

STUDY ON INTRA-HOSPITAL PATIENT TRANSFER :ANALYSIS AND OPTIMIZATION AT MISSION HOSPITAL DURGAPUR

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INTRODUCTION

Intra-hospital patient transfer is a routine yet critical process that involves moving patients between departments (e.g., ED to ICU, OT to recovery), and plays a key role in ensuring continuity of care within hospitals.

The absence of standardized protocols, poor communication between departments, and lack of coordination during transfers contribute significantly to inefficiencies in the current system.

Operational challenges such as lift unavailability, incomplete documentation, and unstructured handovers further compromise the quality and timeliness of care during transfers.

Inadequate training of staff and poorly maintained transport equipment increase the risk of avoidable errors or deterioration of patient condition during movement within the hospital.

AIMS AND OBJECTIVES

To evaluate and improve the patient transfer process between the Emergency and Inpatient Departments, focusing on safety, communication, and efficiency.

Specific objectives for my study are:

- To analyze the current patient transport system within the hospital.
- To identify the most common challenges and delays in intra-hospital patient transport.
- To suggest improvements for optimizing the patient transport system and enhancing patient care.

RESEARCH QUESTIONS



**1. WHAT ARE THE MAIN REASONS WHY
PATIENT TRANSFERS ARE DELAYED
(FOR EXAMPLE, NOT HAVING A LIFT,
NOT HAVING ALL THE PAPERWORK, OR
NOT COMMUNICATING)?**



**2. HOW DO THESE DELAYS AFFECT THE
CARE OF PATIENTS AND THE WORK OF
STAFF?**



**3. WHAT IS THE CURRENT PROCESS
FOR MOVING PATIENTS WITHIN THE
SAME HOSPITAL?**

METHODOLOGY



STUDY TYPE

Quantitative ,observational Prospective study
March 12 to May 30, 2025

SOURCE OF DATA



- Staff interviews
- Observational checklists
- Transfer documentation
- Patient records



STUDY DURATION

Sample Size:

300 intra-hospital patient transfers

Study area:

Mission Hospital, Durgapur (ED, Radiology, IPD)

Sampling Method:

Non-probability, purposive sampling (based on eligibility criteria)



