



ROYAL AUSTRALASIAN
COLLEGE OF SURGEONS



COLLEGE OF INTENSIVE CARE MEDICINE
OF AUSTRALIA AND NEW ZEALAND

POSITION PAPER

Responsibility for patients in intensive care units

INTRODUCTION

The management of patients admitted to hospital under the care of a surgeon and subsequently transferred to an Intensive Care Unit (ICU) is the responsibility of the entire medical team. There are very few situations in which a single clinician can manage a patient throughout all phases of a critical illness. In all aspects of patient care during a critical illness, collaboration among specialists, mutual respect and team engagement are essential.

KEY ISSUES

Post-operative Orders

Across Australia and New Zealand the context of clinical practice is a major determinate in post-operative management. Depending on the severity of illness of the patient and on the particular organisational arrangements in individual hospitals, responsibility for the various aspects of postoperative management may be shared amongst the many potential members of the multidisciplinary team.

When a patient is admitted to the ICU following an operation or procedure there should be a formal briefing between the Surgical and Intensive Care teams as soon as practicable. Surgeons and ICU staff should fully articulate their postoperative management plans. This briefing ensures that the surgical postoperative concerns and the intensive care management plan are understood and agreed upon by all team members.

Responsibility

All medical personnel involved in caring for a patient are responsible and accountable for their own decisions and actions, including their engagement with the team processes. Situations of disagreement should be handled in a collaborative manner, acknowledging that patient care will often involve collaboration amongst a range of doctors, nurses and allied health providers (depending on the complexity of the case). RACS acknowledges that the Intensive Care Specialist is responsible for the day-to-day operations of the Intensive Care Unit and Staff.

Handover

In response to operational or clinical requirements, an individual clinician's responsibility may be formally transferred to another clinician of the same or another discipline. Transfer of responsibility

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should be documented in the patient's hospital records and hospitals should have published protocols and procedures to manage any such transfer of care.

RACS position

In accordance with an ongoing commitment to Building Respect and Improving Patient Safety, RACS expects surgeons will work collaboratively and respectfully with all ICU staff when caring for a surgical patient admitted to an ICU. RACS affirms that all consultant specialists carry an ethical and legal responsibility for patient care. This responsibility includes active contribution to the patient management plan that is collectively managed by the broader clinical team.

Key words

Surgical, Intensive Care Unit, quality of care, management, communication, collaboration.

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