Introduction:
The intra-hospital transport of critical patients is associated with adverse events and worse outcomes. The objective of this study was to evaluate the safety profile of intrahospital transport after the creation of a specific group for this purpose.

Methods:
Evaluated all the transports of critical patients from October 2016 to September 2017, in a large hospital, after the creation of a group consisting of intensive care physician, nurse and physiotherapist. Clinical and non-clinical complications related to the transport and outcome of the patients were evaluated.

Results:
A total of 1,559 transports were performed, 54.7% of the male patients and 60.9% of the patients being hospitalized. 10.6% were under mechanical ventilation and 19.8% under vasoactive drugs. At the time of transport, 78.8% were clinically stable. During transport, 7.5% presented clinical complications, being more frequent hemodynamic instability (43 patients) and respiratory failure (21 patients). Non-clinical complications occurred in 125 patients (8.0%), and communication failures were responsible for 79.2% of the occurrences. In 29 cases (1.9%) there was worsening of the clinical conditions during transportation, and in only one case this worsening resulted in an increase in the length of stay in the ICU and in the hospital, with no correlation with deaths.

Conclusion:
The implantation of a group specialized in critical patients to carry out in-hospital transport made the process safer with complications rates lower than literature and guarantee better quality of care.