



Belfast Health and
Social Care Trust

Standards and Guidelines Committee

Inter hospital transfer of patients and their records.	
Summary	This policy outlines the procedures that need to be followed when a patient needs to be transferred to another hospital for care and treatment.
Purpose	The purpose of this policy is to ensure the efficient and safe transfer of patients by providing optimal care during the transfer period and safely delivering the patient to the receiving unit with their completed records.
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Standards and Guidelines comm. – Inter hospital transfer – V2 – March 2011

Date	Version	Author	Comments
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June 2008	V 0.2	Mary McElroy	Second draft
December 2008	V0.3	Olive Macleod	Amendments
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Policy Record

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Author (s)	Approval	March 2008	V1
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Approval Process – Trust Policies

Policy Committee	Approval		
Executive Team	Authorise		
Chief Executive	Sign Off		

Approval Process – Clinical Standards and Guidelines

Standards and Guidelines Committee	Approval	April 2009	V1
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Executive Team	Authorise		
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Standards and Guidelines comm. – Inter hospital transfer – V2 – March 2011

Full Description

Reference No: SG024/09

1 Inter hospital transfer of patients and their records.

2 Introduction

Maintenance of patient well-being and the provision optimal care during the transfer period is extremely important as is the delivery of the patient safely to the receiving unit with their completed records.

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

- Dignity;
- Patient Safety
- Respect of individual needs;
- Necessary treatment and care;
- Appropriate staff attending.

3 Purpose:

The purpose of this policy is to ensure the efficient and safe transfer of patients by providing optimal care during the transfer period and safely delivering the patient to the receiving unit with their completed records

4 The scope:

This policy will apply to all Trust clinical employees with responsibility for patient inter hospital transfer.

5 Objectives:

- 5.1 To ensure confirmation of the identity of the patient.
- 5.2 To aid the efficient and safe transfer of patients each ward must have completed the patient inter hospital transfer checklist book. A copy should remain in the book a copy given to the receiving hospital/facility and a copy filed in the patient's Medical Records.
- 5.3 To ensure either the clinical records or a clinical note/summary accompany the patient.
- 5.4 To ensure the drug kardex accompanies the patient – NOT a photocopy or transcription of the kardex (evidence shows that transcription of medication kardex is a further source of error).

6 The definition and background of the policy:

The transfer of patients to other hospitals can be very traumatic, especially if there is a breakdown of communication between the transferring and receiving hospitals. It is therefore important the verbal and written communication/documentation processes are carried out to ensure the safe delivery of the patient to the receiving unit with their completed records.

7 Roles and Responsibilities:

It is the responsibility of all clinical trust employees to adhere to this policy (RBHSC use the NI Paediatric Transfer Form)

7.1 Medical staff are responsible for:

- Discussing and documenting the clinical situation with the receiving medical team at an appropriate level;
- Making the decision to transfer following consultation with the care team and patient/parent/carers;
- Ensuring that the next of kin are fully informed of the decision and reasons for transfer;
- 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 and drug kardex is fully completed and up-to-date;
- Identify the urgency of the transfer;
- Identifying appropriately trained staff to accompany the patient during transfer, if required;
- Nominating medical staff with full knowledge of the patient and their care to accompany the patient, if required;
- Ensuring the patient is medically stable and fit for safe transfer;
- Alerting Family and Child Care and the receiving Ward/ Hospital and Community team/s of any identified child protection concerns and follow procedures. (Appendix 1)
- Alerting the receiving ward/hospital of any known risks, past or current.
- Ensuring a current risk assessment is completed prior to transfer and included in the Clinical summary/clinical record.
- Ensuring additional guidelines are followed in relation to transfer of patients from a Mental Health Ward/Hospital to a General Hospital as per (Appendix 3)
- Ensuring that the transferring unit has medical cover when an on-call doctor has to accompany the patient.
- Ensuring the Clostridium difficile transfer/discharge checklist form is completed

