Transition of patients from intensive care...



TRANSITION OF PATIENTS FROM INTENSIVE CARE UNITS TRANSIÇÃO DOS PACIENTES DE UNIDADES DE TERAPIA INTENSIVA TRANSICIÓN DE LOS PACIENTES DE UNIDADES DE TERAPIA INTENSIVA

Suelly dos Passos Antonio¹, Elizabeth Bernardino², Louise Bueno Lelli Tominaga³, Otilia Beatriz Maciel da Silva⁴, Fabieli Borges⁵, Danelia Gomez Torres⁶

ABSTRACT

Objective: to understand, from the perspective of the companions, the transition of the patients who were discharged from the Intensive Care Units. *Method:* this is a qualitative, exploratory study, performed through a semi-structured interview, with 30 companions of patients identified as primary caregivers. Data were transcribed and analyzed using the Content Analysis technique in the Thematic Analysis modality. Results: three categories emerged: "Continuity of information: the care provided by professionals impacting the perceptions of the companions"; "Situational transitions: changes in family situations and the redefinition of roles" and "Transitions in the health-illness process of being cared for: the companions experiencing the transition experience of the patient". Conclusion: fragilities were identified by the caregivers in the process of transition of patients from the Intensive Care Units to the infirmary, and these can be mitigated by the nurses' performance, who must know the profile of the patients under their responsibility and the family context to apply care practices, guidelines, and family support measures. *Descriptors*: Nursing Care; Continuity of Patient Care; Transitional Care; Family; Intensive Care Unit; Patient Rooms.

RESUMO

Objetivo: compreender, na perspectiva dos acompanhantes, a transição dos pacientes que receberam alta das Unidades de Terapia Intensiva. *Método*: trata-se de estudo qualitativo, exploratório, realizado por meio de entrevista semiestruturada, com 30 acompanhantes de pacientes identificados como cuidadores principais. Transcreveram-se e analisaram-se os dados pela técnica de Análise de Conteúdo na modalidade Análise Temática. Resultados: emergiram-se três categorias: "Continuidade da informação: o cuidado prestado pelos profissionais impactando as percepções dos acompanhantes"; "Transições situacionais: mudanças nas situações de família e a redefinição de papéis" e "Transições no processo de saúde-doença do ser cuidado: os acompanhantes vivenciando a experiência de transição do paciente". Conclusão: identificaram-se fragilidades, pelos acompanhantes, no processo de transição dos pacientes das Unidades de Terapia Intensiva para as enfermarias, e estas podem ser mitigadas pela atuação do enfermeiro, que deve conhecer o perfil dos pacientes sob a sua responsabilidade e o contexto familiar para aplicar as práticas de cuidado, orientações e medidas de suporte à família. Descritores: Cuidados de Enfermagem; Continuidade da Assistência ao Paciente; Cuidado Transicional; Família; Unidade de Terapia Intensiva; Enfermaria.

Objetivo: comprender, en la perspectiva de los acompañantes, la transición de los pacientes que recibieron alta de las Unidades de Terapia Intensiva. *Método*: se trata de un estudio cualitativo, exploratorio, realizado por medio de una entrevista semiestructurada, con 30 acompañantes de pacientes identificados como cuidadores principales. Se transcribieron y analizaron los datos por la técnica de Análisis de Contenido en la modalidad Análisis Temático. Resultados: surgieron tres categorías: "Continuidad de la información: el cuidado prestado por los profesionales impactando las percepciones de los acompañantes"; "Transiciones situacionales: cambios en las situaciones de familia y la redefinición de papeles" y "Transiciones en el proceso de salud-enfermedad del ser cuidado: los acompañantes viviendo la experiencia de transición del paciente". Conclusión: se identificaron fragilidades, por los acompañantes, en el proceso de transición de los pacientes de las Unidades de Terapia Intensiva para las enfermerías, y éstas pueden ser mitigadas por la actuación del enfermero, que debe conocer el perfil de los pacientes bajo su responsabilidad y el contexto familiar para aplicar las prácticas de cuidado, orientaciones y medidas de soporte a la familia. Descriptores: Atención de Enfermería; Continuidad de la Atención al Paciente; Cuidado de Transición; Familia; Unidad de Cuidados Intensivos; Habitaciones para Pacientes.

