

Gaining multi-departmental consensus to improve interfacility patient transports

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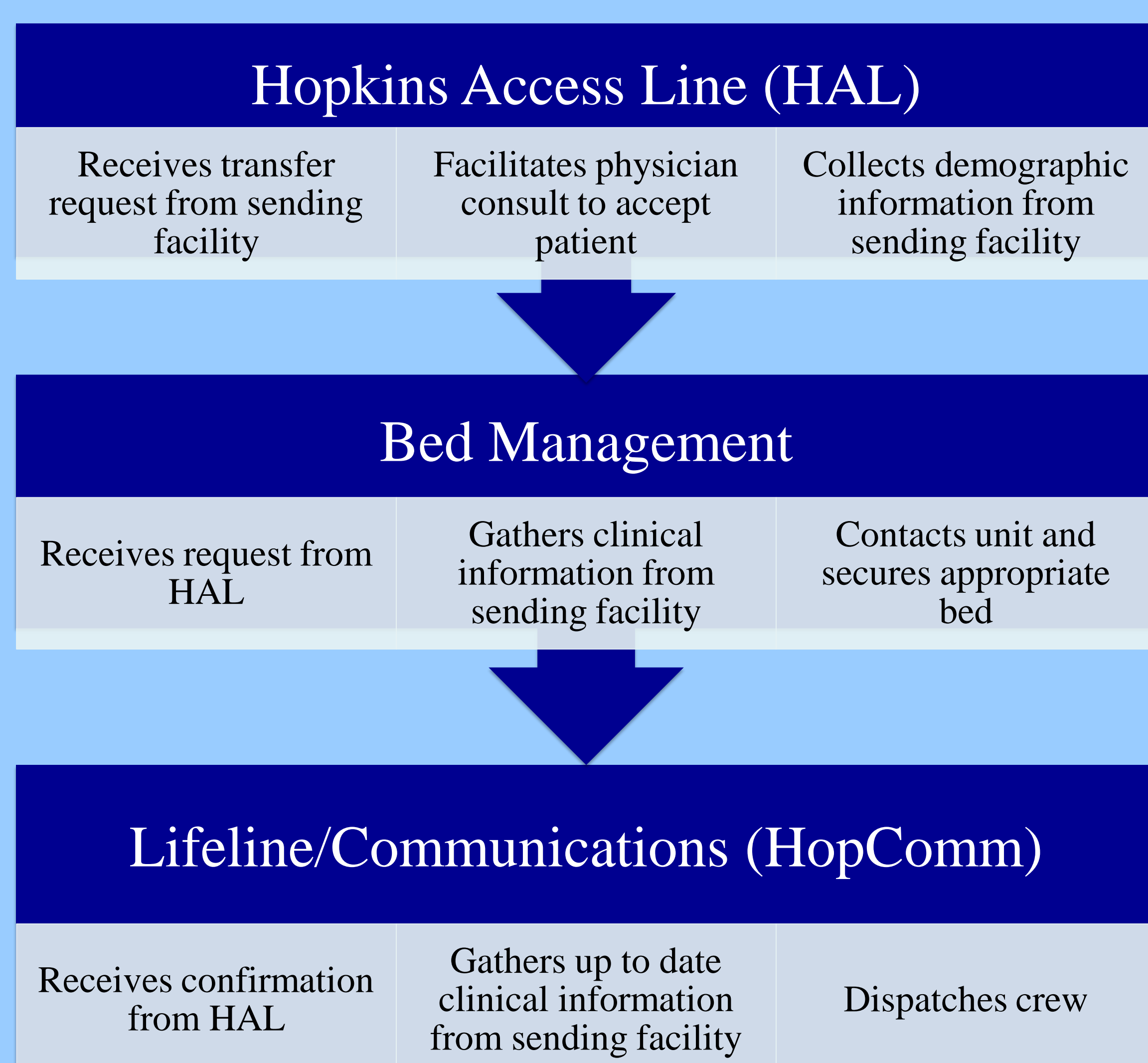
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1 Background

Research suggests that critically ill patients may have improved outcomes when transferred toward a larger, more resourced hospital (Khan et al., 2008). At the Johns Hopkins Hospital (JHH), the Hopkins Access Line (HAL), Hopkins Lifeline/Communications (HopComm), and Bed Management are part of the multi-departmental team that coordinates an approved patient admission to JHH, secures a bed, and physically retrieves and transports the patient in a timely and safe manner to JHH. Further description of the system is depicted in Table 1. Currently, these departments are operating in silos, while research suggests a more centralized system will improve patient outcomes (Iwashyna, Christie, Moody, Kahn & Asch, 2009). Therefore, operational changes are underway at JHH to move toward a more centralized system and improve the efficiency of patient transports. This change will require staff members from different departments to work closely with one another. When large operational changes such as these are made, it is important to assess the perceptions of all stakeholders involved before implementing the change (Khan et al., 2008). This quality improvement project aims to develop a consensus of staff members' suggestions for change.

