Policy Applies to

All Mercy Hospital Staff.
Compliance by Credentialed Specialists will be facilitated by Mercy Hospital nursing staff.

Appendix 1 of this policy has been developed in consultation with Te Whatu Ora Southern (TWOS). As this process affects both Mercy Hospital and TWOS, any changes to this process and the associated document need to be discussed with the TWOS team.

Purpose

To ensure the safe, appropriate and timely transfer of patients between departments within Mercy Hospital and to another health care facility

Related Standards

- Ngā paerewa Health and disability services standard NZS 8134:2021, Standard 3.6
- New Zealand Standard Day-stay Surgery & Procedures 8164: 2005 Standards 4.5 & 4.6
- Australian Council on Healthcare Standards (ACHS): EQuIP - Standard 1.1.5

Cultural Considerations

Mercy staff recognise the importance of whānau in the healthcare journey of all patients', particularly Māori patients.

Being in hospital, being transferred and dealing with acute deterioration is particularly unfamiliar and anxiety inducing for all. Mercy staff will endeavour to involve Māori patients and their whānau in the decision making surrounding ongoing care provision. Mercy staff will provide clear and honest communication and treat Māori patients and their whānau with respect and dignity in this process.

Whānau of Māori patients being transferred can be linked in with Te Ara Hauora Māori support services who work out of the Whānau room on the ground floor of Dunedin Hospital.

Rationale

Patient transfers can occur within Mercy Hospital or from Mercy Hospital to other health care facilities. These may involve transfers of stable or unstable patients. Mercy hospital staff will work with both the patient and their whānau and the receiving team to ensure a smooth and safe transition of care.

Definitions

Internal Transfer:
The transfer of a patient to a different department within Mercy Hospital for the purpose of providing ongoing care.

External Transfer:
The transfer of a patient from Mercy Hospital to another health care facility.

Category A Patient:
Unstable patients requiring invasive ventilation or other means of advanced life support such as pacing, or vasoactive medications, as well as requiring full continuous monitoring during transfer. This patient will likely have an Early Warning Score (EWS) of 6 or greater (see Mercy Hospital Inter-Hospital Transfer Process Patient Categorisation Framework – Appendix 1).

Category B Patient:
Unstable patients who have undergone an acute event and require high dependency or coronary care or specialist treatment at Dunedin Hospital. They are not on advanced life support but are at risk of clinical deterioration to the level this may be required during transfer. They may require non-invasive ventilation or full continuous monitoring and may require transfer with a defibrillator and staff with the stills to use it for external pacing or defibrillation if required. This patient will likely have an EWS of 6 or greater (see Mercy Hospital Inter-Hospital Transfer Process Patient Categorisation Framework – Appendix 1).

Category C Patient:
Patients who are relatively stable but may be deteriorating. They may require transfer for further diagnostic investigation or for further medical review. This patient will likely have an EWS of 5 or less (see Mercy Hospital Inter-Hospital Transfer Process Patient Categorisation Framework – Appendix 1).

Category D Patient:
Stable patients post treatment transferring for ongoing rehabilitation and not requiring intensive clinical care during transfer. This patient will have an EWS of 5 or less (see Mercy Hospital Inter-Hospital Transfer Process Patient Categorisation Framework – Appendix 1).

Objectives

- Patient transfers will be completed in a safe and timely manner as the patient's condition dictates.
- The transfer of patients shall occur in collaboration with the Credentialed Specialist, a medical officer at the receiving facility, nursing staff and whenever possible, with the patient and their whanau.
- Unless a patient is being transferred directly to the ICU, unstable patients will be transferred to the Emergency Department of the receiving healthcare facility to ensure timely medical assessment
- If the accepting medical clinician think's it is appropriate, stable patients may be transferred directly to the ward of a receiving healthcare facility.
- The transfer shall occur with minimal delay and distress to the patient, their whānau and staff.
- An appropriate escort and mode of transport shall be arranged according to the level of clinical risk.
- Comprehensive clinical information shall be documented and communicated to the staff of the receiving ward / department to facilitate appropriate and effective interventions.

Implementation

- Circulation to staff
- Via HOD meeting and minutes
- On website for credentialed specialists.