¹Nurse, Federal University of Paraná/UFPR. Curitiba (PR), Brazil. E-mail: supassos21@gmail.com ORCID iD: https://orcid.org/0000-0002-3329-5867; ²PhD, Federal University of Paraná/UFPR. Curitiba (PR), Brazil. E-mail: louiselelli@yahoo.com.br ORCID iD: https://orcid.org/0000-0002-0367-2617; ⁴Master (PhD student), Federal University of Paraná/UFPR. Curitiba (PR), Brazil. E-mail: maciellotilia2@gmail.com ORCID iD: https://orcid.org/0000-0002-0367-2617; ⁴Master (PhD student), Federal University of Paraná/UFPR. Curitiba (PR), Brazil. E-mail: maciellotilia2@gmail.com ORCID iD: https://orcid.org/0000-0002-0367-2617; ⁴Master student, Bolsist CAPES. Federal University of Paraná/UFPR. Curitiba (PR), Brazil. E-mail: fabieiborges6@gmail.com ORCID iD: https://orcid.org/0000-0002-0355-5311; ⁶PhD, National Autonomous University of the State of Mavier (UAEMory Tolyna Mavier) E-mailto: gmailto:g Autonomous University of the State of Mexico/UAEMex. Toluca, Mexico. E-mail: gomezdanelia@usa.net ORCID iD: https://orcid.org/0000-

INTRODUCTION

Transition is understood as a familiar concept in the development of stress and adaptation theories, which contemplate both continuities and discontinuities in the life processes of human beings, since they are invariably related to change at any given moment, an important theme for Nursing.¹

relevant transition types Three Developmental identified: 1) transition: related to the phases of the life cycle of an individual; 2) Situational Transition: related to the various educational, professional, add-on or loss of people in a given situation that forces the redistribution of roles and 3) Health-disease transition: relate to the impact of contextualized transitions in diseases exploited by the individual.

It is known that transitions are not experienced uniformly by all individuals, even when circumstances are similar. It should be noted, however, that there are some similarities, for example, to the existence of a structure of dimensions composed of at least three phases: entry, passage and exit.²

However, the existence of another concept can not be confused with the concept of transition. This is the concept of transitional care, 3 which should be understood as a set of actions designed to ensure coordination and continuity of care of patients who are transferred between different locations or different levels of care at the same place. Participation in this process is the logistics of actions, the storage of information, the education of the patient and his/her family, as well as the communication between health professionals and the coordination of those involved in these care.3 An integrated care quota is considered, which occurs throughout the duration of care episodes and as a part of the prevention of re-hospitalization.4

The discussion on transitional care is progressively intensified as one of the ways to overcome the fragmentation of health care, guaranteeing continuity of care, optimizing communication, establishing itself as a strategy to achieve integrality in the face of an aging population, chronic diseases prevalent and in rapid growth and the optimization of the time of hospital stay.⁵⁻⁶

understood that nurses understand the difference between these two concepts and be aware that their action in transition care will help patients experience their transition moments in a positive way. It contributes, through the of understanding the properties conditions inherent to a transition process, to Transition of patients from intensive care...

the conduction and development of Nursing actions and these converge with the particular experiences of clients and their families, contributing to healthy responses to this experience.²

