

**A Standardized Transfer Process**  
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**Background**

When patient needs exceed the resources available at their current facility, they often require an interhospital transfer (IHT) to a facility where their care needs are met (Arthur et al, 2013). Patients benefit from an IHT, but the process is risky and encounters delays. Poorly conducted transfers can lead to poor outcomes. Standardizing the transfer process can minimize risks and improve the quality and safety of transfers.

**Objective**

Explore the relationship between the use of a transfer prioritization protocol and transfer timeliness.

Develop a standardized transfer process that can be used to prioritize and guide the timeliness of interhospital transfers.

Identify gaps in performance that cause delay and impact the transfer process

To improve the interhospital transfer process.

**Methods**

1. Retrospective comparative study measuring IHT timeliness before and after implementation of the prioritization protocol. Measurements were achieved using the assigned priority (Emergent, Urgent, Non-Urgent) from:

- (a). Time transferred initiated
- (b). Physician's acceptance time
- (c). Time bed assigned
- (d). Patient arrival time

2. Resources : Transfer Center data base

Exclusion: Pediatrics, Psychiatry, Mother/baby, Ophthalmology, and Oral Maxillary service-lines  
 Timeline: Retrospectively review data from October 2017 – March 2018.

**Definition**

Standardization involves designing processes so that people do the same thing the same way every time. Standardization makes it easier to train people on the processes, and it becomes more apparent if the processes fail and where it failed, enabling the organization to better target improvement (IHI, 2018). The Plan Do Study Act (PDSA) cycle (IHI, 2018) will be used to implement the change using the Model for Improvement framework adopted by the Institute for Healthcare improvement.

**Results & Conclusion**

Data collected for two periods reflect the frequency of use for the transfer prioritization protocol and does not reflect the timeliness of the transfers. Non-significant differences were detected for the time of transfer request, time to bed assignment, and time of patient arrival after acceptance.

Use of a standardized protocol that prioritizes interhospital transfers was associated with improved transfer acceptance time as patients transitioned between healthcare organizations

**Model for Improvement**



**References**

Arthur, K., Kelz, R., Reinke, C., Robertson, M., Sims, C., Pascual, J., Reilly, P., & Holena, D. (2013). Interhospital transfer: an independent risk factor for mortality in surgical intensive care unit. *The American Surgeon*, 79(9), 909-913. DOI: <https://10.1016/i.jamcollsurg.2012.06.149>.

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