Transfer of Patients, Intrahospital: Maintaining Patient Safety

What is Involved in Maintaining Patient Safety During Intrahospital Patient Transfer?

› The objective of intrahospital transfer of patient responsibility is to provide accurate and effective communication about the patient’s condition, treatments, and any anticipated events, in order to maintain patient safety and continuity of care. Maintaining patient safety during intrahospital patient transfer involves actively preventing injury and being ready to intervene should injury or patient decompensation occur

• What: Measures are taken to prevent patient injury related to falls, changes in medical condition, and other events when patients are transferred between patient care areas in a hospital

• How: Protocols for maintaining patient safety during intrahospital patient transfer should include a detailed verbal hand-off, risk assessment prior to transfer to identify patients at risk for injury, and the use of safety equipment such as bedrails, restraints, and transfer devices. All healthcare professionals involved in the transfer should be prepared to intervene should the patient become injured or if there is a change in the patient’s condition (for more information, see Nursing Practice & Skill ... Transfer of Patient: Using Assistive Devices)

• Where: Safe intrahospital patient transfer is relevant to situations that occur in inpatient care settings

• Who: All healthcare professionals who participate in intrahospital patient transfer should be trained in cardiopulmonary resuscitation (CPR). Although protocols for which healthcare professionals may participate in the transfer of a patient within the hospital vary, nurses, nurse practitioners, respiratory therapists, and patient transport professionals are commonly involved in intrahospital patient transfer. A minimum of two appropriately trained personnel should participate in intrahospital patient transfer for a patient who is critically ill. Depending on the patient’s condition, a doctor may be required to be present during the transport. It is appropriate for family members to be present during transfer and while safety measures are being implemented

What is the Desired Outcome of Promoting Patient Safety During Intrahospital Patient Transfer?

› The desired outcome of promoting patient safety during intrahospital patient transfer is that the patient will be transferred without sustaining any injury or experiencing a change in medical status

Why is Maintaining Patient Safety During Intrahospital Patient Transfer Important?

› The nature of patient transfer exposes patients to increased safety risks and the potential for adverse events, including patient misidentification, wrong treatment, delay in medical diagnosis, medication errors, insufficient monitoring, and life-threatening complications. When these adverse events occur, they increase the patient’s length of stay and healthcare costs, morbidity, and mortality
Facts and Figures

› The incidence of adverse events occurring to patients during intrahospital transport or movement of patients from one location to another range from 6% to 70% (Kue et al., 2011)
  • The incidence of adverse events classified as clinically significant (e.g., cardiac arrest, extubation) is 8% (Kue et al., 2011)
  • Investigators in Australia examined 459 adverse events that occurred during patient transfer in acute care settings, and reported that the most prevalent errors involved (Thomas et al., 2013)
    – transfer of patients without adequate clinical report (28%)
    – omissions of critical information about the patient’s condition (19.2%)
    – omissions of key information about the patient’s care plan (14.2%)
› Researchers who conducted a safety evaluation of 2,390 patient transport reports in Pennsylvania between 2004 and 2008 noted a greater than 10% rate of medical incidents and serious communication problems between departments when patients with noncritical medical conditions were transported between hospital care areas (Pennsylvania Patient Safety Authority, 2009). The study authors noted that problems often developed when patients were transported by unlicensed hospital staff members who were typically unable to meet patient needs when changes in the patients’ condition required intervention. They made the following recommendations to ensure accurate information exchange, decrease the number of adverse events, and promote patient safety during transport:
  • Development of an intrahospital transport team of licensed care providers for patients who are not critically ill
  • Creation of a communication tool (e.g., a written checklist) to facilitate clear communication before, during, and immediately after transport from the patient care unit to another unit or area, and back again, if needed
  • Establishment of a detailed educational and competency program focused on patient safety during intrahospital transfer for unlicensed hospital personnel who perform patient transport

What You Need to Know Before Taking Measures to Promote Patient Safety During Intrahospital Transfer