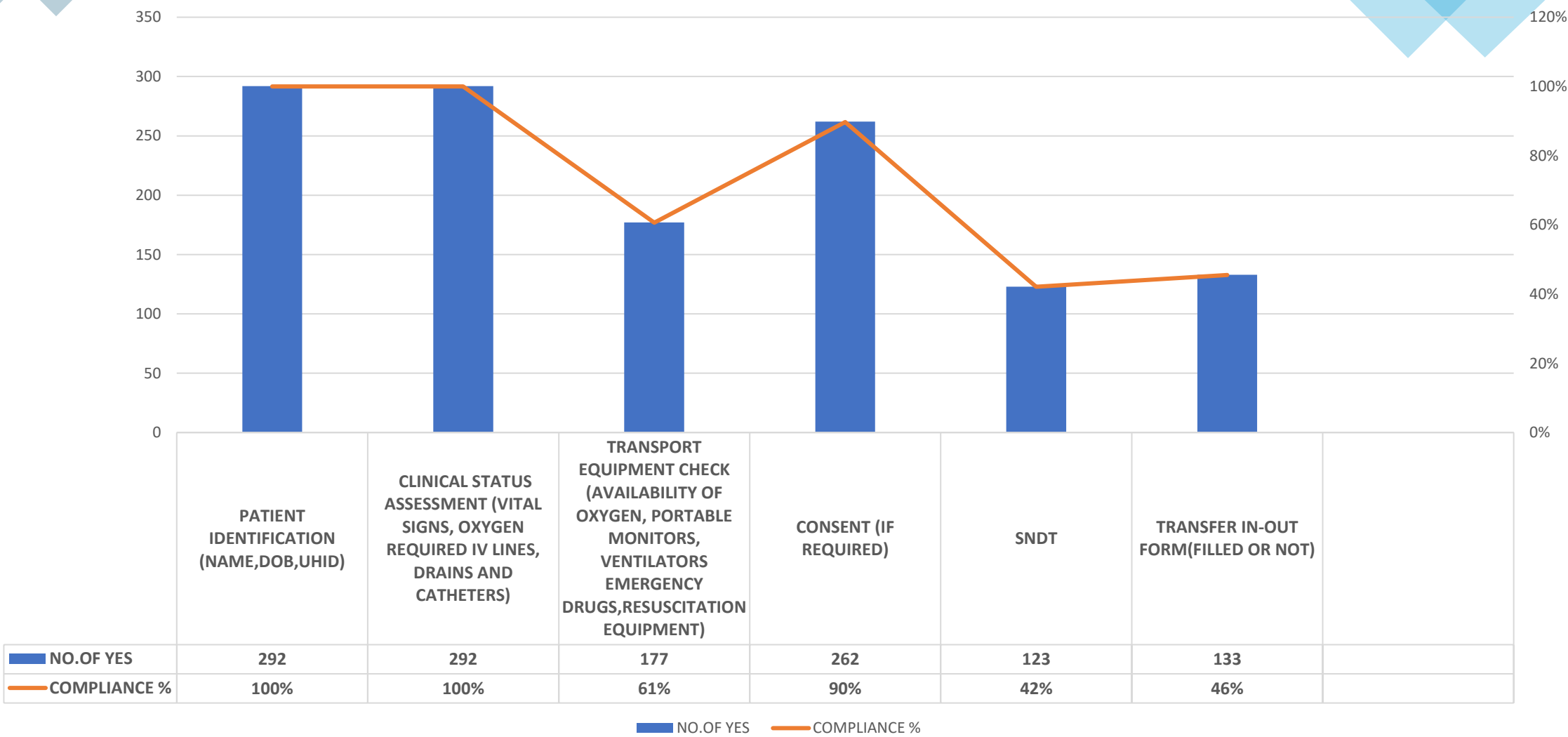
INCLUSION CRITERIA:

- Transfers between 9 AM and 5 PM
- Patients from ED, IPD
- Movement for treatment, i.e., Monday to Saturday

