



Development of the Transfer Center Nurse Role

Improving the Transfer Process

Carol Walker BSN, MSRN & Rachel Adair MSN, MSRN

Aim Statement "The Why"

- We are here today to discuss the evolution of the Transfer Center Nurse (TCRN) role at an academic quaternary health care system.
- We want to work together to create new ways to support evidence of nursing practice for this new nursing field and also collectively work together to improve patient safety and quality.

We are not funded or employed by the sponsors of this conference

Ice Breaker

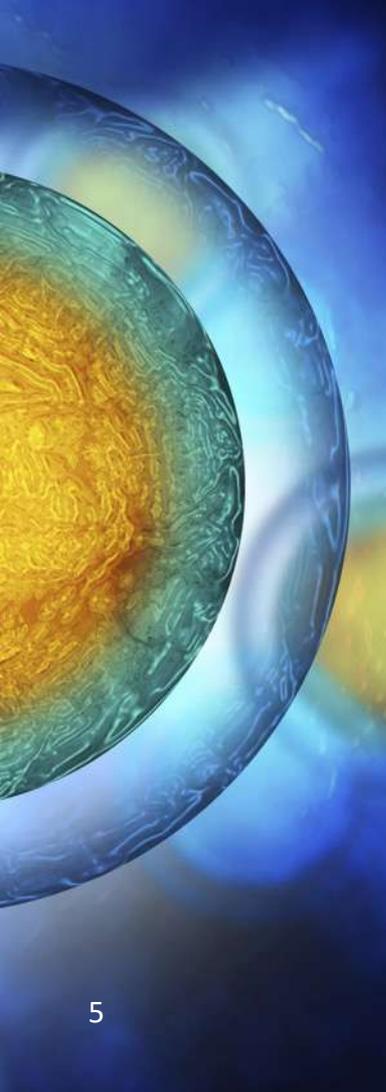


Oregon Health & Science University

- Only quaternary academic health care center in the state of Oregon
- 17,532 Employees
- 4739 students enrolled in OHSU degree or certificate programs
- Over 300,000 hospital admission and medical clinic patient visits
- OHSU has provided care for uninsured and otherwise underserved people for more than 130 years.
- We provide more than 200 community health programs in rural and urban areas throughout Oregon.
- Today, OHSU encompasses three hospitals with more than 800 beds

(OHSU, 2019)





The Need for Change

- Growing population in the Pacific Northwest
- According to Njus (2018), Oregon alone saw an increase of 65,000 people in 2016.
- OHSU had an increasing number of capacity driven transfer declines.
- Increased ED boarding hours at OHSU's main campus, greatly impacting our ability to provide timely ED service
- **OHSU Transfer Center history (from emergency department to "One Call" access)**

2017 – A Definitive Year for OHSU

- OHSU partnered with two other hospitals within the Portland metro area to offer more services at the right time and location
- Creation of a centralized Command Center (Mission Control)
- Implementation of a real-time data analytics dashboard
- The Transfer Center Nurse role was created to help support this growth, adding clinical expertise to the transfer process



Who are we?
&
Why us?



TCRN Triage

- Clinical capability grid
- Interdisciplinary teamwork
- Standard work

COVID & Natural Disasters

- Expertise in system capabilities
- For example, ECMO is specific to one of our hospitals
- Incorporating documentation to include COVID
- Ensuring COVID results are in our electronic health record (EHR)
- Open line of communication with partner hospitals

TCRN Accomplishments

- Triage guidelines for hospitals within our system
- Regular clinical updates on patients who are accepted and waiting to transfer into the OHSU health system
- Assist and support key team members with patient flow (house supervisor, physician on duty)
- Screen patients in our emergency department and offer the opportunity to transfer to partner hospitals to patients who are found to be clinically appropriate
- Partner with case management to ensure patient-centric decisions in care coordination are occurring
- Create and maintain lines of communication in our community that did not previously exist (education about increase in services to the community)
- TCRN training manual
- Standardization of patient transfer documentation

