



Post-ICU Care: Blurred Lines



Results of a new study published in the British Journal of General Practice indicate a lack of "coordinated approach" in the care of patients after ICU discharge, impacting detrimentally on the continuity of care they received.

Data also showed that there were blurred lines of responsibility between hospital and GP staff, and patients/relatives, according to researchers from King's College London. They cited a number of factors affecting continuity of care in patients who were discharged from hospital, following admission to the ICU. These factors included:

- 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

"Transfer between secondary and primary care is a high-risk time-point for patients, with the potential for avoidable adverse effects such as medication errors and care omissions," says lead author Suzanne Bench, Lecturer at King's College London.

For the study, the research team interviewed a small group of patients, family members and GP staff. The team found inconsistencies in the experiences of patients. For example, some patients and relatives reported receiving really good support after discharge, but others said they weren't as lucky.

Moreover, study participants 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.

"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," Bench points out. "Health professionals need an improved understanding of critical illness, and patients and families must be included in all aspects of the information-sharing process."

Source: [King's College London](#)

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