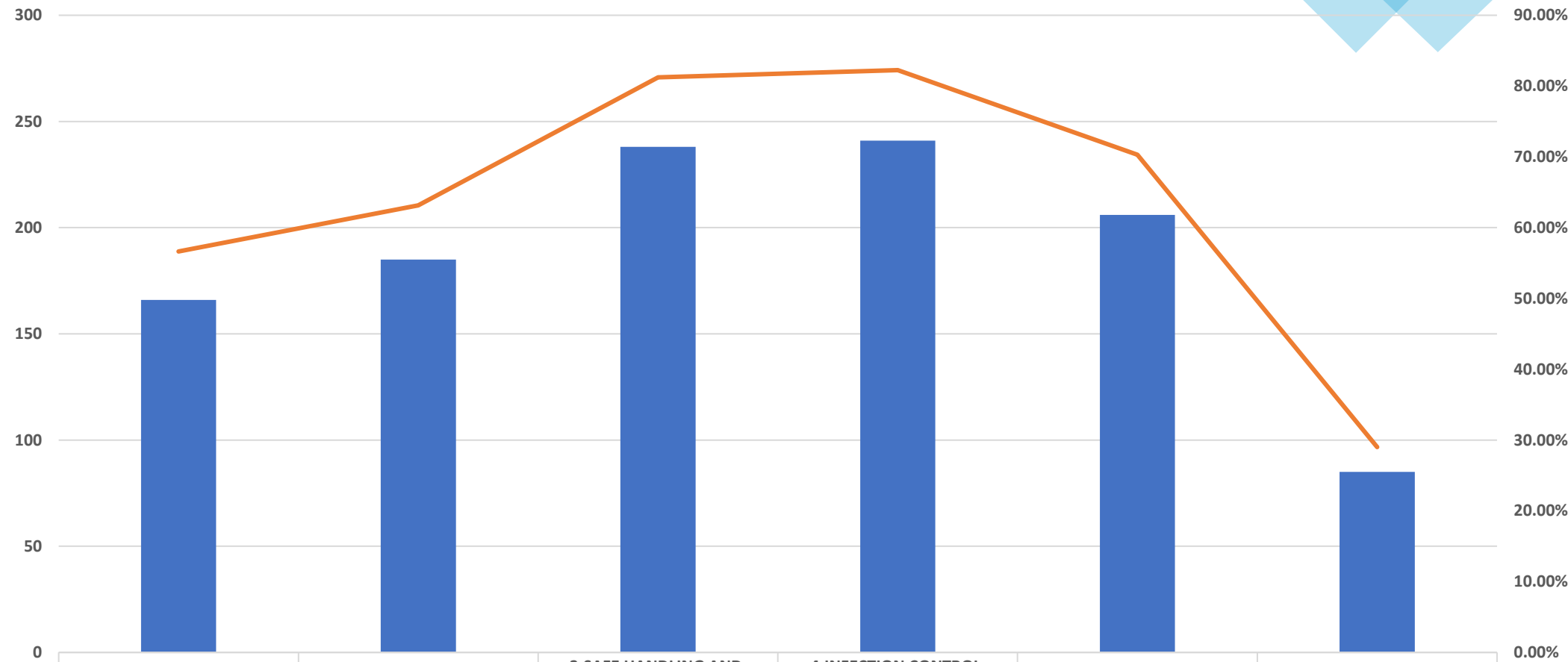
EXCLUSION CRITERIA:

- OPD cases, minor procedures
- Transfers before 9 AM or after 5 PM
- Public Holidays and Sundays

