Intensive Care Unit to Acute Care: Improving Patient Safety and Continuity of Care During the Transfer Process


Purpose: Assess perceptions of Trauma Surgical Intensive Care Unit (TSICU) and Acute Care Unit (AC) nurses, patients, and families about patient safety and satisfaction during Intensive Care Unit (ICU) to AC transfer process.

Background: The TSICU collaborated with AC units 6 and 7 East by developing a Best Practice Committee (BPC) to investigate nurse perception of patient safety and family satisfaction during the transfer process. Additionally, data were collected on patient medical readiness for transfer, ICU to AC transfer times, and ICU readmission within 24 hours of transfer.

Description: The first phase focused on perceptions of nurses, patients, and their families. The nursing surveys revealed disparities in TSICU and AC perceptions of patient acuity and readiness for transfer. Patient and family interviews identified impaired understanding of the transfer process and the differences in the AC environment. The second phase evaluated medical readiness of patients, as identified through chart review of those readmitted to the TSICU within 24 hours of transfer. Correlations were identified in ICU readmission rates among those transferred during shift change and evening hours. The third phase focused on implementation of a pilot program. This pilot program utilized a newly developed standardized transfer protocol which emphasized bedside handoffs, pre-transfer vital signs, and minimizing transfers during shift change. To determine the program's efficacy, a follow-up survey was conducted to measure ICU and AC nurse perception of patient safety. Data focusing on ICU readmissions within 24 hours and patient transfer times were also collected.

Evaluation: Disparities in nurses’ perceptions of patient medical readiness and safety were addressed by developing a transfer checklist and resource binder, scripting for staff on defining the differences between ICU and AC when speaking to patients and families, and advocating for a bedside safety handoff with every transfer. Also, brochures designed for distribution to families explained the transfer process, differences in the AC environment, and changes in goals of care. In June 2016, administration approved hospital wide implementation of the standardized transfer protocol utilized during the pilot program. Education on the new transfer protocol was implemented by roving in services to all ICU and AC units. Also, our BPC collaborated with Patient Placement and ICU and AC unit management to emphasize the importance of avoiding all non-urgent ICU to AC patient transfers one hour before and after shift change.

Conclusions: Outcomes of this project include improved nurse perception of patient transfer safety, and a decrease in the number of patients readmitted to TSICU 24 hours after AC transfer. Long term goals are sustainability, improved staff
commitment to safe patient transitions and collaboration between units, and promotion of patient continuity of care.

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