



"Gone in 60 Minutes"

Reducing Inpatient Transfer Times in the Center for Heart and Vascular Care

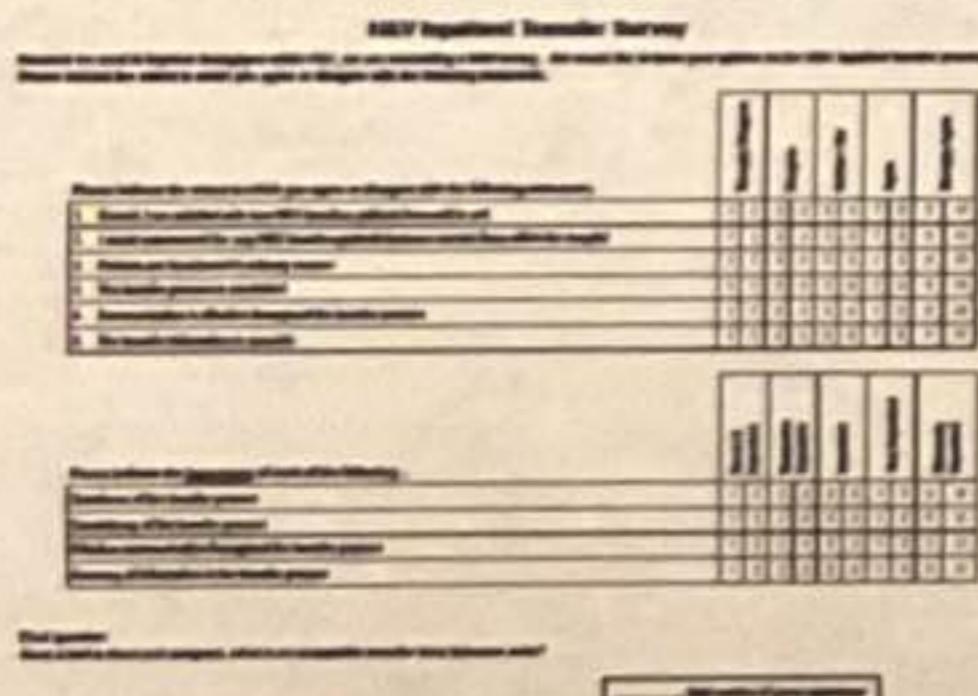
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Define

Validate Problem

Due to organizational and service line growth, the daily occupancy of beds in the Center for Heart and Vascular Care has been greater than budgeted with most days being greater than 90%. Between May 24, 2013 and June 25, 2013, the average time between H&V inpatient transfer bed assignment (assumes EVS has cleaned bed) and patient arrived at destination is 1 hour and 10 minutes with a standard deviation of 49 minutes ($n = 103$). In order to accommodate patients admitted through various means, including open access, efficient Heart & Vascular throughput must be optimized.

SUPPLIER	INPUT	PROCESS	OUTPUT	CUSTOMER
Licensed Independent Practitioner (LIP)	LIP transfer order	1. Patient assigned to clean bed 2. Communication of bed assignment 3. EN report given to receiving unit 4. Patient transported 5. Patient arrives and logged by HUC	Transfer ed inpatient	EN staff LIP House Supervisor
HUC				
House Supervisor				
Charge RN				



- Surveys: 23 LIPs, 5 Nurse Managers, 107 ENs, 13 HUCs, 3 CTUs, 25 NAs, 3 House Supervisors, 5 Bed Assignment
- Interviews: 5 Nurse Managers
- Focus Groups: 4 RN Focus Groups, 1 HUC Focus Group, 1 House Supervisor Focus Group
- Observations: 1 House Supervisor and 1 Bed Assignment

H&V Inpatient Transfer Survey Results (All Units Combined)

