

# A Standardized Transfer Process

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## Background

When patient needs exceed the resources available at their current facility, they often require an interhospital transfer (IHT) to a facility where their care needs are met (Arthur et al, 2013). The transfer center (TC) at a Midwest Hospital is a direct access point for interfacility transfers. The purpose of the TC is to manage the transfer process better. The TC is run by an all RN staff with clerical support. Nurse managers employed in this area have the knowledge and skillsets to evaluate the appropriateness of each transfer. Managers ensure that the right patient is placed into the right bed, at the right time, the first time, without delay (UIH, 2013). Multiple services and subspecialties utilize the TC to facilitate patient care. The transfer process is not standardized across service lines. Some specialty services transfer pathways allow for timely transfer and bed placement, while other services are extended and delayed.

## Objective

To Develop a standardized interhospital transfer process that can be utilized by all service lines.  
To improve the interhospital transfer process.

## Methods

1. Review transfer logs and collect data on
  - (a). number of transfers by service-line: Neurosurgery(NS)/Neurology, Medical Intensive,(MI), Organ Transplant (OT), Med Cardio (MC), and Med/Surg (MS)
  - (b). Time transferred initiated
  - (c). Physician's acceptance time
  - (d). Bed assignment time
  - (e). Patient arrival time
2. Identify the most efficient pathway used and adopt as standardized process for all service lines.

Excluded are Pediatrics, Psychiatry, Mother/baby, Ophthalmology, and Oral Maxillary service-lines  
Timeline: Retrospectively review data from October 2017 – March 2018.  
Resources: Transfer center data base & transfer center's informatics director will be used to help extrapolate the information.

## Definition

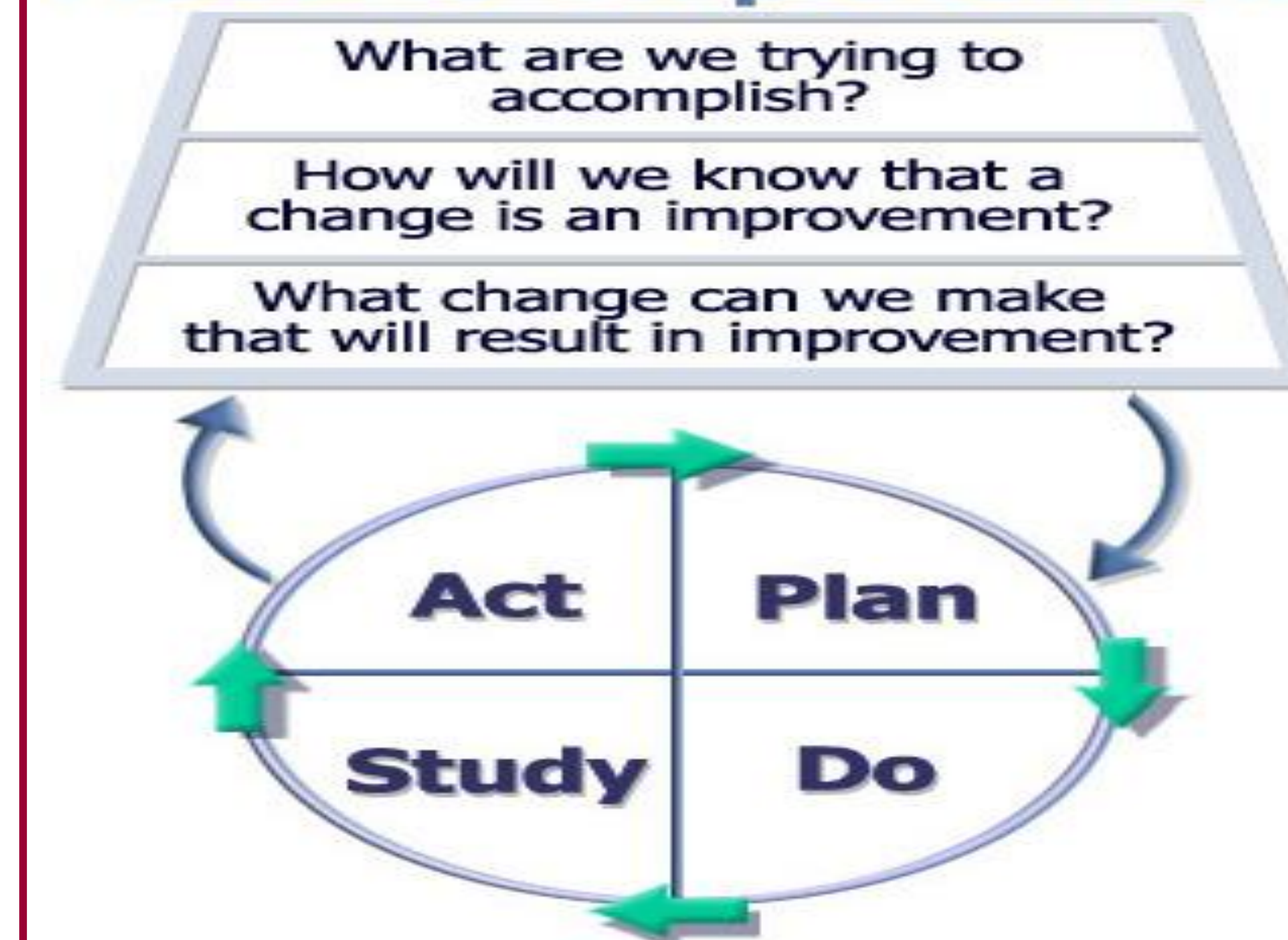
Standardization involves designing processes so that people do the same thing the same way every time. Standardization makes it easier to train people on the processes, and it becomes more apparent if the processes fail and where they fail, enabling the organization to better target improvement (IHI, 2017).

The Plan Do Study Act (PDSA) cycle will be used to implement the change using the Model for Improvement framework adopted by the Institute for Healthcare improvement.

## Strategy for Change

Engage major stakeholders, and department chairpersons, to review the results and participate in the selection and implementation of the defined pathway.  
Obtain leadership and bed control staff buy-in and commitment.  
Educate staff on standardized pathway selected.  
Establish a roll-out/implementation date.  
Monitor the effectiveness of use by staff.  
Identify areas of process failure and correct immediately.  
Re-evaluate the entire process three months after date of implementation to establish improvement.

## Model for Improvement



## References

- Arthur, K., Kelz, R., Reinke, C., Robertson, M., Sims, C., Pascual, J., Reilly, P., & Holena, D. (2013). Interhospital transfer: an independent risk factor for mortality in surgical intensive care unit. *The American Surgeon*, 79(9), 909-913. DOI: <https://10.1016/j.jamcollsurg.2012.06.149>.
- Institute for Healthcare Improvement (2018). *How to improve*. Retrieved from <http://www.ihl.org/resourcesPages/HowtoImprove/default.aspx>.
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