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Policy

Patients will be transferred according to the outlined requirements below. It is important that the allocation of transportation costs do not impede timely transfer of care between facilities.

Purpose

To ensure a safe appropriate and timely co-ordinated transfer of patients occurs between DHB hospitals.

Scope/Audience

- Medical Staff (of all grades)
- Nursing/Midwifery Staff and Lead Maternity Carers
- Allied Health Staff
- Arranged Admitting Office/Ward Clerks
- Duty Nurse Manager/Bed Manager/ Charge Nurse Manager (Ashburton)/Nurse in Charge/Clinical Coordinators
- St John's Ambulance
- Health Shuttle Service
- Air Retrieval Service - includes Maternity air retrieval

Exemptions to this policy

- Patients who are deteriorating and require **urgent**, not elective transportation, contact St John Ambulance on their health professional line **0800 262 665** and communicate the patients situation using the ISBAR situational briefing model.
- Emergency Departments are excluded from paying for transportation costs for patients presenting to ED.

Definitions

EWS

For the purpose of this document EWS (Early Warning Score) refers to the EWS, MOEWS and PEWS.

Designated person

For the purpose of this policy the title Designated Person refers to a person other than a Consultant and can include a delegated Registrar/House Surgeon or Nurse in Charge/Senior Nurse/Midwife/Lead Maternity Carer

Associated documents

[Health Shuttle Timetable - Christchurch Hospital Campus/Burwood Hospital](#)

[Requisition for Patient transport by Ambulance](#) (call St John on 0800 262 665 if urgent, not elective)

CDHB Transfers via Health Shuttle poster ref: 3062

CDHB Transfers via St John Ambulance poster ref 3104

Protocol for admission to Rural Hospitals Protocol

Transfer of Woman and Baby to Primary Unit ref: 7207

In-Utero Transfer Between Hospitals ref: 7208

In Utero Transfer Checklist ref: 6831

CDHB Early Warning Management Pathway Policy Volume 11

CDHB ISBAR Policy Volume 11

Discharge to Residential Care form ref: 3188

CDHB Transfer Notice of Nursing Care form ref: 0842

1 Outline of Responsibilities

1.1 CDHB Staff responsibilities

Clinical staff will communicate patient information between all health professionals using the ISBAR format and will use the Early Warning Score (EWS) in conjunction with relevant clinical information to determine patient urgency i.e. calculate the EWS of the patient with the observation information provided by the DHB involved.

1.2 Responsibilities of DHB staff sending and receiving patients

- The consultant/designated person wishing to refer the patient to another hospital must discuss the patient and have the patient accepted by the relevant consultant/designated person at the receiving hospital. The referring and receiving consultants (or delegated person) must inform relevant personal of the consultants involved and any plans made.

Transfer of Patients between Hospitals

- The consultants/designated person must agree on a transfer plan but not a time frame, unless it is a clinical emergency. Any changes to the plans are to be communicated to all involved parties by the consultant or their delegate.
- The consultant/delegated person must inform the appropriate nursing/midwifery personnel i.e. Duty Manager/Bed Manager/Clinical Coordinator/Nurse in Charge to arrange the patient transfer and allocation of a suitable staffed bed.
- The date and time of transfer to be finalised by the Medical Team/Nursing/Midwifery staff after discussion with relevant Duty Manager/Bed Manager/Clinical Coordinator
- Nursing/Midwifery staff in consultation with relevant personnel must organise the transport requirements for the patient, determining if the patient requires an escort also the qualification of the escort (i.e. air retrieval personnel) then arranging this in consultation with the receiving hospital.
- An appropriate summary of the patient's clinical presentation and care/treatment should accompany the patient record.
- The nurse transferring the patient must ensure the Patient Record accompany the patient on transfer (internally or to another DHB)
- A nursing handover in ISBAR format is required on transfer of the patient to the escort/ nurse receiving the patient and the unit accepting the patient. This will include relevant patient details, urgency time of transfer, admission requirements.
- Clinical Records and Clinical Coding must be informed prior to transfer

Please note: The transferring hospital is responsible for the safe transfer of the patient:

- From departure to the verbal ISBAR handover at the receiving hospital
- Or
- Until handover to the Air Retrieval Team

2 Transportation Costs

Public hospital patient transportation costs for CANTEBURY DOMICILED PATIENTS are covered by the CDHB unless

- The patient is transferring to a long term rest home level care/ facility (i.e. not hospital level care where the CDHB pay)
- The patient/family have chosen private care ie transferring to a private hospital (e.g. St Georges/Southern Cross)
- The patient family have requested transfer to another DHB as a personal preference i.e. care can be provided here (involve planning and funding in these instances)
- Outpatient appointments while in Rural Hospital care. Where a patient is in short term care and has a prescheduled Outpatient appointment the facility should first use clinical judgement to whether the appointment could be rescheduled or not

Please note: Where the patient/family is expected to pay for the transfer this must be discussed/ understood and approved by the patient/family prior to transfer, signed and documented on the requisition form.

