SAVING LIVES WITH SAFER TRANSFERS

The Problem

Emergency Department boarding is a systemic crisis that endangers patient safety, strains healthcare staff, and forces patients into inappropriate care settings due to misaligned hospital incentives and inefficient patient flow (ACEP, 2024).

The Plan

The ED is the last controlled environment before transfer. Once a patient leaves, resources such as monitoring and rapid physician access are more limited. An RN delegated and driven reassessment prevents premature transfers based solely on bed availability (Richards, 2022).

ED RN
reassessment
(within 30 minutes)
before transport)
and receiving unit
focused
assessment upon
arrival to new unit
(within 10 minutes)

Safety Pause-halt transfer if "red flags" present (HR>120, AMS, uncontrolled pain) Shared Accountability-RN plus provider sign off on readiness transfer slip carried with patient chart by transporter ("ticket to ride") Standardized
Handoff (I-PASS)include last VS,
pain response,
mental status, and
last provider
evaluation

Escalation Protocolreceiving RN can trigger re-evaluation upon patient arrival

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