Policy for the Transfer of Patients into Acute Care

Policy PROV 08

October 2007
### Document Management

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<tr>
<td>Description</td>
<td>A policy outlining the procedures and processes that need to be considered and put in place when transferring a patient for treatment in an acute care setting</td>
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<td>All staff involved in the care of patients.</td>
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Policy for the transfer of patients into acute care

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1 INTRODUCTION

There may be occasions when a patient needs to be transferred to an acute trust. The principle concern of the referring trust or organisation must be to maintain the patient’s well being, provide optimal care during the transfer period, and deliver the patient safely to the receiving unit, along with accurate and pertinent health care information.

2 PURPOSE

The purpose of this policy and its supportive guidelines is to ensure safe and appropriate transfer of the patient with minimal risk. The aim is to clarify the clinical accountability of the nursing staff, medical staff and supportive staff who are responsible for the patient’s care to ensure that safe appropriate transfer of patients does occur and their care continues with minimal interruption and risk.

3 SCOPE OF POLICY

The policy is relevant to all staff employed by Northamptonshire Teaching Primary Care Trust (NtPCT).

This policy will be strongly recommended to independent practitioners as good practice guidance.

4 EQUALITY AND DIVERSITY

NtPCT recognised the diversity of the local community and those in its employment; and aims to provide a safe environment free from discrimination and a place where all individuals are treated fairly, with dignity and appropriately to their need. NtPCT recognises that equality impacts on all aspect of its day-to-day operations and has produced an Impact Assessment Framework for all its policies.

This policy has been assessed against this framework and the results presented in Appendix 3.

5 RESPONSIBILITIES

5.1 Chief Executive

The Chief Executive has ultimate accountability for ensuring the provision of high quality, safe and effective services within NtPCT.

5.2 Senior Staff

These staff must ensure that all staff are aware and adhere to this policy. They are also responsible for ensuring that any deviation or errors arising are dealt with in the correct manner, according to the Incident and Near Miss Policy of the NtPCT.
5.3 **All staff employed by the NtPCT**

All staff, both clinical and non-clinical, are responsible for applying the principles contained within the policy.

6 **GENERAL PRINCIPLES**

During a transfer, patients should be treated and cared for in such a way as to maintain:

- Patient safety
- Necessary treatment and care
- Contact with appropriate staff
- Dignity
- Respect of individual needs
- Contact with appropriate relatives and carers

7 **GUIDELINES FOR PLANNED TRANSFER OF PATIENT**

- The patient/client will be identified as medically stable for transfer by the medical team with recognised authority to do this. This decision must be clearly documented within the health care records and this principle applies to planned and emergency transfers.
- A risk assessment must be carried out before arrangements for transfer are made.
- The checklist laid out in Appendix 1 should be completed by the senior clinical staff member and placed in the healthcare records. One copy should also be kept for audit and this should be kept in a separate audit file for future analysis in accordance with the NtPCT audit calendar.
- A decision should be made at this time regarding the need for an escort, and the escort guidelines within the NtPCT must be followed (see appendix 2).
- Patients and their relatives/carers must be kept informed of any transfer arrangements before the transfer takes place.
- A paper copy of the healthcare records and the results of any diagnostic tests, along with a completed, comprehensive and legible hospital transfer letter will accompany any patient who is transferred across hospital sites.
- Detailed records of medicines prescribed, along with patient’s own medications, must be sent with the patient to the receiving organisation. This record should also include any allergies or adverse reactions known.
- When arranging a transfer, the person responsible for the transfer must speak to a member of the team at the acute trust who will be receiving the patient and give details of the patient’s diagnosis, condition and treatment given. This should also be recorded in the patient’s health care record, along with the name of the person who has accepted the patient for transfer.
- The staff member will arrange transport and ensure that the ambulance services are aware of the patient’s condition and any special requirements that the patient may have.
- Before the patient leaves the premises, the bed availability should be checked again with the receiving hospital.
• Any discussions about the patient’s transfer must be recorded in their healthcare records.

It is vital that the patient’s identity is established beyond question before any transfer arrangements are made and that any name bands in place are accurate and readable.