The role of the family member/companion who experiences this process of transition concomitantly with the patient is highlighted. It is known that there is evidence that this experience is painful, given the uncertain prognosis and the possibility of death of the hospitalized relative, and may result in the emotional mobilization and fragilization of the companion when participating in the hospital routine, such as symptoms of stress disorder post-traumatic stress disorder, anxiety and depression.⁷⁻⁸

is known that the presence accompanying persons in hospital admissions is one of the parameters presented by the National Humanization Policy. The inclusion of the family member/caregiver in the patient care process is dependent not only on the way in which the institution conceives the followup actions for the family, but also on how the health service management integrates the family into the organization of the processes of work. During the hospitalization process, the patient is provided with support for the patient, while maintaining links beyond the institution, which allows the reduction of psychological symptoms, well contributing to the technical work within the units.7 These experiences should considered when planning patient discharge and transitional care.²

When recognizing the importance of the caregivers in the process of transition from the ICU patient to the infirmary, the following guiding question for this study was elaborated: "How is the transition of patients from the Intensive Care Unit to the ward by the companions perceived?".

OBJECTIVE

• To Understand, from the perspective of the companions, the transition of the patients who were discharged from the Intensive Care Units.

METHOD

This is an exploratory, qualitative approach, developed in a hospital in Curitiba (PR), a reference in trauma care in the South of the country.

Fifty patient attendants were transferred from the ICUs to the infirmary and, of these, accepted to participate in the study and met the inclusion criteria of 30 companions. The

inclusion criteria were: to be of legal age, to be responsible for the care of the hospitalized patient and to have participated in care in the ICUs and in the wards. It is reported that the sample was intentional, being concluded by the saturation of the information, and it is not necessary to expand the sample number.

Participants were recruited personally by the principal investigator, establishing the the following routine: daily, principal investigator had access to the report of patients hospitalized in the ICUs and evaluated the transfers that occurred to the wards. When the patient was transferred from the ICU to the ward (usually one day after discharge from the ICU), the patient and his companion were selected, the inclusion criteria were evaluated, and the companion was approached about the research and , in the case of acceptance, the moment was set for the interview in a reserved environment, where, after being clarified about the FICT, the participant was interviewed individually.

The data was collected through an individual interview, with a semi-structured instrument, with questions that characterized the participants and which sought to understand their perception of the transition care that their family members had received. The collection was carried out between March

Transition of patients from intensive care...

and May of 2017, inside the hospital premises. The interviews were subsequently recorded and transcribed in full, guaranteeing the reliability of the data. Participants were identified as A1 (companion of user 1) to the last participant, the A30 (companion of user 30). The saturation criteria were respected¹⁰⁻¹ for the finalization of data collection.

The concepts of the Transition Theory were established as the theoretical basis of the study, in what refers to the concept of transition and the definitions of transition types, 1 and the fundamental elements necessary for the continuity of care, as regards to the design of continuity types. 12

The formal requirements contained in the national and international regulatory standards for research involving human beings were respected, with the opinion of the Research Ethics Committee (REC) of the Health Sciences Sector of the Federal University of Paraná under Opinion number: 1,802,094 CAAE: 60950516.7.0000.5225.

RESULTS

Table 1 shows the sociodemographic profile and the origin of the participants.

Table 1. Sociodemographic profile and origin of participants. Curitiba (PR) Brazil 2018

(PR), Brazil, 2016.		
Variables	n	%
Sex		
Women	24	83%
Men	6	17%
Degree of relationship		
Children	9	33%
Spouses	9	33%
Other relationships (mother, niece,	12	34%
siblings, uncles/aunts)		
Level of education		
Elementary school (up to the 4th year)	5	16%
Middle school (Fifth to nineth)	3	10%
Highschool	18	60%
Higher education	2	7 %
Incomplete Higher Education	2	7 %
Origin of patients		
General ICU	17	57 %
Surgical ICU	13	43%

The Thematic Analysis technique was used and, based on the theoretical references, three categories were constructed through the similarity of the themes and a closer approximation with the concepts: Continuity of information: the care provided by professionals impacting the perceptions of the companions; b) Situational transitions: changes in family situations and redefinition of roles and c) Transitions in the health-disease process of being cared for: the companions experiencing the patient's transition experience.

