



Inter-Facilities Transfer Of Patient Procedure

Procedure Number
WCDHB-PC-0002

Version Nos:
5

1. Purpose

This Procedure is performed as a means of:

- promoting the smooth transition of patients between (West Coast District Health Board) WCDHB facilities or WCDHB facilities and other facilities.
- ensuring accurate communications between facilities
- ensuring the receiving facility is able to prepare for the patient's arrival and condition.

2. Application

This Procedure is to be followed by all clinical staff throughout WCDHB.

3. Definitions

There are no definitions associated with this Procedure.

4. Responsibilities

For the purposes of this Procedure:

Medical and nursing staff are required to:

- assess patients medical/mental health status relating to transport requirements;
- decide to and authorise transfer of patients;
- determine escort requirements.

Unit/Department/Facility Manager is required to:

- consult and notify patient and their family/whanau regarding transfer arrangements;
- organise appropriate transportation mode for patient;
- organise escort requirements.

Escorts are required to ensure the safe and efficient conveyance of the patient from the transferring Facility to the receiving Facility

Unit/Department/Facility Manager - Receiving Facilities (WCDHB only) are required to ensure the facility is prepared for the reception of the patient by preparing the environment, staff allocation and any other intervention identified

5. Resources Required

This Procedure requires:

- i) mode of transport
- ii) WCDHB Request for Transport Form
- iii) Patient's medical record

6. Process

- 1.00 The decision and authorisation to transfer a patient from one WCDHB facility to another is to be made by a Doctor/Psychiatrist/WCDHB Facility Manager.



Inter-Facilities Transfer Of Patient Procedure

Procedure Number
WCDHB-PC-0002

Version Nos:
5

- 1.01 This decisions to transfer the patient will take into account the patients mental and physical condition (see Guidelines) any isolation/infection control requirements, cultural needs, family/whanau/care giver needs and escort requirements.
- 1.02 The Receiving Facility is notified by telephone by the Ward/Unit/Department/Facility Manager of the Transferring Facility of the intention to transfer patient. Notification is to include:
 - accepting specialist;
 - patient diagnosis;
 - physical and mental condition;
 - assessed needs;
 - MRSA status
 - any other relevant information required to meet the needs of the patient on reception are verbally conveyed (e.g. family/whanau/care giver involvement, patient specific needs).
- 1.03 A suitable date, time and mode of transfer are negotiated between the Ward/Unit/Department/Facility Managers of the Transferring and Receiving Facilities.
- 1.04 Where the receiving ward/unit that the patient is being transferred to is known, it is to be contacted directly.
- 1.05 Where the Receiving Ward/Unit/ Department/Facility that the patient is being transferred to is not known contact shall be made with the A&E Department or Admissions Department of the Receiving Facility. It is then the responsibility of the A&E Department or Admissions Department of the Receiving Facility to communicate to the receiving ward/unit at that Facility once the patient has been received and assessed.
- 1.06 The patient's family/whanau/care giver are to be notified of intention to transfer by relevant Ward/Unit/Department/Facility Manager if they were not part of the original assessment and decision making process.
- 1.07 An entry in the patient's medical record is made by Ward/Unit/Department/Facility staff of the Transferring Facility relating to the rationale for transfer, communication and processes that have been undertaken, and condition of patient prior to transfer.
- 1.08 The Receiving Facility is notified by telephone (by the Ward/Unit/Department/Facility Manager, Transferring Facility) of the time of departure of the patient and expected time of arrival.
- 1.09 An entry in clinical notes is made by staff in Ward/Unit/Department/Facility of the Receiving Facility acknowledging that the transfer has occurred, communication and other processes that have been undertaken, and condition of patient upon arrival.
- 1.10 The Transferring Facility is notified by telephone (by the Ward/Unit/Department/Facility Manager, Receiving Facility) of the time of arrival of the patient and their Escort.



