



PROTOCOL FOR THE INTER HOSPITAL TRANSFER OF PATIENTS AND THEIR RECORDS

August 2006

These guidelines have been published by the Clinical Resource Efficiency Support Team (CREST), which is a small team of health care professionals established under the auspices of the Central Medical Advisory Committee in 1988. The aims of CREST are to promote clinical efficiency in the Health Service in Northern Ireland, while ensuring the highest possible standard of clinical practice is maintained.

The guidelines have been produced by a sub-group of health care professionals from varied backgrounds including Medical (Primary and Secondary care), Nursing, Pharmacy and chaired by Dr Glenda Mock, DHSSPS.

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ISBN 1-903982-23-5

FOREWORD

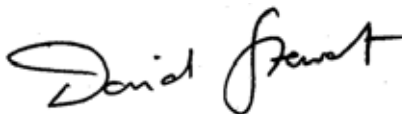
Patients in Northern Ireland now often move between different hospitals for elements of their care. Over the years, hospitals have developed their own proposals for ensuring that the correct information is sent with the patient. It became apparent recently that it would be useful to develop a single regional protocol to be adopted in Northern Ireland.

Under the auspices of the Clinical Resource Efficiency Support Team (CREST) a sub-group of Health Care Professionals, chaired by Dr Glenda Mock, was established to produce a Protocol for the Inter Hospital Transfer of Patients and their Records.

During this process the issue of the transfer of verbal information was also highlighted, and the Northern Ireland Medicines Governance Team produced a Protocol for good practice in the transfer of verbal information about medicines. This is available on the Medicines Governance webpage at: <http://www.dhsspsni.gov.uk/pas-governance>.

It is worth emphasising that information on medicines should only be given verbally in exceptional circumstances.

CREST would like to thank Dr Mock, the Members of the sub-group, the Northern Ireland Medicines Governance Team, the Royal College of Psychiatrists - Northern Ireland Division and all those who contributed in any way to the production of these guidelines.



DR DAVID STEWART
Chairman of CREST

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1 Introduction

- 1.1 With the development of Managed Clinical Networks for the treatment of Patients in Northern Ireland it is increasingly common for patients to transfer between hospital facilities for different elements of their care. It is becoming increasingly important that protocols are developed which will ensure that information about patients is safely transferred between Trusts, because significant risks to patients can occur when there is poor communication of information. In April 2005 the DHSSPS asked organisations to start developing protocols for actions that should be followed when patients are moving between Trusts.
- 1.2 The principal concern of the referring trust or organisation must be to maintain patient well being, provide optimal care during the transfer period, and deliver the patient safely to the receiving unit.
- 1.3 The referring unit remains responsible for the provision of care until the patient arrives and is accepted by the receiving unit.
- 1.4 Before transport is ordered the consultant's team transferring the patient must have made arrangements for transfer and acceptance with the receiving consultant's team.
- 1.5 Agreement of the patient/parent to transfer should be documented. In emergency situations when a patient is unable to agree to transfer, where possible, the next of kin should be

informed of the decision to transfer. The responsibility for transfer rests with the consultant in charge of the patient's/client's care and the consent of the relatives is not always required.

- 1.6 Relatives should be made aware of the transfer decision as soon as is practicable, where appropriate.
- 1.7 All patient records and information transferred between organisations must be treated confidentially as governed by the Data Protection Act 1998. Disclosure of information should justify the purpose and everyone should be aware of their responsibilities.

2 Principles

- 2.1 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

3 Professional Roles

- 3.1 Medical staff are responsible for:
 - Discussing the situation with the consultant care team at the referring hospital;
 - Making the decision to transfer following consultation with the care team and patient/parent;

- Informing the next of kin of the decision and reasons for transfer, as appropriate, with the consent of the patient;
- Liaising with staff at the receiving unit and agreeing transfer arrangements and expected time of arrival;
- Ensuring the receiving unit has full details of the patient's condition and requirements;
- Ensuring all relevant medical documentation is fully completed i.e. the patient's medical record/clinical notes/medicine Kardex is fully completed and up to date. A clinical summary **MUST** be prepared. If for any reason the Kardex cannot be completed, for example, a patient admitted to A & E is transferred urgently and a full drug history cannot be obtained prior to transfer, this must be clearly indicated in the medicine Kardex and the transfer notes.
- Nominating appropriately trained staff to accompany the patient during transfer, if required;
- Identifying the urgency of the transfer;
- Ensuring the patient is prepared appropriately and that their condition is as stable as possible;
- Ensuring that the transferring unit has medical cover when an on-call doctor has to accompany the patient.

