



Revolutionizing hospital transfers.

Efficiency boosted. Staff empowered.

FROM BURDEN TO BANDWIDTH: EASING ADMINISTRATIVE TASKS FOR HOSPITAL COMMAND CENTER TEAMS

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BACKGROUND

- Hospital census challenges pose a significant obstacle to efficient patient transfer care, leading to increased wait times for patients awaiting hospital transfer. Prolonged wait times can impact patient safety, quality, and satisfaction¹.
- The Mayo Clinic Midwest Admission and Transfer Center (MATC) facilitates all requests for patient transfer, consultation, and telemedicine activation across 19 hospitals in Minnesota and Wisconsin. The MATC team is comprised of 34.70 Full-Time Equivalent (FTE) Registered Nurses (RNs).

OBJECTIVE

Develop new tactics to improve the efficiency of patient triage and transfers – fostering quality and safety – while decreasing current licensed FTE levels.

PLANNING

To improve communication and coordination between referring and accepting facilities, it was crucial to establish new workflows. Acknowledging the anticipated 9% growth in demand for the Registered Nursing (RN) workforce over the next decade², with projected national shortages surpassing 194,500 annually³, a critical analysis of areas where non-licensed work could be minimized became imperative. This strategic approach led to the creation of a new non-licensed delegate role, the Transfer Coordinator (TC), designed to undertake new responsibilities while optimizing the roles of RNs. Hospitals and health systems across the nation must transform traditional workflows and approaches to address these severe and lasting workforce shortages.

IMPLEMENTATION METHODS

The introduction of two new TC positions was accompanied by the establishment of new workflows aimed at enhancing quality and supporting patients throughout their transfer journey. Call center metrics are a key performance indicator. The key components of these workflows include:

Key Transfer Center Coordinator Tasks:

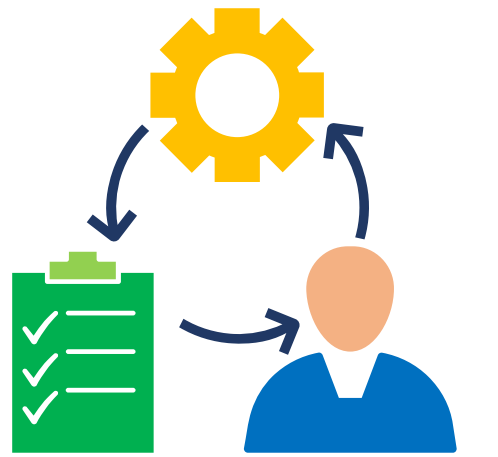
- ✓ Coordinating critical patient information with referring facilities and accepting teams.
- ✓ Connecting patient transportation arrangements with bed availability and communicating arrival times.
- ✓ Gathering patient information from electronic fax and placing in appropriate medical record.
- ✓ Facilitating transfer quality case reviews.
- ✓ Packaging non-urgent requests and collecting necessary information to triage case.

RESULTS

By transforming the transfer center practice to optimize RNs to work at the top of their license, the work unit has

 **reduced RN FTE by 17%.**

This open RN FTE has been redirected to fill critical areas of the practice.



Identification of process gaps occurred through reviews of transfer quality cases, leading to the introduction of new tasks in the TC role. These adjustments aim to streamline communication among care teams, ensuring the **safe and efficient transfer of patients**. Regular check-ins with referring care teams have proven to be crucial, especially considering the extended wait times for available beds.

Despite the reduction in total RN FTE, the efficiency of the multidisciplinary team has markedly improved.



Quality metrics show a 41% faster average call response and a notable 50% drop in abandoned calls (now at 2.44%).



NEXT STEPS

- Electronic Tools (AI phone chat bots and order sets)**
Recognizing the success achieved thus far in optimizing workflows and reallocating resources, the next step involves reappraising workflows to identify new opportunities for alignment. This includes maximizing the utilization of electronic tools and workflows to foster efficient multidisciplinary collaboration.
- Electronic Transfer Orders**
To further enhance the workflow, an option for referring providers to request non-urgent transfers through an electronic transfer order will be added. The goals of this new work stream are to eliminate referring provider's time waiting on hold and decrease RN time documenting the request.
- Prioritization of Cases**
Work is also underway to enhance the triage process through prioritization of cases instead of first in first out. Staff satisfaction will be measured throughout the next phase of work.

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DISCLOSURES

The authors report no relevant conflicts of interest.