Manual: General of Vitalité Health Network

Title:	PATIENT TRANSFERS		**No.: GEN.3.30.10**
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Facility / Program:		☑ **Vitalité** **Zone:** ❒ 1 ❒ 4 ❒ 5 ❒ 6	

PURPOSE

1. To optimize the use of resources required to ensure that patients are transferred to the closest institutions capable of providing the care required for their condition, while ensuring delivery and/or continuity of care in the most effective, expedited and safest manner possible.

POLICY

1. This policy applies to the following cases:
   - Consultation with a physician or for diagnostic purposes;
   - Ensuring continuity of care (e.g., transfer to a nursing home, the EMP, a rehabilitation centre);
   - Caring for patients who have life-, limb- or organ-threatening conditions;
   - Providing care to any other type of patients.

2. Arrangements for transfer must be based on the patient's condition and the risk of deterioration.

3. Patients who have life-, limb- or organ-threatening conditions must be guaranteed access to the acute care they need. **No** Vitalité institutions **can refuse** a patient in critical condition. However, if it is impossible (specialty concerned absent, no place to provide optimal care to the patient with overflow plan in place), the patient is admitted to the most appropriate department close to his or her place of origin. As soon as the facility in question is able to do so, the patient is accepted without delay.

4. Any request for transfer within Vitalité to obtain clinical expertise **must be accepted** within a reasonable delay, depending on the patient's clinical condition following the priority levels below (codes set between the referring physician and the receiving physician, not those of the Medical Communications Management Centre [MCMC]):
   -Transfer priority 1 or urgent: attention required within two hours;
   -Transfer priority 2: attention required within 12 hours;
   -Transfer priority 3: attention required within 72 hours;
   -**Transfer priority 4**: non-urgent.

4.1 Any case of refusal is reported to the local Chief of Staff and Medical Director who will immediately review the case.

5. The lists of services available in Vitalité's institutions must be reviewed by departments/divisions/services concerned every year. (Procedure established by Medical Affairs)

6. **Responsibilities of the referring institution**

6.1 The referring institution must ensure stabilization of the patient's condition and care before and during transfer, depending on available means and resources.

6.2 The referring physician remains responsible for the patient until he or she is transferred to the receiving physician.

6.3 If a patient must be transferred to another zone (or elsewhere) to receive tertiary care and will require secondary care upon returning to his or her zone, the designated specialist at the secondary care institution of the referring zone must **accept** and care for the patient upon his or her return.

For instance:
A patient in septic shock from a primary care institution is transferred to a tertiary care centre for an ERCP. Once the procedure is completed, the patient must return to a secondary care institution in his or her zone to continue receiving the care required for his or her condition. He or she is cared for by a general surgeon.

6.4 If the receiving institution must make a bed available to admit the patient being transferred, the referring institution must, whenever possible, accept a patient who comes from that region and whose condition permits.

6.5 When the patient is ready to return to the referring institution and is discharged from the receiving institution, the referring institution must accept repatriation of the patient **within 24 hours**. This may involve the implementation of the usual overflow plan.

6.6 The medical directors and local chiefs of staff of the institutions concerned must analyze the following for transfer of patients in life-, limb- or organ-threatening conditions:

- Time required for referral, acceptance, transfer and treatment;
- Refusals (transfers and returns);
- Transfers with significant inconveniences;
- Transfers exceeding the maximum time stipulated to obtain the attention required;
- Treatment outcome;
- Impact on services;
- Impact on human resources;
- Complaints, concerns, challenges and opportunities.

(Procedure and details established by the Regional Chief of Staff, medical directors and local chiefs of staff, chief operating officers, and the Quality Management Committee)

7. **Responsibilities of the receiving institution**

7.1 If transferring a patient for a diagnostic examination or consultation:

7.1.1 The physician responsible for interpreting the examination results informs the referring physician of the results;

7.2 If transferring a patient in need of care, including patients in life-, limb- or organ-threatening conditions:

7.2.1 For a patient in life-, limb- or organ-threatening condition. the receiving physician providing the care required by the patient **must accept** the transfer (see No. 3 Policy);

7.2.2 The receiving institution must ensure that the required resources and facilities are available to receive the patient being transferred.