Evaluation

- Performance Indicators to enable quality improvement & bench marking (i.e. ACC; ACHS; Private Surgical Hospitals including number of Emergency & or High Priority transfers to an acute care facility / total number of patients and number of day surgery cases that have an unplanned overnight stay / number of day case surgeries undertaken).
- Incident Reporting System
- Clinical Record audit (reason for transfer documented in clinical notes)

Associated Documents

Internal

- Cardiac Arrest/ Patient Emergency, Clinical Services Work Manual
- Checklist for Inter-Hospital Patient Transfers (Appendix 2)
- Clinical Records Management Policy
- Consent Policy
- Credentialing Policy
- Discharge Policy
- Infectious Disease – Staff Management Policy
- Mercy Hospital Inter-Hospital Transfer Process for Credentialed Specialists (Appendix 1)
- Modified Early Warning System, Clinical Services Work Manual
- Nursing Scope of Practice
- Nursing Transfer Form (Appendix 3)
- Patient Assessment Policy
- Patient Transport, Clinical Services Work Manual

References

- Lippincott (2016) Transfer to an Acute Care Facility and Transfer Within a Facility

Process

Internal Transfers *(other than as part of the peri-operative journey)*

- Contact the Associate Charge Nurse, Shift Co-ordinator or Nurse in Charge on the receiving unit to confirm time of transfer.
- Explain the reason for the transfer to the patient and their whanau/family.
- Assess the patient's physical condition to determine the means of transfer, e.g. wheelchair or bed.
- Gather the patient's belongings and medications.
- For day surgery / Manaaki patients; discontinue the 'Day Surgery' care path on TrendCare and commence an 'Overnight' care path.
- Notify reception and kitchen of the transfer.
- Explain how to order meals/room service to the patient. Ensure medications (including regular medications) are recharted on to an inpatient medication chart
- Complete a set of vital signs and determine the EWS; record this on an in-patient observation chart.
- Provide the nursing staff on the receiving unit with a detailed handover regarding the patient's condition and medication regime and review the patient's nursing care plan with them to ensure continuity of care.
- Document in clinical notes:
    - Reason for transfer
    - Time and date of transfer,
    - Patient's condition before and during transfer,
    - The name of the receiving unit,
    - Mode of transportation.
    - Any equipment , drains, IV lines, infusion pumps;
    - Accompanying whanau/family / friends
    - The name and designation of the person involved in the hand-over.
- Ensure clinical notes and any old notes accompany the patient.

External Transfers

- Appendix 1 outlines the Mercy Hospital Inter-Hospital Transfer Process that Credentialed Specialists will follow when transferring a patient to Dunedin Hospital. We have adopted Te puna wai ora's (TPWO) (Dunedin Hospital ICU) Patient Categorisation Framework to ensure that we when Mercy specialists ring TPWO SMO's, common language and terms are being used.
- Appendix 2 is a checklist to guide staff when they are transferring patients.
- The decision to transfer a patient to an acute area at Dunedin Hospital is the responsibility of the patient's Credentialed Specialist. The decision may be made in consultation with the patient, their whanau/family (where appropriate), the Consultant/Registrar at Dunedin Hospital and other members of the multidisciplinary team.
- A transfer shall only proceed once the patient has been accepted by the receiving Consultant/Registrar at Dunedin Hospital.
- Category A and B patients transferred by the Mercy team will be transferred to the Dunedin Hospital Emergency Department for review and admission by the accepting specialist team. This is to ensure that deteriorating patients receive timely review rather than being transferred straight to a ward bed where they may wait a number of hours before being seen. The only exception to this is if the patient transfers directly to ICU.

- Category C patients represent a group that may be deteriorating, and may require further investigation, a semi acute return to theatre at public, or continuing monitoring and medical specialist review not available at Mercy. These patients will ideally be transferred to Dunedin Hospital ED, but at the discretion of the Duty Manager, and dependent on patient condition, may be sent directly to an inpatient ward.
- The destination of Category D patients will be directed by the Dunedin Hospital Duty Manager, but can be either Emergency or the ward.
- Whānau will be notified of the patient's transfer by the patient's Credentialed Specialist or the ACN or Shift Co-ordinator. As much as possible, Whānau will be consulted and included in the decision making process regarding the ongoing care of their family member.
- Where possible all patient charges should be completed before patient leaves Mercy Hospital. The patient discharge will be recorded on TrakCare as "discharge to another acute facility".

Te Whatu Ora Southern Contract Patients:

Mercy may be contracted to provide surgery only or surgery and post-op care in an in-patient ward:

- When a 'surgery only' contract exists, the patient is transferred from the DSU to a previously assigned ward at Dunedin Hospital.
- The ambulance is pre-arranged by Dunedin Hospital; the DSU Shift Leader / RN contacts St John Ambulance and advises them of the time the patient is ready to be collected.
- The cost of the ambulance transfer is covered by Dunedin Hospital
- If an escort is required (e.g. after GA) this will be provided by Mercy Hospital.
- The patient's clinical notes, from the current episode of care in Mercy are incorporated into the 'old notes' from the Te Whatu Ora Southern (by the DSU Receptionist) and accompany the patient when they are transferred. A copy of the discharge summary is retained and sent to the patient's GP by the Clinical Records Officer.
- Some patients may have limited post op care provided for in the contract i.e. they will transfer back to Dunedin Hospital 1-2 days post-surgery. Process to be followed is the same as for a transfer occurring immediately post-surgery.