

'Critical care area transfer planning ought to seek safe and efficient transition from the critical care area to general medical and surgical wards. Poor planning may result in discontinuity of care, delayed recovery, adverse health outcomes and re-admission to critical care areas. The transition back to the general wards can be anxiety provoking for many patients. The situation can be exacerbated if healthcare professionals on the general wards are not fully aware of the patient's physical, emotional and psychological condition.' (1)

R  
E  
-  
A  
U  
D  
I  
T

**Ensuring  
The Safe  
Transfer Of  
Patient Care**

**Making changes**

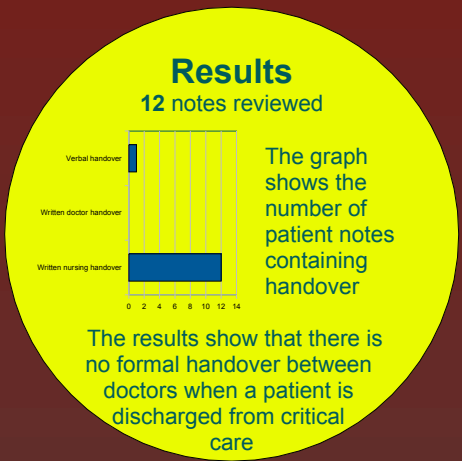
1) A discharge pro-forma was devised with MDT input, that included all the information recommended by NICE.  
2) Doctors and nursing staff educated as to its use

Re - audit will take place and further changes made if necessary to ensure the safe transfer of patient care

**Why?**

**Personal experience**  
Having worked on both the general medical wards and in the intensive care unit I was aware of the lack of communication between the teams when care was transferred

**National guidelines**  
NICE (1)



**Standards**

A formal structured handover of care supported by a written plan including

1. Summary of critical care stay
2. Plan for monitoring, investigation and ongoing treatment
3. Physical, rehabilitation, psychological, emotional and communication needs.

(adapted from 1)

**Data Collection**

The notes of patients discharged from critical care in April 2010 were reviewed and the handover performed by the doctors on critical care was compared with the standards set out by NICE.

(1) 'Acutely ill patients in hospital. Recognition of and response to acute illness in adults in hospital' NICE (July 2007)