Inter-Facilities Transfer Of Patient Procedure

Procedure Number
WCDHB-PC-0002

Version Nos:
5

- 1.11 The WCDHB Request for Transport Form and the Patient Referral Form and any other appropriate documentation is completed by the patient's Doctor/Psychiatrist and the Ward/Unit/Department/Facility Manager.
- 1.12 Consideration is given to the need for an escort, based on the following criteria:
 - clinical condition of the patient;
 - risk assessment of the patient (if required);
 - transferring doctor's recommendation;
 - gender;
 - safety of staff
- 1.13 If it is determined that an escort is required the Ward/Unit/Department/Facility Manager of the Transferring Facility shall make the necessary arrangements for escorts to accompany the patient during transportation.
- 1.14 Wherever possible, child patients are to be accompanied by a parent/caregiver. However, child patients should not be transported with only a parent/caregiver as escort.
- 1.15 If it is determined that food/drink is required or overnight accommodation required for escorting staff, suitable arrangements are to be made by the Ward/Unit/Department/Facility staff of the Transferring Facility. (arrangements for staff requiring transport or accommodation are to be made as per the requirements of the *WCDHB Staff Travel Procedure*)
- 1.16 The patient's belongings, including medications, valuables and personal effects are packed, and accompany the patient
- 1.17 A clothes/valuables sheet is completed by Ward/Unit/Department/Facility staff of the Transferring Facility.
- 1.18 The transfer of patient's records must be arranged via the Medical Records Department during work hours. During weekends, holidays and after-hours, the medical record may accompany the patient and a written notification is sent to the transferring Medical Records Department identifying the record sent, date sent, receiving location and includes the signature and designation of the Ward/Unit/Department/Facility Manager responsible for the organisation of the transfer.
- 1.19 On arrival in the Receiving Facility, the escort who accompanied the patient are to formally hand over care for the patient to the Ward/Unit/Department/Facility staff of the Receiving Facility. This is to include a comprehensive verbal handover and written documentation of patient's condition and care during transfer.
- 1.20 The Ward/Unit/Department/Facility staff at the Receiving Facility are to make an entry in patient's medical record acknowledging transfer has occurred, and recording the communication and processes that have been undertaken, and condition of patient, after completing a set of baseline observations, and record the findings.



Inter-Facilities Transfer Of Patient Procedure

Procedure Number
WCDHB-PC-0002

Version Nos:
5

7. Precautions And Considerations

- ➔ The decision to transfer a patient is the responsibility of the patient's doctor/psychiatrist.
- ➔ Patients family/whanau/care giver are to be notified of the decision to transfer the patient
- ➔ Transfer of the patient is to be documented in the patient's medical record.

8. References

Health South Canterbury General Nursing Policy Manual

9. Related Documents

WCDHB Air Ambulance Procedure

WCDHB Staff Escort Duties Procedure

WCDHB Transfer Of Patient Within Hospital Procedure

WCDHB MHS Transporting At Risk Mental Health Patients



Inter-Facilities Transfer Of Patient Procedure

Procedure Number
WCDHB-PC-0002

Version Nos:
5

10. Guidelines

TRANSPORT AND ESCORT CATEGORIES

CATEGORY	PATIENT CHARACTERISTICS	REQUIRED ESCORT
1	Requires ventilation or airway support Requires admission to ICU or NICU Has unstable physiology Has unstable spinal injuries	Specialist retrieval team (from receiving facility) Consultant or RMO (if not ventilated)
2	Requires cardiac monitoring and possibility of intervention Unconscious or potential to become so Requires narcotic or IV drugs bolus enroute	RMO, CCU Nurse or Paramedic
3	Stretcher patients requiring IV therapy (continuation of IV fluids/drugs via preprogrammed pump – not narcotic)	Nurse holding advanced IV certificate or Paramedic
4	Stable physiology requiring stretcher transport, with no apparent likelihood of complications occurring enroute	Paramedic or Ambulance Officer, Registered Nurse
5	Able to be transported sitting up and do not fall within characteristics of category 4 – may be transported by car	Ambulance Driver, Registered Nurse

Revision History	Version:	5
	Developed By:	Quality Improvement Co-Ordinator
	Authorised By:	Director of Nursing
	Date Authorised:	January 1996
	Date Last Reviewed:	November 2007
	Date Of Next Review:	November 2009