Acceptable Transfer Time (Minutes)	100	105	110	115	120	125	130	135	140	145	150	155	160	Total Number	Percentage	
Actual Transfer Time (Minutes)	100	105	110	115	120	125	130	135	140	145	150	155	160	103	100%	
Mean	125.1	125.1	125.1	125.1	125.1	125.1	125.1	125.1	125.1	125.1	125.1	125.1	125.1	125.1	100%	
Standard Deviation	49.0	49.0	49.0	49.0	49.0	49.0	49.0	49.0	49.0	49.0	49.0	49.0	49.0	49.0	100%	
Median	125.0	125.0	125.0	125.0	125.0	125.0	125.0	125.0	125.0	125.0	125.0	125.0	125.0	125.0	100%	
Range	100	105	110	115	120	125	130	135	140	145	150	155	160	103	100%	
Grand Total	125.1	125.1	125.1	125.1	125.1	125.1	125.1	125.1	125.1	125.1	125.1	125.1	125.1	125.1	103	100%

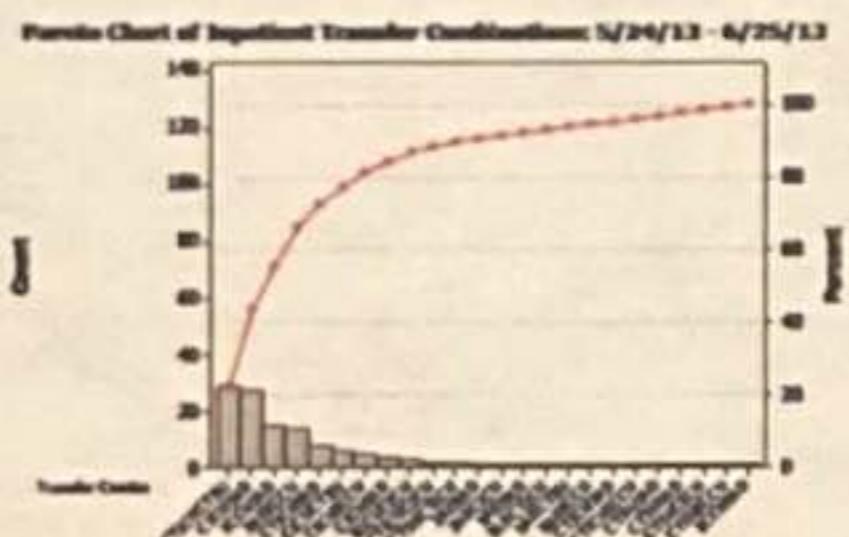
The data indicate that 27.1% of respondents thought 60 minutes was an acceptable transfer time, which was a yield of 93.8% consistently. Based on the results, 60 minutes was determined to be our transfer time expectation.

Measure

Assess & Focus Problem

Measure Phase Discoveries

- Report was given on the first attempt for 79.3% of measured transfers
- Patient transportation was utilized for 4.8 % of measured transfers
- Transfers from ICU level of care to acute & intermediate level of care accounted for 43% of measured transfers.



Process Sigma

Opportunities (# of data points used in determining our Sig Y) = 103
Defects (inpatient transfers > 60 minutes (CTU from our Defect plan)) = 52
Process Yield (% of inpatient transfers < 60 minutes) = 48.3%
Process Sigma = 1.49
Good Process Sigma = 6

Focus Problem Statement

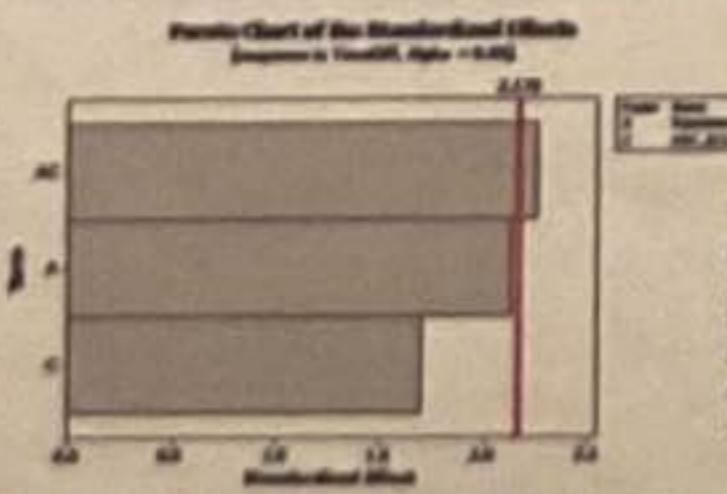
Between 5/24/13-6/25/13, the average time between H&V inpatient transfer bed assignment (assumes EVS has cleaned bed) and patient arrived at destination is 1 hour and 10 minutes with a standard deviation of 49 minutes

