



The cost of transferring a patient on nurses and nursing work

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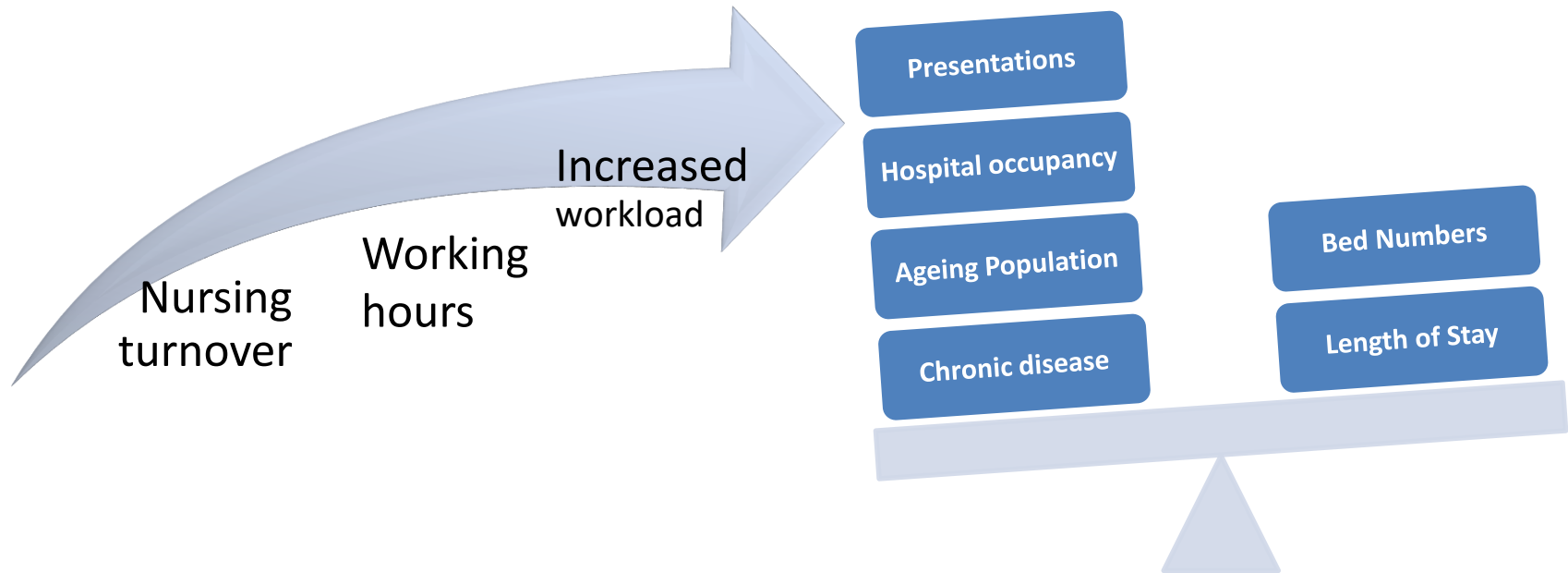
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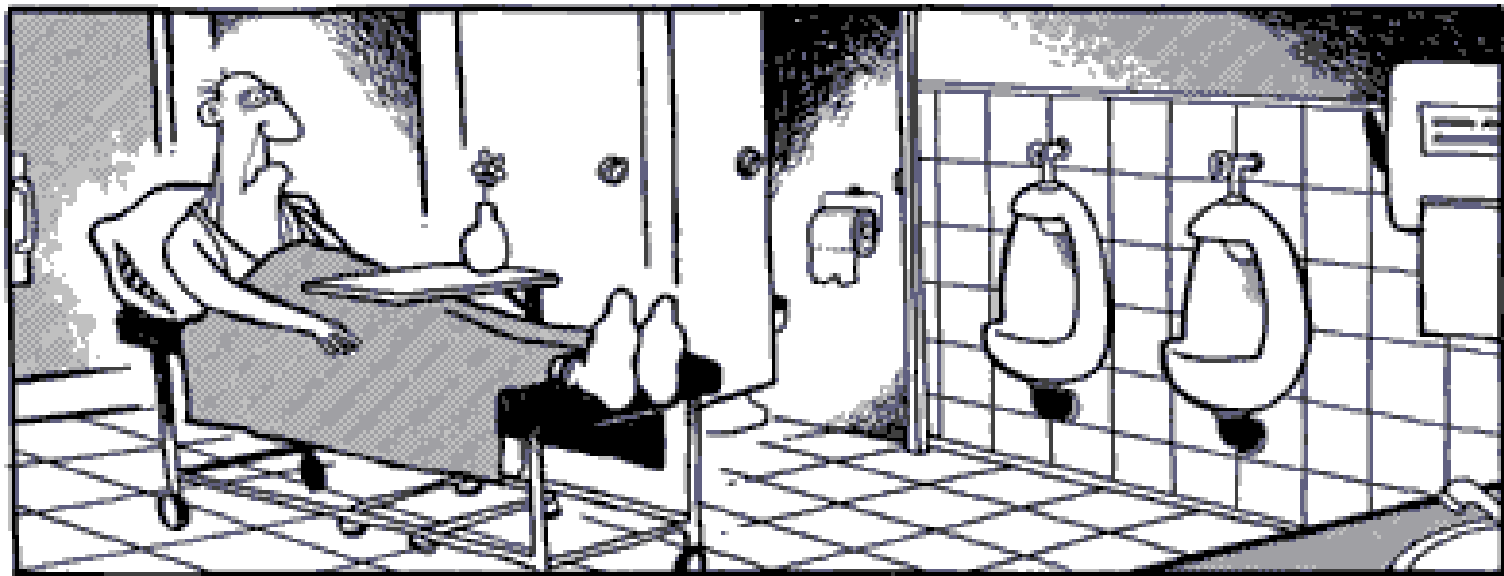
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Background

