

Purpose:

To ensure the safe, appropriate and timely transfer of patients between departments within Mercy Hospital or from Manaaki (day facility) to McAuley Ward or Coolock DSU and from Mercy Hospital to a tertiary or community trust hospital.

Policy Applies to:

All Mercy Hospital Staff.

Compliance by Credentialed Specialists will be facilitated by Mercy Hospital nursing staff.

Related Standards:

- ◆ Standards New Zealand Health & Disability Sector Standards (Hospital) 8134.1:2008 - Standard 3.10
- ◆ New Zealand Standard Day-stay Surgery & Procedures 8164: 2005 Standards 4.5 & 4.6
- ◆ Australian Council on Healthcare Standards (ACHS): EQuIP - Standard 1.1.5

Rationale:

Patient transfers may occur between wards / departments on the Mercy Hospital campus (internal patient transfers) or from Mercy Hospital to another hospital (external patient transfers). External transfers may be *emergency* or *high priority* to a tertiary hospital (usually Dunedin Hospital) or *non-urgent* to a tertiary hospital, or community trust hospital. All team members shall communicate, cooperate and collaborate with colleagues, the patient and their whanau/family and the receiving department / institution to ensure the patient receives optimal continuity of care.

Definitions:

Transfer: The physical relocation, transport and where necessary, the escort of patients within and/or beyond the Mercy Hospital campus to another hospital.

Emergency: A critically ill patient whose condition has deteriorated rapidly or who has suffered an acute life threatening event requiring immediate specialised medical intervention.

High Priority: A patient whose condition is deteriorating and/or who requires specialised medical/nursing interventions not offered at Mercy Hospital.

Non-urgent: Patients who require placement in a Southern District Health Board (SDHB) hospital/ward and/or a Community Trust Hospital for the purpose of ongoing medical/nursing care (includes SDHB contract patients) or patients who request/initiate a period of convalescence in a Community Trust Hospital.

Internal transfer: may be planned e.g. patient transfer from ICU to McAuley Ward on the day following cardiac surgery and transfers between departments as part of the peri-operative patient journey or unplanned e.g. transfer from Coolock DSU, Mercy Heart Centre (MHC) or Manaaki to McAuley Ward as a result of a change in the patient's condition post - surgery / procedure.

Objectives:

- The transfer of patients shall occur in collaboration with the Credentialed Specialist, a medical officer at the receiving facility (external transfers), nursing staff and whenever possible, with the patient and their whanau/family.
- The transfer shall occur with minimal delay and distress to the patient, their family/whanau and staff.
- An appropriate escort and mode of transport shall be arranged according to the level of clinical risk.
- Comprehensive clinical information shall be documented and communicated to the staff of the receiving ward / department to facilitate appropriate and effective interventions.

Implementation:

- Circulation to staff
- Via HOD meeting and minutes
- On website for credentialed specialists.

Evaluation:

- Performance Indicators to enable quality improvement & bench marking (i.e. ACC; ACHS; Private Surgical Hospitals including number of Emergency & or High Priority transfers to an acute care facility / total number of patients and number of day surgery cases that have an unplanned overnight stay / number of day case surgeries undertaken).
- Incident Reporting System
- Clinical Record audit (reason for transfer documented in clinical notes)

Associated Documents

External

- ACHS EQuIP 6 Guide (NZ) Criterion 1.1.5
- Standards New Zealand Health & Disability Sector Standards (Hospital) 8134.1:2008 - Standard 3.10
- New Zealand Standard Day-stay Surgery & Procedures 8164: 2005 Standards 4.5 & 4.6

Internal

- Cardiac Arrest/ Patient Emergency, Clinical Services Work Manual
- Clinical Records Management Policy
- Consent Policy
- Credentialing Policy
- Discharge Policy
- MDRO Policy
- Modified Early Warning System, Clinical Services Work Manual
- Nursing Scope of Practice
- Patient Assessment Policy
- Patient Transfer Checklist
- Patient Transfer Form
- Patient Transport, Clinical Services Work Manual

References

- Lippincott (2016) *Transfer to an Acute Care Facility and Transfer Within a Facility*

