



HEALTH HOLDING

HAFER ALBATIN HEALTH
CLUSTER
MATERNITY AND
CHILDREN HOSPITAL

Department:	Provision of Care		
Document:	Multidisciplinary Policy and Procedure		
Title:	Internal Patient Transfer and Transportation		
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1. PURPOSE:

- 1.1 To establish a uniform system and set responsibilities for appropriate safe and efficient transfer and transport of patients to other units in the hospital.
- 1.2 To ensure continuity of care and meeting the care needs of the patient.

2. DEFINITIONS:

- 2.1 Referral is the process by which a patient is sent:
 - 2.1.1 From one clinician to another clinician or specialist; or,
 - 2.1.2 From one setting or service to another, either for consultation or care that the referring source is not prepared or qualified to provide.
- 2.2 Transfer is the formal shifting of responsibility for the care of a patient from one care unit to another, one clinical service to another, one qualified practitioner to another or one organization to another organization.
 - 2.2.1 Temporary transfer: patient is referred to other facility temporarily to perform certain investigations or procedures.
 - 2.2.2 Complete transfer: patient is transferred permanently to other facility.
- 2.3 Transport: The movement of the patient from one place to another using a transport aid or motorized vehicle (ambulance) or manual (wheel chair, stretcher, bed).
- 2.4 Attending physician: is a consultant position member of the medical staff assigned to be responsible for providing medical care and management of the patient.
- 2.5 Inpatient transfer: Relocating the patient to an empty bed within the hospital, either on the same inpatient-nursing unit or to another nursing unit.
- 2.6 Inpatient swap: Moving two inpatients between beds. This can occur within the same inpatient-nursing unit or between two different inpatient-nursing units.
- 2.7 Inpatient discharge: Discharging an inpatient from the hospital, or deceased patient.
- 2.8 Discharge: Is the clinical decision to end an inpatient care episode by a physician based on clinical assessment that the patient no longer needs hospital services or the services needed is not provided by the hospital requiring complete transfer of care responsibilities. Discharge can also be a result of death or initiated by refusal of treatment.

3. POLICY:

- 3.1 Transferring patients to another service or healthcare provider is based on the assessment of patient's health status and needs for continuing healthcare services.
- 3.2 Transfer of patients will be guided by the transferring unit's discharge/transfer criteria and the receiving unit's admission criteria.
- 3.3 All transfer of patients to another unit will require a physician order by the physician arranging the transfer.

- 3.4 The transferring physician should obtain agreement of the receiving physician to accept the case before initiating the transfer. He/she will document the acceptance on the patient's medical record and inform the head/charge nurse.
- 3.5 The head/charge nurse of the transferring unit will communicate with the head/charge nurse of the receiving unit to ensure availability of bed.
- 3.6 For patients transferred permanently, the transferring MRC/his/her designee will:
 - 3.6.1 Fill the ICU physicians transfer/discharge form and medical report as required.
 - 3.6.2 Assess the patient before transfer.
 - 3.6.3 Ensure accurate handover of the patient to the receiving team.
 - 3.6.4 Informs the patient/patient guardian about necessity and reason of the transfer.
- 3.7 For temporary transfer for a procedure or investigation, the procedure request, patient's medical record and any relevant data should accompany the patient'.
- 3.8 The responsible nurse will document the "Transfer In Form (SBAR process)" before transfer.
- 3.9 A qualified physician and a nurse with proper equipment for resuscitation will escort all critical or unstable patients.
- 3.10 Patient comfort, safety and privacy must be provided and maintained all through the transfer and transportation.

4. PROCEDURE:

- 4.1 Permanent transfer priority: The priorities for intra-hospital patient transfer are as follows:
 - 4.1.1 Patients transfer from the emergency department to an appropriate patient bed.
 - 4.1.2 Patients transfer from intensive care units to general areas and vice versa.
 - 4.1.3 Patients transfer from temporary placement in geographic or clinical service area to appropriate service area for that patient.
- 4.2 Inpatient swap:
 - 4.2.1 Movement of one patient bed to another bed for reasons of isolation, deep cleaning or any other reason that may require change of bed or room.
 - 4.2.2 Moving to or from isolation beds need physician order.
 - 4.2.3 Inform admission officer.
 - 4.2.4 Patient with the same name "alert" should not be placed in the same room for identification purposes.
- 4.3 Transfer of patient's care responsibility from one attending physician/service to another: Once the patient transfer from the unit is decided, the attending physician/his/her designee will:
 - 4.3.1 Contact the receiving physician at the receiving unit to convey all patient clinical information
 - 4.3.2 Document a transfer order in the physician order sheet.
 - 4.3.3 Assesse the transportation needs of the patient according to his/her condition and decide the required level of qualification and skills of the escorting team physicians, nurses, respiratory therapists and write orders for patient care during transfer to prevent aggravation of patient condition during transport e.g. IV fluids, oxygen therapy, urinary catheters.
 - 4.3.4 Fill the ICU physician transfer/discharge form and add any further information as required on the multidisciplinary progress notes. It should include:
 - 4.3.4.1 Patient diagnosis.
 - 4.3.4.2 Brief summary of hospital course and services provided (therapies, consultations, procedures up to date), results of diagnostic investigations,
 - 4.3.4.3 List of medication.
 - 4.3.4.4 Patient condition at the time of transfer.
 - 4.3.4.5 Resuscitation status and any infection control risks or other preventions.
- 4.4 The receiving attending physician will:
 - 4.4.1 Review the patient's medical record.
 - 4.4.2 Document the acceptance of the transfer of care in the progress notes of the patient's medical record.
 - 4.4.3 Visit the patient and informs him/her and/or family about the transfer of care.