PRE-TRANSPORT



DURING TRANSPORT



NO OF YES

COMPLIANCE

1. QUALIFIED MEDICAL TEAM

166

56.66%

2. CONTINUOUS MONITORING

185

63.14%

3. SAFE HANDLING AND
POSITIONING

238

81.23%

4. INFECTION CONTROL
MEASURES

241

82.25%

5. EMERGENCY PREPAREDNESS

206

70.31%

6. LIFT AVAILABILITY

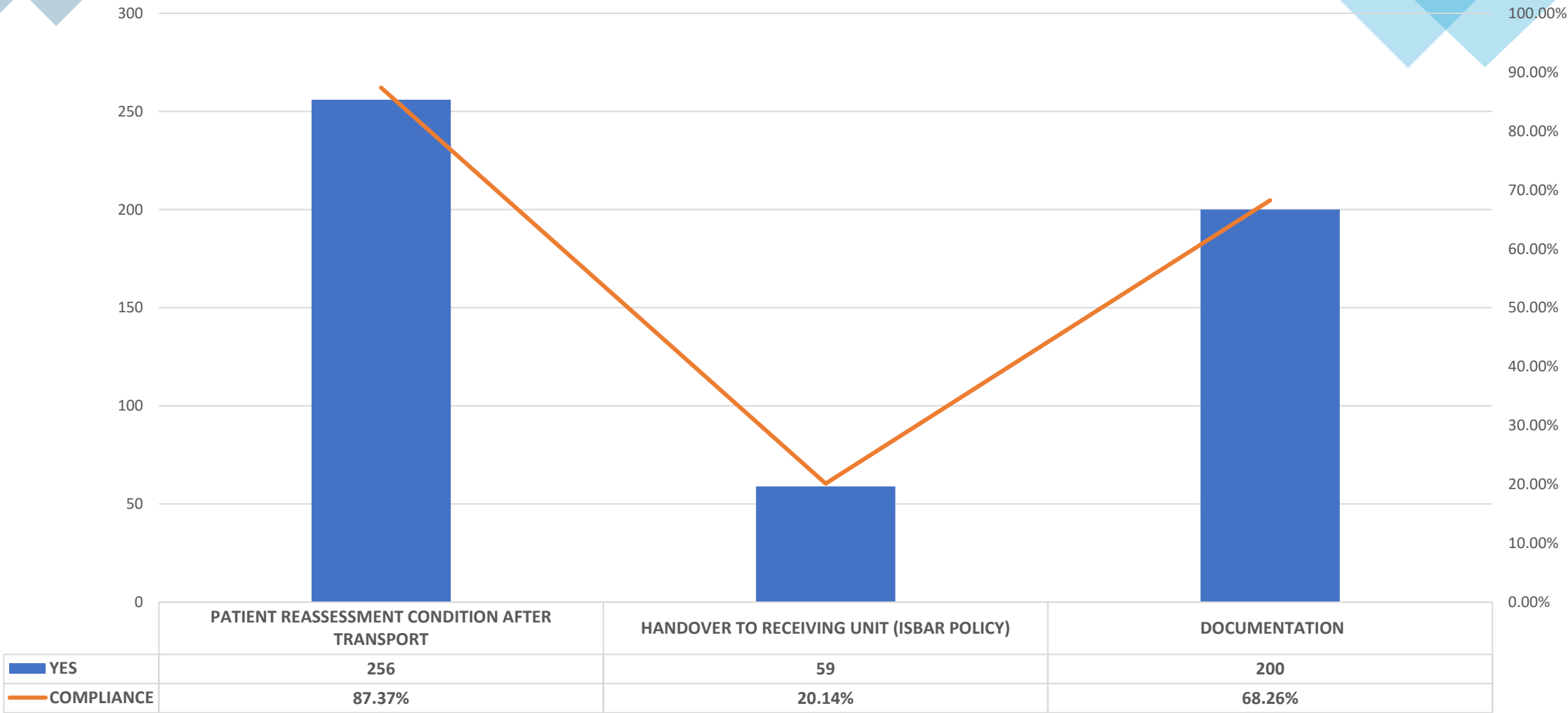
85

29.01%

NO OF YES

COMPLIANCE

POST TRANSPORT

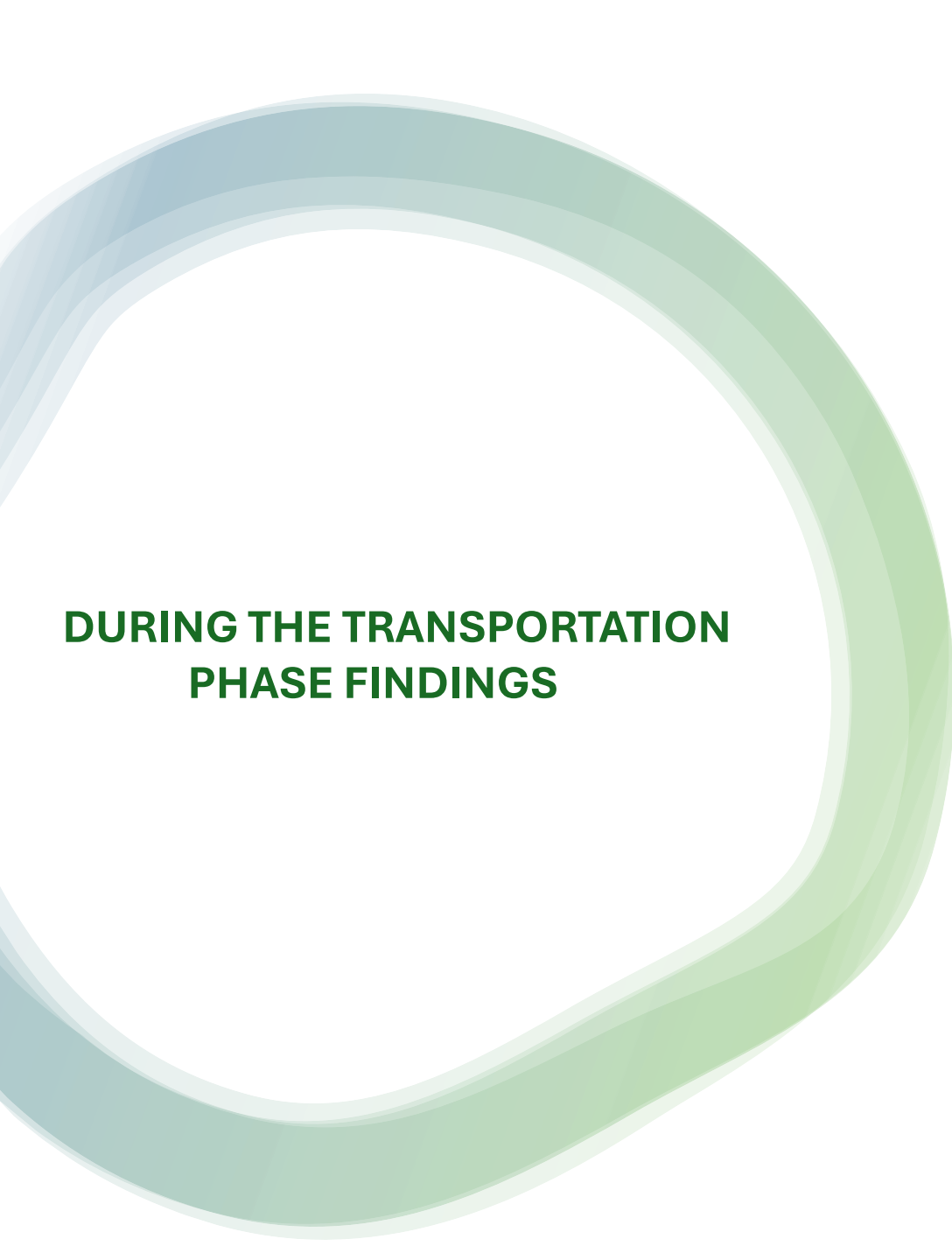


■ YES — COMPLIANCE

FINDINGS

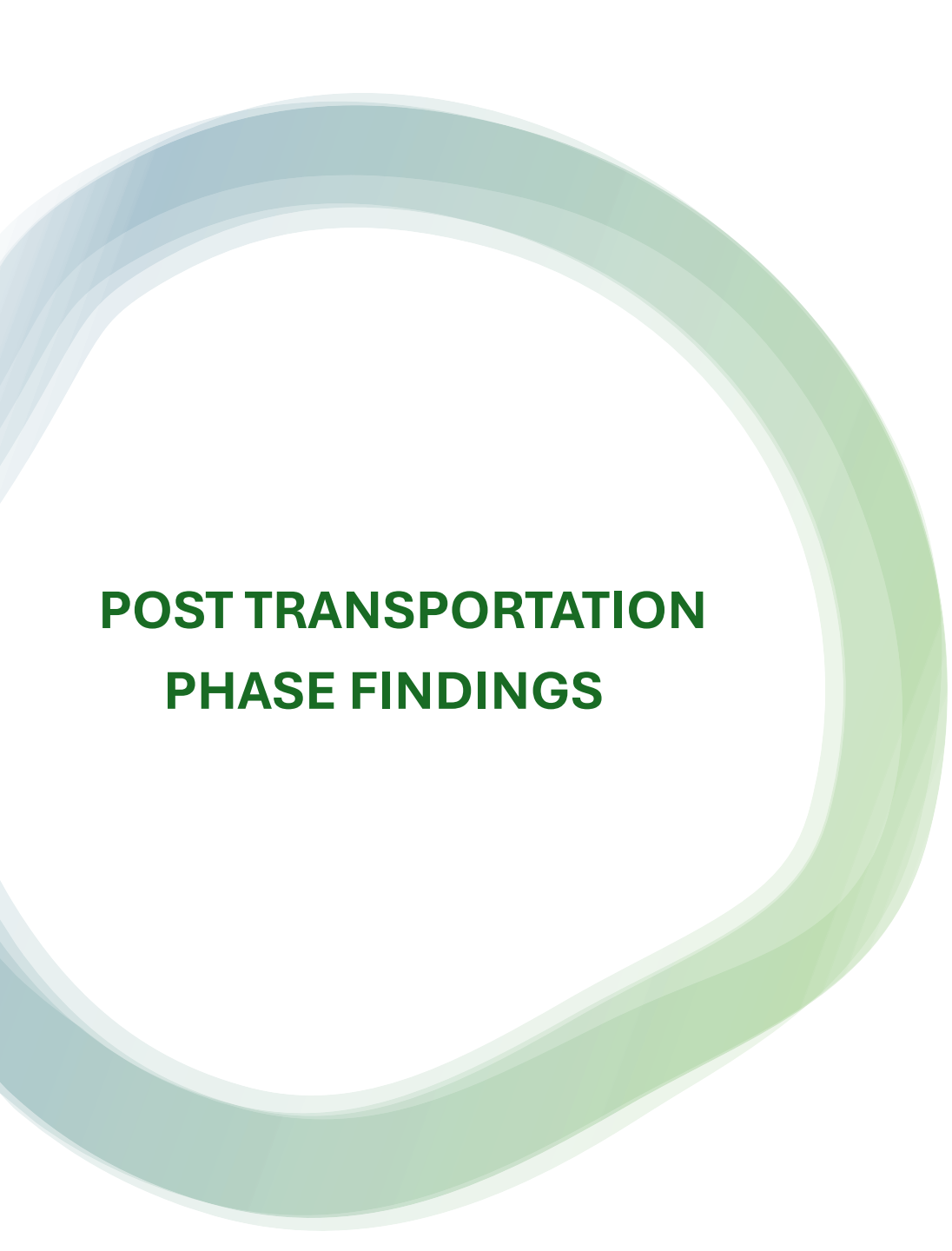
PRE-TRANSPORTATION PHASE FINDINGS

- Transport Equipment Check – **61%**
- SNDT – **42%**