Process

Internal Transfers (other than as part of the peri-operative journey)

- Contact CNUM or in their absence the Clinical Shift Leader or Shift coordinator on the receiving unit to confirm time of transfer.
- Explain the reason for the transfer to the patient and their whanau/family.
- Assess the patient's physical condition to determine the means of transfer, e.g. wheelchair or bed.
- Gather the patient's belongings and medications.
- For day surgery / Manaaki patients; discontinue the 'Day Surgery' care path on TrendCare and commence an 'Overnight' care path.
- Notify reception and kitchen of the transfer.
- Complete menus if required.
- Ensure medications (including regular medications) are recharted on to an inpatient medication chart
- Complete a set of vital signs and determine the MEWS; record this on an inpatient observation chart.
- Provide the nursing staff on the receiving unit with a detailed handover regarding the patient's condition and medication regime and review the patient's nursing care plan with them to ensure continuity of care.
- Document in clinical notes:
 - Reason for transfer
 - Time and date of transfer,
 - Patient's condition before and during transfer,
 - The name of the receiving unit,
 - Mode of transportation.
 - Any equipment , drains, IV lines, infusion pumps;
 - Accompanying whanau/family / friends
 - The name and designation of the person involved in the hand-over.
- Ensure clinical notes and any old notes accompany the patient.

Emergency & High Priority Transfers

- A checklist (appendix 1) is available to guide the transfer process.
- The decision to transfer a patient to an acute area at Dunedin Hospital is the responsibility of the patient's Credentialed Specialist. The decision may be made in consultation with the patient, their whanau/family (where appropriate), the Consultant/Registrar at Dunedin Hospital and other members of the multidisciplinary team.
- The referring Credentialed Specialist at Mercy will contact the relevant Consultant / Registrar at Dunedin Hospital and request that the patient be transferred.
- A transfer shall only proceed once the patient has been accepted by the receiving Consultant/Registrar at Dunedin Hospital.
- It is the responsibility of the referring Credentialed Specialist to liaise with the receiving Consultant /Registrar and confirm the transfer destination i.e. ward;

emergency department (ED); intensive care unit (ICU), before authorising the transfer.

- Whanau/family members shall be notified of the patient's transfer by the patient's Credentialed Specialist or the senior RN in charge.
- Where possible all patient charges should be completed before patient leaves Mercy Hospital.
- CNUM, or designate to ensure patient discharge is recorded on TrakCare as "discharge to another acute facility".

Emergency Transfer:

- In the event of an emergency & or where the patient requires ventilation or airway support, the patient's Credentialed Specialist may telephone the ICU Registrar or ICU Consultant at Dunedin Hospital and request immediate transfer to the ICU. The ICU staff may dispatch a retrieval team to collect the patient from Mercy.

High Priority Transfer:

The Duty Coordinator at Dunedin Hospital is often the first point of call for an inter hospital transfer not a ward Charge/Manager.

Often the transfer is to ED first while a bed is being found.

- Once the transfer has been confirmed the CNUM or designate will need to contact the Duty Manager to arrange a time for the transfer.
- The ward/unit receptionist or a nurse shall contact St John Ambulance Service and notify them of the transfer including:
 - The hospital and the ward/department the patient is transferring from and to.
 - The name, date of birth and NHI number of the patient.
 - The patient's medical condition.
 - The urgency of the transfer.
 - How the patient will travel i.e. stretcher / chair.
 - Any special requirements necessary during transportation e.g. oxygen; cardiac monitoring.
 - Whether the patient will have an escort and whether this is a Nurse & or Doctor.
 - Sending the account to Mercy Hospital and quoting the departmental code or name of the ward.
- The CNUM or designate shall:
 - Notify the Senior Nurse On-Call (after hours) and inform them of the transfer and/or if assistance is required.
 - Arrange an appropriate RN escort to accompany the patient taking into account the patient's condition and potential risk of deterioration.
 - Ensure documentation including medication & observation charts and laboratory results are collated in the clinical record (*see clinical records below*).

