Impact of an Admission, Discharge, Transfer (ADT) Team
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Background

- Patient care in an acute care facility is multifaceted and affected by many factors.
- Admissions, discharges, and transfers add an additional layer of complexity for nurses when multiple patients are admitted or discharged simultaneously.
- The complexity of the patient mix provides opportunities for the nurses to become overwhelmed with providing safe and competent care.
- Without proper support, periods of increased workload can lead to lower quality outcomes as well as nursing dissatisfaction.
- Nursing satisfaction could be increased while situational workload is decreased resulting in safe, high quality outcomes through the implementation of an admission/discharge/transfer (ADT) team.
- To positively impact nursing morale, the ADT Team was established.

Significance

- Admissions and discharges increase nursing workload and often impede continuity of care (Giangiulio et al, 2008).
- Patient turnover impacts workload as well as quality outcomes (Jennings, Sandelowski, & Higgins, 2013).
- When nurses become overwhelmed with multiple admissions and discharges, quality care can become more difficult to achieve.
- According to Hayes, Bonner, & Pryor (2010) nursing dissatisfaction is linked to increased staff turnover and poor patient outcomes.
- Situational workload can significantly impact patient care and nursing satisfaction (Stuart et al., 2008).
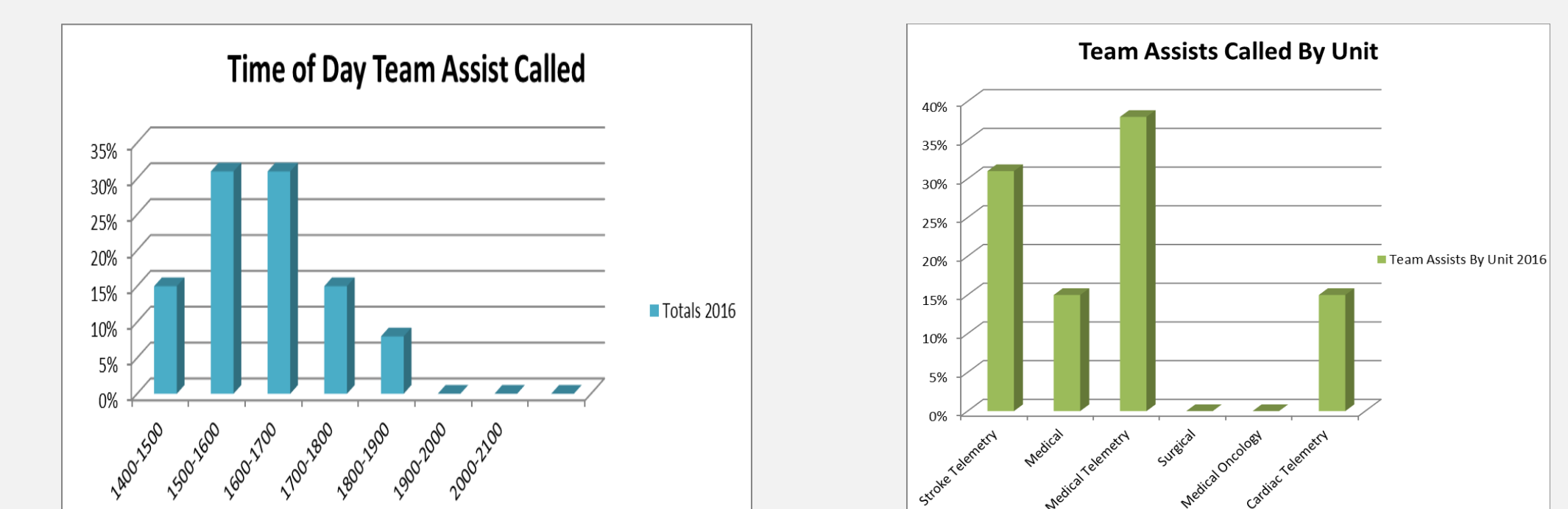
Process

- 402 Bed Acute Care Hospital
- Clinical educators and directors serve as ADT team members
- 3 educators and directors sign up each day
- Requirement of once weekly participation to ensure adequate assistance
- Charge nurse would notify the operator
- ADT team responds to unit in need and provides assistance with admission, discharges, transfers, and various nursing skills
- Once assistance is completed, charge nurse evaluates team response with a debrief card
- ADT team has been in place for over 2 years

Lewin's Change Model

Phase 1: Unfreeze
*Communicate purpose of ADT team with staff nurses, leaders, and executive team
*Gain key stakeholder support for change
*Enlist clinical career ladder nurses to serve on ADT team

Phase 2: Movement phase
*Education provided to all staff describing role and function of ADT team, including process for calling team and role of the unit charge nurse in completion of the debrief card
*ADT team labeled "Team Assist"

Phase 3: Refreeze
*ADT Team Implemented
*Team available from 8 am to 5pm
*Education provided to new staff during orientation regarding Team Assist process

Conclusions

Debrief Cards (green card):
- Team Assist used most between 4pm and 6pm
- Overall Satisfaction with the Team was very high
- Team Assist used most by telemetry units

Nursing and Healthcare Implications

- Patient perception of needs being met in a timely manner are increased.
- Team Assist champions were added to accommodate 24 hour coverage.
- Participation allows non clinical nurses to remain engaged in unit and patient care.
- High nursing workload contributes to nurses' dissatisfaction leading to staff turnover (Kelly, Runge, & Spencer, 2015).
- As quality and safety are continuously emphasized, it is vital nurses receive support during periods of increased workload (Berkow, Vonderhaar, Stewart, Virkstis, & Terry, 2014).

References available upon request

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