› The keys to successful intrahospital transfer are adequate patient monitoring and effective communication between the hand-off and receiving nurses. Most experts agree that face-to-face clinician communication is superior to providing a telephone, text message, or written report
  • The Joint Commission recommends the use of verbal and written communication when transferring patients, limiting staff interruptions, performing a medication reconciliation, and implementing a standardized approach to patient transfers that includes the opportunity to ask and respond to questions
  • The Society of Critical Care Medicine (SCCM) and the American College of Critical Care Medicine (ACCCM) have developed transport guidelines for critically ill patients
    – ACCCM guidelines recommend that critically ill patients be transported by at least two highly qualified and specialized critical care team members, each with specific roles focusing on patient monitoring and ventilatory support. The guidelines also recommend specialized instruction, including CPR training, for any unlicensed hospital personnel who participate in the transport. These staff members should also know how to activate the hospital’s rapid response team and to contact the nurse responsible for the patient’s care. Ongoing safety incident evaluation is also recommended
  • No clinical guidelines yet exist regarding safety during intrahospital transport of patients who are not critically ill. As a result, errors in maintaining patient safety are more frequently seen when noncritical patients are transferred (see Facts and Figures, above)
› The role of the nurse clinician in promoting patient safety during intrahospital transfer involves
  • conducting a risk assessment prior to transfers to determine risk for falls and injury
  • initiating and maintaining a care plan for patient safety during transfers
  • educating unlicensed hospital staff who perform patient transfers on the proper use of assistive devices/transfer equipment
› Preliminary steps that should be performed before initiating an intrahospital patient transfer include the following:
  • Review the facility/unit specific protocols for patient transfer, including those on medication reconciliation and electronic monitoring, if available
  • Review the treating clinician’s order for patient transfer
    – Note orders for EKG monitoring, intravenous infusions, oxygen administration, and other interventions that will need to be continued during the transfer
  • Review the manufacturer’s instructions for any equipment to be used and verify that the equipment is in good working order
• Review the patient’s medical history/medical record for any allergies (e.g., to latex, medications, or other substances); use alternative materials, as appropriate.

› Assemble any supplies needed for the patient’s care en route to the patient’s destination. Supplies needed during the patient transport vary based on the patient’s medical condition, and may include the following:
  • Nonsterile gloves; additional personal protective equipment (PPE, e.g., gown, mask, eye protection) may be needed depending on the patient’s infection status and likelihood of exposure to body fluids.
  • Extra batteries for equipment.
  • Equipment to secure the patient’s airway.
  • Blood pressure monitor.
  • Pulse oximeter.
  • Oxygen tank with amount of oxygen appropriate to the patient’s condition. In anticipation of possible delays in obtaining care, add 30 minutes of oxygen supply beyond the patient’s expected need.
  • Extra transport medications and infusions.
  • Extra medical supplies the patient may need (e.g., ostomy bag, replacement tracheotomy tube).
  • CO2 monitoring, if needed.
  • Ambu bag.
  • Monitoring equipment (e.g., EKG equipment) and defibrillator, if needed.
  • Resuscitation drugs including epinephrine and antiarrhythmic agents.
  • Sedative and narcotic analgesics, if needed.
  • Transport trolley and bag, if needed.
  • Any other equipment appropriate to the patient’s condition.
  • Checklists of specific interventions that may be required (e.g., replacement of the tracheotomy tube during the patient transport).

