



Pilot Admission Report/Throughput Initiative (PARTI)  
Kick-off February 24, 2014 @ 0700

The transfer of essential information, responsibility and authority for care of the patient from one health care provider to another is an integral component of communication in health care. This critical transfer point of information is known as a "handoff". An effective handoff supports the transition of critical information and continuity of care and treatment. However, the literature continues to highlight the effects of ineffective handoffs: adverse events and patient safety risks.

This handoff includes communication between health care providers about patient care. The handoff must provide critical information about the patient, include communication methods between sender and receiver, and transfer responsibility for care. This communication is critical to patient safety.

Evidence of reduced morbidity and mortality is seen when a verbal report is combined with written forms (for example, the SBAR tool) because it allows for asking questions and clarification of information. This pilot initiative has been designed to improve the patient experience by providing safe transfer along with succinct and efficient verbal report between the Emergency Department nurse and the Telemetry Unit nurse.

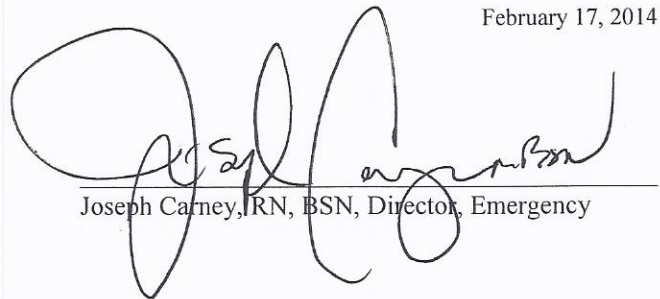
The proposed guidelines for improving patient throughput include but are not limited to:

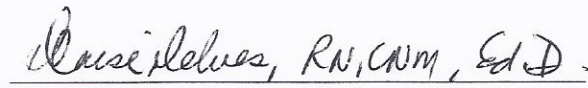
1. Bed on Telemetry Unit will only be assigned when it is clean/fully ready for an admission.
2. The Telemetry Unit room will be assigned by the HUC, who will notify the Telemetry nurse of an impending admission.
3. Prior to calling the Telemetry Unit, all ED test results must be in the chart and available for review (especially CT and US reports) and ED physician has cleared patient for transfer to floor.
4. The Emergency Department nurse calls the HUC station of the Telemetry Unit nurse (ext. 47500) to contact the Telemetry Unit nurse to give report. The report will be taken immediately or no longer than 15 minutes from time of initial call to the unit.
5. If the primary Telemetry nurse is not available, an alternate nurse who is assigned daily to this task will take report in this 15 minute recommended time frame.
6. Once report has been given, the patient will be immediately transferred to the inpatient bed. If the patient does not arrive on the unit from the Emergency Department within 30 minutes, another verbal report will be given to update the patient's condition and stay in communication with the unit. If there are any concerns about the transfer of care, or the appropriateness of the admission, etc. initiate the chain of command:
  - a. Nursing Supervisor
  - b. Unit manager/director
  - c. ED/Telemetry attending physician

- d. Chief Nursing Officer
  - e. Department Chairperson/Hospitalist on duty
7. Report elements include:
- a. Current written admission orders
  - b. Results of tests—preliminary are acceptable
  - c. Consults that have been requested (verbal report will clarify if consultant has been notified or if the order must still be placed).
8. SBAR report format is to be used as a template of report
9. Telemetry nurse/PCT will be in room to assist transfer of patient from the ED cart to bed and warmly welcome the patient/family to the unit.
10. Respectful communication is always the expectation.

February 17, 2014

  
Margaret Mikota, RN, Manager, Telemetry Unit  
Services

  
Joseph Carney, RN, BSN, Director, Emergency

  
Denise Delves, RN, CNM, Ed.D., Interim CNO



# Acknowledgement Form

(Please return this form to you Department Leader)

I \_\_\_\_\_ (PRINT NAME)

acknowledge that I have received, read, understand and agree to comply with the **Pilot Admission Report/Throughput Initiative (PARTI)**.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Department

\_\_\_\_\_  
Date