In Scope: Transfers (from to) CTICU-CTBU, CTICU-SAND, CCU-ICCU, CCU-SAND
Out of Scope: All other H&V combinations
Start: After EVS cleans bed and patient is assigned in A2K
End: When patient arrives on unit and is logged by HUC

Analyze

Verify Root Causes

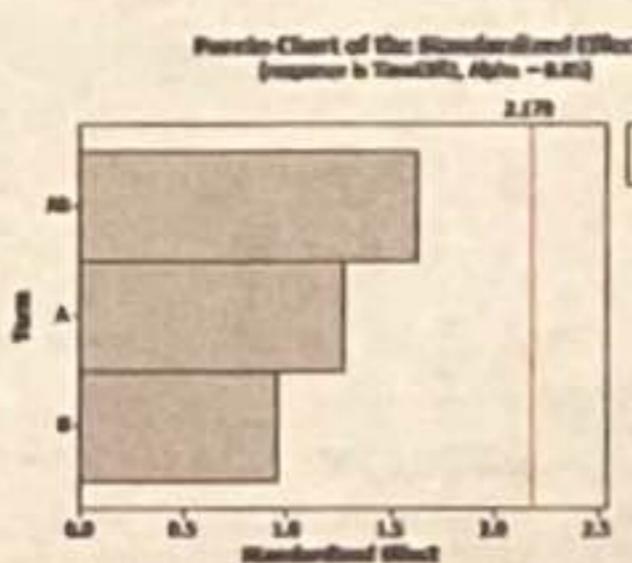
Factor	Potential Root Cause	Low Level	High Level
A	Charge RN sets inpatient transfer expectations	Tell the bedside RN their patient has a bed and the expected transfer time is within 60 minutes	Tell the bedside RN their patient has a bed and the expected transfer time is within 60 minutes
B	Charge RN notifies ICU team	Notify ICU team about bed assignment within 5 minutes	Notify ICU team about bed assignment within 5 minutes
C	HUC notifies ICU team	HUC speaks with ICU team about bed assignment within 5 minutes	HUC speaks with ICU team about bed assignment within 5 minutes
D	ICU to RN report (HUC to ICUDCU)	No change	If bedside RN unavailable to take report, charge RN takes report



The combination of HUC and expectation set by charge RN was verified as a root cause. In addition, based on clinical expertise, the team assumed the risk of identifying that the charge RN setting the expectation was a root cause.

Analyze cont.

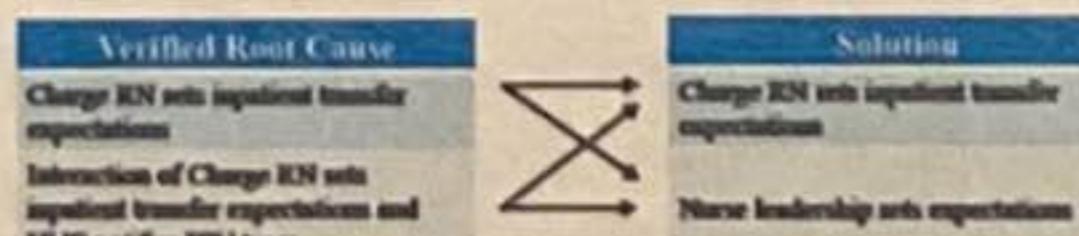
Factor	Potential Root Cause	Low Level	High Level
A	Transferring Charge RN sets inpatient transfer "expectations"	Blank	Transferring Charge RN sets the patient has a bed and the expected transfer time is within 60 minutes
B	Transferring Charge RN update	Blank	After 30 minutes, the transferring Charge RN tells the transferring RN where they stand in the transfer process
C	Receiving Charge RN sets "expectations"	Blank	Receiving Charge RN notifies the bedside RN of the patient bed assignment and sets expectation to receive patient within 60 minutes
D	Receiving Charge RN update	Blank	Receiving Charge RN checks to make sure room is clean and equipment is present at time of bed assignment



No root causes verified. The team assumed the risk that CTICU root cause would apply to the CTICU.

