

Craig's ICU Experience Audio Transcript

- Facilitator: I would like to introduce Craig Grant who has had a recent stay in an ICU and has experienced exit block. He is very kindly going to talk to us today about his experience in the ICU while waiting for a bed. Craig, can you think back to your stay in the ICU. Can you remember at some point were you told that you were well enough to be discharged from the ICU and go to a ward? If this was the case, who told you and what were you told at that time?
- Craig: My specialist was the one that told me at the time and I was quite surprised because he actually told me originally before going into hospital that I would be in for a certain period of time. When he told me I could go to the ward, it was about three or four days ahead of schedule. He was happy with the way I was progressing and everything was going well. He was happy for me to go.
- I was also surprised then that I spent the next three days sitting in ICU waiting for that transfer to happen. During this time I was given several reasons for the delay. These varied between waiting for a bed on the ward. The ICU doctor overruling my doctor and saying that he wasn't prepared to release me yet and also being told that my chest tube had to be removed before I could be transferred to the ward.
- All of which seemed to me at the time to be valid reasons or excuses for the delay. But by the same token, nothing seemed to be done to advance that move. That was a bit of a bummer. When the transfer time came, it was literally 10 minutes from the time I was told I was going until the time I was in a wheelchair and being pushed out of the ICU. It was that quick.
- I did have my chest tube out at that stage, although it had been out for a day and a half, nearly two days. But I hadn't heard anything else at that stage. It was just you are going now. Here is the wardsman with the wheelchair. Let's go and that was it.
- Facilitator: Did you feel you were getting regular updates about when you might leave over the three days by any staff at all?
- Craig: Yeah. But each time I got an update it was a different reason. One stage - initially, it was okay we are just waiting for a bed. Then the next excuse was that I had to wait for my chest tube to be removed. I couldn't go while I still had a chest tube in, which I thought was a bit weird. Then at another time, the ICU doctor wasn't prepared to discharge me yet to the ward, even though my own doctor had said I was right to go. There was regular communication. But that communication was disjointed, to say the least.

Facilitator: Can you tell us how you felt or feel about that delay that you experienced in leaving ICU after the doctors and the nurses told you that you were ready to go? So specifically about that period of delay. How did you feel about that?

Craig: I was put out, to say the least, because to me, that meant that it was slowing down my recovery, although it didn't seem to me as though my recovery was progressing. The longer I stayed in ICU, I found that I was less able to rest and sleep. Because I was much more aware of my surroundings and the continual light and noise were very much an intrusion on that rest and recovery.

I was allowed to do most of the things that I was subsequently able to do in the ward, such as get up and walk around. During my surgery they had to collapse one of my lungs to allow them to get in and do what they needed to do. I was encouraged to get up and walk around. I was encouraged to get up and sit out of bed and I was encouraged to go to the bathroom. But I could only do that with one of the nurses as an escort.

But even doing these things, let me feel like I was intruding on the staff space and also on the privacy of other patients. The bathroom was about 40 metres away from where my bed was and I only had the alleyway that the staff used. A couple of times when I was on my way to the bathroom, I got caught with staff that were rushing to another patient.

I felt like I was in the way, purely because I couldn't move quickly to get out of their way. I also felt like I was invading other patients' privacy. I don't feel that the ICU is a place where a person should be wandering around, just perusing their surroundings, which is - when you go for a walk, that's what you do. You wander around and have a look at your surroundings, especially if they're strange.

But as I did that, I found that hang on, I'm looking at these other patients that I probably shouldn't be looking at. How do they feel about that, which was also - when I was in the ward later, that didn't worry me because there was a lot of patients up wandering around. When I was in the ICU, I was about the only one that was doing it. That made me feel a lot worse.

I was also a lot more aware of what was going on around me. One night there was an emergency in the ICU about 1:00 am and the lady next door to me had a cardiac arrest. I spent the next two and a half hours hearing everything that was being done to try and save her. From doctors shouting, to nurses' reactions, to doctors' reactions to what they were seeing. Purely because all that was separating us was a curtain.

With all the lights on, I could even see the shadow movement of the doctors on the curtain. That was a little bit disconcerting as well. Another night a drug addict was brought in just before midnight. He wasn't happy about anything and he let everyone know by screaming four letter words all over the place. He finally went quite about 3:00 am.

But I think everyone in ICU who wasn't totally drugged out was well and truly awake by then. He finally went quiet about three o'clock. By about 3:30 am the ICU was full

of police and others because he'd passed away. Whilst everyone was trying to be quiet, the place was just in chaos. At one stage I counted nine police officers that I could see from my section of the ICU.

The drug addict was only two beds away. It was disconcerting in the least. This last incident really concerned me because I hadn't encountered a violent drug addict like that before. Despite the assurances from the nurses and other staff about my safety, I spent the next couple of sleeps with one eye open. It was definitely an experience that I would have preferred not to have had. But these things happen.

Both of these instances happened in that three day period between my being told that I was being transferred to the ward and the actual transfer taking place. There were other experiences that I vaguely recall, from before that. But these were the two that really stuck in my mind because I was awake, aware, off most of the drugs that I was on post op and I'd been told I was well enough to go to the ward.

I was pretty happy to actually be transferred out, by that stage. Despite what I've said here today, I was actually quite pleased with the hospital staff and their care for me. Some of the processes I wasn't overly happy with. But the staff are obviously very dedicated and I think it takes a very special type of person to do what they do. I would like to thank them for that.

Facilitator: Thank you Craig. I think I can speak on behalf of everyone that we really appreciate those positive sentiments and feedback.