AIM:
Reduce the amount of time that primary nurses must travel off the floor with ventricular assist device patients through training and utilization of the Clinical Transport Team.

1. OUTCOMES —>
Select a population
Non-critical adult patients between the ages of 18-85 who are currently inpatient with Heart Mate II Ventricular Assist Devices (HMII VAD) going to non-invasive radiology procedures (ie-X-ray, CT, Ultrasound).

2. PROCESS —>
Analyze the process
The process begins when the physician or mid-level provider enters an order for a patient with a HMII VAD to have a non-invasive radiological procedure.

Access System:
A patient with a HMII VAD has an order entered for a noninvasive radiological procedure.

Assessment:
The HMII pt. is required to have a HMII competencied RN travel with them at all times per DUH Transport Policy.

Treatment:
The primary RN must hand-off remainder of patient assignment to travel with HMII VAD patient to test areas.

Follow-Up:
The primary RN returns to the care unit post-transport to resume care of previously assigned patients.

Functional Health Status:
Non-critical, stable adult HMII patient

Clinical Outcomes:
Decreased turn-around time for non-invasive radiology studies, which results in decreased LOS

Satisfaction Against Need:
Increased staff and patient satisfaction due to the support of the CTT RN

Total Costs:
Clinical orientation & preceptor costs for CTT RN training

3. CHANGES—>
Generate change ideas
- Train & orient the Clinical Transport Team to transport HMII VAD patients
- Have a designated coverage range by the CTT RN to transport HMII VAD patients during high risk patient care times (ie- 0900 medication pass)
- Prioritize what floors the CTT RN will work with daily based upon staffing, patient load, and acuity

4. PILOT—>
Select first/next change for pilot testing
A pilot study with CTT RN’s transporting HM II VAD patients will occur after didactic and clinical orientation to the designated population. The focus will be on non-invasive radiological study areas.