DISCUSSION

It was identified, as central axis in the first category, called "Information continuity: the care provided by professionals impacting the perceptions of the companions", the communication between the patient/family and the care professionals. There were weaknesses and failures arising from the gaps in this process. It is reported that the

insecurity and uncertainty were the feelings that permeated the statements of the companions interviewed. A discontinuity related to the information about the care that would be required, as highlighted in the following statements, was provoked through the transference moments between the services.

I think that here is missing information for the patient, even for the companion, I feel lost here, in the ICU, I knew the schedule of things. But the day he got out, I did not know. (A9 and A3)

Information is understood as the guiding line connecting care from one provider to another, as well as from one health service to another, 12 and during this process of care transition, communication is facilitated by standardization and continuity of care. care settings. 6,13

The research findings show that the quality of communication between nursing professionals and caregivers within the hospital environment is of the utmost importance for continuous and uninterrupted care, aiming at the quality of Nursing care and a positive transition for the patient.

The nurse is understood as the competent and active professional in the care process, able to lead and plan, with quality, the assistance provided, using a good communication with the staff and others involved in the care. ¹⁴ This professional is advocated in favor of the patient, ensuring respect for their autonomy, beliefs and values in decision making, aiming at patient empowerment. ¹⁵⁻⁶

Prognostic uncertainty is made in cases of patients with longstanding chronic disease, for example, with the transition alternating different and difficult levels of care and, given these multiple transitions, the nurse must be able to work in the middle of a infinite range of configurations.¹⁷ It develops the ability to act in different contexts, showing itself as an indispensable protagonist patient care and considering particularities. Evidence is based on the variety of roles played these professionals.17

The second category emerges in the analysis of the discourses called "Situational Transitions: changes in family reality and redefinition of roles". This category reflects the change in the health condition of the patient in transition from the ICU to the ward and, mainly, the reorganization and adaptations necessary for the patient and his/her family nucleus.

Transition of patients from intensive care...

Through the speeches, the expression of a feeling of "abandonment" is evident when they leave the ICU for the infirmary. It changes the provided care of conformation, being felt by the patient and his family, since it is no longer considered "intensive". It is left, through the structural and material differences between the care provided by the ICU team and the ward, the unsafe chaperone, making him feel helpless and unprepared to assist in the patient's transition process. As another the quantitative difference of human resources between one sector and another related, in the perception of the participants, was considered as a deficiency in the assistance provided and in the guidelines provided.

Down here I do not have much notion, but I believe it's 15 patients for two nurses, the flow is greater here. There are some that we realize they leave, they would like to stay longer, but it does not work, their time is short, they are few "nurses" people who are patient enough. People come and go and do not talk much, which I think is that it has a little less availability than there. (A13, A14 and A27)

It was observed that the absence of a high planned routine and the discontinuity of information favored the experience of negative transitions.

When I arrived at the time of the ICU visit and we heard about her discharge, but we did not prepare. (A26)

The negative perception of care by the companions is identified, contextualized in the increase in the work load of the Nursing professionals and in the number of patients per professional of Nursing, leading to the decrease of the satisfaction of the patients when they relate the care provided.¹⁸

It is understood that this condition caused some companions to identify their relatives as not fit to be transferred to the ward, and this refers to the lack of previous preparation of these relatives and the weaknesses in the planning of discharge of the patients. This idea is opposed by some companions, who understood the transition as synonymous with improvement and discharge from the ICU as the implementation of this process.

It is noteworthy that the fragility in the transmission of information is also due to the fact that it is not clear, for professionals, who is the caregiver responsible for the patient, the "guardian of care". Due to this situation and the lack of planning for discharge to the infirmary, the incomplete information and the negative perception of the care transition were contributed. Nurses should be able to plan the care and interventions that are

inherent to the patient's needs in the transition process, since shared high-level plans provide agility in their work and the team's work, favoring the patient/family.¹⁹

As a third category, the so-called "Transitions in the health process from being sick to being cared for: the companions experiencing the transition experience of the patient". It is important to highlight that the transition is an experience through which the patient and his/her caregiver experience a significant change related to a health condition and/or illness.

