Optimizing Transfer of Care from the Emergency Department

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Background
- Optimizing transfer of care from Emergency Department to inpatient identified as strategic goal

Purpose
- To learn from the nursing staff in both the ED and inpatient units their perceptions of each other’s roles and responsibilities during transfer of care

Aim
- Prior to implementing any interventions it is important to learn from the ED and inpatient nursing staffs:
  - Their perceptions of the major issues
  - Why transfer of care is problematic
  - How to improve transfer of care

Design
- Improvement science project using qualitative methods

Settings
- A free standing academic quaternary children's hospital in an urban area in the Northeast
- The Level I trauma center ED has ~50,000 visits yearly
  - Of these 20% (~12,000) are admitted to the inpatient units
- The three represented inpatient units were all medical units
  - Combined these three units admitted 4,978 from the ED

Participants/Samples
- The population included all nurses in the ED and in the representative inpatient units
- Nurses were recruited through email communication inviting them to share their experiences with transfer of care
- The sample consisted of nurses who voluntarily participated in a focus groups

Common Concerns
Understanding how one another’s departments function
- Inpatient: “I think just on both sides we need to be more flexible and more understanding of the situation each other’s in.”
- Inpatient: “I just think sometimes they realize like the resources they have in the emergency room itself are well beyond what we have on the floor, you know, and I think sometimes that they don’t think about that.”

Open Communication
- Need for honest communication about one’s situation.
  - “Can I have five minutes to finish my ice cream?”
- Rationalization vs. Explanation
  - Trust concerns

Patient Focus/Family Centered Care
- Inpatient: “voiced they like to be prepared and able to welcome the families on arrival to the unit”
- ED: Long wait times, lying on a stretcher, uncomfortable environment for families
- Inpatient: “There needs to be a balance between expediting care and keeping it inclusive. “And Safe.”

Specific Concerns
Perceived by Inpatient Nurses
- Change of shift issues
- Covering RN reporting off on patients
- Precautions
- Medications from home
- Courtesy call

Perceived by ED Nurses
- Change of shift issues
- Information during report
- Tonal pushback/gate keeping
- Lack of ownership
- Expectations - “Tying up with a bow”

Methods
- A single nurse scientist with no supervisory or evaluative responsibility facilitated all of the focus groups
- There were a total of 8 ED and 12 inpatient focus groups
  - Groups varied in size from 2-6 nurses and varied in time from 26-45 minutes
  - Groups were held on the respective units
- A variety of times and days were used so all nurses had an opportunity to participate
- Five open ended questions exploring the experiences and perceptions of concerns/issues during transfer of care guided each session
- The comments shared by the nurses were audio taped and transcribed verbatim without any identifiable information
- Data was analyzed using conventional content analysis

Implications
- The opportunity exists to improve the transfer of care process for the patient/family and the nurse, to improve satisfaction for all involved, to improve patient safety, and to decrease the ED length of stay
- Since change is always easier if those involved are invested in the process, nurses from both the ED and inpatient units will be asked to participate in creating these innovations

Next Steps
- Implement ‘Quick Fix’ solutions from concerns voiced in the focus groups
  - Courtesy call
  - Covering nurse giving report
- Convene a working group composed of staff from the inpatient and ED settings to address optimizing transfer of care that is patient and family centered
- Develop and implement strategies/interventions/movements developed by working group and supported by leadership