

EXECUTIVE SUMMARY

Introduction and justification: Optimal health and the well-being of patients is the underlying goal of IHT (Inter-Hospital Transfer) as transport process imposes several physiological challenges on patients and caregivers leading to increased risk of morbidity and mortality.

The majority of transfers between DGHT (District General Hospital) and other hospitals happen on the hands of unskilled AD (Ambulance Drivers) and HA (Healthcare Assistants). Critically ill patients are received at higher level hospital without primary communication by the sending hospital. Pre transfer optimization, during transfer monitoring, record keeping and transfer conditions of some ambulances identified to be poor in all transfers.

Objective: This research project was undertaken to increase the effectiveness of patient transfer between DGH Trincomalee and selected hospitals in the Trincomalee district through an intervention.

Methods: This was an interventional research project conducted in DGHT and BHM (Base Hospital Muttur) and was designed in three phases. The pre-interventional phase aimed at situational analysis of the patient transfer among DGHT and BHM. Various qualitative and quantitative techniques, namely key Informant Interviews, desk reviews and surveys were conducted during this phase. At the end of the phase-1, gaps in patient transfer process were identified. Interventions were developed and implemented to address the gap during the interventional phase. The effectiveness of the project was evaluated during post interventional phase.

Results: It was revealed that there is inadequacy of vital information recording, pre transfer stabilization and checking for transfer bag contents at pre transfer process. Gaps were identified in monitoring of vital parameters and critical incident reporting. Lack of equipment and conditions in some ambulance were detrimental to patient and crew

safety while patients were transferred on the hands of unskilled HA and AD most of the times.

Considering the above gaps, pre transfer reporting system and pre transfer checklist for inter hospital patient transfer, reporting system for “During transfer monitoring” and “Critical incidents reporting checklist during transfer” were developed and implemented in the second phase. Ambulances were optimized according to the standards and capacity building of ambulance staff was conducted.

The post-interventional evaluation was conducted using the same techniques in the pre-interventional phase to assess the effectiveness of the interventions. All the AD (n=9) assigned for ambulance duty and the majority of the HA (DGHT: n=51 BHM: n=48) assigned for ambulance duty were trained and their mean knowledge on different components of training were found to be significantly improved (P=0.000) during post interventional assessment. 57.8% (n=33) of emergency transfers used pre transfer reporting system and checklist while 24.6% (n=14) of emergency transfers used “monitoring & critical incidents reporting system.

Conclusion and recommendations: The interventions have significantly improved the effectiveness of patient transfer between DGHT and BHM. It is recommended to replace existing “Health 946” transfer form by the interventional reporting forms and checklists after further studies. It is important to hold periodic critical incident review meetings to improve the reporting culture. The procurement specifications of ambulances must be updated adhering to “guideline for transport of adult critical care patients Sri Lanka” published by collage of Anaesthesiologists in Sri Lanka.

Key words: Transfer Care, Ambulance, effectiveness, pre transfer stabilization, critical incidents and vital information