

# Applied Health Research and Knowledge Mobilization Lab

Dr. Jeanna Parsons Leigh





# Current Projects

1. Sociocultural Implications of COVID-19
2. Partnering with Canadian Families to Understand and Address COVID-19 Pandemic Impacts on Youth Wellbeing
3. Examining Drivers of COVID-19 Vaccine Hesitancy
4. Creating a Culture of Sepsis Awareness
5. Value for Money
6. Improving Transitions in Care from the Intensive Care Unit



# 1. Improving Transitions in Care from ICU: Evaluation of an Electronic Communication Tool

Using a multiple baseline trial design, this study implemented and evaluated a structured electronic health record-embedded discharge summary tool (eDischarge tool) for patients discharged from the Intensive Care Unit (ICU) to a hospital ward. We hypothesized that the electronic transfer tool will positively impact two inter-related outcomes: (1) Improve the completeness and timeliness of clinical documentation on transfer, and (2) Reduce the incidence of associated adverse patient clinical outcomes after transfer (e.g., adverse events, ICU readmission).

Team Lead

[Rebecca Brundin-Mather](#)

Funder

[Canadian Institutes of Health Research](#)

Status

Completed



# Results



## A Multiple Baseline Trial of an Electronic Intensive Care Unit Discharge Summary Tool for Improving Quality of Care

*Summary: Implementation of an electronic tool was associated with more timely and complete discharge summaries for patients discharged from the ICU to a hospital ward, but not associated with significant changes in study-specific health outcomes, except preventable adverse events. Clinicians perceived the eDischarge tool to produce a higher quality discharge process.*

*Peer reviewed article published in [Critical Care Medicine](#) (2022)*

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## Effectiveness of an Electronic Communication Tool on Transitions in Care From the Intensive Care Unit: Protocol for a Cluster-Specific Pre-Post Trial

*Peer reviewed article published in [JMIR Research Protocol](#) (2021)*

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## Improving transitions in care from intensive care units: Development and pilot testing of an electronic communication tool for healthcare providers

*Summary: We developed an evidence informed electronic tool that has shown promise towards standardizing textual information exchanges between clinicians during Intensive Care Unit (ICU) to hospital ward transitions in care. This is an important step in improving inter-provider communication during high-risk transitions. Further testing is needed to ascertain the impact of this tool on quality of communication, patient outcomes. and healthcare utilization.*

*Peer reviewed article published in [Journal of Critical Care Medicine](#) (2020)*



## 2. Development and pilot implementation of a patient-oriented discharge summary for critically ill patients

Gaps in discharge communication can leave critically ill patients vulnerable to stress, poor health outcomes, and death. There are no standard written discharge summaries available for critically ill patients and their families. Discharge summaries written in plain language can provide patients and their families with important information (e.g., medications, activity and diet restrictions, follow-up appointments, symptoms to expect, who to call if there are questions) about what to expect after their discharge from the ICU. We aimed to develop and pilot test a patient-oriented discharge summary tool for critically ill patients and their families.

Team Lead

[Rebecca Brundin-Mather](#)

Funder

[Healthcare Excellence Canada](#)

[Critical Care Strategic Clinical Network](#)

Status

Completed



# Results



## Development and pilot implementation of a patient-oriented discharge summary for critically ill patients

*Summary: We found that critically ill patients and their families found the discharge summary created by our tool to be very informative. However, nursing staff found the tool time consuming to complete and a poor fit into their clinical workflow. Further revision and testing of the tool is needed to better assess it's feasibility and determine any impact it may have on patient health outcomes*

Peer reviewed article published in [World Journal of Critical Care \(2022\)](#)



[1 minute audio summary](#)



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