Improve

Change & Evaluate Process



H&V Transfer Pilot

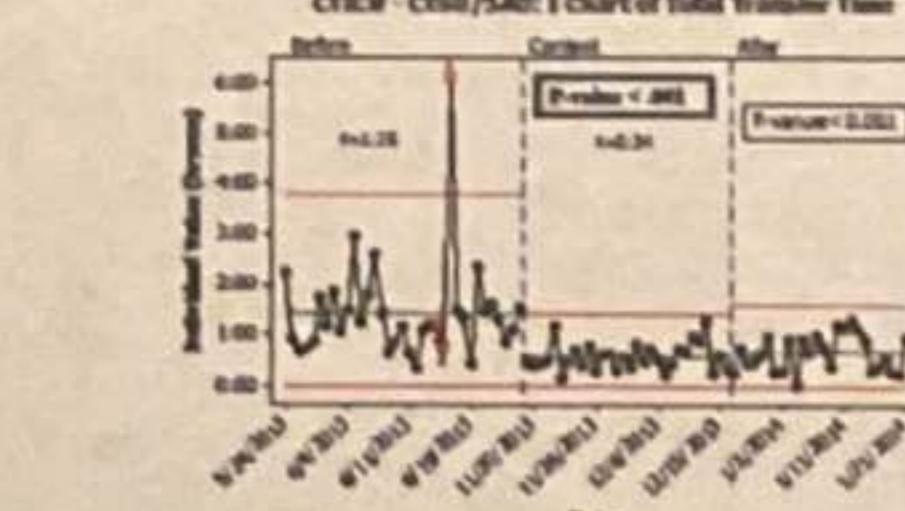
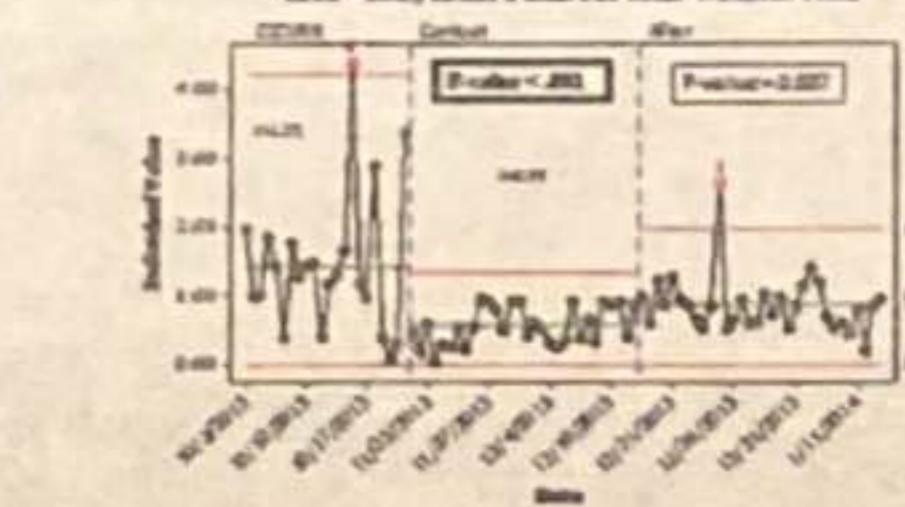
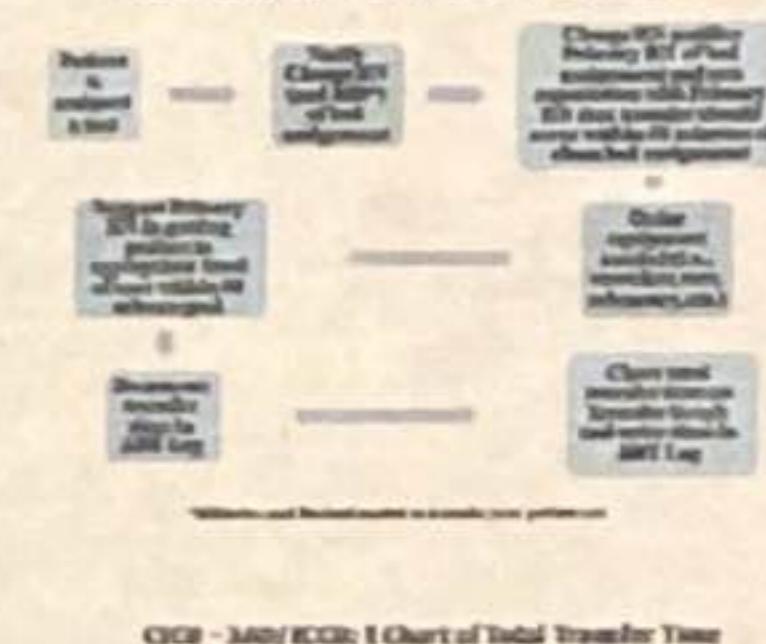
- Solutions
 - Charge RN sets expectation for transfer <60 min
 - Partner with leadership to set expectations
- Method
 - Competition between units
 - Incentives
 - Visual aids
 - Collaboration with leadership
 - Greenbelt team presence