Nursing workforce shortages

Health Services





Strategies to Promote Patient Flow

Short-stay units

Transit lounges

Winter beds

Admit & transfer

National Emergency Access Target (NEAT)

Outliers

Hot-bedding

Bedspace moves

Impact on Nurses Workload

Impact on nurse time primarily unknown

- Multiple study techniques with focus on nursing work
 - activities not timed
 - timing results not published
 - focus on transporting patient

Aim

To explore the impact of transferring patients on medical-surgical nurses and nursing

Site/setting

Stage1: 500 bed tertiary referral hospital, Sydney Australia, all inpatient wards and units

Stage 2: one medical and one surgical ward with high rate of moves as identified in stage 1

Design/method

Stage 1

Retrospective analysis health administrative data Sydney metropolitan hospital, for patients remaining 48 hours or more.

Stage 2

Development of Transfer Timing Tool
Observational timing study (118hrs 7wks)
Field notes

Development of Transfer Timing Tool

27 transfer activities identified from peer reviewed & grey literature (n=47)

14 sending transfers (↑ 15 pilot)

13 receiving transfers (↑ 15 pilot)

Validity

Four expert clinicians

Practice observational timing

Activities divided into 6 categories (Administration, Communication, Direct care, Documentation, Indirect care & Other)

Observational Timing Method

Transfers observed as either sending or receiving transfer

Sending: from bed confirmation, until nurse relinquished care

Receiving: from point when receiving nurse took responsibility for patient's care until nurse indicated that transfer complete

Bedspace moves observed as complete process

Stage 1 Findings

Hospital data

10,733 patients, 14,157 episodes of care

34,715 moves

27,142 transfers

7,573 bedspace moves

Mean 2.5 moves (± 1.87 , 0-12)

