



This quality improvement project is driven by the old-fashioned ethos of providing
“THE HIGHEST ACHIEVABLE STANDARDS OF CARE”

SITUATION

CRITICALLY ILL PATIENTS ON VENTILATORY LIFE SUPPORT must on occasion be transferred from St Mary's hospital on the Isle of Wight to specialist centres on the mainland.

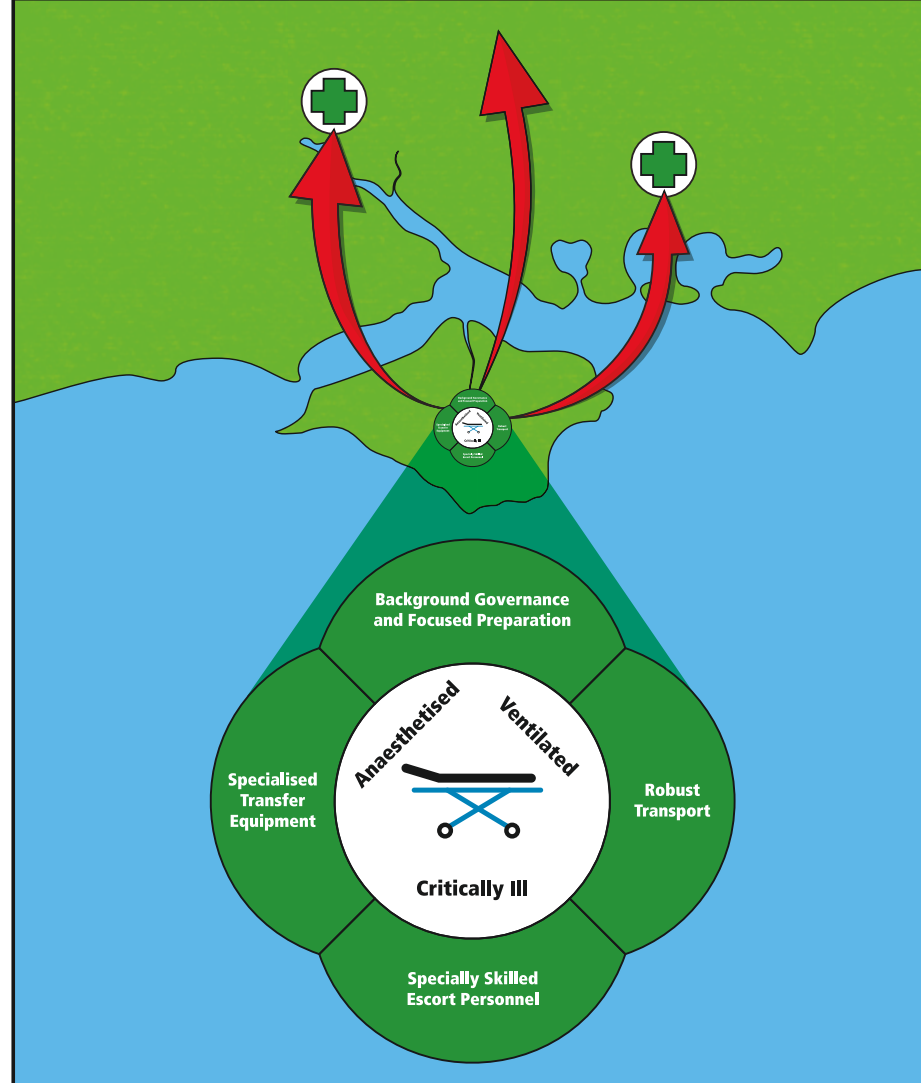
TRANSPORT OPTIONS FOR VENTILATED PATIENTS from the Island are only two:

- **AMBULANCE** with **Commercial Ferry**.
- **HELICOPTER** with or without **secondary ambulance**.

THE PROCESS OF TRANSFERRING an anaesthetised ventilated patient through the hostile environment outside of hospital necessitates:

