TRANSFER OF A PATIENT

Keywords: Inter hospital transfer, patient transfer, internal transfer of patients, transfer to another hospital, patient movement, transfer between wards

See also WNHS Discharge Policy for information relevant to transfers.

AIM

- To facilitate timely and appropriate internal and external transfers of patients.

INTERNAL TRANSFERS

- Notify receiving area of the woman / neonate’s transfer.
- Inform the woman of the transfer.
- Ensure woman’s belongings are clearly labelled and placed in a clothing bag or personal luggage.
- Obtain a Patient Care Assistant / Orderly’s help to transfer the woman / neonate to the new location.
- A nurse/midwife (preferably the nurse/midwife who has been providing clinical care) accompanies the woman / neonate to the new area. The medical records are transferred with the woman / neonate.
- Handover the woman / neonate to the section Nurse/ Midwife and check correct patient identification band(s) are in situ.
- Orientate the woman to room and facilities.
- Use the Intra-Hospital Transfer Summary-Clinical Handover (MR208.5) if the woman is not escorted by a nurse / midwife e.g. Labour and birth suite to postnatal ward via theatre.

EXTERNAL TRANSFER

- When a woman (with neonate if applicable) is transferred to another hospital, the following procedure shall be adopted. See also Clinical Guideline: Transfer of a Critically Unwell Patient and Records to an ICU at Another Hospital, if required.
- Contact the Discharge Coordinator Monday to Sunday 0700 -1530 via page 3352. The Discharge Coordinator shall liaise with the outlying hospital, to confirm availability of bed and acceptance of woman / neonate.
- For all transfers:
  - Complete documentation (as specified below for postnatal transfer or Gynaecology / Oncology transfer) that is to accompany the woman/neonate.
  - The medical records do not leave the hospital. Photocopies shall be arranged.
  - Contact outlying hospital again at time of departure, or if transfer is cancelled
➢ Assist the woman to inform Next of Kin or similar, depending on the clinical circumstances prior to transfer (e.g. if woman unable, emergency).
➢ Document the date, time and reasons for transfer in the Inpatient Progress Notes of the medical record.

• After hours (between 1530 to 0700 when discharge co-ordinator unavailable):
  ➢ Complete requirements as per “For all transfers” above
  ➢ The Nurse / Midwife is to contact outlying hospital to confirm availability of bed
  ➢ Request the hospital’s Medical Officer / General Practitioner’s contact details.
  ➢ Notify the RMO to initiate contact to request acceptance of woman / neonate.
  ➢ Arrange transport if necessary. See WNHS Discharge Policy (p4-5). The patient’s clinical status will determine the mode of transport including use of their own vehicle, taxi or ambulance.¹

TRANSFER OF A POSTNATAL WOMAN AND NEONATE

In addition to the points above:

• Ensure a full set of maternal observations and the discharge assessment are completed. If the woman is not suitable for a midwifery discharge (refer to KEMH Clinical Guideline, Obstetrics & Midwifery: Postnatal Care: Maternal: Transfer of a Postnatal Woman to Home / Visiting Midwifery Service / GP Care), ensure she has been cleared medically.
• The Paediatric RMO can authorise transfer of a well term neonate for routine care to another hospital.¹ A Neonatal Consultant must authorise the transfer of a neonate requiring continued treatment to another hospital.¹
• Many GP / Obstetricians will accept care of well neonates. Contact the paediatrician if care is not accepted by the GP / Obstetrician, or if the baby has required medical review which may require further specialised treatment following transfer.
• The Paediatric RMO must contact the receiving Medical Officer, provide a clinical handover to the accepting clinician, complete a transfer letter and conduct a neonatal examination of the baby prior to transfer.¹ Ensure a full set of neonatal observations and cephalocaudal examination are completed. If neonate has had no complications requiring medical review, and Day 1 check has been attended within the last 72 hours, the neonate will not require further medical review prior to transfer. Medical review is required if Day 1 check is not current or if the neonate has required medical review which has not been resolved or is ongoing.
• Relevant social issues must be communicated to the receiving hospital.¹
• Complete the postnatal transfer documentation checklist (see next page).
• See WNHS Discharge Policy for further information relevant to transfer.
Documentation checklist to accompany the postnatal woman / neonate:

- Copy of STORK summary (GP copy) - used as the ‘inter-hospital transfer letter’.