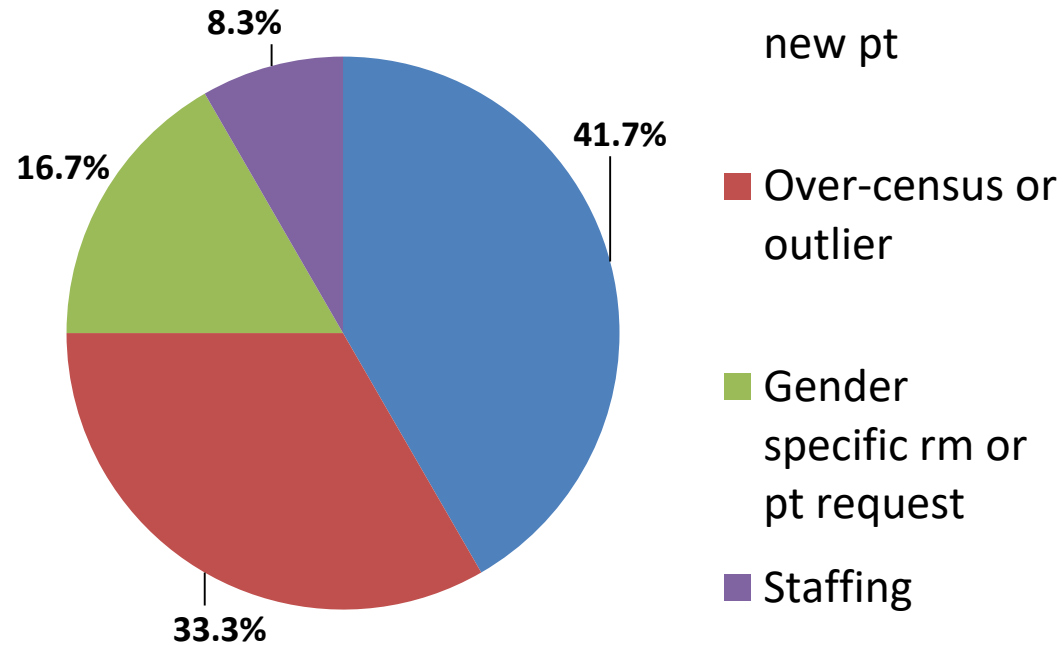
Stage 2 Findings

75 movements

68% (n=51)
clinical reasons

32% (n=24) non-
clinical reasons

Non-clinical Reasons



Time to transfer

