Project name: Transfer Tool between PMH and TGH ED

Date: 18/11/2018

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**University Health Network
Emergency Department**

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QUALITY IMPROVEMENT
PROJECT CHARTER

PROBLEM AND BACKGROUND
What is the core quality issue that you are trying to improve, and what are the factors involved?
It is generally accepted that one of the highest-risk times in a patient's journey through the health care system is during handover – any time patient care is transferring from one physician or group to another, there is a risk that crucial information may be lost. This risk increases with the complexity of the patient's background and presenting complaint. There have been many measures introduced to ameliorate this risk, from the ISBAR communication tool, to signout lists for continuity within in-patient care teams and doctors on call. Many institutions have also introduced handover tools for patients being transferred to other facilities, to ensure that sufficient information is being passed along to the consulting care team.

There is currently no standard in practice for communication during transfer of patients from Princess Margaret Hospital to Toronto General Hospital Emergency Department, which results in variable quantity and quality of information being transferred with the patient.
A standardized tool, such as a written or EPR document, would improve the quality of communication between the two institutions.

RATIONALE AND BENEFITS
Why is this an important problem to tackle, and what are the expected benefits?
Patients from Princess Margaret Hospital are frequently transferred to Toronto General Hospital Emergency Department for assessment and/or admission, often due to limited availability of inpatient beds at the former institution. Many of these patients are undergoing active chemo-/radiotherapy and represent some of the highest-risk patients in the TGH Emergency Department. As such, it is important that the physicians and nurses involved in their care have as much information as possible regarding their medical history, current treatment, and the reason for transfer. Additionally, it is important for the sending team to obtain information about the patient's course after arrival in the accepting hospital, in order to maintain continuity of care.
It is expected that improvement of communication between the two hospitals will result in faster appropriate disposition, increased continuity of care, and a better overall experience for these high-risk patients.

AIM STATEMENT AND DELIVERABLES
What are the goal and objectives of this project?
We aim to introduce a handover tool to standardize the amount and type of information passed between PMH and TGH during patient transfers, and to improve patient and clinician satisfaction with the transfer process.

SCOPE
What are the things (people, tasks, processes) that this project WILL and WILL NOT touch on?
This project will affect only patients being transferred between Princess Margaret Hospital and Toronto General Hospital Emergency Department, as well as the sending physician and/or nurse, and the receiving department. No other providers, consultants or patients will be affected. Our aim is to improve communication only – this project will have no effect on the clinical decision-making of individual providers regarding decision to transfer, diagnosis, investigations or treatment initiated.

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MEASURES

What are the outcome, process and balancing measures that you are planning on looking at?

Outcome measures:

Primary
- Increase the patient satisfaction with the transfer process

Secondary
- Increase the clinician satisfaction with the transfer process
- Decrease time to disposition of PMH patients sent to TGH ED.

Process measures:
- Greater than 80% use of communication tool from participating PMH clinics to TGH
- Greater than 80% use of communication tool from TGH to participating clinics at PMH
- Greater physician satisfaction at each institution, as per clinician survey
- Greater patient satisfaction, as per patient survey

Balancing measure:
- Delay in transfer
- Incorrect diagnosis/treatment
- Increased workload for sending institution/receiving institution

CHANGE IDEAS

What are you going to be attempting or changing, if already known?

This project will focus on the creation and usage of a written handover tool to facilitate the goal of improving communication between PMH and TGH ED.

1. Assessing the current handover practice from PMH to TGH ED with analysis of information desired by receiving institution
2. Creation of a handover tool to address current gaps in communication
3. Education of key stakeholders at sending and receiving institutions regarding use of the new handover tool via departmental rounds, email communications, posters throughout the departments

PROJECT LEADER, TEAM MEMBERS AND RESPONSIBILITIES

Who is the point person accountable for the project's progression, who are the other members, who will do what?

QI Leads:
- Joel Yaphe MD, staff lead
- Scott McGilvray MD, resident lead

QI Team
- Jessica Timmings MD, resident
- Taylor Bischoff MD, resident
- Lorraine Lau MD, resident
- Calvin Yeh MD, resident
- Lucas Chartier MD, staff ED physician, UHN
- Paul Ellis MD, staff ED physician, UHN
- Sameer Masood MD, staff ED physician, UHN
- Alexandra Stefan MD, staff ED physician, UHN
- Firas Al-Rawi MD, staff ED physician, UHN

Responsibilities:

Conception of QI project, including handover tool, engaging of stakeholders, data collection and analysis, dissemination of project findings

Support Team:
- Danielle Porplycia, research associate, UHN
- Stephanie Crump RN, Master's candidate, UHN
- April Guthrie RN, Manager of Flow PMH-TGH

Responsibilities:

Process mapping, stakeholder engagement, inter- and intra-departmental communication, needs assessment and feedback

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RESOURCES
What resources will you require – human, financial, equipment, authorizations and permissions, etc?
The resources required for this project fall within the regular operational requirements of both participating departments. No additional personnel, equipment, funding, or authorization is required.

TIMELINES AND MILESTONES
When do you anticipate STARTING to work on this project, IMPLEMENTING this project, and COMPLETING it?
Start December 1st, 2018
Finalize project details
Process mapping
Stakeholder mapping
Drafting handover document
Data Collection

Implementation (February)
Introduction and explanation of handover document to staff at both hospitals (week 1)
Dissemination of handover document (week 2)
Posting reminder flyers to use the handover document, reminders at departmental meetings (week 3)
Data collection
Development of PDSA cycles throughout implementation phase

Completion (June)
Completion of data analysis
Update, feedback and debrief with stakeholders
Plan for future steps