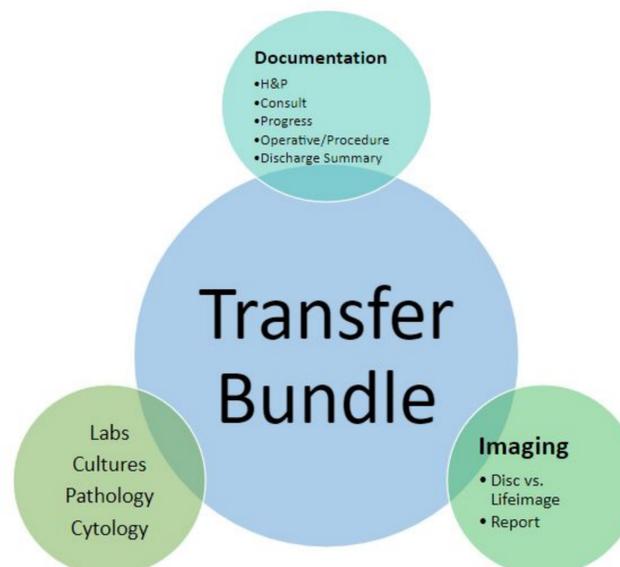
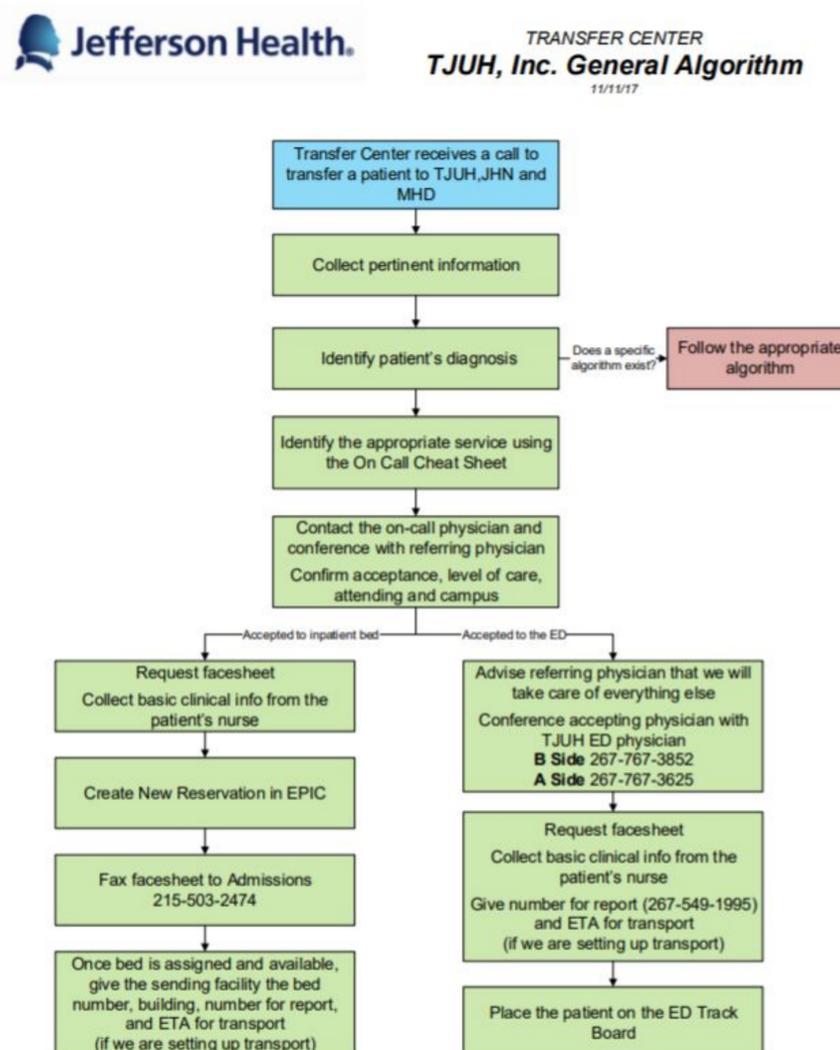


Background

Patients transferred from outside hospitals arrive with varying levels of paperwork and information provided to the accepting treatment team. When they arrive with inadequate hospital records this can lead to delays in care, repeated unnecessary imaging, and time and effort spent by residents and staff to obtain outside hospital records that could be better served in other aspects of patient care. Our transfer center staff does an excellent job in facilitating timely transfers with most patients arriving with adequate records, and they are very useful in tracking down paperwork or imaging that was not brought with the patient. They have excellent algorithms for when a transfer is called into Jefferson Center City. We formed a resident-run committee that wanted to focusing on patient transfers. One area of focus was in the surgical intensive care unit; these patients often come sedated, intubated or with altered mental status and have complex surgical histories and multiple imaging studies. Thus, they are a patient population that would particularly benefit from potential improvements.

Objective

Our goal was to investigate possible ways to improve the transition of care when patients are transferred to Jefferson Center City. As a quaternary care hospital with a large transfer volume, it is especially important to look for ways to optimize this process because it can improve timely patient care, reduce and eliminate unnecessary studies and diagnostic tests and save time and work that could be better spent in other aspects of treating the patient.



Methods

- 1) Reviewed the current process, algorithms and protocols that occur when a patient is transferred.
- 2) Analyzed this process to look for potential areas that can be improved through new protocols, limitations that would arise and ways to measure and document successes or failures of any changes made.
- 3) In Process: Implement new processes and educate residents on the current protocols and tools that the transfer center offers and then measure any improvements or problems that arise.

Results

- Human error is most common cause of poor or missing transfer patient information, often when picking up the patient at an OSH
- Protocols already in place for TJUH, but difficult to impose protocols on OSH
- Potential areas to improve:
 - Recorded phone calls between accepting attending and OSH provider downloaded into Epic
 - Continue to encourage OSH to upload to Lifeimage
 - Could create a template that accepting attending could write up
 - Problems: cannot be implemented into Epic
 - Unrealistic for surgical attending
 - Notify team through text when patient room is ready for transfers and direct admits

Future

- Discuss with transfer center feasibility of a handoff between house staff at TJUH and midlevel/resident at OSH.
 - Housing staff transfer bundle
- Educate house staff about transfer center resources when patient information is missing
- Implement text notification to service specific cell phone for patient admits and transfers
- Check on process of recorded phone conversations downloaded into Epic