7.2 Nursing staff are responsible for:

- Advising the Bed Manager of the transfer of a patient and updating him/her regarding any difficulties;
- Contacting ambulance control and arranging transport which includes blue light/seriously ill transfers and PSNI escort (Staff must not transfer patients/clients to hospital using their own cars, patient car or the car of relatives);
- Identifying the urgency of the transfer;
- Obtaining a time for transfer, and liaising with staff at the receiving ward/hospital and agreeing transfer arrangements and expected time of arrival.
- Stating the method of transfer e.g. stretcher, wheelchair, transport incubator;
- Stating any specific requirements e.g. patient > 90 kilograms, patient ventilated;

- Ensuring any other patient needs are communicated to the receiving unit;
- Identifying appropriate nursing staff required to accompany the patient, if necessary;
- Ensuring appropriate medical support where required in collaboration with medical and nursing staff;
- Ensuring a full explanation is given to patient and/or next of kin;
- Being available to provide psychological support;
- Assisting in the preparation of the patient for transfer;
- Ensuring all appropriate nursing documentation is completed;
- Ensuring valuables and patient's property accompany the patient on transfer and are detailed in documentation;
- Ensuring the necessary equipment and medication is available for use during transfer;
- Ensuring appropriate documentation accompanies the patient;
- Completing the inter-hospital transfer checklist book.
- Monitoring and recording patient's condition during transfer;
- Providing psychological support during transfer;
- Ensuring that full and accurate details of patient's condition and treatment are given to the receiving unit.
- Ensuring any risks, past or current are communicated to the receiving ward/hospital both verbally and in writing (Clinical record/Summary/Risk Assessment)
- Ensuring any known Child Protection risks/concerns are communicated to the receiving ward /hospital or Family & Child Care Services both verbally and in writing. (Appendix 1.)

8 Policy statements:

8.1 Documentation to be transferred with the patient

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.

- The patient's medical record/clinical note/summary;
 - The patient's drug kardex – it should be noted that a transcription or photocopy of the kardex must **not** be sent.
 - A copy of all 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 any diagnostic tests/assessments, patient transfer form, clostridium difficile transfer/discharge checklist form, blood product forms etc.
- 8.2 If for any reason the medicine kardex cannot be completed this must be clearly indicated in the medicines kardex and the transfer notes.
- 8.3 A new kardex must be commenced by the receiving hospital, and should be reconciled by the receiving medical officer.
- 8.4 Patients who require transfer with controlled drug infusions must have this information clearly recorded in the patient notes.
- 8.5 Patients requiring blood or blood products during transfer must be accompanied by a registered nurse. All blood products must be transferred in a validated cool box.

- 8.6 The patient inter-hospital transfer checklist book should be completed to reflect what is transferred. One copy filed in the patient's notes, a copy to the receiving hospital/facility and a copy in the book kept at ward level.
- 8.7 The nurse co-ordinating the patient's transfer to another hospital/facility should ensure that the correct information is transferred with the patient., this includes the patient's identification name bracelet is in place and accurately records the patient's first name and surname, date of birth and hospital number; and this information 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.
- 8.8 The transferring unit remains responsible for the provision of care until the patient arrives and is accepted by the receiving unit.
- 8.9 Arrangements for transfer and acceptance are completed before the transport is ordered.
- 8.10 Patient/parent/carers agreement to transfer should be documented. In emergency situations, when a patient is unable to agree to transfer consent of next of kin should be sought, where possible. The responsibility rests with the Consultant (or Hospitals/Residential Facilities) in charge of the patient/client's care
- 8.11 Relatives should be made aware of the transfer decision as soon as is practicable and this should be recorded in the patient's clinical notes.
- 8.12 In the event of any patient being transferred without an escort, the "Inter Hospital Transfer Checklist" and the relevant documentation will be placed in a sealed envelope with the name of the doctor/nurse in charge in the receiving hospital. This sealed envelope will be given to the ambulance personnel for safe custody.
- 8.13 In the event of a patient being transferred with an escort the responsible professional who has initiated the transfer will select the appropriate member/s of staff to accompany the patient to the receiving hospital/facility.
- 8.14 Where Child Protection issues have been identified a referral must be made to the appropriate Family & Child Care team in the receiving hospital/facility (Appendix 1). The referral must be made verbally by phone prior to the transfer and in writing within 24 hours following transfer by completing the UNOCINI documentation. Any concerns or risks must be communicated to the receiving hospital/facility both verbally and included in the clinical summary/clinical record. A current risk assessment should also be included on transfer.
- 8.15 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 must be aware of his/her responsibilities.