Table 1. Patient Transfer System Flow Algorithm at Johns Hopkins Hospital



2 Methods

Qualitative data from members of HAL, HopComm, and Bed Management were collected from February 2013 through August 2013. Data collection methods included:

1. Informal interviews with staff members: Total of 10 interviews (4 from HAL, 4 from HopComm, and 2 from Bed Management)
2. Observing operations in each department

All respondents were asked what they perceived as the major barrier in the transport system. Some respondents were asked to elaborate on a specific problem observed. Statements were summarized in bullet point form in each department. Bullet points were then thematically grouped into categories displayed in Table 2.

3 Results

The results of informal interviews and observations are summarized in categories displayed in Table 2 along with specific changes and an illustration or rationale for the change as perceived by the staff. Respondents expressed the need for improvement within three general categories:

1. *System Flow* changes that improve efficiency and reduces wasteful tasks.
2. *Intra-facility* communication changes that will streamline information flow between all departments involved in patient transfers.
3. Consolidating *Inter-facility communication* to make information exchange more efficient between JHH and the sending facility.

The changes proposed by the staff also demonstrate the following themes:

- Improve *collaboration* between all departments and interdisciplinary participants involved in patient transports.
- Apply *information technology* that will streamline information among all departments.
- Redesign the *transfer structure* to accelerate system flow.

Table 2. Summary of Multi-departmental Suggestions to Improve Inter-facility Transport System Flow at Johns Hopkins Hospital from February 2013 through August 2013

Category	Change	Illustration/Rationale
System Flow	Collaborate with clinicians to increase bed availability	Anticipate bed availability and reduce daily waitlists
	Improve information technology between all departments through an interfaced system	Allow departments to edit simultaneously without technical limitations
	Redesign tasks related to taxi coordination	Reduce work burden within HopComm
	Implement triage function within the IT system	Minimize documentation redundancy
Intra-facility Communication	Improve contact methods to in-house doctors	Update schedule changes in real time and lessen return call times to HAL
	Collaborate with units to create a reliable bed board system.	IT system that accurately shows bed status
	Enhance patient flow communication and bed availability across all departments.	Improve departmental accountability, identify appropriate beds, and anticipate pending transfer demands.
	Strengthen collaboration with PICU staff.	Increase transport unit availability for other pending priority transfers
Inter-facility Communication	Connect Admitting Office with sending facility to mitigate insurance issues.	Direct sending facility concerns directly to Admitting.
	Streamline patient handoff communication between sending facility nurse, Bed Management, HopComm and unit nurses.	Improve staff efficiency and satisfaction. Share information through IT system and conduct follow-up individually as needed.

4 Conclusions

Respondents from HAL, Bed Management and HopComm had specific perceptions on how the patient transfer system could improve at JHH. While perceptions were department-specific, a consensus across all departments focused on changes in system flow, intra-facility communication and inter-facility communication. Furthermore, proposed changes demonstrate common themes of multi-departmental collaboration, streamlined information technology systems, and changes in organizational structure to remove ineffective tasks.

5 Future Directions

Next Steps:

- Map out and validate system flows in the inter-facility transport system
- Collaborate with internal and external stakeholders on changes in structure, environment, and technology
- Determine budget and funding to implement changes

Recommendations:

- Incorporate staff input when implementing transport system changes.
 - Rationale: Encouraging staff participation instills a sense of ownership (Hung, Wong, Anderson, & Hereford, 2013).
- Reassess respondents' opinions by using the Delphi technique to generate consensus across all departments.
 - Rationale: The Delphi technique uses iterations and continuous feedback to mold consensus and prioritization from subjects engaged in a topic of interest (Hsu & Sandford, 2007).

6 References

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