

INTRA-HOSPITAL TRANSPORT OF GERIATRIC PATIENTS: A NURSE –TRANSPORTER PARTNERSHIP

Kerstin Scheper RN-BC, OCN
Overlook Medical Center, Summit, N.J.

IDENTIFICATION OF NEEDS

- Brainstorming sessions with staff from ancillary departments identified issues related to intra-hospital transportation of geriatric patients.
- The nurse and patient had no advanced notice of transport arrival time.
- Mealtime and A.M care were often disrupted; toileting, cognitive impairment and special needs were not being considered.



LITERATURE REVIEW

- Current evidence suggests interventions to prevent hospital acquired delirium include frequent reorientation, calm structured environment, and recognition of special considerations such as environmental factors, and cognitive and physical impairments. These interventions are imperative to consider when providing intra-hospital transportation of geriatric patients for testing and procedures.
- Current literature suggests benefits of using a standardized handoff process to ensure safe intra-hospital transport of patients along with educational programs for unlicensed hospital transport personnel who frequently encounter patient condition changes requiring immediate intervention.



COMPONENTS AND IMPLEMENTATION

Interdisciplinary Collaboration

Departments involved included Nursing, Nursing Informatics, Transport, ISS, Radiology, Elder life specialist.

Nursing collaborated with Informatics, Information Support Services (ISS), and the Transportation department to create a computerized list of transport pick up times for all hospital patients. The list was printed four times daily to all nursing units allowing nurses and patients to have advanced notice to prepare elderly patient for transport pick up

Transport List

The transport list was implemented on all nursing units. The unit secretary would review list and inform nurse of pick up time. The nurse would then write time on whiteboard, preparing patient by allowing time for toileting and considering individual needs. This allowed time for patient involvement in decision making process and education.

The Charge nurse on all units would review list to identify issues prior to the patient being transported. For instance, coordination of multiple tests, arranging for a family member to accompany patient to test, and arranging for special accommodations like music therapy.

An electronic upgrade now allows all units and nurses to have transport pick up times to be continuously displayed on their computer work station allowing for “real time” updates and information.

Geriatric Awareness

Transporters participated in mandatory geriatric awareness training which included education on cognitive and sensory impairment, dementia, delirium, and special considerations such as falls precautions, communication, environment, reorientation and modesty and dignity.

Nurses on all units received education on the Nurse Transporter Initiative and were encouraged to embrace Kristen Swanson’s Theory of Caring into their daily practice when caring for the elderly.

Swanson's Theory of Caring

“caring can be health producing when caregivers assess cognitive competence and structure physical and interpersonal environments so they optimally challenge and support persons whose mental ability is declining.”

Handoff Communication

Nurses and Transporters were given education on standardized hand off communication. This included re-education on the Inpatient Transport Handoff Sheet that is filled out by the nurse and placed in the front of the patient’s chart.

SBAR (situation, background, assessment, recommendation) training included scenarios and role playing that included patients with dementia needing intra hospital transport to departments for testing. Nurses and transporters were both reminded of the importance of formal exchange of patient information.

GOALS AND MEASUREMENT

Goals included accurate exchange of patient information, decrease adverse events, increase patient and staff satisfaction, reduction of transport delays, and improve care of elderly. OMC continues to receive positive feedback from nurses, transporters and departments and outcomes continue to be reviewed.



DISSEMINATION,PROMOTION, AND EVALUATION

Presentations were given at Committees including front line staff to Executive leadership. Nurses were given brief in-services during roll out process to each unit. Support staff ensured list was printing daily and process was being implemented on all units. ISS and Nursing Informatics continued to improve on the original list which is now viewed electronically. Education regarding Geriatric Awareness and SBAR communication was implemented as phase two of Nurse Transporter Initiative. Patients were more likely to be compliant and cooperative because they experienced less fear and anxiety associated with unstructured environment. Initiative continues to be supported and evaluated.

REFERENCES

- Safe Intrahospital Transport of the non-ICU Patient Using Standardized Handoff Communication. *Pennsylvania Patient Safety Advisory*, Vol 6, No 1 March 2009.