FEEDBACK FROM THE VICTORIA QUALITY COUNCIL INTERHOSPITAL PATIENT TRANSFER WORKSHOP

Results arising from the survey of Participants at the Victorian Quality Council (VQC) Interhospital Patient Transfer Workshop

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Evaluation of the Interhospital Patient Transfer Workshop Final Report

Background

Clinical handover is a recognised issue in maintaining patient safety. A survey of Victorian public hospitals identified that shift to shift and interhospital patient transfer patient handover are two significant areas of concerns. The Victorian Quality Council (VQC) has acknowledged these risk areas, and has taken a staged approach to address these areas of concern.

The activities undertaken to address shift to shift clinical handover include:

- the development of a Clinical Handover Information sheet, outlining generic concepts;
- the development of a set of standardised clinical handover tools that includes a minimum data set to support shift to shift handover and
- the trial of these tools in four public health services for shift to shift medical handover.

A project relating to interhospital (IH) patient transfer is currently underway. The objective of the project is to develop a standardised approach for interhospital patient transfer. The project includes the collection of information from Victorian public health services on current interhospital patient transfer practice.

The Workshop

On March 12 2008 the VQC held an Interhospital Patient Transfer Workshop at the Melbourne Cricket Ground (MCG). The workshop attracted 150 participants from across the Victorian public and private health sector. Attendees included representatives from metropolitan, rural and regional public and private health services, metropolitan and rural and private ambulance services, general practitioners, other experts on the field, specialised patient retrieval services and consumers.

The objectives of the workshop were to present current hospital practice, to discuss issues related to interhospital patient transfer and to seek agreement on a standardised process for interhospital patient transfer.

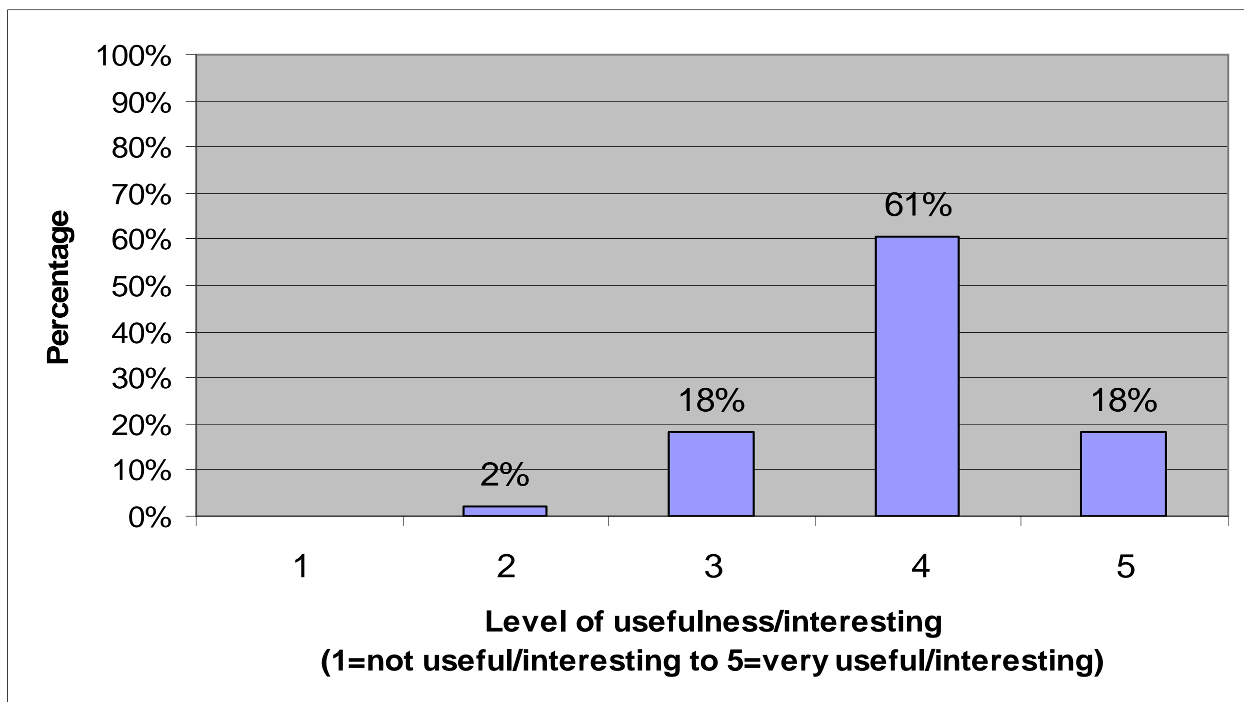
The Report

This report is a summary of the feedback based on the 6 questions asked of the participants at the workshop. A total of 100 evaluation forms (67%) were submitted.