9. Source(s) / Evidence Base:

Legacy Trust Policy
Royal Marsden Hospital Manual of Clinical Nursing Procedures 6th Ed

10. References, including relevant external guidelines:

CREST Guidelines Protocol for the intra-hospital transfer of patients and their records. (August 2006).
O'Neill Enquiry Report (March 2008)

11. Consultation Process:

Trust Service Group Directors, Staff Side & Standards and Guidelines Committee.
Users/Carer

12. Equality and Human Rights screening carried out:

In line with duties under the equality legislation (Section 75 of the Northern Ireland Act 1998), Targeting Social Need Initiative, Disability discrimination and the Human Rights Act 1998, the Belfast Trust has carried out an initial screening exercise to ascertain if this policy should be subject to a full impact assessment.

√ Screening completed
No action required.

13. Appendix 1 = Child protection requirements.

Appendix 2 = Use of family profile form and referral to family and child care social services (UNOINI).

Appendix 3 = Transfer of Mental Health Patients to a General Hospital



Director B Creaney

Date: March 2011



Author Mary McElroy

Date: March 2011

Appendix 1

Child Protection requirements.

- Where Child Protection concerns have been identified a referral must be made to the appropriate Family and Childcare team in the receiving Trust.
- This must be done verbally by phone as a matter of urgency prior to the transfer and followed up in writing. The referral must be made within 24 hours following Transfer by recording the UNOCINI documentation.
- The time and date of the referral must be recorded in the notes
- The name of the Staff member in the receiving Trust who accepts the referral must also be recorded in the Medical and Nursing Notes.
- Whilst it is good practice to inform the patient and if appropriate nearest relative regarding the referral any decision to do so will be made by the Multidisciplinary Team. Sharing information in such circumstances is not deemed a breach of Professional conduct and is in keeping with the Child Protection Policies and procedures.
- If there are child protection concerns identified a referral should be made to the Family and Child Care team where the child is resident.
- A referral is made by phone within 24 hours and followed up in writing using the UNOCINI Referral documentation. Appendix 3
- If coexisting mental health problems the Mental Health Team in the receiving Service must be notified in writing that contact has been made with the family and child care team in their area.

Note

If the patient is transferred but the child remains at the address stated in the referral then the receiving trust is made aware of the nature of the concerns and that a referral has been made.

The family and Childcare team to where the referral has been made should be made aware of the changes in the patient's circumstances.

However if the family have moved address and this is the reason for transfer the family and childcare teams in the both Trusts must be notified.

Ensure that 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;

Appendix 2

Belfast Mental Health Services

GUIDELINES TO ALL STAFF ON USE OF FAMILY PROFILE FORM AND REFERRAL TO FAMILY AND CHILD CARE SOCIAL SERVICES (UNOCINI)

Family Profile Form

In some situations the psychiatric condition of a patient/service user may present a risk to children. Professionals working in mental health settings have an important role in identifying such children and ensuring that they and their parents/carers have access to appropriate services. Some of these children will be children in need of protection while others may be considered to be a 'child in need' as defined in the Children (NI) Order 1995.

ACPC Regional Policy and Procedures (2005) state that mental health professionals' involvement is crucial in regard to two main issues:

- The assessment of the risks a patient/service user may present to children as a consequence of a psychiatric condition and individual circumstances
- The potentially harmful consequences, on a dependent child's social and emotional development, of a parent's long term psychiatric condition

To ensure that information is obtained in relating to dependent children staff when conducting first assessments with patients/service users are asked to complete the **family profile form**. This information is required to comply with ACPC Regional Policy and Procedures (3.66).

Referral Form to Family and Child Care

Where mental health professionals identify children in need and/or children in need of protection they should make a verbal referral to the Family and Child Care Initial Assessment Team. This verbal referral should be followed up in writing within **24 hours** using the **UNOCINI Referral Form**. The referral procedure for mental health professionals is outlined in ACPC Regional Policy and Procedures (3.67.)

Where staff are uncertain about potential referrals they should consult with their line manager and /or discuss with the Trusts Child Protection Nurse for Mental Health.