Transfer Center Documentation

⁶⁶The clinical record should include the patient's story with as much detail

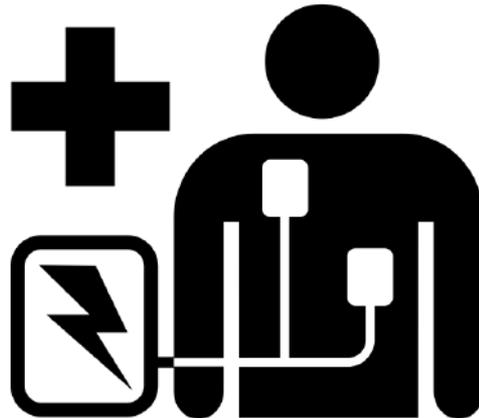
as is required to retell the story⁹⁹
(Kohn, Basch, Barr, & Vackel, 2015, para 12)

- Creation of a template that complements the existing transfer encounter in the EHR
- Cues TCRNs to remind providers to ask the right questions
- Standardization of documentation
- Opens communication with providers and care teams that will be receiving the patient

Code

Status

A recent study interhospital surgical transfers discovered that approximately 82% of identified futile surgical transfers were designated as DNR (Broman et al., 2017, p. 868). Asking code status cues the providers to discuss patient wishes. It can never be assumed that specific patient populations are full code vs. DNR status. Discussion of code status enables the providers to have a comprehensive discussion about patient-centric goals.



Created by Luis Prado
from Noun Project

Pacific Northwest Transfer Center Study

- IRB approved study 2018
- Distributed to 17 hospital systems in the PNW

Results

- 70% of participants reported TCRNs as part of their staffing mix
- Lack of consistency in documentation
- Quality metrics revealed that less than 50% of Transfer Centers reviewed mortality of transfers patients during hospitalization, patient satisfaction with the transfer process, adverse events related to transfers, and provider satisfaction with the transfer process.
- Majority reported that TCRNs had a minimum of 3 years of experience
- 100% of participants reported that they were interested in forming a regional group to discuss best practices in this emerging field.

The Science of Nursing

⁶⁶ . . . nurse scientists generate questions geared toward improving how clinicians and patients administer care or manage conditions ⁹⁹ .

(Vlahov, 2015, para. 4)

Evidence-based practice in an emerging field of nursing is necessary for safety and quality.

⁶⁶ Beyond an expectation for professional practice, EBP provides a major opportunity for nurses to improve practice and add value to the patient experience ⁹⁹ .

(Dang & Dearholt, 2017, p. 3)



Quality Metrics to Consider for Research

- Transfer documentation audit related to various outcomes
- Arrival and transport times
- Adverse events related to transfer
- Mortality during hospitalization
- Change in bed status or location within four hours of admission
- Complete transfer documentation
- Client satisfaction with the transfer process (patient & providers)
- Number of transfer declines to a system
- Was the patient educated by the referring provider about the reason for transfer to your health system?

Ideas for Supporting Nursing EBP

- Integrate quality improvement processes into your practice expectations.
- Start small with quality improvement projects but make sure you start!
- Develop your own data metrics. What is unique about your organization? How can you reflect and integrate what makes you special?
- Think of a target area for improvement and empower nurses to lead and innovate change.
- If you are not part of an academic health center, reach out!
- Remember your organizational mission and values



The Art of Nursing

“Like a work of art, each encounter with a patient is unique.” (M.G. Hackney, personal communication, 2015).

(Booth, 2015, para. 3)

“It is relationship-centered and involves sensitively adapting care to meet the needs of individual patients.”

(Finfgeld-Connett , 2008, p.528)

The art of nursing is in our caring and compassionate approach. The act of caring helps to promote health, build a good patient relationship, and provides a healing environment.



Thank You

Rachel Adair, MSN, RN, adairr@ohsu.edu & Carol Walker, BSN, RN walkerca@ohsu.edu

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