Evaluating

TICKET TO RIDE

Patient Safety during non critical transport.

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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.

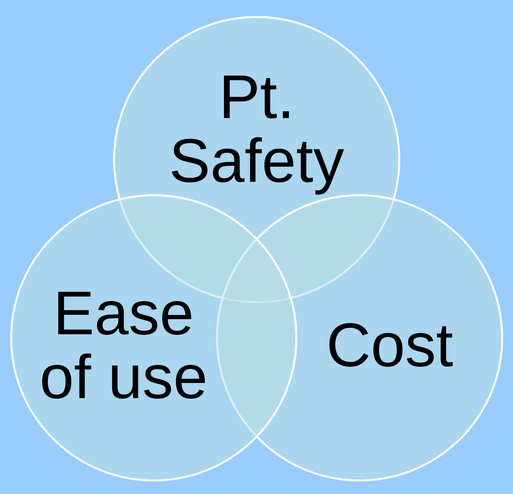
The Ticket is a small form that, when properly filled out, contains vital information about patient risks such as bleeding, falls, seizures, and others. The ticket also indicates if the patient is on isolation, and has contact information for their nurse.

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.

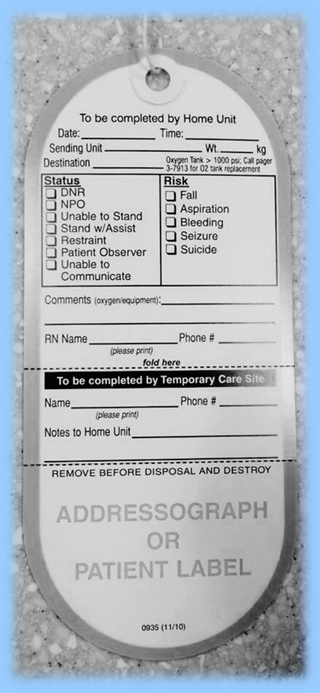
In recent years much of the staff at JHH has begun to see the TTR as an ineffective time wasting activity instead of as a tool to increase patient safety. Members of the Standard of Care committee suggested that the TTR be discontinued. As a whole the committee decided to evaluate the program instead.

2 Methods

To evaluate the TTR 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 TTR.
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, 35 nurse hand offs were observed.



3 Results

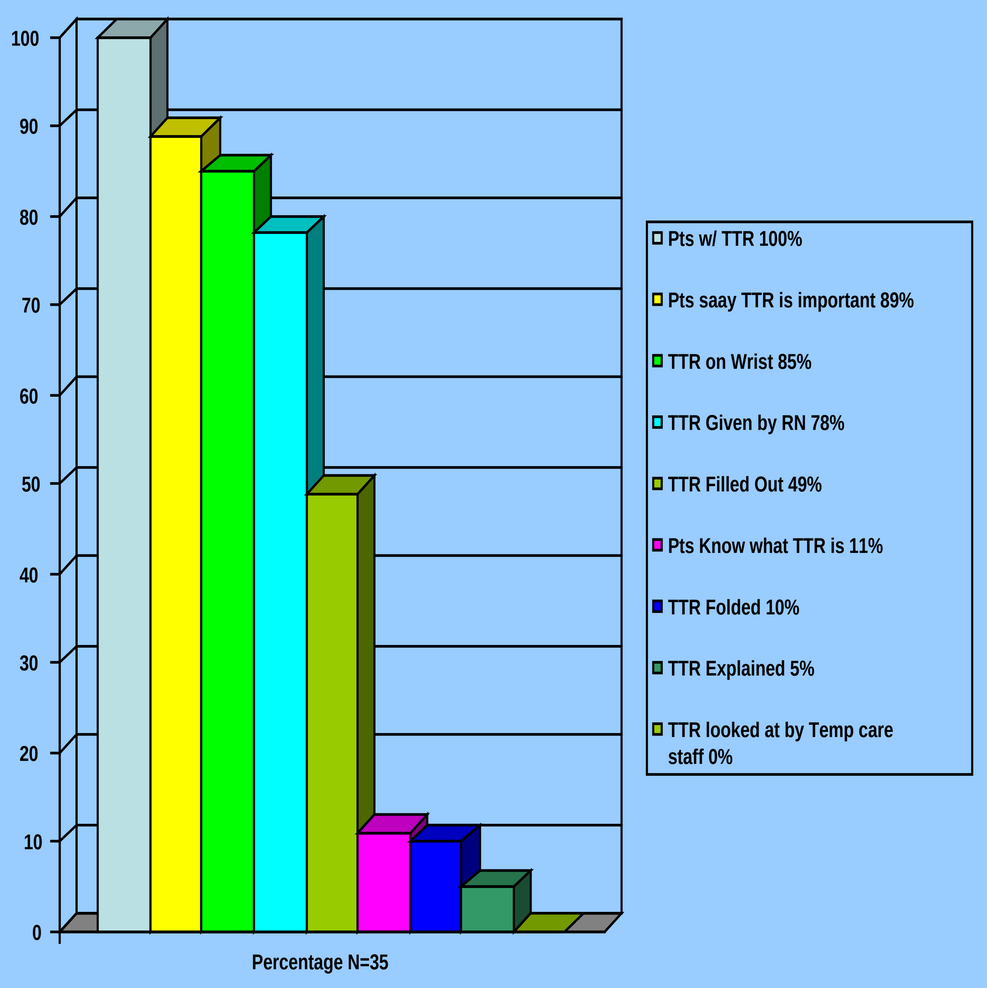

To be completed by Home Unit
Date: _____ Time: _____
Sending Unit _____ Wt _____ kg
Destination _____ Oxygen Tank > 1000 psi, Call pager 3-7913 for O2 tank replacement
Status: DNR; NPO; Unable to Stand; Stand w/Assist; Restraint; Patient Observer; Unable to Communicate
Risk: Fall; Aspiration; Bleeding; Seizure; Suicide
Comments (oxygen/equipment): _____
RN Name _____ Phone # _____ (please print)
fold here
To be completed by Temporary Care Site
Name _____ Phone # _____ (please print)
Notes to Home Unit _____
REMOVE BEFORE DISPOSAL AND DESTROY
ADDRESSOGRAPH OR PATIENT LABEL
0935 (11/10)

The major TTR 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 nurses: 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 TTR 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 TTR 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 TTR 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 TTR:

- Printed from EHR
- Placed in patient chart by support staff. (cutting 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

Huber, C., (2009). Safe Intrahospital Transport of Non-ICU Patients. American Journal of Nursing. 110(11), 66-69

Seidl, K. L., Newhouse, R. P., (2012). The intersection of evidence-based practice with 5 quality improvement methodologies. J Nurs Adm. 42(6), 299-304.

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