  - Highlight special notes and instructions (Second copy will be sent to the GP and the inpatient summaries will be filed in the patient notes).
  - *(If STORK summary unavailable)* Use Interhospital Transfer Form (MR252)¹
  - *(If necessary details not captured in STORK summary)* Photocopy Integrated Progress Notes MR 250 (for relevant period of time directly preceding transfer)

- Birth registration papers
- Centrelink documentation (back page to be completed by midwife)
- One photocopy each of the following:
  - Maternal Observation and Response Chart MR 285.01
  - Medication Chart MR 810.05
  - Epidural/ Spinal Analgesia Chart MR 280 (if applicable)
  - Diabetes Record MR 265 (if applicable)

**PLUS**

### Caesarean Birth
- One photocopy each of the following:
  - 24 Hours Post-Caesarean Section Assessment MR 325.03
  - Postoperative Nausea and Vomiting Protocol MR 810.02
  - Anaesthetic Chart MR 300
  - Caesarean Section Operation Record MR 310
  - Caesarean Birth Clinical Pathway MR 249.61

**OR**

### Vaginal Birth
- One photocopy each of the following:
  - Vaginal Birth Clinical Pathway MR 249.60
  - *(If applicable)*: Postnatal Discharge MR 251 (if medical discharge required for vaginal births)
  - *(If applicable)*: Operative Vaginal Delivery and Perineal Repair MR 275

### Neonatal:

- Photocopy of Neonatal History MR 410 (including cephalocaudal check)
  - Ensure documentation is complete for Vitamin K
  - Ensure documentation is complete if Hepatitis B Vaccine given

- Photocopy of the Care of the Well Neonate MR 425.10
  - Complete set of observations to be documented

- Photocopy of the Neonatal Inpatient Medication Chart MR 811

- Purple Child Health book
  - Include STORK ‘Child Health Nurse’ copy
  - If Hepatitis B given, ensure documentation is completed on Vaccination Card/ Record.
TRANSFER OF A WOMAN FROM GYNAECOLOGY / ONCOLOGY

☐ Ensure a full set of observations and discharge assessment are completed.

Documentation checklist – Photocopies to accompany the woman:
The ward clerk, nursing or midwifery staff shall photocopy the appropriate documents as required:

☐ Transfer letter
☐ Inter Hospital Transfer – Clinical Handover MR 252 - Should include specific ongoing management of any continuing gynaecological issues
☐ Discharge Summary (Medical) MR 207
☐ Gynaecology Nursing Care Plan MR286.02
☐ Gynaecology Nursing Observation Chart MR 286
☐ Medication Chart MR 810.05
☐ Integrated Progress Notes MR 250 (no more than 1 week directly preceding transfer is usually required. Information should be captured in the Inter-Hospital Transfer form, and the receiving hospital may contact KEMH directly if further clarification is required)
☐ Fluid Balance Chart MR 729

Plus (if applicable):

☐ Wound Assessment and Care Plan MR 263 (If applicable)
☐ Postoperative Nausea and Vomiting Protocol MR 810.02 (if applicable)
☐ Epidural / Spinal Analgesia Chart MR 280 (if applicable)
☐ Anaesthetic Chart MR 300 (if applicable)
☐ Operation Record MR 315 (if applicable)
☐ Diabetes Record MR 265 (if applicable)
☐ Stomal Care- Patient Education MR 262 (if applicable)
REFERENCES / STANDARDS

National Standards – 1- Care Provided by the Clinical Workforce is Guided by Current Best Practice; 4- Medication Safety; 5- Patient Identification and Procedure Matching; 6- Clinical Handover

Legislation - Related Policies –
- Department of Health WA: MP 0058/17: Admission, Readmission, Discharge and Transfer Policy (2017); OD 0484/14: Clinical Handover Policy (2014)
- WNHS: Discharge Policy (2016); Medical Records (Documentation) (2016); Clinical Handover (2014);

Other related documents – KEMH Clinical Guidelines:
- Obstetrics & Gynaecology: Patient Administration:
  - Patient Movement: Transfer to Agnes Walsh House; Transfer of a Critically Unwell Patient and Records to an ICU at Another Hospital; External Calls: Obstetric Registrars Receiving (incoming transfer)
  - Discharge of a Patient: Discharge of an Antenatal Woman to Silver Chain; Discharge of an Antenatal Woman with IV Antibiotics to Silver Chain
  - Referrals: VMS Referrals; Home Visiting Safety; VMS Readmission of a Baby / Babies to KEMH
  - ASCU: Consultant Responsibilities Flowchart
  - Review at Another Hospital: Obstetric & Gynaecology Review at Fremantle, SCGH & RPH
  - Demand Management and Diversion at KEMH- Flow Chart
  - Clinical Handover: EC to Ward 6; EC to Day Surgery Unit; Medical Handover: EC to Ward
- Obstetrics & Midwifery:
  - Postnatal Care: Transfer of a Postnatal Woman by a Midwife to Home / Visiting Midwifery Service / GP
  - Complications of the Postnatal Period: PPH: Selective Pelvic Arterial Embolisation in the Management of Postpartum Haemorrhage (transfer process for SPAE)
- Neonatology Clinical Care Unit: Section 19: Transfer & Discharge (NCCU transfers)

RESPONSIBILITY
Policy Sponsor Nursing & Midwifery Director OGCCU
Initial Endorsement November 2002
Last Reviewed March 2016
Last Amended Review date March 2019

Do not keep printed versions of guidelines as currency of information cannot be guaranteed.
Access the current version from the WNHS website.

© Department of Health Western Australia 2016