- Ensure an incident report is completed prior to or as soon as possible after the transfer has occurred.
- Ensure the patient's personal effects including own medicines, valuables and clothing accompany the patient.
- Email the Clinical Records Administrator and give the name and NHI of the patient being transferred; reason for transfer and destination ward if known. This will ensure that the patient's Clinical record is tracked.
- A Nurse Escort shall:
 - Accompany the patient in the ambulance to Dunedin Hospital.
 - Monitor and document changes in the patient's condition.
 - Provide other care or assistance as required during transfer.
 - Provide a verbal handover to the receiving nurse using the ISBAR communication tool.
 - Return any Mercy Hospital equipment used during the transfer
 - Return to Mercy Hospital via taxi (a taxi voucher is available in each ward / department and at main reception Mercy Hospital)

Clinical Records:

- In an emergency or high priority transfer, the patient's entire clinical record shall be sent with the patient to Dunedin Hospital. The clinical notes shall give a detailed account of the event, reason for transfer, patient's clinical status, treatment given and actions taken. Both a medical and nursing entry should be made. A sticker "*Please return to Mercy Hospital as soon as possible*" shall be attached to the cover of the blue folder, before placing it in an envelope addressed to the appropriate department.

Non-Urgent Transfer

- If the transfer is for the provision of ongoing medical or nursing care, e.g. to SDHB, Care of the Elderly Service for rehabilitation or a community trust hospital, it is the responsibility of the patient's Credentialed Specialist to arrange the transfer in consultation with the patient and their whanau/family
- Where it is known in advance that a patient will require an extended stay in a hospital environment, arrangements for transfer should be initiated from the Credentialed Specialists rooms prior to the patient being admitted to Mercy Hospital.
- The referring Credentialed Specialist at Mercy will contact the relevant Consultant / Medical Officer at the receiving hospital and request that the patient be transferred. If necessary, the Credentialed Specialist may be required to send a written request / referral letter.
- A transfer shall only proceed once the patient has been accepted by the receiving Consultant/medical officer.
- Once the patient has been accepted, the Clinical Coordinator or RN in charge shall:

- Contact the Nurse Manager at the receiving hospital /ward to arrange a day and time for transfer and to discuss any relevant details regarding the patient's condition and care.
- Liaise with the patient and family as to date and time of transfer; mode of transport e.g. ambulance or private car and whether a family member will accompany the patient. (Non-urgent ambulance transfer at the request of the patient or family will be charged to the patient and they must be informed of this prior to transfer).
- Arrange an appropriate escort if required
- Ensure relevant sections of the clinical record are photocopied e.g. medication chart.
- Ensure a transfer form is completed including any special instructions regarding the patient's on-going care.
- Ensure all the patient's personal effects including own medicines and any hired equipment accompany the patient.
- **Convalescent Care**
 - From time to time a patient or their family may initiate a period of convalescence in a rest home or community trust hospital. In this case the Clinical Coordinator or other member of the nursing team shall liaise with the Nurse Manager of the receiving home / hospital to discuss relevant details regarding the patient's care and condition. A transfer form should be completed and sent with the patient in an envelope addressed to the Nurse in Charge.
- **SDHB contract patients:**
 - Mercy may be contracted to provide surgery only or surgery and post-op care in the in-patient ward.
 - When a 'surgery only' contract exists, the patient is transferred from the DSU to a previously assigned ward at Dunedin Hospital.
 - The ambulance is pre-arranged by Dunedin Hospital; the DSU Shift Leader / RN contacts St John Ambulance and advises them of the time the patient is ready to be collected. The cost of the ambulance transfer is covered by the SDHB.
 - If an escort is required (e.g. after GA) this will be provided by Mercy Hospital.
 - The patient's clinical notes, from the current episode of care in Mercy are incorporated into the 'old notes' from the SDHB (by the DSU Receptionist) and accompany the patient when they are transferred. A copy of the discharge summary is retained and sent to the patient's GP by the Clinical Records Officer.
 - Some patients may have limited post op care provided for in the contract i.e. they will transfer back to Dunedin Hospital 1-2 days post-surgery. Process to be followed is the same as for a transfer occurring immediately post-surgery.