3.2 Nursing¹ staff are responsible for:

- Discussing the transfer arrangements with nursing staff in the receiving hospital;
- Contacting ambulance control with relevant information in order to ensure appropriate ambulance for transfer and requesting transport. (Staff should normally not transfer patients/clients or their records using their own cars unless there are very exceptional circumstances);

¹Nurse includes nurses and midwives and specialist community public health nurses.

- Obtaining a time for transfer;
- Stating the method of transfer, for example, patient > 90 kilogrammes, patient ventilated;
- Identifying appropriate nursing staff required to accompany the patient, if necessary;
- Ensuring a full explanation is given to patient and/or relative with, where practical, the consent of the patient;
- Being available to provide nursing support;
- Assisting in preparing the patient for transfer;
- Ensuring all appropriate nursing documentation is completed, including patient transfer form (Appendix 1);
- Ensure arrangements are made for the transfer of patient's valuables and property.

3.3 Nurse or Operating Department Practitioner (ODP) accompanying patient is responsible for:

- Ensuring the necessary equipment and medication is available for use during transfer;
- Ensuring appropriate documentation accompanies the patient (see section 4: Documentation to be Transferred with Patient);
- Monitoring and recording patient's condition during transfer;
- Ensuring that full and accurate details of patient's condition and treatment are given to the receiving unit.

4 Documentation to be Transferred with Patient

4.1 In order to ensure that all relevant information is communicated from one hospital/facility to another it is essential that the following documentation/information is transferred with the patient:

- Patient's medical records **AND** summary clinical note;
- Patient's medicine Kardex – it should be noted that a transcription of the Kardex **MUST NOT BE MADE**. Evidence shows that transcription is a significant source of error. If for any reason the medicine Kardex cannot be completed, for example, a patient admitted to A & E is transferred urgently and a full drug history cannot be obtained prior to transfer, this must be clearly indicated in the medicine Kardex and the transfer notes.
- Relevant other documentation which will assist the receiving hospital/facility in planning and delivering safe, effective care to the patient i.e. x-rays, results of diagnostic tests/assessments, patient transfer form etc. X-rays may not have been reported on by the referring hospital; the receiving hospital will need to ensure that relevant findings are taken account of.

5 Confirmation of Patient Identity

- 5.1 The nurse co-ordinating the patient's transfer to another hospital/facility should ensure that the correct information is transferred with the patient. In order to ensure transfer of correct information relating to a particular patient, the nurse should ensure that the following checks are carried out:
- The patient's identification name bracelet records the patient's first name and surname, date of birth and patient identification number;
 - The information recorded on the patient's identification name bracelet corresponds with the name, date of birth and hospital number recorded in the patient's medical records/clinical notes, nursing notes, medicine Kardex, x-rays and all other documentation being transferred with the patient.

- 6 It is the responsibility of the referring trust or organisation to ensure that staff and equipment are enabled to return to their base unit, following the safe delivery of the patient to the receiving unit.
- 7 When a patient is discharged from the receiving hospital, the notes from the referring hospital must be returned to that hospital immediately, and especially if they are required for patient care in that hospital.

8 **Transfers in Mental Health**

- If the transfer of the patient is between one psychiatric hospital and another then it is appropriate to send the psychiatric notes and the medicine Kardex;
- If the transfer is from a psychiatric hospital to an acute general hospital, there might be sensitivities about transferring the detailed psychiatric history. The following should be provided:
 - i) a clinical summary which includes both the current medical issues and psychiatric problems;
 - ii) an outline of the psychiatric diagnoses and management;
 - iii) the medicine Kardex;
 - iv) copies of any recent biochemical, haematological, radiographic investigations. (These investigations are now available on the Laboratory Computers as well).
 - v) identification of any risks as a consequence of mental disorder, including risks related to the gender, age or vulnerability of the patient or others, and the gender of nursing staff.

- Currently Acute Adult Psychiatric wards do not use wrist-band identification or photographic identification. Because of this, all steps in paragraph 5 may not apply. However, staff must still ensure that the correct information is being transferred with the patient. Whenever possible, the patient details on the information should be confirmed verbally with the patient.
- 9** It is the responsibility of the referring trust to ensure that staff and equipment are enabled to return to their base unit, following the safe delivery of the patient to the receiving unit.
 - 10** When a patient is discharged from the receiving hospital, the notes from the referring hospital must be returned to that hospital immediately and especially if they are required for patient care in that hospital.



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ISBN 1-903982-23-5