PROCEDURE

Referring institution

1. Transfer for a diagnostic examination or consultation

1.1 The attending physician requests and arranges the consultation required with the appropriate physician in one of the institutions capable of providing the services required; see
- Inventory of Hospital Services
- Specialized Services and Programs
- Care Services for Patients in Life, Limb or Organ Threatening Conditions

2. Transfer for delivery and/or continuity of care (including patients in life-, limb- or organ-threatening conditions):

2.1 The referring physician:

2.1.1 Identifies an institution within Vitalité that can provide the care and/or services required; see:
- Inventory of Hospital Services
- Specialized Services and Programs
- Care Services for Patients in Life, Limb or Organ Threatening Conditions

2.1.2 If none of Vitalité's institutions provides the care and/or services required, identifies an institution outside the Network using
- External Reference Centers for Tertiary Services;

2.1.3 Chooses the location according to distance and bed availability and the physician required;

2.1.4 Identifies and contacts the receiving physician and specifies transfer priority level 1, 2, 3 or 4; if necessary, they will discuss resources required for the transfer;

2.1.5 Identifies human resources required, determines whether a physician or another professional is required for the transfer, and informs the nurse who is in charge of the patient;

2.1.6 Completes the summary history and physical examination forms, writes a temporary diagnosis, identifies the patient's clinical needs, and writes the orders required for the transfer, PRN and other medications.

2.2 The nurse in charge of the patient or any other team member:

2.2.1 Contacts the Medical Communications Management Centre (MCMC):

- for ground transfer at 1-800-357-9355; or
- for air transfer at 1-800-454-9555.

2.2.1.1 Provides the information required and specifies transfer priority level as per MCMC codes:

Emergency transfer: A transfer to a facility with a higher level of care due to a danger to life, limb or vital organ, or as requested by the referring physician.

Urgent: Transfer when a patient needs to be transferred in a timely manner. Paramedics will have patient contact within two hours. Emergency transfers and 911 calls take precedence.

Scheduled transfer: Booked prior to 23:59 the previous day.

Unscheduled transfer: Booked after 00:00 the day of the requested transfer.

Return transfer: When a patient is returned to their original location within 24 hours of the initial transfer.

Appointment: A scheduled or unscheduled transfer where the patient is requested to be at a specific place or department for a scheduled test or procedure at a specific time.

2.2.1.2 For transfers outside the province, follows the procedure of each institution receiving the patient;

2.2.2 Informs the admitting department of the receiving institution of services required and the name of the physician, and asks for the room number, if known;

2.2.3 Informs the paramedics if protective clothing is required for isolation cases;

2.2.4 Informs the family or significant other, providing information about the location and name of the receiving institution, department, address, phone number, name of the receiving physician, and costs, if any and if known;

2.2.5 Identifies with the physician the material required for the transfer: O_2, pulse oximeter, heart monitor, etc.;

2.2.6 Completes the appropriate transfer form(s):

- EMP: Request for EMP Services;
- Transfer from the Medical, Surgical, Intensive Care, and Long-term Care units: see Transfer form RC-55B ;
- From emergency: see Transfer from Emergency form RC-56B;
- Transfer of Parturient RC-57B;
- Transfer of Newborn RC-58B;
- Heart Centres: Use the forms given by the centres.

2.2.7 Gathers copies of all relevant documents that must accompany the patient, including the kardex (except for emergency) and patient profile. Makes another copy of the kardex and patient profile for the patient record as documents to be given at transfer;

2.2.8 If available, sends home medications with the patient;

2.2.9 Calls the nurse of the receiving department to inform her of the transfer and the expected time of arrival and provides a report on the patient's condition. Documents are handed over to the person in charge of the patient during transfer.

2.3 The authorized or care staff escorting the patient:

2.3.1 Document the care, treatments and medications administered during transfer;

2.3.2 Give a complete report to the receiving nurse, give her a copy of the clinical notes taken during transfer, and bring back the original clinical notes to the referring institution;

2.3.3 Bring all equipment used during the transfer back to the referring institution;

2.3.4 For unused narcotics, refer to policy GEN.3.20.90 "Controlled Drugs and Substances."

Receiving institution

3. For consultations or diagnostic examinations, the consulting physician:

3.1 Informs the referring physician of the examination results;

3.2 If the patient's condition worsens, sends the latter to the emergency department and informs the attending physician.