Control

Change & Evaluate Process

H&V TRANSFER PROCESS CHART HUC

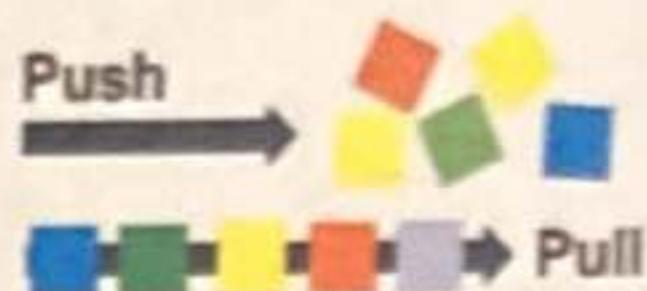


Process Sigma = 2.38.

Conclusion

Expectations set by leadership, including management and charge RNs, leads to significant improvement in inpatient transfer times and is essential to patient throughput in the hospital setting. Further, a collaborative and innovative approach to process implementation is important to engaging staff, and ultimately changing unit culture. Next steps include expanding our process change to transfers outside the scope of our project and finding ways to continue our success amidst the challenges presented by a new electronic charting system.

Pull to Full



What is it?

Patient transfer process that provides a smoother transition between Heart & Vascular units.

Who is participating?

CTSU & 5 Anderson

Why?

To help meet the goal of transferring patients to their new room within 60 minutes of a clean bed assignment. CTSU & 5 Anderson currently have the highest average transfer times within the Heart & Vascular service line.

Advantages

- Increased ability of Charge Nurse & Receiving Nurse to control the flow of incoming patients
- Patient arrives to a bed more quickly which will improve the patient's perception of time to admission and allow timely admission of postop patients
- Opportunity to collaborate within the service line to improve/enhance relations



Process for receiving a patient:

- Patient is assigned to a bed (clean or dirty).
- CST/HUC or Charge RN notifies Primary RN of patient assignment within 5 minutes.
- CTSU RN calls sending unit within 15 minutes of notification to get report.
 - If sending RN is unavailable, CTSU calls back in **10 minutes** to get report.
 - If sending RN is unavailable on second try, ask sending Charge RN to facilitate report.
- Patient arrives on CTSU within 30 minutes of report received and/or within 60 minutes of clean bed assignment.

Process for sending a patient:

- Patient is assigned to a bed (clean or dirty).
- CST/HUC or Charge RN notifies Primary RN of patient assignment within 5 minutes.
- CTSU RN & CTSU NA prepare patient for transfer (notify patient/family, pack belongings, remove telemetry box or set up remote telemetry) and prepare to give report.
- Call receiving unit if receiving RN does not call within 15 minutes of clean bed assignment.
- Giving report
 - If CTSU RN is unavailable, receiving RN will call back in **10 minutes** to get report.
 - If CTSU RN is unavailable on the second try, CTSU Charge RN will give report to the receiving RN.
- Patient arrives to new unit within 30 minutes of report given and/or within 60 minutes of clean bed assignment.

Data collection: Data will be collected electronically. Weekly transfer times will be shared.

Please email Tasha or Katie of any issues/concerns involving patient transfers.