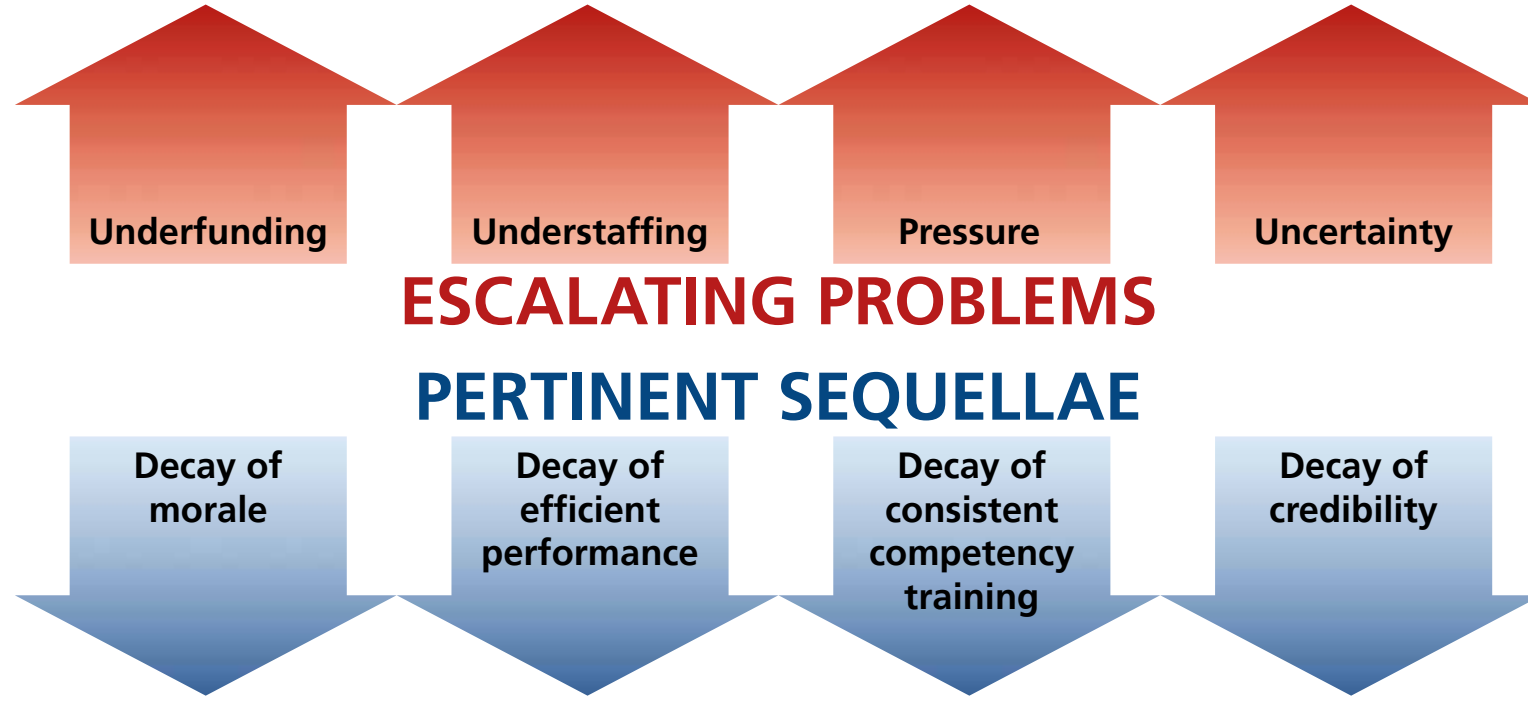
- Background governance and focused preparatory arrangements involving many professionals.
- Specialised transfer equipment.
- Robust transport.
- Specially trained escort personnel.

The Transfer Process



BACKGROUND

THE NATIONAL HEALTH SERVICE generally has been in a continuum of underfunding, understaffing, pressure and uncertainty.



ASSESSMENT

THE METHOD P.D.C.A. QUALITY IMPROVEMENT STRATEGY “PLAN/DO/CHECK/ACT”.

THE TEAM Colleagues from Intensive Care, Theatre and Outreach.

THE PLAN Target improvement efforts on one section of the transfer process. Focus on **SUPPORTING THE PEOPLE WHO PERFORM THE TASKS**.

THE PROJECT OBJECTIVE
“To encourage and increase the efficiency of teams escorting patients during level 3 inter hospital transfers from the Isle of Wight to enable reproducibly safe and timely transfer of the critically ill”.

GOALS AGREED TO ACHIEVE THE OBJECTIVE

HUMAN FACTORS	EDUCATIONAL OBJECTIVES	PHILOSOPHY
<ol style="list-style-type: none"> 1. Encourage ethos of providing the best possible care. 2. Encourage the values of sharing and feedback – particularly of problems and mistakes. 	<ol style="list-style-type: none"> 1. Provide topic specific learning to all new staff. 2. Provide rolling updates of information and skills. 3. Provide accessible background information. 	<ol style="list-style-type: none"> 1. Financial neutrality – require no new funding in the climate of austerity and confusion.