3.2.1 The paramedical staff escorting the patient give a report to the staff in the emergency department.

3.2.2 If indicated, the attending physician provides all relevant information to the emergency department physician.

3.3. If after evaluation, the consulting physician deems that the patient does not require a higher level of care, he or she can return the patient to the referring institution or if the physician is practising in a tertiary care centre, he or she can refer the patient to the secondary care institution that is the closest to the patient's home.

4. If transferring a patient in need of care, including patients in life-, limb- or organ-threatening conditions:

4.1 The person who receives the call contacts the on-call physician who is the most appropriate depending on the diagnosis and immediately establishes contact between the two physicians.

4.2 The receiving consulting physician:

4.2.1 Ensures with the referring physician that the request for transfer is relevant and the priority level is adequate;

4.2.2 Contacts the emergency department of his or her institution to inform them of the arrival of a life-, limb- or organ-threatening case.

4.3 If necessary, the nurse manager of the emergency department or supervisor asks that the overflow plan be implemented according to the zone administrative process.

4.4 If, once the tertiary care obtained, the patient still requires secondary care in the referring zone, the specialist physician of the tertiary care centre contacts and provides an appropriate summary to the specialist physician of the secondary care centre who will care for the patient upon his or her return.

4.5 If after evaluation, the consulting physician deems that the patient does not require a higher level of care, he or she can return the patient to the referring institution or if the physician is practising in a tertiary care centre, he or she can refer the patient to the secondary care institution that is the closest to the patient's home.

4.6 When the patient returns to the referring or secondary care institution if required:

4.6.1 The consulting physician writes the discharge and transfer orders;

4.6.2 The nurse contacts the admitting department of the referring institution to inform them that the patient is ready to be transferred back;

4.6.3 The nurse completes and hands over a Care Transfer sheet and all documents as for the initial transfer and the discharge summary if indicated.

4.7 At the referring/ secondary care institution:

4.7.1 The physician who takes charge of the patient transcribes all the consulting physician's orders on the order sheet in the patient's record.

ADDITIONAL RELEVANT INFORMATION

1. For "Transfer of adult patients with trauma, follow policy TRA.2.20.10.

2. For "Transfer of children patients with trauma, follow policy TRA.2.20.15.

3. For transfer of involuntary patients, follow policy GEN.3.10.20 "Involuntary Status – Notification to Nearest Relative".

REFERENCES

Accreditation Canada, transfer/discharge standards

Ambulance New Brunswick

Higher level of Care and/or Life, Limb and Threatened Organ, policy/procedure from Fraser Health, British Columbia

Life or Limb – No Refusal Policy, Réseau local d'intégration des services de santé, Ontario

Trauma N.B.

Policies to be eliminated:

Supersedes:	**Zone 1:**	**Zone 5:**
	III.20.55	NUR-1-h-60
	NSGB.4.10.93	NUR-2-m-30 (u)
		NUR-2-t-70 (d)
	Zone 4:	NUR-2-t-70 (f)
	GEN-III-A-30	NUR-2-t-70 (h)
	GEN-III-A-32	NUR-2-t-70 (i)
	GEN-III-A-34	NUR-2-t-70 (g)
	GEN-III-A-37	NUR-3-EM-e-80
		NUR-3-MP-h-40
		SUP-AD-7-80
	Zone6	NUR-3-OB-e-60
	III-86B	NUR-3-OB-o-60
	III-30	NUR-3-EM-h-10 and Appendix B
	III-32	NUR-3-EM-h-40
	III-46	NUR-e-EM-h-50
	III-46B	NUR-3-EM-h-60
	1607	NUR-3-EM-h-70

Forms to be eliminated:

Supersedes:	Zone 1:	Zone 5:
	14.50.10 14.50.11 17.73.37	Continuité de soins/Continuity of Care (500-12 (98-09) Dossier de transfert. Doc. Transfert néonatal (620-07F) Liste de contrôle Nouveau-né (620-06)
	Zone 4: 3088-D 3031-D 3301-D 3603-D	**Zone 6:** R-200