Summary of findings from the survey

Q 1 Please rate the content of the presentations provided during the workshop (Rate 1–5, from 1 = not useful/interesting to 5 = very useful/interesting). (n = 99)

Ninety-nine participants to the question. One participant missed the presentation and did not answer the question, and one respondent qualified their answer (rated 4) by saying that the content will only be useful if it is acted upon.



Comments from the participants

- Very relevant and useful
- It helped to provide some context, but would have been good to hear from a selection of health services
- All the things are common problems to rural and metro hospitals that we work with on a daily basis.

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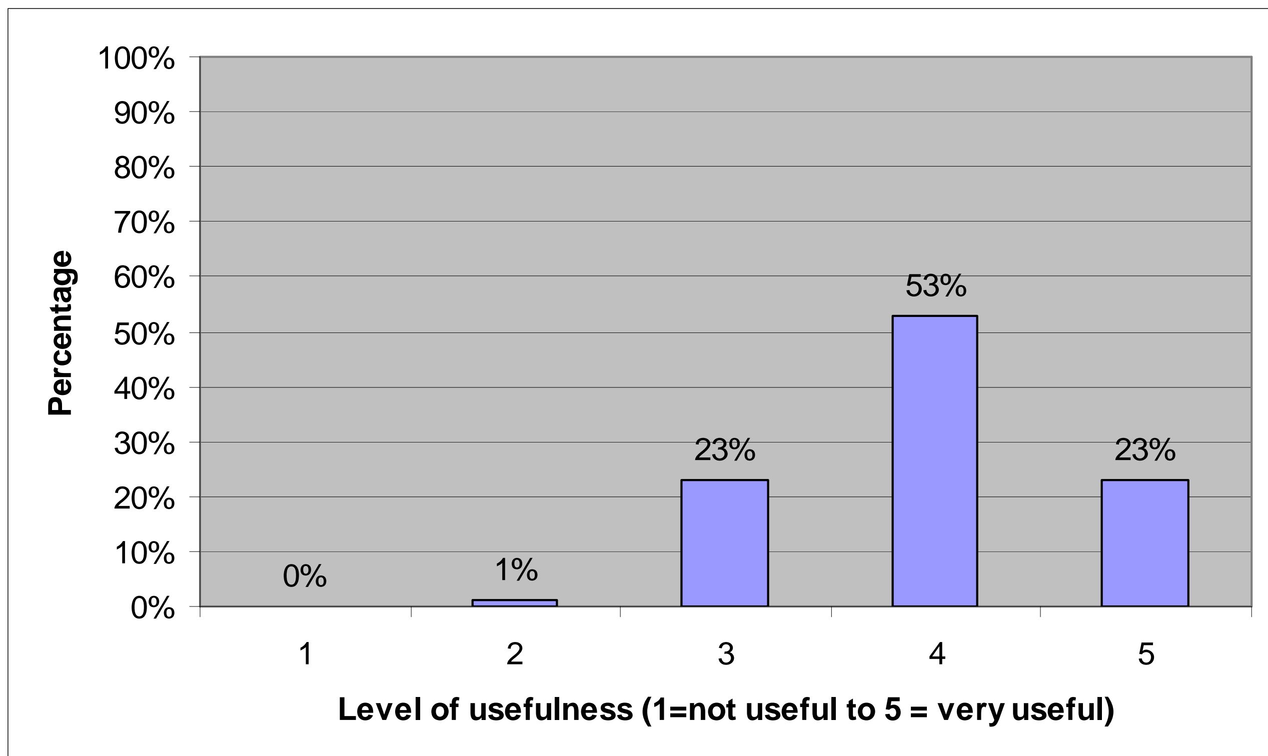
Q 2 Please rate the overall usefulness of the workshop (Rate 1–5, from 1 = not useful to 5 = very useful). (n = 100)

Three respondents (rated 3, 4 and 5) qualified their rating by stating that the workshop would be very useful in the long run if the suggestions are acted upon a result of the workshop.



