

 <p>BAY OF PLENTY DISTRICT HEALTH BOARD HAUORA A TOI</p> <p><b>PATIENT TRANSFER PROTOCOL</b></p>	<p align="center"><b>PATIENT TRANSFER - INTERNAL HOSPITAL (INTER-DEPARTMENTAL) TRANSFER STANDARDS</b></p>	<p align="center"><b>Policy 6.4.1 Protocol 1</b></p>
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## STANDARDS

Transport increases the risk of inadvertent events, thus transport of patients who warrant continuous monitoring or constant nursing presence between hospital departments, should be minimised. Prior to transport, the patient's clinical condition should be assessed as stable and suitable for transport.

### 1. Patients who must be accompanied during transfer by a Registered Nurse (RN).

- 1.1 Patients requiring specialised nursing care e.g. tracheostomy patients, patients with chest drains and patients under specific observation.
- 1.2 Patients who *medically* require ICU / HDU / CCU level care.
- 1.3 Patients who have had a general anaesthetic or major regional anaesthetic.
- 1.4 Patients who have undergone Intravenous Conscious Sedation Anaesthesia.
- 1.5 Patients who have had sedating medication
- 1.6 Patients with neurological disorders/ vulnerable patients.
- 1.7 Infants / children (16 years) for transfer require the following escort depending on their PEWS trigger score:
  - a) PEWS  $\geq$ 4 RN
  - b) PEWS  $\geq$ 6 RN and RMO
  - c) PEWS 8+ RN and SMO
  - d) All patients with PEWS >8 need to be discussed with SMO prior to transfer
- 1.8 Any patient identified as being at risk of harm or behavioural disturbance.
- 1.9 Any Mental Health & Addiction Services (MH&AS) patient identified at risk of harm to self / others or behavioural disturbance is to be accompanied by a MH&AS RN and/or Security, as appropriate.

### 2. Patients who may be accompanied during transfer by an Enrolled Nurse (EN).

- 2.1 The following group of patients must also be accompanied during transfer by a nurse.
- 2.2 At the discretion of a RN, responsibility for transfer of these stable and predictable patients can be delegated to an EN who has completed any required certification processes;
- 2.3 Patients receiving simple Intravenous fluids.
- 2.4 Patients receiving oxygen.
- 2.5 Patients transferring to the operating theatre, except those who have received a sedating medication.
- 2.6 Patients returning from a minor local anaesthesia procedure, except those who have received a sedating analgesic.

### 3. Patients who can be transferred from one area of the hospital to another without a nurse in attendance.

- 3.1 Patients who don't medically require ICU / HDU / CCU level care but who are being put in one of those areas for *bed management* reasons may be transported by non-nursing personnel.
- 3.2 At the discretion of the RN patients who do not require nursing care, and are at no risk of harm can be escorted by non-nursing personnel.
- 3.3 This includes patients who are not pre-medicated, who are calm, alert, oriented and do not meet the criteria outlined in the previous sections.

### 4. Transport options

- 4.1 Patient remains in hospital bed and is taken by Orderly – internal transfer (excludes Kathleen Kilgour Centre)
- 4.2 Patient can be transferred in a wheelchair

Issue Date: Aug 2016 Review Date: Aug 2019	Page 1 of 3 Version No: 5	NOTE: The electronic version of this document is the most current. Any printed copy cannot be assumed to be the current version.
Protocol Steward Clinical Nurse Co-ordinator, Patient Transfers	Authorised by: Medical Leader, Anaesthesia & Surgical Services	

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- 4.3 Patient can go in the hospital buggy, driven by Orderly – weather dependant
- 4.4 Patient requires ambulance / bed bound e.g. to Kathleen Kilgour Centre booked by Ambulance Co-ordinator or Duty Manager

## PROCESSES

STEP	PROCESS / TASK	RESPONSIBILITY
<p><b>1a) OR</b></p>	<p><b>Notification of Interdepartmental Transfer for an appointment OR procedure</b></p> <ul style="list-style-type: none"> <li>• INFORM Registered Nurse responsible for the patient or Shift Leader:               <ul style="list-style-type: none"> <li>- Time of appointment</li> <li>- Test or procedure to be performed</li> <li>- Specific requirements pre or during test / procedure</li> <li>- Documentation</li> </ul> </li> </ul>	<p align="center">Organising Team OR Department</p>
<p><b>1b)</b></p>	<p><b>Notification For Relocation Of Patient To Another Ward Or Geographical Specialty</b></p> <ul style="list-style-type: none"> <li>• Referring Clinician contacts receiving Clinical team to transfer care responsibility.</li> <li>• Inform the Duty Manager and receiving Clinical Nurse Manager to arrange bed.</li> </ul>	
<p><b>2</b></p>	<p><b>Preparation of the patient</b></p> <ul style="list-style-type: none"> <li>• Inform the patient of:               <ul style="list-style-type: none"> <li>- Reason for transfer</li> <li>- For paediatric patients: Ensure parents / caregivers have a full explanation of the rationale for transport, procedures required and information on accompanying the child.</li> <li>- Time of appointment / procedure</li> <li>- Anticipated duration of appointment / procedure</li> <li>- Receiving department / Ward.</li> <li>- Personal belongings</li> </ul> </li> <li>• Physician preparation of the patient;               <ul style="list-style-type: none"> <li>- Special requirements e.g. oxygen, Nil by Mouth or other</li> <li>- Collate clinical documentation.</li> </ul> </li> </ul>	<p align="center">Registered Nurse  Medical Officer</p>
<p><b>3</b></p>	<p><b>Arrange Transfer</b></p> <ul style="list-style-type: none"> <li>• Identify staff member to accompany the patient as per BOPDHB policy 6.4.1.</li> <li>• Orderly to facilitate transfer.</li> <li>• A similar level of care should be provided: portable suction, oxygen, continuous monitoring and designated transport bag available, increased clinical observation and nursing vigilance.</li> <li>• Confirm with organising ward / department that transfer is arranged.</li> <li>• Handover of patient details and transfer of care.</li> <li>• Ensure transfer details are entered into the patient management system for patient who is being relocated to another ward.</li> </ul>	<p align="center">Registered Nurse</p>

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**ASSOCIATED DOCUMENTS**

- Bay of Plenty District Health Board policy 6.4.1 Transfer of Patients
- Bay of Plenty District Health Board policy 6.1.2 Medical Responsibility for Patient Care
- Bay of Plenty District Health Board policy 2.5.2 protocol 4 Health Records - Transportation by BOPDHB Staff Members

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