- Transfer In-Out Form – **46%**



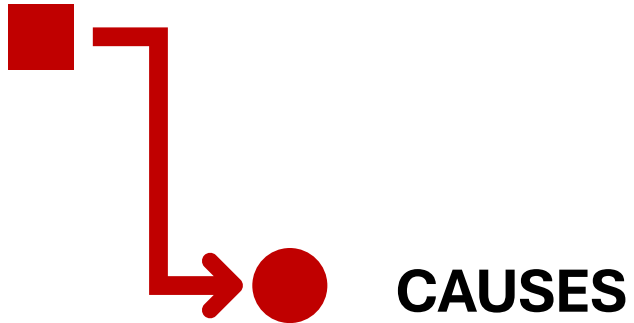
DURING THE TRANSPORTATION PHASE FINDINGS

- Qualified Medical Team – **56.66%**
- Continuous Monitoring – **63.14%**
- Lift Availability – **29.01%**



POST TRANSPORTATION PHASE FINDINGS

- Handover to Receiving Unit (ISBAR) – **20.14%**.



The challenges of Pre-Transport can be due to



Inconsistent Use of Checklists

► missed safety checks, causing delays and increasing the risk of patient harm.



Incomplete Documentation & Consent

► Manual processes delayed consent collection.



Equipment Unavailability

► Transport trolleys were often missing essential items or not restocked regularly.



Lack of Trained Medical Staff

► The absence of doctors during some critical patient transfers poses significant risks to patient safety.”



Lift Scheduling Conflicts

► No exclusive lift access; frequent delays due to crowding during peak hours.



Communication Gaps Between Units

► Lack of centralized communication tools led to coordination delays.



During Transport Challenges can be due to



Lack of Continuous Monitoring

➤ Many patients were transferred without continuous vital tracking.