He is super good, he is feeling good. There, in the room room, the patients feel better because they have companions; in the ICU, they feel alone and are afraid. I hoped it would take longer to recover, but it's being too fast, I think he's changed a lot for the better, for sure. Then, when she went to the ICU, she was in a coma, intubated; then they managed to get her out of the respirator, they were able to keep her pressure balanced because, until then, she was keeping only with medication; I think it had a very significant improvement, even though it was weakened. It was great that he came to the ward, especially for us, because then, you already see that the care is no longer intense. (A17, A19, A4, A13 and A5)

It is important to emphasize the importance of professionals, patients and their families becoming partners in the care from the moment of hospitalization until the days following the return to the home. ²⁰ It also includes in this category the preparation of care for discharge, which is indispensable once again, encompassing health education for the patient/family and the vision of support in the continuity of home care, which are essential, as well as the care provided in the health services. ²⁰

It is inferred that the practice of planning the transition allows nurses to assess the patients' current and future needs, guaranteeing patients continuity of care and a positive experience in the transition process, thus strengthening the implementation of planning high in institutions. ²¹⁻²

It is high-risk planning as a long-standing priority in developed countries and, for this, procedures and policies formulated according to a multidisciplinary approach are necessary to facilitate the execution of the process.²³

There are some barriers that must be adequate for the effectiveness of transition care, among them: the workload of the care team and the anxiety of the patient and the family about the discharge.²⁴ The study shows the cultural difference between the ICU and

Transition of patients from intensive care...

the general ward as a barrier in this transitional care, as well as the physical separation of the ICU from the other sectors of the hospital, leading to lack of knowledge and misunderstanding in the communication process.²⁵

Influence as facilitators for these moments of transition: good professional-patient communication and among professionals; early education for the discharge of patients; the use of tools that facilitate this process such as the use of guidelines and policies; the education and training of professionals involved in transitional care and the transition process.²³

It reinforces the importance of the role of the nurse as a care manager, a professional who must establish a bond with the patient, capturing their needs and becoming a partner in the formulation and implementation of care. ²⁶ In addition, this management in the ICU, on the part of the nurse, can be well versed in how to improve the discharge process for the infirmaries, reflecting in such aspects as the reduction of the emotional suffering of patients in the ICU and your family members. ²⁷

CONCLUSION

Some contributions to the care practice were identified, among them, the need of the effective insertion of the companions, valuing them in the context of the care. These should be considered as tutors, facilitators and partners of the professionals for the continuity of care, the need for planning and education for discharge from the very beginning of hospitalization and the need for instruments that facilitate communication and the processes of orientation between the teams and patients/relatives.

It is concluded that the research reached the proposed goal of understanding the transition of patients who were discharged from Intensive Care Units (ICUs) from the perspective of the companions. It was possible to identify fragilities based, mainly, on the lack or difficulty of communication between the family members and among the health professionals, which generated discontinuities in care and in the transfer between the units without adequate and formal planning in the institution, situation which may lead to intercurrences in the rehabilitation and treatment of patients, which are minimized by the effective performance of the nurse.

FUNDING

Research financed by the universal edict Coordination for the Improvement of Higher Education Personnel - CAPES. CNPQ Process No. 406058/2016-4.

REFERENCES

- 1. Chick N, Meleis AI. Transitions: A nursing concern. In: Chinn PL. Nursing research methodology. Boulder: Aspen Publication; 1986. p. 237-57.
- 2. Meleis AI, editor. Transitions theory: middle-range and situation-specific theories in nursing research and practice. New York: Springer Publishing Company; 2010 [Internet]. [cited 2018 July 01]. Available from: https://taskurun.files.wordpress.com/2011/10/transitions_theory_middle_range_and_situation_specific_theories_in_nursing_research_and_practice.pdf
- 3. Coleman EA, Boult CE. Improving the quality of transitional care for persons with complex care needs. J Am Geriatr Soc. 2003 Apr;51(4):441-587. Doi:

https://doi.org/10.1046/j.1532-5415.2003.51186.x

4. Allen J, Hutchinson AM, **Brown** R, Livingston PM. Quality care outcomes following transitional care interventions for older people from hospital to home: a systematic review. BMC Health Serv Res. 2014 Aug; 14: 346. Doi:

https://doi.org/10.1186/1472-6963-14-346.