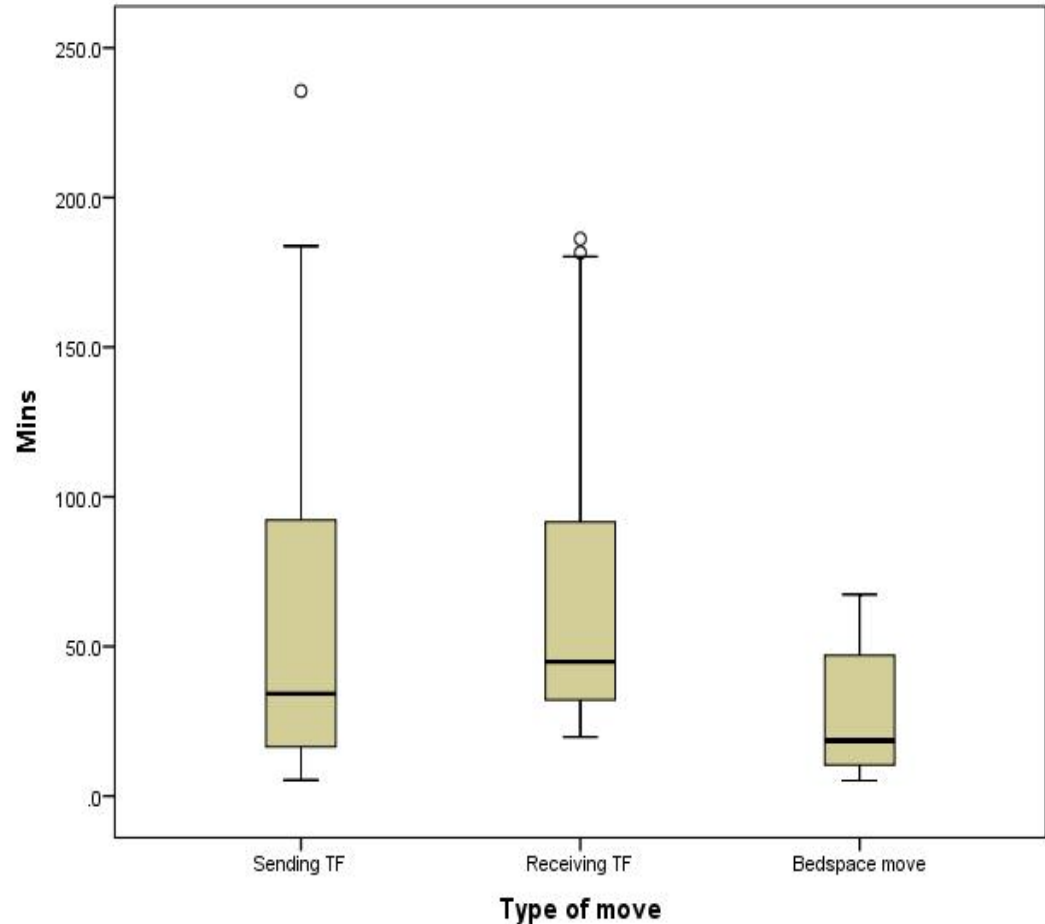
Mean duration 57.5
minutes

Sending TF 61.6 mins (\pm
60.07)

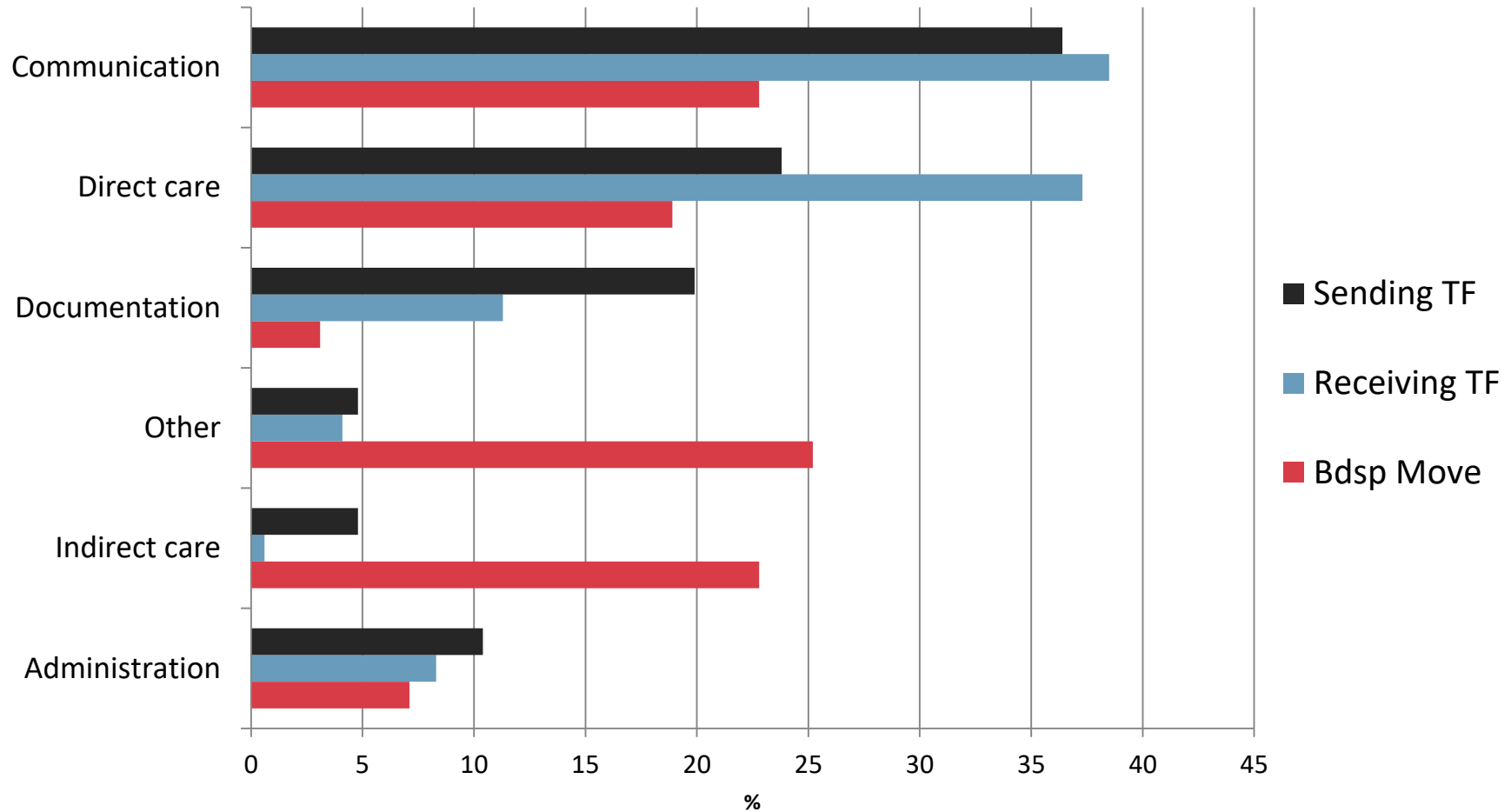
Receiving TF 68.3 mins
(\pm 49.16)

