

# 2019 CIHR Team Grant – Transitions in Care

Critical Care SCN

## Funded Project, Recipient and Award

**Primary Investigator(s):** Dr. Kirst Fiest

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**Project Title:** Co-designing a patient and family caregiver-oriented transition in care bundle

**Competition:** Canadian Institutes of Health Research (CIHR) Team Grant

**Total Funding Award:** \$1,107,400 (\$239,501 for four years)

**Summary:** Patients in the intensive care unit (ICU) are very sick. When a patient leaves the ICU, they may have a change in their health that is new to them and their family members, such as new medical problems or new medications. When a patient leaves an ICU, they can move to another part of the hospital or go home. Moving from the ICU to other parts of the hospital can be confusing and stressful for a patient and family because there will be new doctors and nurses and it will look and work differently than the ICU. The only people who remain the same when a patient moves from the ICU are the patient and their family. It makes sense that patients and their family should be at the center of their care as they move through the healthcare system.

The goal of this study is to build a tool that puts the patient and their family at the center and in control of their care. The tool will:

- help family caregivers be involved in the patient's care while they are in the ICU
- teach patients and families about the care a patient received in the ICU, the care the patient needs after the ICU, and medical problems the patient may still have
- encourage patients and their families to reach out to other patients and families for peer support
- improve communication between patients, families, doctors and nurse



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These actions will put the patient and their family in control of their care. Once built, this tool will make the care that a patient receives better and more adapted to that patient's individual needs. The tool will also help patients have better recoveries from their illness.

This tool will be made with and used by patients, families, doctors and nurses. Co-design will ensure the tool is easy to understand and useful for all patients and their families. When patients and families have more knowledge, are directly involved in the patient's care, and can communicate with patients, families, nurses and caregivers, they are put in in control of their care.