- 5. Hesselink G, Flink M, Olsson M, Barach P, Dudzik-Urbaniak E, Orrego C, et al. Are patients discharged with care? A qualitative study of perceptions and experiences of patients, family members and care providers. BMJ Qual Saf. 2012 Aug;21(Suppl 1):39-49. Doi: http://dx.doi.org/10.1136/bmjqs-2012-001165
- 6. Martins PF, Perroca MG. Care necessities: the view of the patient and nursing team. Rev Bras Enferm. 2017 Sept/Oct;70(5):1026-32. Doi: http://dx.doi.org/10.1590/0034-7167-2016-0197
- 7. Neves L, Gondim AA, Soares SCMR, Coelho DP, Pinheiro JAM. The impact of the hospitalization process on the caregiver of a chronic critical patient hospitalized in a Semi-Intensive Care Unit. Esc Anna Nery Rev Enferm. 2018 Mar;22(2):e20170304. Doi: http://dx.doi.org/10.1590/2177-9465-ean-2017-0304
- 8. Carlson EB, Spain DA, Muhtadie L, McDade-Montez L, Macia KS. Care and Caring in the ICU: Family Members' Distress and Perceptions about Staff Skills, Communication, and

Transition of patients from intensive care...

Emotional Support. J Critical Care. 2015 June; 30(3):557-61. Doi: 10.1016/j.jcrc.2015.01.012

9. Ministério da Saúde (BR), Secretaria-Executiva. Núcleo Técnico da Política Nacional de Humanização. HumanizaSUS: Política Nacional de Humanização: a humanização como eixo norteador das práticas de atenção e gestão em todas as instâncias do SUS [Internet]. Brasília: Ministério da Saúde; 2004 [cited 2018 June 15]. Available from: http://bvsms.saude.gov.br/bvs/publicacoes/humanizasus_2004.pdf.

- 10. Nascimento LCN, Souza TV, Oliveira ICS, JRMM, Aguiar RCB, Silva Theoretical saturation in qualitative research: an experience report in interview with schoolchildren. Rev Bras Enferm. 2018 Doi: Jan/Feb;71(1):228-33. http://dx.doi.org/10.1590/0034-7167-2016-0616
- 11. Rhiry-Cherques RH. Saturation in qualitative empirical research: sizing estimation. Af-Revista PMKT [Internet]. 2009 Sept [cited 2018 Sept 15];4(08):20-7. **Available** http://www.revistapmkt.com.br/Portals/9/E dicoes/Revista_PMKT_003_02.pdf
- 12. Reid R, Haggerty J, Mckendry R. Defusing the confusion: concepts and measures of continuity of healthcare [Internet]. Ottawa: Canadian Health Services Research Foundation; 2002 [cited 2018 Sept 15]. Available from: https://www.cfhi-fcass.ca/SearchResultsNews/02-03-01/58a53ce8-39f2-466a-8e98-8ffc36cf456c.aspx
- 13. Malley A, Kenner C. Transitions in care a critical review of measurement. Journal of perioperative & critical intensive care nursing. J Perioper Crit Intensiv Care Nurs. 2016 Dec; 2(4): 132. Doi: 10.4172/2471-9870.1000132
- 14. Treviso P, Peres SC, Silva AD, Santos AA. Competências do enfermeiro da gestão do cuidado. Rev Adm Saúde. 2017 Oct; 7(69): 14. Doi: http://dx.doi.org/10.23973/ras.69.59
- 15. Tomaschewski-Barlem JG, Lunardi VL, Barlem ELD, Silveira RS, Ramos AM, Santos JM. Actions of nurses in the exercise of patient advocacy: an integrative review. Texto contexto-enferm. 2018 May;27(2):e0730014. Doi: http://dx.doi.org/10.1590/0104-070720180000730014
- 16. Araújo ESS, Silva LFD, Moreira TMM, Almeida PC, Freitas MC, Guedes MVC. Nursing care to patients with diabetes based on King's Theory. Rev Bras Enferm. 2018 May/June; 71(3):1092-8. Doi: http://dx.doi.org/10.1590/0034-7167-2016-

