Safety Across Service Lines: Implementing a Safe Travel Protocol
Sinai Hospital of Baltimore

Program/Project Description.
In an effort to ensure appropriate monitoring of patients on cardiac telemetry, nurses at Sinai Hospital of Baltimore developed a process for continuous monitoring of patients while in transit and while receiving treatment in a variety of procedure areas. Development of the process included the development of a special “Radiology Hand Off Nurse” role (1 FTE) and justification of unbudgeted dollars to accommodate remote telemetry monitoring in procedure areas. In addition, existing policies and procedures were revised to reflect the use of the new technology and expectations of nurses on both the patient’s home unit and the Radiology Hand Off Nurse. Developing the new process means that nurses will no longer seek “may travel off monitor” orders and that patients who require monitoring will be monitored throughout their procedure (from the time of unit departure through return to the unit) by their assigned unit nurse, the Radiology Hand Off Nurse, and the procedure nurse depending on what phase of treatment they are in.

Process.
The driving framework for the development of the new process was Lewin’s Change Theory, which includes various states of “unfreezing, making the change, and refreezing.” At present, we are in the “refreezing” stage and will remain there until this practice has become imbedded in our culture of safety.

Solution.
The primary components of the solution include the installation of multiple antennae throughout the hospital that provide uninterrupted viewing (complete with alarm technology) of telemetry patients between their home unit and the procedure areas. In addition, nurses were able to justify the addition of one FTE occupied by the “Radiology Hand Off Nurse” - a nurse whose only role is to monitor patients undergoing procedures. Finally the existing policy was amended to reflect new expectations of unit-based nurses and the Radiology Hand Off Nurse. The overall impact of this new process means that unit-based nurses are no longer required to stay with patients undergoing procedures (CT scan, nuclear medicine procedures, ultrasound procedures, etc) because patients are monitored jointly by the unit-based nurse on the patient’s home unit and the radiology nurse as well as the procedure nurse at the point of care. Unit-based nurses can now return to their home unit while the patient is undergoing treatment and can care for their assigned patients. Ultimately, this results in better patient care for all involved, and more eyes on our patients.

Measurable Outcomes.
At this point, the outcomes resulting from this change in practice are not formally being measured. Annecdotally, we know that nurses are very pleased with the additional support as it allows them to maintain a high level of care for patients both undergoing procedures and those assigned to them back on their home units.

Sustainability.
We are reviewing any cases or issues that result from this new process by inviting all stakeholders to the table. Changes are being made when better processes are identified.

Role of Collaboration and Leadership.
This was clearly an interdisciplinary project including nursing, clinical, engineering, radiology, non-invasive cardiology, and finance.

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