8  EMERGENCY AND OUT OF HOURS TRANSFERS

The patient/client will be identified as medically stable for transfer by the medical team with recognised authority to do this. For urgent or out of hours transfers, the staff involved should use the emergency system in place in the unit, i.e. ring (9) 999 to summon help and call an ambulance. The staff are still responsible for ensuring the completion of the checklist and ensuring all relevant documentation is made available to go with the patient, and at this time it is vital to ensure that patient identification is accurate and that any name bands are correct and readable.

9  WHAT HAPPENS WHEN THINGS GO WRONG?

If the process for transfer of a patient goes wrong, the staff involved must ensure that an Incident form is completed and the incident investigated in line with the NtPCT Incident Reporting Policy.

10  NTPCT REVIEW AND MONITORING

A review of the contents of this policy will take place two years from the date of approval. An earlier review may be warranted if one or more of the following occurs:

• as a result of regulatory/statutory changes or developments
• due to the results/effects of critical incidents
• or any other relevant or compelling reason
• an audit of this policy should be included in the audit calendar for the unit and will be audited annually. The audit must involve the process for the movement of patients and the recognition of any difficulties that may arise, as well as highlighting areas of good practice across the NtPCT.

11  REFERENCES


Checklist for transfer to an acute care setting to be completed by senior clinical staff at the time of transfer

1. Name of staff member authorising and approving transfer of a patient to an acute setting

2. Name of staff member who has assessed that patient is fit for transfer

3. Name of hospital contacted and accepting transfer and name of person at receiving hospital accepting transfer.

4. Relevant information regarding transfer arrangements recorded in the health care records
   Yes ☐ No ☐

5. Is an escort required? (If yes refer to escort guidelines)
   Yes ☐ No ☐

6. Has transport been booked?
   Yes ☐ No ☐

7. Have patients relatives/carers been informed
   Yes ☐ No ☐ If yes, give name of person given information and the time it was given

8. Relevant documents to accompany patient (tick):
   a) Copy of health care records ☐
   b) Copy of any diagnostic test results ☐
   c) Details of medications prescribed and any known allergies or drug intolerances ☐
   d) List of any patients own medications accompanying transfer ☐

9. Transfer letter signed and dated (copy to be kept at unit arranging transfer)

10. List of patient’s property sent with patient

11. Dietary requirements noted

12. Any special communication needs highlighted e.g. hard of hearing, interpreters needed etc
   If yes please give details …………………………………………………………………………

13. Patient identification checked and confirmed, any name bands in place are accurate and readable
   Signed ____________________ Designation ____________________ Date _____________

One copy of this completed checklist should be filed in the patient's health care records and one copy should be retained for audit purposes.
Appendix Two

Guidelines for the escort of patients

When a patient is transferred to an acute setting, the clinical team leader or nurse must ensure that, if an escort is required, the patient is escorted by the most appropriate member of staff, who will be able to meet their needs.

The senior staff member will assess the need for an escort, and advice can be sought from their manager if necessary.

The reasons to provide an escort, or when an escort is not required, must be documented in the patient's health record, along with the time and date that the patient left the area.

When a patient leaves to undergo a procedure that requires sedation, a nurse must accompany them.

Student nurses must not be the sole escort for a patient if a nurse is required to escort them.

Provision must be made for the staff that accompany patients to be returned to their work area if the patient will be staying at the place they are going to. Ideally, if patients are being transferred for a short time or for a clinical procedure, the escort will stay with them in order to promote continuity of care.
## Appendix 3
### Policy Impact Assessment – Screening Tool

**Name of Directorate**: Provider Services  
**Date of Assessment**: 12/09/07

**Policy being assessed**: Policy for the transfer of patients into Acute Care  
**Assessment Carried out by**: Siân Roberts

<table>
<thead>
<tr>
<th>Policy Title</th>
<th>Who is affected</th>
<th>Statutory requirements</th>
<th>Full Assessment Needed</th>
<th>Priority</th>
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| Policy for the transfer of patients into Acute Care | Staff employed by NtPCT  
Patients being transferred to acute care ?? clinical ?? not subject to race, gender or any other factor | No specific statutory requirements | No | Medium |