How to Promote Patient Safety During Intrahospital Patient Transfer

› Perform hand hygiene and don PPE.
› Identify the patient according to facility protocol.
› Establish privacy by closing the door to the patient’s room and/or drawing the curtain surrounding the patient’s bed.
› Introduce yourself to the patient and family member(s), if present; explain your clinical role; assess the coping ability of the patient and the family and for knowledge deficits and anxiety regarding transfer.
  • Determine if the patient/family requires special considerations regarding communication (e.g., due to illiteracy, language barriers, or deafness); make arrangements to meet these needs if they are present.
    – Use professional certified medical interpreters, either in person or via phone, when a language barrier exists.
  • Explain the procedure for patient transfer and its purpose; answer any questions and provide emotional support as needed.
› Observe standard precautions throughout the transfer.
› Prior to transport:
  • Complete a full patient assessment; identify and resolve problems (e.g., abnormal blood glucose level, orthostatic hypotension) that increase the patient’s risk injury during the transfer.
  • Make sure that the following patient care measures have been performed:
    – Suctioning the airway.
    – Administering prescribed medications.
    – Completing scheduled procedures.
    – Changing soiled dressings.
    – Bathing the incontinent patient.
    – Emptying drainage collection devices.
  • Determine the transport route and identify the locations of CPR carts en route to the receiving department.
  • Contact the nurse or other clinician in charge of the patient’s care in the new care area.
    – Verify the receiving unit’s readiness to receive the patient (e.g., verify that the patient’s room is available and has been disinfected or terminally cleaned as appropriate).
    – Discuss relevant orders from the treating clinician, provide a patient care overview, discuss departure and arrival times, note any supplies that will be required, and arrange for the necessary staff.
  • Anticipate possible delays.
  • Reserve transport equipment (e.g., gurneys and elevators), as needed.
• educate unlicensed hospital staff who perform patient transfers on the proper use of assistive devices/transfer equipment, if needed
• ensure that at least two critical care specialists are present if transporting a critically ill patient
• take measures to prevent patient falls before, during, and after the transfer (e.g., the use of restraints and transfer devices)

During transport
• continuously monitor the patient
• actively prevent injury by making sure the patient remains comfortable and does not move during the transfer
• observe that if restraints were applied prior to the transfer that they remain securely in place during the transfer
• communicate with team members participating in the transport to promote safety

Upon arrival
• deliver a “face to face” report to the clinician who will be in charge of the patient’s care. Use the SBAR (situation, background, assessment, recommendation) format or other facility-approved format for giving report to the nurse at the patient’s destination. (For more information on using the SBAR technique, see Nursing Practice & Skill … Communication: Using the SBAR Technique)
• verify the appropriate function of oxygen delivery devices, monitors, and other patient care equipment
• continue to monitor the patient as though he or she were still in the original unit
• document the time of arrival, current patient assessment, and the name of the nurse assuming responsibility for the patient
• coordinate plans for the patient’s return, if needed

After transferring the patient, document the transfer including the following information:
• Date and time of transfer, the receiving unit and patient room number, and the receiving clinician’s name
• The method of report given (e.g., face-to-face, telephone, written, text message)
• Patient condition before transport, during transport, and upon arrival, including
  – any medications given or interventions performed, patient fall, change in mental status, or other pertinent clinical information during transport that occurred during transport
  – any unexpected patient events or outcomes, interventions performed, and whether or not the treating clinician was notified
  – patient’s clinical status following transfer
• Any equipment accompanying the patient
• Names of staff and/or family members accompanying the patient
• Patient/family education, including topics presented, response to education provided/discussed, plan for follow-up education, and details regarding any barriers to communication and/or techniques that promoted successful communication

Other Tests, Treatments, or Procedures That May Be Necessary Before or After Implementing Measures to Promote Patient Safety During Intrahospital Patient Transfer
• Possible return transfer to the patient’s original care area
• Report of and treatment of injuries that occurred during patient transfer
• A system for incident report, with regular evaluation to identify and resolve factors that increase patient’s risk for injury

What to Expect Regarding Patient Safety After Intrahospital Patient Transfer
• The patient is transferred without injury or change in medical condition
• The patient may return to physical activity as appropriate to his or her medical condition

Red Flags
• Worsening of a patient’s medical condition during transport can lead to increased morbidity or even death. Reduce risk by anticipating problems that may occur and planning proactively how you will prevent or manage them. This should include the need for CPR should the patient develop cardiopulmonary arrest

What Do I Need to Tell the Patient/Patient’s Family?
• Educate the patient/family about what to expect during and after the patient transfer. Explain to the patient/family where the patient’s new location will be. Encourage questions, and answer them, as appropriate
Note

› Recent review of the literature has found no updated research evidence on this topic since previous publication on April 22, 2016

References