Family Profile/Associated People

Client's Name:	<hr/>
Address:	<hr/>
	<hr/>
	<hr/>
Partner's Name:	<hr/>
Address:	<hr/>
	<hr/>
	<hr/>
Marital Status: <u>Married/Separated/Divorced/Single/Widowed</u> (delete as appropriate)	

Names of children under the age of 18 years living in the household

Name	Sex	Date of Birth	Address	Relationship to client	Relationship to partner

Signature: _____

Date: _____

Appendix 3

Transfer of Mental Health Patients to a General Hospital

In the event of a planned or non-urgent transfer to a general medical hospital the:-

- notes should be retained in the Acute Psychiatric Unit but a full written summary should be made with all relevant information therein.
- This should include the original Kardex and any recent investigations, if appropriate.
- There should also be an outline of psychiatric diagnosis and management.
- Full notes will be available if the consultant team in the treating hospital require them, as per Trust Policy. This should be made explicit in the transfer letter that should accompany the patient at time of transfer.
- At no time should psychiatric notes accompany a patient transferred to a general hospital without the consent of the RMO (Responsible Medical Officer)

Procedure for Transfer of Patients

Any Patient who has Voluntary Status should be transferred with a:-

- Clinical summary which includes both current medical issues and mental health problems.
- An outline of the mental health diagnosis and management.
- The medicine kardex.
- Copies of recent laboratory investigations.
- Identification of any risk as a consequence of mental disorder, including risk related to gender, age or vulnerability.
- Under no circumstances should the Patient or the Relatives be given the responsibility of Transfer or management their own notes or other relevant documentation.

Transfer/Escort of patients who still needs psychiatric intensive care.

- Whenever possible, transfer should be pre planned and agreed by the Multi-Disciplinary Team. This should incorporate a risk assessment and a repeated management plan, to limit any identified risks (except in medical emergencies, when it is preferable that the patient has had 24 hours settled behaviour).
- If more than one member of staff is escorting a patient, a lead member of staff should be identified.
- All property should be fully documented if a patient is being transferred to another ward. Restricted items must be kept separate and a hand over given to the Nurse-in-Charge on arrival. Property should be stored securely during transfer to minimise risk.
- All staff must be briefed on the perceived risks and management plan prior to transfer.
- Notes or other documents should be stored safely during transfer to ensure confidentiality.
- The patient should be advised to wear a seatbelt and careful consideration should be taken regarding their seating. Ideally, this would be away from doors and not in close proximity to the driver, thus reducing the risk.
- If a patient becomes disturbed, staff should
 - ☐ Remain calm.
 - ☐ Transport should stop at the earliest opportunity and take direction from the Lead Nurse regarding the suitability to continue and any other necessary intervention.
 - ☐ De-escalation techniques should be used.
 - ☐ A decision should be made about contacting the Police or ward for support.
 - ☐ As with other incident, staff need to report untoward events via the Belfast Trust Incident Reporting system.

Detained Patients

- Patients being treated under Mental Health (NI) Order 1986 can only be transferred on completion of Forms 1 and 3 or 2 and 3 and Form 7 needs to be completed prior to transfer of another hospital.
- **Patients can be transferred on a Form 5 within Acute Psychiatric Admission Units.**
- **However under no circumstances should a patient be transferred out of the hospital on a Form 5.**
- Patients Detained under the Mental Health (NI) Order 1986 are deemed to be in Legal Custody (Article 13.1 (1)). Should the Patient abscond while being conveyed to another hospital he/she the PSNI will be contacted and arrangements will put in place to facilitate the patient's return to the transferring Trust.
- Under extreme circumstances it may be considered proportionate and necessary by the Clinical Team to provide a police escort during transportation. Such circumstances are cases where there is information to indicate that intervention by other parties may occur, and that this intervention may present a significant danger to the public and/ or a risk of escape. The person to be escorted must be conveyed in a properly equipped ambulance under the care of Nursing Staff.
- The original Forms must accompany the Patient with copies being retained by the referring Trust.

Transfer of patients to hospitals/facilities outside Northern Ireland

In the case of patients who require to be transferred to hospitals/facilities outside Northern Ireland, staff should refer to local protocols at department level.