Reducing Patient Transfers: Enhancing Patient Safety and Optimising Continuity of Care

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1. Background

In Singapore, patients choose the rooming arrangement during their hospital stay, either to be in a single-bedded room (A1) or in a shared cubicle with other patients. During tight bed situations, paediatric patients in our hospital are unable to be properly sited to their choice of bed. Subsequently, they will be transferred to their choice of bed when it is available. During one of the Senior Management walkabouts, ward nurses feedback that there was a high volume of upgrading of paediatric patients, especially in the evenings. Some upgrading took place within one hour of patient’s admission.

As these paediatric upgrading patient’s transfer occurred in the evening between 1700hr to 2100hrs it increases many non-patient care activities for clinical staff. It also poses some patient safety concerns as there is disruption in continuity of patient care due to change in care team and potential risk of miscommunication during hand over. It hinders patient’s experience as parents often shared their unhappiness when the subsequent team of doctors kept asking repeated questions to re-confirm diagnosis and patient’s condition.

Whenever there is a transfer, it leads to inefficient bed utilisation as two beds will be locked up until the transfer takes effect. This resulted in ineffective utilisation of our beds especially during tight bed situation, as two beds are being “locked up” and made it very challenging for staff to handle the situation. Senior Management upon receiving the feedback, noticed the potential for an opportunity to improve the work processes and tasked a workgroup to be formed. The project aims to reduce the number of upgrade transfers by 75%.

2. Aims

The project aims to reduce the number of upgrading transfers by 75%.

3. Evidence for there being a problem worth solving

A retrospective data analysis was conducted for year 2017, pre-implementation data showed:

- An average of 14 paediatric upgrading patient’s transfer per day in the inpatients paediatric wards.
- 99.84% of paediatric patients were transferred into the A1 bed.
- Paediatric upgrading patient’s transfer occurred during the peak period of nursing activities in the evening between 1700hr to 2100hrs.
- A time motion study was conducted, involving all major stakeholders and it took a total of 204mins to facilitate a paediatric upgrading patient’s transfer

4. Methodology

Our team brainstormed for solutions as followed:

1. Organising and sharing of the project to Nurse Managers and Patient Service Associates to gain their support and understanding.
2. A focus group was conducted to gather stakeholders concerns, addressing and finding solutions to alleviate their anxiety.
3. Developing, disseminating and training on the use of the verbatim for the stakeholders to ensure consistency in our communication.
4. In between while doing the project, we presented and sought Chief Nurse and Chief Finance Officer advice on the various implementable solutions.
5. Prior implementation, Senior Management decision was sought to allocate minimum of 12 (A1) beds for new admission.

5. Results – Pre and Post Implementation data

A total of 64% of paediatric patients admitted to their choice of A1 on Admission.

6. Conclusion

On the first month of implementation, we saw an enormous improvement of 96.6% reduction in upgrading patient’s transfer, as shown in Chart 7. The team was able to identify the causes and find targeted solutions to break the vicious cycle. An innovative idea of allocating 12 (A1) beds to right site our patients was a brave decision. The reduction in upgrading transfers had enhanced patient safety as there is continuity of care and also enhancing their experience. We monitored the project closely, it was noted that the reduction remained steady in the downward trend with no major issues observed thus far.

Chart 6: In 2017, out of 4328 patient on waiting list for A1, 99.84% of these patients were discharged as A1.

Chart 2: The proportion of non-medical related transfers between children and women from 2015 to 2017. Women had 14 transfers per day while women had 1.9 transfers per day.

Chart 3: The increasing trend of upgraders are mainly from the paediatrics wards. In 2017, there was 93.04% upgrade and the lodger transfer constituted 6.9%.

Chart 4: A retrospective data analysis was conducted for year 2017, pre implementation data showed:

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- Paediatric upgrading patient’s transfer occurred during the peak period of nursing activities in the evening between 1700hr to 2100hrs.
- A time motion study was conducted, involving all major stakeholders and it took a total of 204mins to facilitate a paediatric upgrading patient’s transfer.

Chart 5: Time taken to effect each transfer and the total time spent to facilitate transfer in 2017.

Chart 7: A significant reduction of 96.8% in the no. of patient transfers.