Comments from the participants:

Positive comments

- Great use of technology - no butcher's paper
- It was concise and very useful
- Great facilitator
- Great venue
- The workshop was very useful in helping with a current Root Cause Analysis investigation
- We will be able to take ideas back to our facility to assist in the process of improving intra-hospital transfer
- Another great initiative from VQC, you should be proud of the outcomes from your department and the usefulness of same to health care facilities.

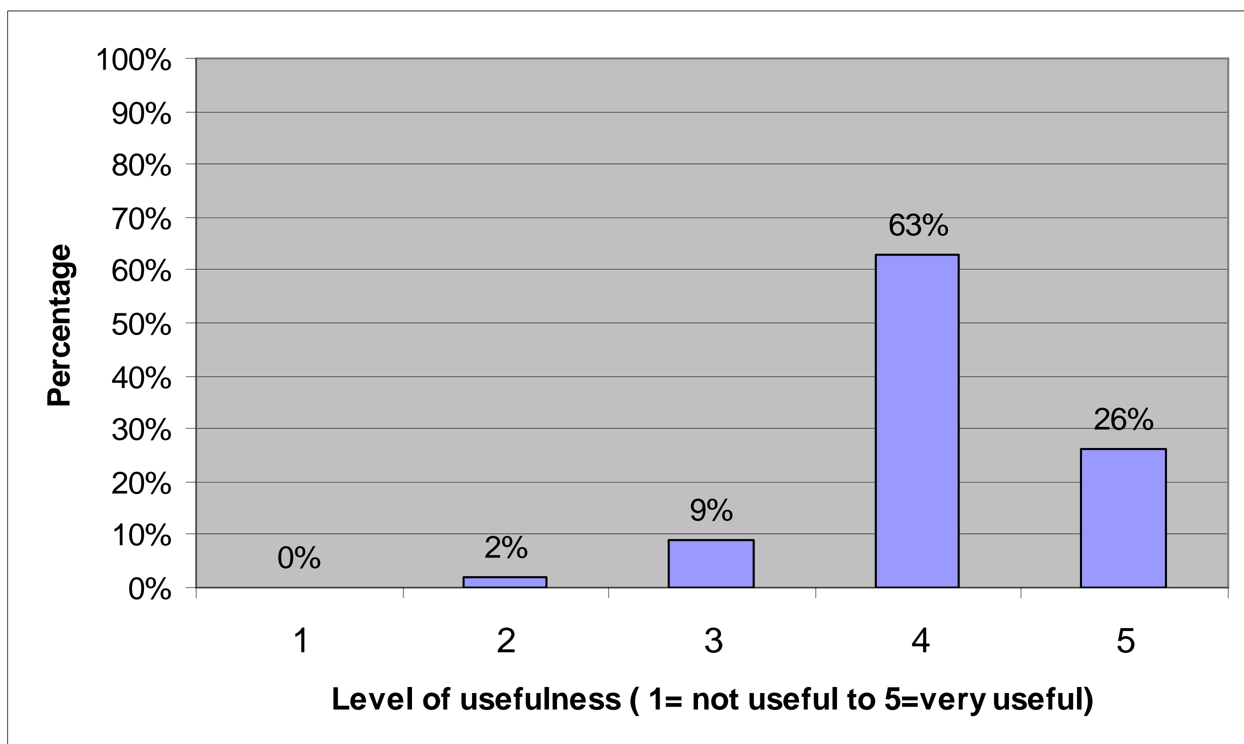
Qualified comments

- The usefulness of the workshop will become more obvious with what comes out of trends.
- Hopefully solutions will be developed - forms should be standardised - we all need the same information.

Negative comments

- Need more time for workshop issues.

Q 3 Did the workshop identify the key issues relating to interhospital patient transfer? (Rate 1–5, from 1 = not useful to 5 = very useful). (n = 100)



Comments from participants:

Positive comments

- Yes, the workshop identified the key issues but these issues are obvious to many already

Negative comments

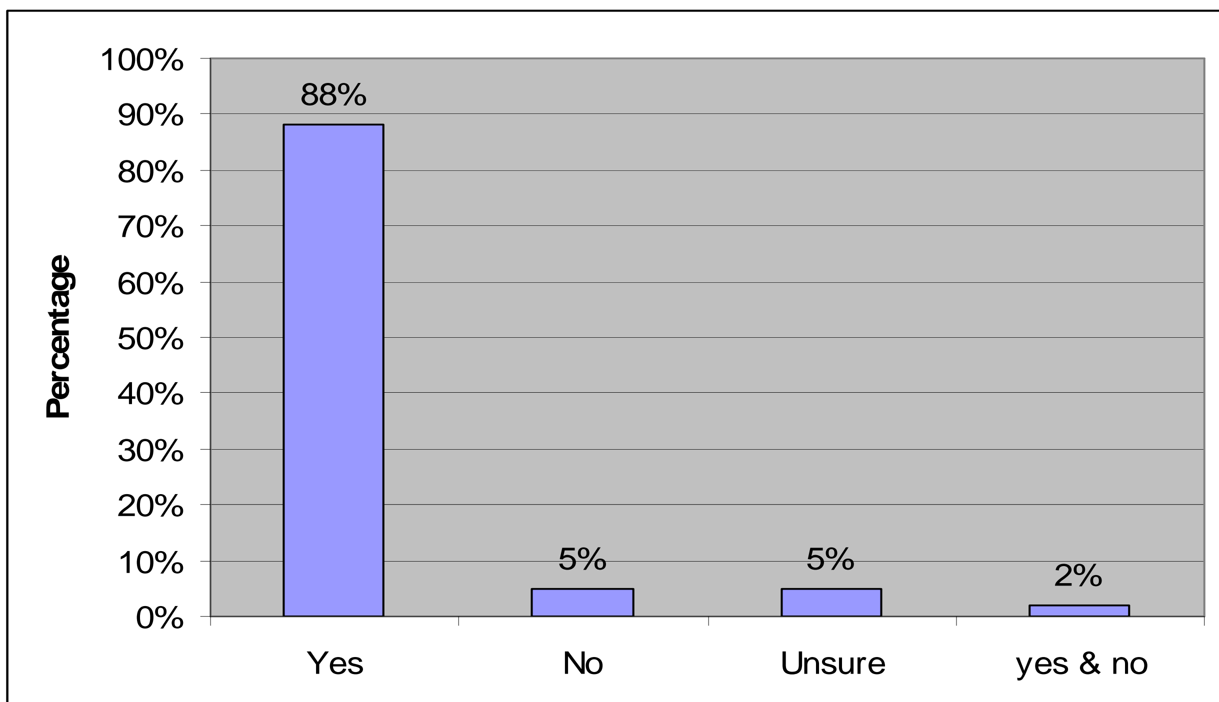
- Only concentrated on emergency transfer/critical patients, not enough focus on interhospital, low acuity transfer which attracts similar issues. Non-critical patients are much greater in number, as inexperienced solo doctor look after them and may waste hours looking for a bed.

- Did not identify all the difficulties within the hospital system that limit patient movement - e.g. re-timely retrieval by ambulance services, issues in relation to accuracy of information not addressed.

Other comments

- The huge number of entries on the system indicates the issues
- A little too broad
- The time frame was good, but the topic was large
- Have example forms at the workshop to progress discussion further rather than wasting time on whether we need to consolidate forms.

Q 4 Did the use of electronic software assist your involvement in the group discussion? (Rate yes, no and unsure). (n = 100)



Comments from participants

Positive comments

- Excellent/fantastic/awesome/very useful tool/great innovation/much better than butcher's paper
- Displayed all the issues, good to see what others were considering
- Enable other groups to share your group's ideas, encourage/inspire further thought/discussion

- Allowed discussion to be focused on the actual topics at hand and collated the information for evaluation later
- Very effective method to capture input from participants
- Easy to use and write, much quicker
- Found verbal comments added to feedback

Qualified Comments

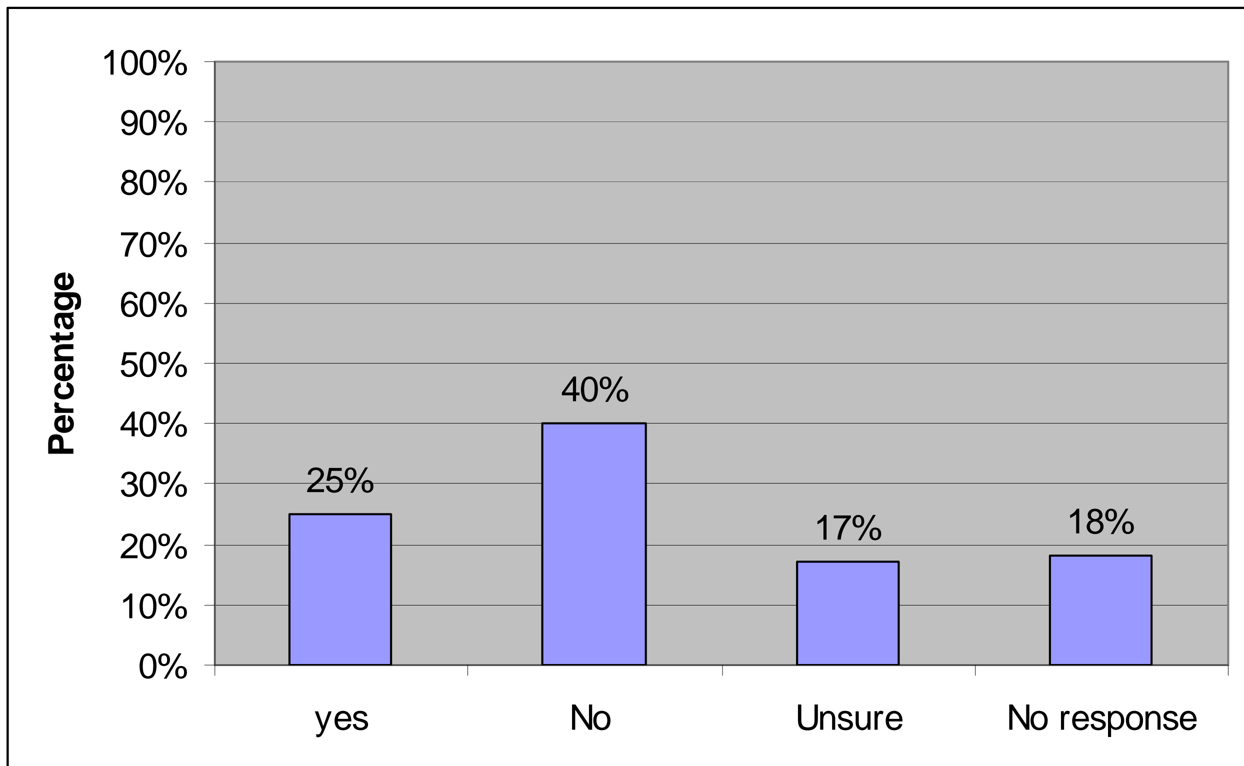
Two people found there were good and bad things about the Zingthing technology. One person liked the concepts but had some reservation about the technology.

- Like the concept, but all participants need to be focused
- Interested to see it's usefulness
- Good on transfer of information but hard to get a sense of what is on the board – too much information
- Not as per group as hard to discuss and read at the same time, however having facilitator summarise points so easily was of value.

Negative comments

- It was very patchy
- Technical difficulties, too hard to read on screen
- Some problem with reception
- Key board did not work all the time
- No real time to read comments.

Q 5 Was there anything else you would like to be included in the workshop? ((Rate yes, no and unsure). (n = 100)



Other things participants would like to be included

- Use scenario involving Adult Retrieval Transfer, e.g. more information re: what questions to ask at the time of call, what monitoring equipment is needed and available for transfer, etc.
- Time frame for this work to be completed and rolled out to health services, so that facilities are not trying to re-invent the wheel
- Time line to see the finished products
- Department of Human Services (DHS)/Government voice for the subject
- Involvement of private sector
- Strategies to build capacity in peripheral hospitals
- Bed access system
- Patient separation and types of separation – e.g. route, subacute, community
- A presentation from DHS on future directions and priorities around transfer

- Consideration of distance regarding transfers for patients and the effect of this on them and their families.
- Further discussion from members of VQC Working Group of issues/solutions
- Focus on acute public facilities
- Present some of the research or feedback from other groups/states/countries
- A story of success other than critically unwell neonates or adults retrieving by Neonatal Emergency Transport Services (NETS) or Adult Retrieval Victoria (ARV)
- A solution
- More time needed on transfer process
- Detailed look at transferring back of patient

Q 6 Do you have suggestions for future patient transfer work for the VQC?

A number of participants are keen to see that something comes to fruition as the result of the workshop. The following are some of their recommendations for the VQC and/or Department of Human Services (DHS):

- VQC should work with DHS to look at a formalised health service referral framework
- Feedback of the analysis of the group's input, action plan, and outcome after the workshop
- Consultation with interstate colleagues
- Regular feedback via health services' Chief Executive Officers and Quality Manager
- Inclusion of non emergency transport providers in the continuum of care required during transfer – importance of giving information to staff escorts employed by the non emergency transport providers
- The information generated at the workshop should be used to scope the component of the problems in a way they can be addressed
- Establish the working group/s with clear objectives, time frames and resource support to deliver against the objectives – ensure all personnel included – e.g. doctor, nurse, allied health, ambulance services, consumer etc that encompasses metropolitan, regional/rural and small base facilities
- Information transfer
    - Development of a tool, be it electronic or paper based, that enforces communication and sharing of important information between hospital
    - Documentation that is standardised and user friendly- different needs of metropolitan versus rural hospitals
    - VQC should look at the Scott tool (a state-wide referral form for community based services) before creating another form. The front cover of both forms should be the same with supporting modules behind this for different/various referral needs.
    - Further public/group involvement once draft transfer form is developed.

  - Encourage electronic health record that is accessible to all health care providers

- Develop E-template for transfer guidelines
- Concentrate on the critical issue of the process of arranging transfer of a non-critical patient
- Another similar workshop but focusing on transfer to residential care, home, and transfer from one rural to another rural hospital
- Two people want more clinical handover workshops
- Hospital to General Practitioner handover
- Involve private sector more fully
- Distance regarding transfer of patient and the effect this has on them

Things participants would like DHS or VQC to do to improve interhospital patient transfer

A number of participants suggested that the number of people at the workshop reflects the critical state that exists in Victoria. The participants suggested that VQC/DHS needs to capture this energy and ensure that this opportunity is used. The participants also believe that the improvement of the transferring process needs to be facilitated by DHS, to ensure that the new process will result in improved patient outcomes.

- System
  - Focus on services being provided in regional and peripheral Melbourne areas to decrease transfers. They are costly and increase patient risk
  - Clarity of network between health services – to have a clear understanding between metro/regional/rural and what roles specialty services play – e.g. Austin – for spine patients, St Vincent for neurological patient
- Process
  - Development of a central governing body to manage/coordinate the transfer process
  - Solve the "chain of responsibility" gap to ensure patients are allocated beds in a timely fashion
    - Reduce the time taken to look for non-critical beds
  - Consideration of a state wide system for transfer of non critical adults between hospitals
  - Standardise and formalise transfer process – single point of contact for non emergency/non time critical patients e.g. Newborn Emergency Transport Service/Adult Retrieval Victoria type of system for "back transfer" of returning patients
  - All critical adult transfer should be done by ARV (including within Melbourne)
  - Using nurse escort where the patient is a day-stay in an ambulatory area but requiring nursing care
- Information transfer

- Addressing information transfer issues
  - Reduce the number of forms
  - Standardised content/documentation –state-wide
  - Consider national electronic record and make the electronic medical record happen
  - Develop feedback process between sending and receiving hospitals
- Email patient details to all relevant stakeholders, so that staff are aware of relevant patients medical condition prior to transfer