Bedspace move 29.2
mins (\pm 21.13)

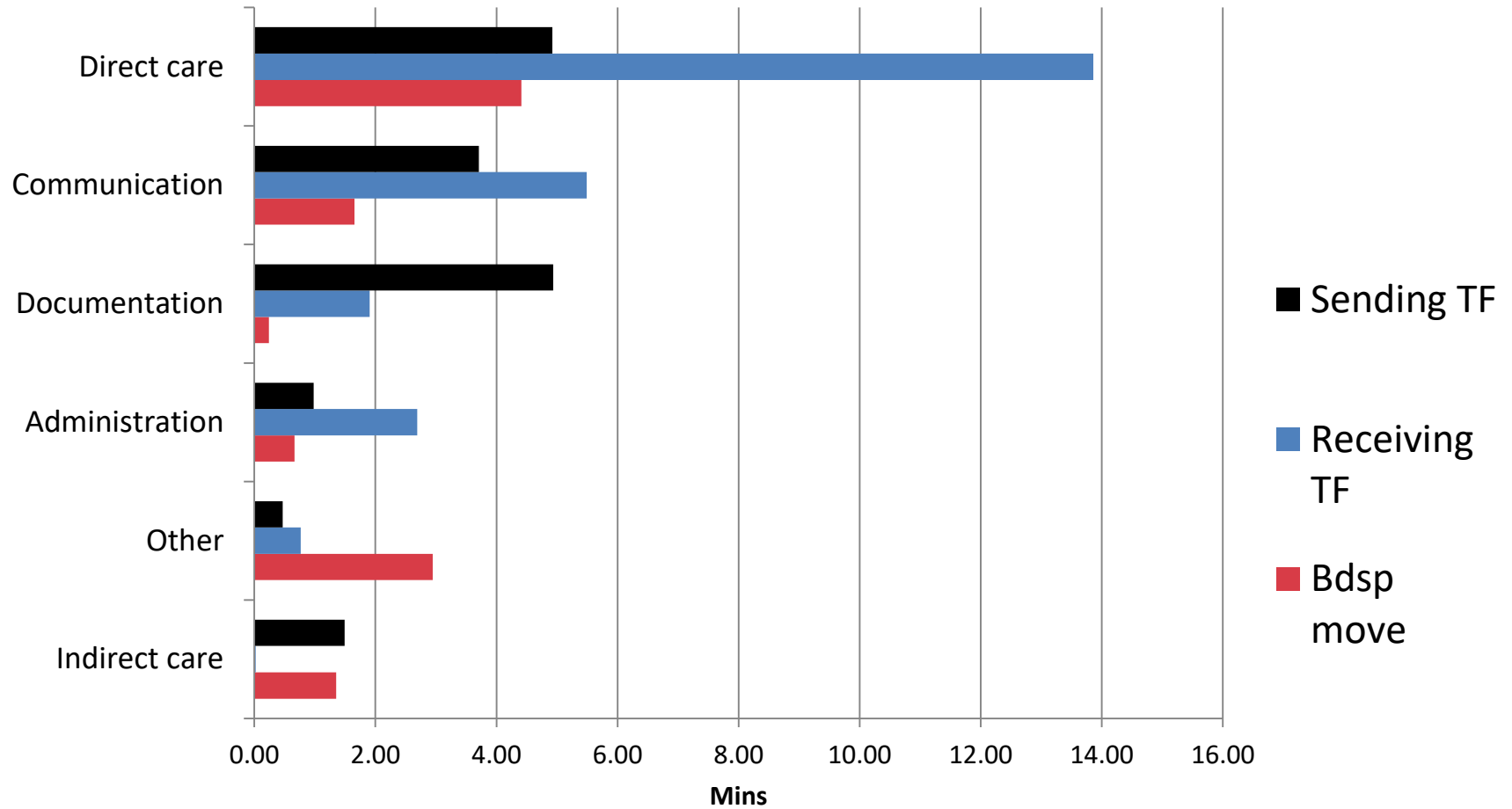
Medical ward moves
took longer than
surgical ward moves
64.7 minutes to 49.7
minutes (*ns*)



