

# Coordinated approach essential to care after ICU and hospital discharge, new research finds

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New research published today in the *British Journal of General Practice* has found inconsistencies in the experiences of patients once they were discharged from hospital, following admission to an intensive care unit (ICU), impacting detrimentally on the continuity of care they received.

The team of researchers from King's College London interviewed a small group of patients, [family members](#) and GP staff. Participants described the fluctuating nature of the recovery process and emphasised the need for information to be delivered as part of a coordinated comprehensive approach, from the ICU to the ward, through to primary care. Although some patients and relatives reported receiving really good support after discharge, others described it as a process of luck.

The results also showed that there were blurred lines of responsibility between hospital and GP staff, and patients/relatives. Continuity of care was affected by a number of factors including:

- Delayed or poor communication from the hospital
- GPs' limited contact with patients from critical care
- Lack of knowledge of the effects of critical illness or resources available to ameliorate these difficulties
- Time pressures and information technology

Lead author of the study Suzanne Bench, Lecturer at King's College

London said: 'Transfer between secondary and primary care is a high-risk time-point for patients, with the potential for avoidable adverse effects such as such as medication errors and care omissions.

'Effective rehabilitation after a critical illness requires a coordinated and comprehensive approach, incorporating the provision of well completed, timely, and relevant ICU-primary care discharge information. Health professionals need an improved understanding of [critical illness](#), and [patients](#) and families must be included in all aspects of the information-sharing process.'

Provided by King's College London

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