There is a special process for Canterbury residents transferring back into the DHB for treatment as a result of having been transferred to another hospital due to exceptional circumstances (the CDHB covers transportation costs in this instance). Please discuss the individual's case with Planning and Funding

3 Transfer via St John Ambulance Service/Air Retrieval

- If a patient deteriorates en-route requiring immediate intervention or stabilisation the patient must be transported to the nearest appropriate Emergency Department for further assessment.
- For patients with a current EWS of greater than 2 or an inability to sit upright for the duration of the trip, the decision for Ambulance versus Air Retrieval transfer of the patient is decided on clinical need, appropriateness, availability and the preference of the DHB paying for the patients transfer.
- Staff accompanying on Air Retrieval need to be appropriately trained for this mode of transfer.
- Other forms of transportation are not to be used if a patient's Early Warning Score is greater than 2 unless the patient is clinically stable and the reason for elevated Early Warning Score is documented. The medical team must document why an alternate form of transport is acceptable.
- Handover to the service providing transfer is to be provided in an ISBAR format.

- St John/Air retrieval may assist the referring doctor with advice on the mode of transfer and the level of care required in transit, if required, e.g. medical/nursing escort.
- For routine transfers outside Christchurch city 24 hours' notice to St John Ambulance or Air Retrieval is required.
- A faxed referral is required to the elective ambulance coordinator Monday to Friday 0700 – 1630 hrs – fax no. 80553. Out of these hours the form is to be faxed to St John Ambulance directly.

3.1 Booking requirements

- Ward Clerk/other person assuming role of Ward Clerk afterhours, is to complete the "Requisition for Patient transport by Ambulance" ref 2530 duplicate form, and fax to number on the form.
- Ensure all sections are completed including the patients Category as per form above.
- Contact Ambulance control if patient is a Category One patient or if additional information is required.
- If transport is required outside immediate Christchurch area then 24 hours notice is generally required. Also consider if patient requires an escort by hospital staff or whether a driver and crew member is requested. (Transport Ambulance do not routinely have a crew member but just have a driver.)
- Ensure clinical notes are prepared for transfer

4 Transfer via Health Shuttle

- If a patient deteriorates en-route requiring immediate intervention or stabilisation St John Ambulance must be called

4.1 Criteria

- For patients with a current EWS of equal or less than 2 (in conjunction with clinical judgement).
- Not having active treatment other than prescribed O2
- Able to sit for the duration, and either transfer themselves into the shuttle or have access via wheelchair
- Patient is to be ready for transfer 20 minutes prior to shuttle departure

4.2 Booking requirements

- When a wheelchair is required for a shuttle transfer, it must be ordered at the time of booking the orderlies via the facilities usual channels. Refer to Health Shuttle timetable for scheduled departure times. Patients that require extra help/supervision will require a staff member accompany them during the transfer as the shuttle only has a driver.
- All other patients transferring can be taken to the shuttle via normal wheelchair but must be able to climb into the shuttle with minimal assistance.
- All belongs and the bag in which the clinical file is placed must be clearly label with the patient name and destination

5 Outpatient to Hospital Transfers

- Once the medical team have reviewed the patient, the admission approved by the consultant and the Duty Manager /Bed Manager/Charge Nurse Manager has located a bed, Outpatients requiring admission to a hospital service can go directly to the admitting ward
- The clinicians will ensure the requirements in 1.2 to 1.3 are met.

6 Transfer to CDHB Rural Hospital

6.1 General Criteria for Transfer

- All patients must be assessed and a multidisciplinary agreement sourced as being able to be managed in a low technology environment without medical personnel on site 24 hours a day.
- At day of transfer an ISBAR handover is to be conducted between the discharging clinical nurse responsible for the patient that day and the clinical admitting nursing staff of rural hospital
- Requirements to travel with transferring patients
 - Completed Doctor discharge note and nursing patient transfer note
 - Three week supply of medications to be filled prior to admission to rural hospital and new completed medication chart (QMR0004)
 - Any specialist supplies/equipment required such as Stoma equipment, Hollister skin gel
 - Clinical notes including copies of recent lab reports, support services referral or re-activation for discharge requirements

- Maternity Care –Please refer to Transfer of Woman and Baby to Primary Unit ref: 7207

6.2 Additional Individual Rural Hospital Patient Acceptance Criteria

Darfield, Ellesmere Rangiora and Waikari Hospital

Can only accept patients who can be cared for at night by a sole RN.

