive care guide
 - Patients & relatives
 - Professionals
 - Community
 - About us
 - Contact us
- Patient information booklet Research Patient discharge summary

Improving patient discharge information from critical care

UCCDIP (User Centred Critical Care Discharge Information Pack) is an information pack produced as part of a research project led by Suzanne Bench of Kings College London to help improve the transition between ICU and the general ward.

An important element of the UCCDIP pack is the inclusion of a [patient discharge summary](#) . The idea is that critical care staff write a lay summary for the patient explaining what happened to them in critical care. The UCCDIP research showed that 54% of patients had little or no understanding of their time in critical care. This lack of understanding and confusion due to delirium and their medication means that patients can be very distressed after their treatment. A discharge summary can be the first step in helping them understand what has just happened to them. It takes less than 15 minutes for staff to do, but may make a huge difference to patients and their recovery.

The [Critical Care patient discharge summary training pack](#)  (to help Critical Care staff write these summaries) is available as a free resource that you can download without cost and may be photocopied and distributed to staff. Also available for download is an editable version of the [discharge summary form](#) in Word format

If you have any feedback or comments on the pack or if you'd like further information, please contact suzanne.bench@kcl.ac.uk.



Downloads

[Critical Care patient discharge summary training pack](#) 

[Editable patient discharge summary](#) 

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