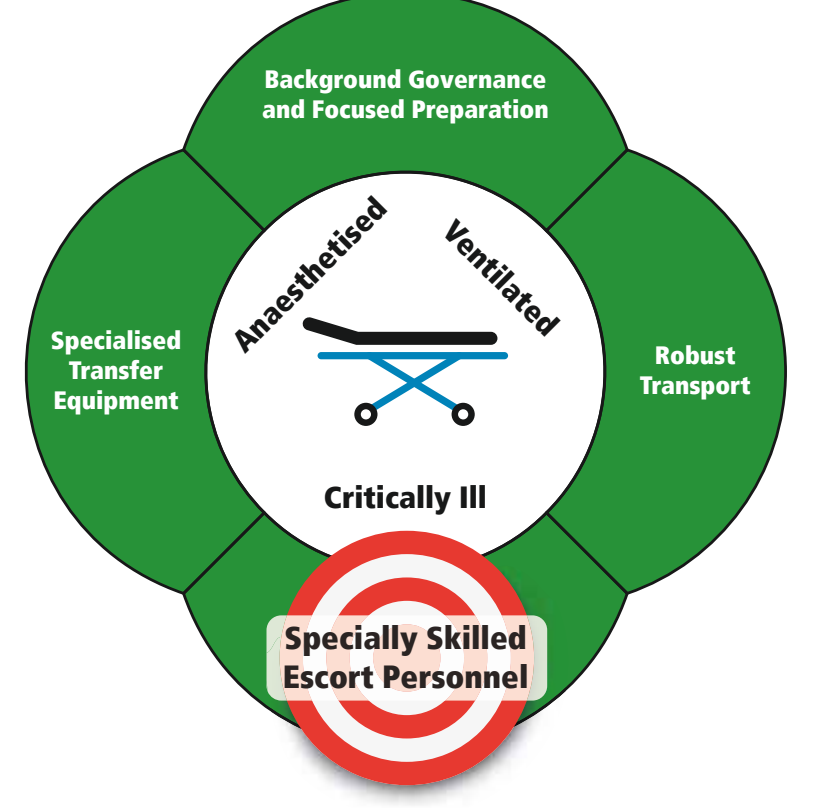
BENCHMARKS
Pre-existent in the form of Guidelines from the Intensive Care Society and ‘Safe Transfer and Retrieval’ Methods.

STAKEHOLDERS
DIRECT STAKEHOLDERS: Intensivists, Anaesthetists, ODPs, ICU Nurses.
INDIRECT STAKEHOLDERS: Patients, Relatives, Hospital Trusts, Helicopter and Ambulance Services.

THE DO
Focus on new staff.
Include existing staff.
Integrated multidisciplinary training courses.
Formal presentations.
Informal teaching and support.
e-learning package.

THE CHECK
Baseline Measurements and Assessment of Effectiveness: Qualitative assessments used
Discovery Interviews.
Feedback.
Human Perception.

THE ACT
Qualitative assessments, anecdotal and subjective evidence of successful trend validates the effort and offers scope for continuing and extending the project.



RECOMMENDATIONS

PRACTITIONERS FROM INTENSIVE CARE, THEATRE AND OUTREACH SHARE EXPERIENCES AROUND THE TRANSFER TROLLEY.

INVEST EFFORT IN THE PEOPLE WHO PERFORM THE TASKS.

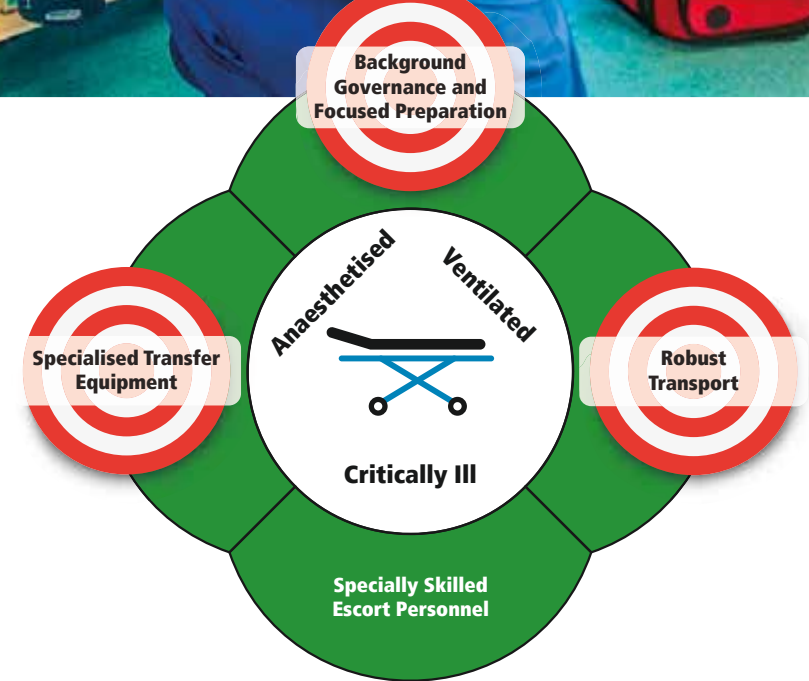
AIM AT THE HIGHEST ACHIEVABLE STANDARDS – Perfection evades most of us.

COVID-19 ADDENDUM
In unprecedented times as COVID-19 arrives **ALL** theatre and intensive care staff at St Mary's retrain together to prepare for the influx of critically ill ventilated patients who will not be transferred.
‘YES! IT IS WORTH FOCUSING EFFORT ON THE PEOPLE WHO PERFORM THE TASK’



FUTURE

WHERE NEXT?



MAINTAIN CURRENT EMPHASIS
← **THREE MORE AREAS TO TARGET**
MAYBE APPLY THESE CONCEPTS TO ADDITIONAL CONTEXTS

