



ICU Transfers

A Survey

We are conducting a quick Survey among Healthcare Workers (HCWs) (i.e. physicians, nurses, paramedics, RTs...) who are involved in the ICU transfers in the Kingdom.

We invite you to take 3-5 minutes; to share your experience.

About this Survey:

- 1. Purpose is to assess current practice of HCWs in ICUs transfer (to and from ICU).**
- 2. Please answer according to your actual practice.**
- 3. We will ensure your confidentiality.**
- 4. Optional: you may provide your email: to get feedback about results and enroll in our Lucky Draw for Jarir Bookstore Coupons!**

Thanks for your participation!!

**Hani Temsah
PICU - KSUMC**

*** 1. Consent to participate in this Survey:**

- I am a Healthcare Worker involved in ICU patients transfer AND Accept to participate in this Survey
- I do NOT accept to participate



ICU Transfers

General Questions:

* 2. You are:

- | | |
|--|---|
| <input type="radio"/> Consultant | <input type="radio"/> Nurse |
| <input type="radio"/> Assistant Consultant / Senior Registrar / Fellow | <input type="radio"/> Paramedic |
| <input type="radio"/> Registrar / R3 / R4 | <input type="radio"/> Respiratory Therapist |
| <input type="radio"/> Resident / R1 / R2 | <input type="radio"/> Intern |
| <input type="radio"/> Other (please specify) | |

* 3. Years of experience in your current position:

- 2 years or less
- 3-5 years
- 6-10 years
- more than 10 years

* 4. Your main hospital coverage:

- | | |
|--|------------------------------------|
| <input type="radio"/> General Wards - Adults | <input type="radio"/> Adult ER |
| <input type="radio"/> General Wards - Pediatrics | <input type="radio"/> Pediatric ER |
| <input type="radio"/> NICU | <input type="radio"/> Ambulance |
| <input type="radio"/> PICU | <input type="radio"/> OR |
| <input type="radio"/> SICU | <input type="radio"/> All |
| <input type="radio"/> Adult ICU | |
| <input type="radio"/> Other (please specify) | |

* 5. What is your gender?

- Female
- Male



ICU Transfers

* 6. During the last 2 years: were you involved in transferring any critically ill patient to ICU?

Yes

No



ICU Transfers

Transfer of critically ill patients to ICU:

* 7. Your approximate number of transfers to ICU (in a month of clinical duty)

- 0
 1-4
 5-8
 9-12
 > 12

* 8. On a scale from 1 (totally disagree) to 5 (totally agree), please rate each statement from your own experience:

	1 Totally Disagree	2	3	4	5 Totally Agree	Not applicable / I do not know
My Hospital's actual process of transfer of critically ill patients to ICU is adequate for patient's needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My hospital has clear written guidelines for admission of patients to ICU	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unexpected surprises or events are common during our patients' transfer to ICU	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unexpected surprises or events are common just after our patients arrival to ICU	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am satisfied with our process of transfer of critically ill patients to the ICU	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. What adverse events did you encounter before in your critically ill patients who were just transferred to ICU?

(Please choose all that apply)

- medication errors
- self extubation / loss of advanced airway
- aspiration
- decreased level of consciousness
- loss of vascular access
- deterioration in respiratory status (as compared to pre-transfer)
- deterioration in hemodynamic status (as compared to pre-transfer)
- missing clinical information (e.g. missing Lab or management plan)
- Other (please specify)



ICU Transfers

* 10. During the last 2 years: were you involved in transferring out stable patient from ICU patient to the Ward?

- Yes
- No



ICU Transfers

Transfer out from ICU to Ward for stable patients:

* 11. Your approximate number of transfers out from ICU (in a month of clinical duty)

- 0
- 1-4
- 5-8
- 9-12
- > 12

* 12. On a scale from 1 (totally disagree) to 5 (totally agree), please rate your own experience with each statement:

	1 Totally Disagree	2	3	4	5 Totally Agree	Not applicable / I do not know
My Hospital's current actual process of <u>transfer out from ICU to Ward</u> is adequate for patient's needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My hospital has clear written guidelines for transfer out of patients from ICU to Ward	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unexpected surprises or events are common during the transfer out	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unexpected surprises or events are common during first 24 hours post transfer out from ICU to ward	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am satisfied with the process of transfer out form ICU to the Ward	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. What adverse events did you encounter before in patients transferred from ICU to Ward?
(Adverse events experienced in a recent (24-48 hour) transfer from the ICU)

(Please choose all that apply)

- medication errors
- missing clinical information (e.g. missing management plan)
- aspiration
- decreased level of consciousness requiring intervention
- seizures
- worsening respiratory status
- worsening hemodynamic status / shock
- Other (please specify)



ICU Transfers

Thank you!

* 14. What communication tools you use for ICU transfers?

(Please choose all that apply)

- Verbal (from colleague to colleague)
- Written in Electronic Health Record (EHR)
- Written on paper
- Other (please specify)

* 15. Regarding SBAR (Situation, Background, Assessment and Recommendation) technique:

- I am not aware of this technique
- I know SBAR, but we do not use it in our ICU transfers
- SBAR is used for some ICU transfers
- SBAR is used for all our ICU transfers

* 16. Will this Survey make you more interested to focus on ICU Transfers in the future?

- Yes
- No

* 17. Your main Hospital:

Hospital Level

Your Healthcare
Facility Level of Care
and Location:

City (please specify)

18. Optional: provide your contact information (email or mobile) if you want to be get email answer updates and/or to be included in our Lucky Draw for Jarir Coupons: