

Traffic lights: putting a stop to unsafe patient transfers

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Introduction

Watford General Hospital is a busy acute trust in southern England with a large Acute Admissions Unit (AAU).

High admission rates necessitate patient transfers from AAU to the wards out-of-hours.

We engaged staff in designing and introducing a tool to facilitate handover at the time of transfer from AAU to the wards.

Aims & Objectives

To improve patient safety

- by ensuring only stable patients are transferred from AAU

To improve continuity of care

- by ensuring doctor-to-doctor handover occurs for every patient

To reduce hospital costs

- by avoiding delays in investigation and treatment, ultimately facilitating earlier discharges




The Traffic Light Tool

We developed a "Traffic Light Tool"; an A4 paper form attached to all AAU clerking forms.

West Hertfordshire Hospitals NHS Trust

TRANSFER TRIGGER

TO BE FILLED IN AT POST-TAKE WARD ROUND
AND REVIEWED AT EVERY SUBSEQUENT AAU WARD ROUND

	Patient is UNSTABLE AAU SpR to be informed of patient transfer, and document whether or not they can be safely moved.
	Patient is STABLE and fit for transfer Jobs to be chased TODAY
	Patient is STABLE and fit for transfer

TRANSFERRED FROM _____ TO _____

Date of review	RED ✓	AMBER ✓	GREEN ✓	NOTES

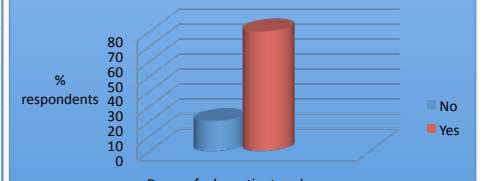
Materials & Methods

We conducted a questionnaire in November 2012, finding AAU doctors were not routinely informed of patient transfers. In addition, 80% of doctors felt a patient under their care had been transferred unsafely.

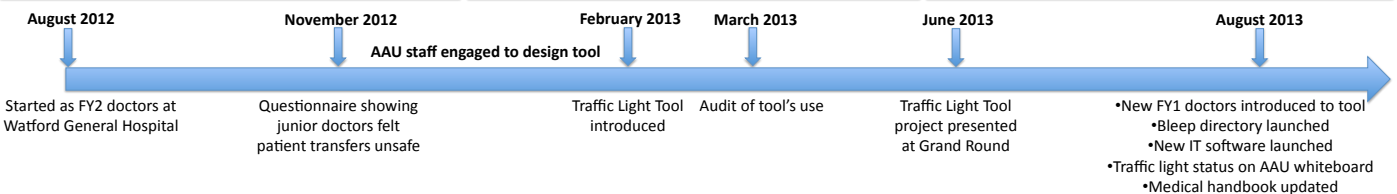
How would you rate the safety of transfer from AAU?
TOTALLY UNSAFE → TOTALLY SAFE

How frequently are you informed when a patient under your care is transferred?
NEVER → ALWAYS

How frequently do you handover a patient when they are transferred?
NEVER → ALWAYS



Examples of unsafe transfers included a patient with a subdural haemorrhage requiring discussion with a specialist unit and another with an INR of 21. In addition we discovered a patient who deteriorated after being transferred and was admitted to ITU.



How is it used?

On the Post-Take Ward Round, the Consultant categorises patients as Red, Amber or Green. This is indicated on the form. When a bed is allocated, an AAU doctor is informed of the transfer by a nurse. The patient's category prompts safe handover to a doctor on the ward.

Outcomes

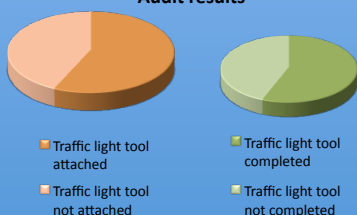
The Medical Director strongly supported the Traffic Light Tool, arguing that 100% of medical patients should have one attached to their notes and completed by a Consultant.

We audited use of the Traffic Light Tool in March 2013. In 48 hours, 105 patients were admitted. 44 patients were included in the audit.

•25 of 44 patients (57%) had a Traffic Light Tool attached to their medical notes; 19 of 44 patients (43%) did not

•14 patients (32%) had a Traffic Light Tool attached to their medical notes which had been completed by a Consultant

Audit results



Examples of notes without a completed Traffic Light Tool included a patient with an NSTEMI and another with a possible pulmonary embolism.

What happened next?

We gathered feedback from staff to understand why the tool was not being used. The feedback prompted new developments to support the Traffic Light Tool:

A new bleep directory – staff had difficulty contacting various medical teams to handover patients. Therefore we designed a pocket-sized bleep directory for members of staff to carry around with them.

AAU whiteboard – the AAU whiteboard listing patient details and plans, used by bed managers to allocate beds, now includes the patient's traffic light status.

IT system – new software was launched to allow tracking of patients' locations live on the intranet. This now also includes the patient's traffic light status.

Medical handbook – new medical staff at Watford General Hospital receive a handbook containing useful practical information, protocols and guidelines. We have written an introduction to the Traffic Light Tool, now included in the handbook.

Incoming FY1s – we taught the new FY1s at their induction about safe patient handover and introduced them to the Traffic Light Tool.

Conclusions

We engaged junior doctors, consultants, nurses, matrons, bed managers and managerial staff to improve the safety of patient transfers at Watford General Hospital.

After sharing our concerns with peers, we demonstrated the problem to senior staff. We then led design and introduction of the Traffic Light Tool, changing practice and influencing hospital policy.

There is further work to be done to improve compliance with the Traffic Light Tool. However, we expanded the project following suggestions made by colleagues. As a result, we helped introduce a number of measures to improve communications, IT systems and junior doctor inductions.

We addressed a problem encountered in many hospitals, as increasing admissions on the medical take necessitate patient transfers to free beds. We propose that our innovations could be adopted more widely to improve the safety of patient transfers.

Further information

If you wish to contact the authors to discuss the Traffic Light Tool project please email us:

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