Frequency of Nursing activities



Mean Time Spent by Activity Category



Mean (Selected) Activity Times

Direct care activities

Nurse escort 18.8 mins (± 16.52)

Patient preparation 6.6 mins (± 17.83)

Communication

Telephone handover 3.2 mins (± 2.13)

Direct handover 2.3 mins (± 1.72)

Documentation 1.7 mins (± 1.37)

Administration

Compile medical records/charts 2.6 mins (± 6.07)

Update info systems 0.9 mins (± 0.6)

Mean Activity Times

Other

Prepare/make bed 1.7
mins (± 1.35)

Move bed/equipment
1.5 mins (± 3.70)

Indirect care

Pack/unpack belongings
2.7 mins (± 3.0)

Move bedside
locker/table 0.8 mins
(± 0.64)



"You don't know what you got...until you move."

CartoonStock.com

Nurse Time

Nurse time mean 19.6 mins

Sending TF 17.7 mins (±14.59)

Receiving TF 24.6 (±16.91)

Bedspace move 11.2 (± 15.01)

ANOVA ($p = .017$)

Medical nurse 21.0 mins

Surgical nurse 17.6 mins

Mean Number of Nurses: 2.0 (±0.8)

Implications

Moving patients costly on nurse time

- equivalent to 600 hrs or 25 days p/month
- 3.9 Full-time Equivalent (FTE) medical-surgical nurses

Some activities could be delegated to others

- >53% beds, bedside lockers & tables moved by RNs
- financial benefit to employing more orderlies/ward assistants (Farris et al. 2010)

Hidden 'costs' of patient moves

Several simultaneous moves - mix up with bedside tables

Despite presence of ward clerk, nurses may compile patient notes

Conclusion

- Almost 1/3 patient moves were not clinically based and could be avoided
- Moving patients is costly in terms of nursing work, nurses' time and nursing leadership
- Confirming nurses' opinions (Bruyneel et al. 2013) some activities could be performed by others

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Acknowledgements

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Staff and patients Stage 2

Thank you