1 Background

About a decade ago the Ticket To Ride program was instituted as a way to communicate risk during the transport of non critical patients. The Ticket is a small form that, when properly filled out, contains vital information about patient risks such as bleeding, falls, seizures, and others. The ticket also indicates if the patient is on isolation, and has contact information for their nurse. The Ticket is attached to the patient’s wrist with a string to be easily seen by transport and temporary care site (i.e. Radiology) staff.

In recent years much of the staff at JHH has begun to see the Ticket To Ride as an ineffective time wasting activity instead of as a tool to increase patient safety. Members of the Standard of Care committee suggested that the Ticket To Ride be discontinued. As a whole the committee decided to evaluate the program instead.

2 Methods

To evaluate the Ticket To Ride paired up with different transport personnel for 4 hours at a time. When transport picked up a patient I went in and pretended to be monitoring handwashing on the unit while I observed how the nurses utilized the Ticket To Ride. Clandestine observation was found to be key. When the nurses knew they were being watched they changed their behavior. Observations were made at various days and times and on various units. In total, 30 nurse hand ons were observed.

3 Results

The major Ticket To Ride program protocols that should be followed:
- All patients are given a Ticket when leaving their Unit.
- Tickets are filled out by nurses.
- Nurses explain the Ticket to the patient.
- Ticket is placed on wrist.
- Temp care site personnel checks Ticket.
- TTR should be folded to hide sensitive patient data.

Current Practices determined by observation:
- Patients off unit with a Ticket: 100%*
- Tickets filled out by nurses: 49%
- Nurses who explain the Ticket to the patient: 5%
- Tickets placed on wrists: 85%
- Folded Tickets: 10%
- Tickets given to patient by nurse: 78%
- Patients that know why they are given the ticket: 11%
- Patients who believe that it is important for them to wear the TTR: 89%
- Temp care site personnel checks Ticket: 0%

4 Conclusions

All patients are getting Tickets from a nurse or a transporter.
- Tickets are not properly filled out, and are placed on the wrist or somewhere else.
- They usually aren’t folded, so they expose patient info.
- Patients don’t know what the tickets are for, but they assume they are important.
- Personnel at the destinations are not checking the tickets.

The Ticket To Ride program is not effectively communicating patient risk or increasing patient safety. It is exposing patient data, in violation of HIPPA. Patient safety is not being increased.

5 Future Directions

The Ticket To Ride will be reimagined. Currently there is a pilot program on 4 units at JHH testing a temporary solution. The pilot solution keeps the parts of the Ticket To Ride that were working:
- Nurse contact info.
- Easy to identify if patient is on isolation.
- Good info in a easy to find place.

The pilot system address the issues of the Ticket To Ride:
- Printed from EHR
- Placed in patient chart by support staff
- Folding nurses out of work flow

An elegant permanent solution is being developed in conjunction with MICA. The goals of that program are to:
- Build on what we have that is working
- Keep costs down
- Communicate risks
- Be easy to give to patient
- Provide trustworthy information.

6 References


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