- 4.4.4 Assess the patient and document the findings and any changes in the plan of care in the patient's medical record.
- 4.4.5 Write required physician orders on the physician order sheet.
- 4.5 The assigned transferring unit head/charge nurse will call the receiving unit head/charge nurse and:
 - 4.5.1 Enquire about the bed availability and readiness status.
 - 4.5.2 Inform her about the patient's condition, infectious status, resuscitation status, or other conditions that needs special precautions and/or preparations.
- 4.6 The receiving unit head/charge nurse will:
 - 4.6.1 Inform the admitting office of the transfer prior to accepting the transfer to ensure that the admitting office has no other plans for the bed.
 - 4.6.2 Once the bed availability is confirmed by the admission office, the receiving unit nurse will call the transferring nurse and initiate the transfer.
- 4.7 The transferring unit head/charge nurse:
 - 4.7.1 Coordinate the transfer of the patient after the above steps have been completed.
 - 4.7.2 Prepare the patient according to the receiving unit protocol (if any) for acceptance of patients.
 - 4.7.3 Consider how and who will be responsible for the patient's ongoing treatment during the transport from the ward to ensure patient safety and continuity of care.
 - 4.7.4 Arrange for the patient mode of transport, escort needed, and equipment required based on the patient condition and physician orders.
 - 4.7.5 Seek advice from infection control team when transporting patients with infectious disease to take the necessary precautions during transfer.
 - 4.7.6 Call the receiving unit charge nurse to inform her when patient is ready for transport.
 - 4.7.7 Notify the receiving department about any delay or change in a timely manner.
- 4.8 The assigned transferring unit nurse will:
 - 4.8.1 Double check the patient identification with the assigned charge nurse, by asking the patient his/her name and ensuring that the patient's full name and hospital medical record number on her/his well secured identification bracelet are the same as those on her/his medical record.
 - 4.8.2 Prepare the patient belongings.
 - 4.8.3 Before the patient leaves the ward area, ensure that the patient's physical comfort, privacy and dignity will be maintained during the transfer e.g. properly covered, warm enough.
 - 4.8.4 Document condition of patient and the time at leaving the unit.
 - 4.8.5 When the patient arrives to the receiving unit, the transferring nurse will:
 - 4.8.5.1 Double check patient identification with the receiving nurse
 - 4.8.5.2 Provide verbal handover of the patient to the receiving nurse.
 - 4.8.5.3 Both the transferring and receiving nurse will sign the transfer in form (SBAR process).
 - 4.8.5.4 Hand the patient medical record to the receiving nurse.
- 4.9 Transport of critical patients:
 - 4.9.1 Before transport, the transporting team should receive confirmation from the receiving location that it is ready to receive the patient for immediate procedure or testing.
 - 4.9.2 The patient must be escorted by a physician and a nurse and if needed a respiratory therapist.
 - 4.9.3 Patient connected to continuous vital signs monitoring and observed by the accompanying nurse.
 - 4.9.4 Functioning resuscitation equipment and emergency drugs must accompany the patient.
 - 4.9.5 For mechanically ventilated patients at least one team member should be proficient in managing the airway in the event of accidental extubation or other events that may cause impairment of the airway. Correct endotracheal tube position should be ensured by both physician and nurse. Secured patent intravenous access also should be checked.
 - 4.9.6 Physician must be knowledgeable about the condition of the patient and the administration of drugs likely to be required during transfer.
 - 4.9.7 At least one team member should be proficient in operating and troubleshooting all of the transfer equipment; ventilator, IV pumps.
- 4.10 If emergency occurs in transit e.g. cardiac arrest,:

- 4.10.1 Start resuscitation and call for code blue via the nearest telephone point (call 1212).The resuscitation team will then respond, equipment will be dispatched for the safe continued care of the patient "Cardiopulmonary arrest (code blue)" policy. According to patient condition, the team leader may decide to take the patient to critical care area for continuity of care.
- 4.10.2 The concerned specialty intensive care on duty physician will be responsible for transporting the stable code patient to the intensive care unit, contact the patient's attending physician and intensive care consultant to provide them with patient care report.
- 4.10.3 If death occurs and it is certified, the patient will be transferred back to his/her original area.
- 4.11 Transfer of patients from operating room:
 - 4.11.1 The anesthetist in charge/his/her designee will call the receiving unit to inform them that the patient is ready for transfer, his/her condition and the level of required care during transportation.
 - 4.11.2 The anesthetist or the patient's attending consultant/his/her designee, after receiving handover of the patient care from the anesthetist (and surgeon as required), will accompany the patient to ICU or the receiving ward according to patient's condition.
- 4.12 Transfer of patients from emergency department to intensive care:
 - 4.12.1 The admitting consultant/his/her designee will directly contact the concerned intensive care unit on duty consultant/his/her designee to inform him/her about the case and request the bed. The intensive care consultant/his/her designee will:
 - 4.12.1.1 Make bed arrangements.
 - 4.12.1.2 Arrange necessary requirements and equipment e.g. ventilator.
 - 4.12.1.3 Participate as required with the emergency department team in stabilizing the patient and transporting him/her to the intensive care unit.
 - 4.12.1.4 For neonates, follow the neonatology unit policy (Admission of neonates to the neonatology department).
- 4.13 Temporary transfer of patients for procedure or continuing care:
 - 4.13.1 On the given appointment day of the procedure or test, the assigned head/charge nurse will:
 - 4.13.1.1 Call the receiving department performing the procedure or care to get the exact given time of the procedure.
 - 4.13.1.2 Notify the receiving unit of the patient's infectious status or other conditions that need special precautions.
 - 4.13.1.3 Prepare the patient's medical record and any relevant information or documents.
 - 4.13.1.4 Arrange for how and who will be responsible for escorting the patient during transfer according to each patient's condition and needs to ensure patient safety, continuity of care, dignity and privacy.
 - 4.13.1.5 Seek advice from infection control team when transporting patients with infectious disease and take the necessary precautions accordingly.
 - 4.13.2 The assigned nurse who will accompany the patient will:
 - 4.13.2.1 Call the receiving unit to ensure they are ready to receive the patient and inform them patient is ready for transport.
 - 4.13.2.2 Double check identification of the patient with charge nurse by asking the patient his/her name and matching name and medical record number on the patient bracelet with that on his/her medical record number.
 - 4.13.2.3 Ensure function of equipment accompanying the patient and availability of medications and secured intravenous line.
 - 4.13.2.4 Double check patient identification with the receiving unit nurse and endorse the patient.
 - 4.13.2.5 Document any change in patient condition or any events during the transfer on the nurses progress notes of the patient medical record.
 - 4.13.3 Patients who will receive sedation during the procedure e.g. computed tomography, magnetic resonance etc., must be accompanied by qualified physician and nurse and transported as critical care patients (4.9 above).
- 4.14 The porter must have completed training in moving and handling patients during transfer and be competent to use any equipment required e.g. slide sheets, lifting aids, trolleys, patient beds,

wheelchairs. At times it may be necessary for tow porters to assist in the patient's transfer when there are numerous pieces of equipment to move with the patient. This will ensure the transfer is conducted in a safe manner for the patient and staff.

4.15 Corridors must be kept free of equipment, storage cabinets.

4.16 Equipment:

4.16.1 The assigned nurse responsible for equipment in each department must regularly check all equipment used in transfer of patient e.g. portable incubators, ventilators, resuscitation equipment.

4.16.2 Regular maintenance by engineers is documented.

4.16.3 Any faults identified must be reported and repaired immediately.

4.16.4 Any fault with elevators must be urgently reported to the maintenance department.

4.17 Transfer to Mortuary:

4.17.1 The deceased must be removed from the ward within two hours of death.

4.17.2 Safe moving and handling techniques must be used whenever the deceased is moved or handled in order to reduce any risk of injury to staff and to maintain patient dignity.

5. MATERIAL AND EQUIPMENT:

5.1 Forms:

5.1.1 ICU Physician Transfer/ Discharge Form

5.1.2 Transfer in Form (SBAR Process)

5.1.3 Multidisciplinary Progress Notes

5.1.4 Physician Order Sheet

5.2 Equipments:

5.2.1 Medical equipment required for the transferred patient e.g. portable vital signs monitor, transport incubator, mechanical ventilator, [V pumps, patient bed, wheel chair etc.

6. RESPONSIBILITIES:

6.1 Assigned Consultant

6.2 Assigned Specialist

6.3 Assigned Resident

6.4 Assigned Staff Nurses

6.5 Head Nurse/Charge Nurse

6.6 Admission Officer


7. APPENDICES:

N/A

8. REFERENCES:

8.1 Maternity and Children Hospital, Directorate of Health Affairs Holy Capital, Kingdom of Saudi Arabia.

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