

EXAMPLE ABSTRACT

Impact of a transport checklist on adverse events during intra-hospital transport of critically ill patients

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Introduction:

Intra-hospital transport of critically ill patients is challenging due to unanticipated complications, which can adversely affect patient safety. These can be contributed to by organisational, equipment, patient and human factors.

Objectives:

We designed a transport checklist and determined its effect on adverse events during intra-hospital transport.

Methods:

A prospective, single-centre study was conducted from 1/7/2013 to 31/12/2013 in a 23 bed, mixed medical/surgical ICU. A transport checklist was introduced at three months for ICU patients proceeding for a diagnostic imaging procedure. Data were obtained before and after introduction of this checklist and focussed on physiological derangements and adverse events during intra-hospital transport. The study was approved by the hospital ethics committee.

Results:

143 patients (99M/44F, mean age 53.5 years, median APACHE-II 20.5) contributed to 263 transport events during the study. 120 transports occurred prior to and 143 transports occurred post introduction of the checklist. Seven in the first and nine transports in the second group did not meet the inclusion criteria. There were no significant differences in baseline characteristics among the pre (n=113) and post-checklist (n=134) groups. 72.4% of checklists had physiological and equipment sections completed but only 60.4% of checklists were completed fully. Transport with any physiological derangement was significantly reduced (73.2% vs 39.6%, $p < 0.001$) and equipment related adverse events were significantly reduced (47.1% vs 15.7%, $p < 0.05$) following introduction of the checklist. Risk of undocking (28.9% vs 3.7%, $p < 0.001$) and infusion pump failure (9.4% vs 0.75%, $p < 0.05$) were also reduced.

Conclusion:

Introduction of a transport checklist significantly reduces the number of physiological and equipment related adverse events.

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