

The Pediatric Expedited Transfer Team: Improving Transfer of Critically Ill Patients from the Pediatric ED to the PICU

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1 Background

Patient transfers and handoffs have been identified as areas in which miscommunications can create risk for patient harm (Foronda, VanGraafeiland, Quon, and Davidson, In Progress). The Pediatric Expedited Transfer (PET) Team was developed to improve communication and reduce the risk of harm during the transfer of the most critically ill patients from the Pediatric Emergency Department (PED) to the Pediatric Intensive Care Unit (PICU) through the use of a multidisciplinary bedside handoff tool.

Pediatric Handover and Transport



Literature review results: specialized teams and standardized communication improve outcomes (Foronda, VanGraafeiland, Quon and Davidson, In Progress).

2 Objectives

- To improve communication during the transfer of critically ill children from the PED to the PICU using a standardized, expedited handoff
- To improve interdisciplinary cooperation and trust between the PED and the PICU

3 Methods

The nursing-led project team of physicians and nurses from the PED and PICU as well as Armstrong Safety Institute Scholars utilized focus groups and surveys to determine staff attitudes toward patient transfer and identify the patients most likely to benefit from a multidisciplinary bedside handoff. Chart reviews for all patients transferred from the PED to the PICU from January to June 2014 were performed to determine the frequency of these critically ill patients and anticipated resource allocation for the PET Team.

The interdisciplinary team developed a novel tool for standardized handoff including head-to-toe assessment, completed interventions, and plan of care, with designated areas for input from PED and PICU multidisciplinary staff.

4 Results

Through focus groups, we identified seven patient categories that will prompt the use of the PET Team: out of hospital arrest, status epilepticus, complex cardiac patients with unstable vital signs, intubation or PAP requirement in the form of new CPAP/BiPAP, new GCS less than 10, shock physiology with vasopressor requirement, and high risk for acute decompensation. Retrospective chart reviews of all patients transferred from the PED to the PICU from January to June 2014 showed that of 488 total patients, 40 (8.2%) met these criteria.

5 Conclusions

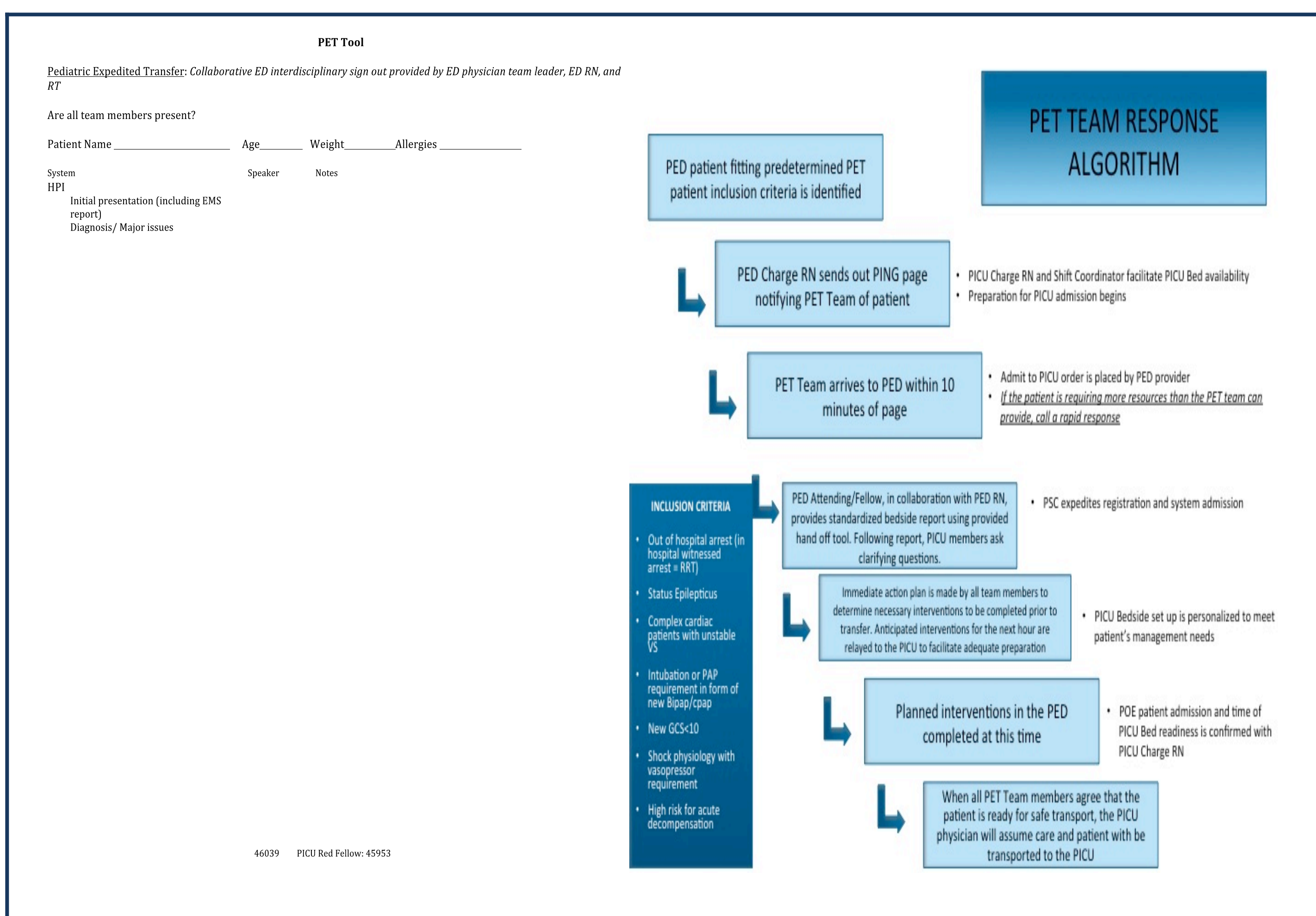
Literature reviews demonstrate the need for a standardized process for patient handoffs. Retrospective chart reviews indicate that approximately 1.5 patients per week meet the criteria for PET Team activation. During the first 9 weeks of the pilot period, 15 patients have been transferred using the PET Team. Early feedback forms completed by PED and PICU staff for each of these transfers indicate the PET process improves interdisciplinary communication and patient safety.

6 Future Directions

During this six-month pilot period, we will use staff feedback forms to identify PET team strengths and areas for improvement and revise PET criteria and procedures as needed. Post-pilot surveys and feedback forms will be conducted. After the pilot period, we will consider formalizing the PET team as a Children's Center policy.

7 References

Foronda, C., VanGraafeiland, B., Quon, R., and Davidson, P.M. (In Progress). Handover and Transport of Critically Ill Children: an Integrative Review.



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The PET Handoff Tool and Response Algorithm: This specialized tool is designed to facilitate a multidisciplinary, collaborative handoff at the patient's bedside.