Improper Patient Handling

➤ Not all staff followed correct safety practices during transfers.



Emergency Preparedness Gaps

➤ Dedicated trained staff were not always available.



Lift Blockage Infeasibility

➤ Blocking lifts for patient use wasn't practical due to high overall hospital demand.



Post-Transport Challenges can be due to



Non-Standardized Handover Communication

► ISBAR protocol was not uniformly followed; handovers were often verbal and unstructured.



Delayed Patient Reassessment

► Immediate reassessment post-transfer was not consistently performed.



Delayed Documentation Entry

► lack of real-time data entry systems, or urgent clinical tasks over record-keeping.



Lack of Regular Audits

► No real-time or monthly audits were conducted during the study period.

RECOMMENDATION MATRIX

IDENTIFIED ISSUE	ROOT CAUSE	RECOMMENDATION
Poor Handover Policy	No audit	Implement structured handover protocols (e.g., ISBAR format); conduct audits
Low SNTD Compliance	Lack of awareness, absence of accountability	Mandatory SNTD training; check and audit the patient file
Lift Unavailability	Poor communication between the staff	Ensure dedicated and readily accessible patient transport lifts with priority access during peak hours to prevent transfer delays.
Inadequate Equipment Check	No standardized checklist, time pressure	Introduce a pre-transfer equipment checklist signed by nurse in charge
Not qualified Team with Critical Patients	Lack of dedicated duty-wise staff	Create on-call emergency response teams with defined roles and training

IDENTIFIED ISSUE	ROOT CAUSE	RECOMMENDATION
Incomplete Post-Transfer Documentation	Manual recording delays, unclear roles	Shift to digital documentation
Transfer In Out form not filled	Staff oversight	Redesign the transfer form with a mandatory Transferred department field marked in red

LIMITATIONS OF THE STUDY



Single-Center Study

The research was limited to Mission Hospital, Durgapur. Findings may not be applicable to other hospitals with different systems and resources.



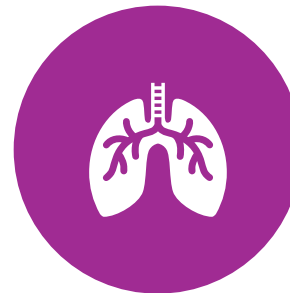
Limited Time Frame

Data was collected over eight weeks (March–May 2025). This short duration may not reflect seasonal or long-term transfer trends.



Prospective Observational Design

Limited generalizability due to the small sample size and data collected within specific hours (9 AM–5 PM), which may not capture variations in patient transfer processes during night shifts or weekends.



Focus on Internal Patient Movement Only

Only intra-hospital transfers were studied. It excludes external transfer factors (e.g., from other hospitals or emergency services), limiting the comprehensiveness of understanding all patient flow dynamics within the hospital system.



IMPLICATION OF THE RESEARCH



This study highlights the urgent need for standardized protocols during intra-hospital transfers from the Emergency Department to inpatient units to enhance both transfer efficiency and patient safety. It demonstrates that having dedicated transport teams with proper training can significantly reduce delays and minimize errors during the transfer process. The findings also emphasize the importance of implementing effective communication tools to streamline coordination between departments. Additionally, establishing regular audits and feedback mechanisms is crucial for maintaining transfer quality and continuously identifying areas for improvement. These insights provide hospital administrators with evidence-based guidance to design safer, more reliable, and efficient patient transfer systems within the hospital.



CONCLUSION

Intra-hospital patient transfer significantly impacts patient safety and hospital efficiency. This study at Mission Hospital, Durgapur, highlighted key challenges across the pre-transport, transport, and post-transport phases, including poor communication, inadequate staffing, and lack of standard protocols. Implementing structured assessments, staff training, real-time documentation, and better infrastructure can streamline transfers, reduce delays, and improve overall patient care. The findings offer a practical framework for hospitals to enhance internal patient flow and safety.

THANK YOU

