

Safe Transport of Patients

The Opportunity

The genesis of this is based on observations of inconsistent use of essential communication tools before and after patient transport. Upon further investigation it was determined that Unit and Transport Staff had varied degrees of understanding of the communication and behavior expectations necessary for patient transport. There was opportunity to build on the principles of teamliness (situational awareness, closed loop communication, mutual support, etc) and define each step and expectation related to the transport and hand off of patients.

Aim/Goal

By implementing a guideline and curriculum for all staff we hope to ensure safe transport and hand off of patients through their many transitions of care during their hospital stay.

The Team

- Hand Off Committee
- Patient Transportation Services
- Nurse Manager Council
- Quality and Safety Committee

The Interventions

- Create guideline to direct safe patient transport between areas of care. (See "Safe Transport of Patients")
 - Outline communication and response behavior expectations for each phase of patient transport.
- Revision of Policies: Clarify Usage of Pre-procedure Report and Patient Transport Form.
- Training of all Inpatient Unit and Transport Staff.

Lessons Learned

After initial implementation within Inpatient Areas it was determined that a guideline similar to this could be beneficial in other areas of the medical center where patients are transported. A modified guideline is being developed to support Ambulatory Clinic setting Hand-Offs.

Training Tool

SAFE TRANSPORT OF PATIENTS

To ensure the safety of our patients, follow these instructions when transporting your patient.

Before transporting patient:

1. Check patient's wristband I.D.
2. Ask patient's name & date of birth and get verbal response. (If patient speaks another language or unable to give a verbal response, ask for assistance with identifying patient from nurse.)
3. Review patient's chart for transport form. (Found just inside the front of patient chart)
4. Inform patient's nurse or covering nurse of patient's departure. (Actively communicate patient check out)

During transport:

1. Keep side-rails up, with patient's arms & legs inside rails.
2. Position record/chart so that information and name is not showing.

PROBLEM	ACTION
Difficulty Breathing	All Patients: • Take the patient to planned destination, originating unit, or nearest area.
Sudden Unconsciousness	1. Call CODE (2-1212) from nearest phone. 2. Stay with patient & assist with CODE.
Sudden Chest Pain	1. Take patient to nearest area & report problem immediately. 2. If pain, but not in chest , tell nurse at destination.
Nausea	1. Have patient turn head to right side, if possible. 2. At destination, tell nurse problem/call unit nurse.
IV Disconnects / Dislodges	1. Put on gloves and then shut off clamp. 2. Apply pressure. Cover area with bandage. *** ***If IV dislodges and/or bleeding is extensive, take patient to nearest area.
IV Pump Alarms	1. Tell patient that pump just needs an adjustment. 2. Do not shut off or restart the IV pump 3. At destination report problem to nurse.

At Destination (Including returning to original unit):

1. Inform receiving nurse of patient's arrival. (If available, have Unit Coordinator page nurse or covering nurse)
2. Report any problems that occurred during patients transport.
3. Be sure bed is in lowest position.
4. Plug in all switches and power cords.
5. Proceed as directed by nurse or covering nurse.

Next Steps/ What Should Happen Next:

Continue education of guideline for all inpatient areas and transport staff.

Re-assessment of communication tools usage

Plan and implement Ambulatory-wide communication guidelines and hand off tools (Minimum transport data)

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