0268

- 17. Schroeder K, Lorenz K. Nursing and the future of palliative care. Asia Pac J Oncol Nurs. 2018 Jan/Mar;5(1):4-8. Doi: 10.4103/apjon.apjon_43_17
- 18. Matt B, Schwarzkopf D, Reinhart K, König C, Hartog CS. Relatives' perception of stressors and psychological outcomes Results from a survey study. J Crit Care. 2017 June;39:172-7.

10.1016/j.jcrc.2017.02.036

- 19. Ludin SM, Parker S, Arbon P. A survey of Malaysian Critical Intensive Care Unit nurses' awareness of patients' transition experiences (PE) and transitional care practice (TCP). Intensive Crit Care Nurs. 2014 Aug;30(4):196-203. Doi: 10.1016/j.iccn.2013.12.006
- 20. Weber LAF, Lima MADS, Acosta AM, Marques GQ. Care transition from hospital to home: integrative review. Cogitare enferm. 2017 June;22(3):e47615. Doi: http://dx.doi.org/10.5380/ce.v22i3.47615
- 21. Laugaland K, Aase K, Barach P. Interventions to improve patient safety in transitional care a review of the evidence. Work. 2012;41(Suppl 1):2915-24. Doi: 10.3233/WOR-2012-0544-2915.
- 22. Weiss ME. Bobay KL, Bahr SJ, Costa L, Hughes RG, Holland DE. A model for hospital discharge preparation from case management to care transition. J Nurs Adm. 2015 Dec; 45(12):606-14.

10.1097/NNA.0000000000000273

- 23. Wong EL, Yam CH, Cheung AW, Leung MC, Chan FW, Wong FY, et al. Barriers to effective discharge planning: a qualitative study investigating the perspectives of frontline healthcare professionals. BMC Health Serv Res. 2011 Sept; 11(1):1-10. Doi: https://doi.org/10.1186/1472-6963-11-242
- 24. Stelfox HT, Lane D, Boyd JM, Taylor S, Perrier L, Straus S, et al. A scoping review of patient discharge from intensive care opportunities and tools to improve care. Chest. 2015 Feb; 147(2):317-27. Doi: 10.1378/chest.13-2965.
- 25. Van Sluisveld N, Oerlemans A, Westert G, van der Hoeven JG, Wollersheim H, Zegers M. Barriers and facilitators to improve safety and efficiency of the ICU discharge process: a mixed methods study. BMC Health Serv Res. 2017 Apr;17:251. Doi: 10.1186/s12913-017-2139-x.
- 26. Chibante CL, Santos TD, Valente GC, Santo FHE, Santos L. Nursing care management to elderly patients: the search for evidence. J Nurs UFPE on line. 2016 Feb; 10(Suppl 2):848-58. Doi: 10.5205/reuol.6884-59404-2-SM-1.1002sup201620.

Transition of patients from intensive care...

27. Van Mol M, Nijkamp M, Markham C, Ista E. Using an intervention mapping approach to develop a discharge protocol for intensive care patients. BMC Health Serv Res. 2017 Dec;17(1):837. Doi: 10.1186/s12913-017-2782-2.

Submission: 2018/08/04 Accepted: 2018/11/19 Publishing: 2018/12/01 Corresponding Address

Suelly dos Passos Antonio Edifício Acáci, Ap. 131 Praça Zacarias, 46 Bairro Centro

CEP: 80020-080 - Curitiba (PR), Brazil