Exploring the ICU patient discharge process—From discharge decision making to clinical handover

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Introduction: Intensive care units (ICUs) are often under pressure for beds. Discharging patients is one way to relieve this pressure, but there has been limited examination of the ICU discharge process as a whole.

Aim: This study described the ICU patient discharge process in an Australian metropolitan hospital.

Method: Semi-structured observations and interviews were undertaken to track the information flows and decision making processes associated with ICU patient discharges. Written policies and other documents were analysed to determine critical information flows. Data triangulation techniques were used to enhance the rigour of the findings. Ethics approval was obtained and all participants gave written consent.

Results: A total of 17 days with 8–14 h/day were spent in the field and 56 interviews were undertaken. Routine played a major role in the functionality of the ICU. The style and comprehensiveness of the medical handovers varied according to the on duty consultant's preferences. ICU patient discharge decisions were made by ICU consultants, however, how these decisions were arrived at was not understood by all medical staff. Further, when nurses provided handover to the ward staff, the information was often lost in transition. Nursing documentation lacked clarity. There were conflicting objectives across departments.

Conclusion: The results suggested that clarification of guidelines and standardisation of vital communication, such as medical handover, discharge decision making, documentation, and nursing handover from ICU to ward, are needed. Promoting shared objectives in discharging patients across departments, and reinforcement of using information technology are recommended to manage patient flow more efficiently.