Risky Business: Hospital Transfers
Team Leader: Dorothy Iwanski BSN RN
Team Members: Ambur Allen RN, Becky Miller RN, Melanie Goodgion RN
Texas Health Surgery Center Alliance, Fort Worth, TX

Abstract Background Information:
- 50% of surgeries in U.S. are performed in an outpatient setting, projected to 80% by 2026
- ASCs reduce U.S. healthcare costs by more than $38 billion a year
- This can lead to "Risky Business" - Hospital Transfers
- Hospital transfers increase health care costs
- Unexpected transfer decreases patient & family experience
- YET – discharging an unstable patient could jeopardize patient safety.
- ASC Quality Collaboration nation-wide benchmarking for hospital transfers: 0.8 per 1000 in 2023
- Texas Health Alliance Transfer Rate: 3.36 per 1000 in 2018
- 3X the benchmark rate when the center opened

Objectives of Project: Decrease and maintain hospital transfer rate equal to or below the ASCQC benchmark of 0.8 per 1000 per year

Process of Implementation:
- Interdisciplinary team formed: Pre-op/PACU, OR & MEC
- Data Collection:
  - Review documented hospital transfers via variance reports submitted to RL Datix database and determine trends
- Pre-admission process changes:
  - Revise Outpatient Surgery Admission Checklist
  - Co-morbidities separated (1 point each)
  - Revised Anesthesia Protocol and Admission Criteria
  - List of hard stops was created (e.g., size of bladder tumor < 2 cm)
  - Provide physician education on revised criteria for patient selection

Statement of Successful Practice: Texas Health Alliance achieved a transfer rate of 0.6 per 1000, reaching a hospital transfer rate below the ASCQC (0.8) and SCA Health (0.74) benchmark

Implications for Advancing the Practice of Perianesthesia Nursing:
- New Action & Re-measurement
  1. Collect and analysis data about causes of transfers and provider trends.
  2. Continue to monitor admission criteria, review with Pat and Anesthesia
  3. Add post-op nausea and vomiting tool to pre-admission and pre-op nurses form.
  4. Add sleep apnea tool and protocol to pre-admission and pre-op nurses form
  5. Add screening for unary retention and develop protocols
- Alerts added to obtain key patient information regarding health history
- Continue analyzing trends related to causes of transfers
- Modify admission criteria accordingly.