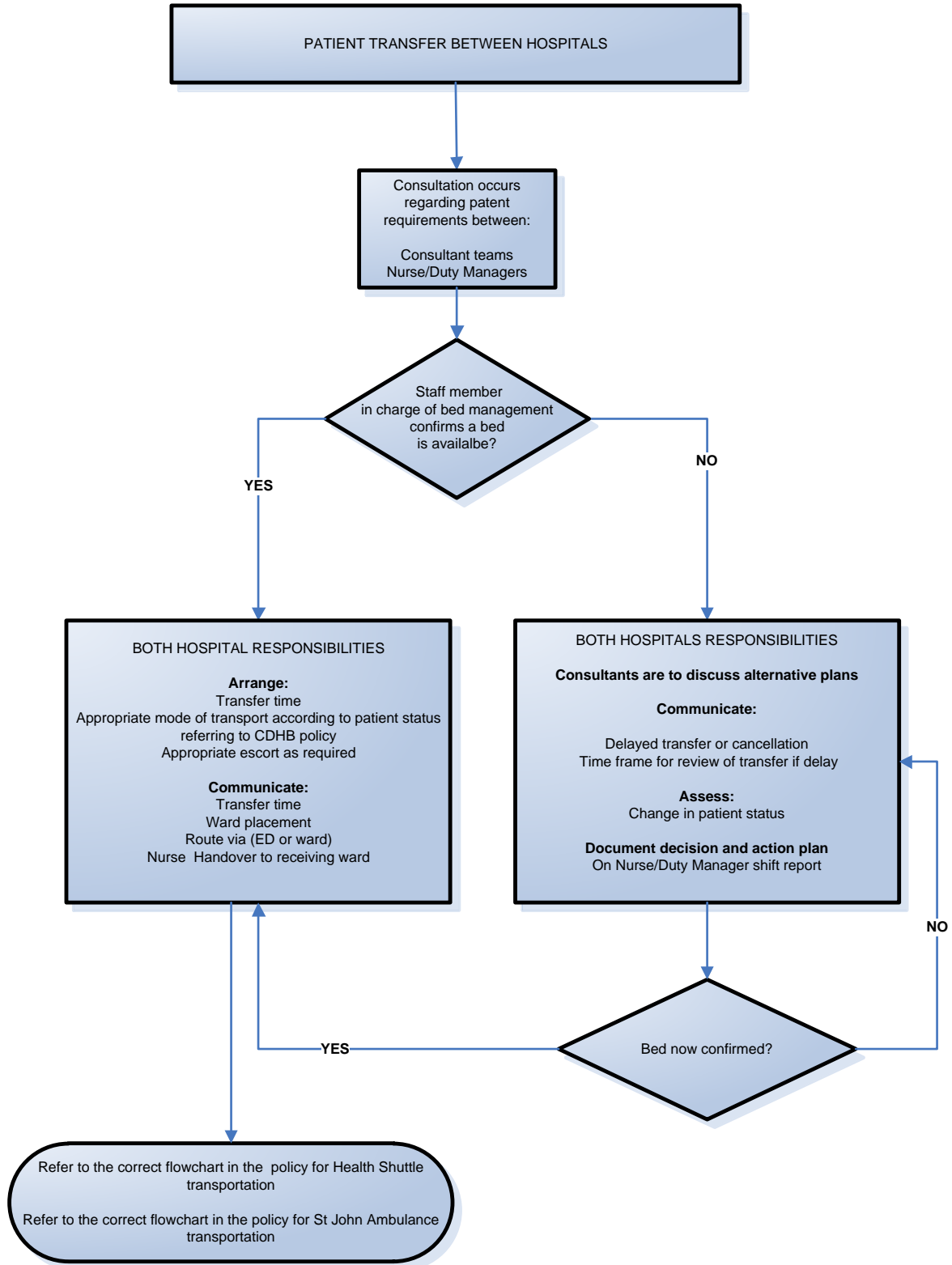
Oxford and Kaikoura Hospital

Can only accept patients who can be cared for at night by a Registered Nurse and Health Care Assistant.

7 Funding confirmation for carer support/respice patients

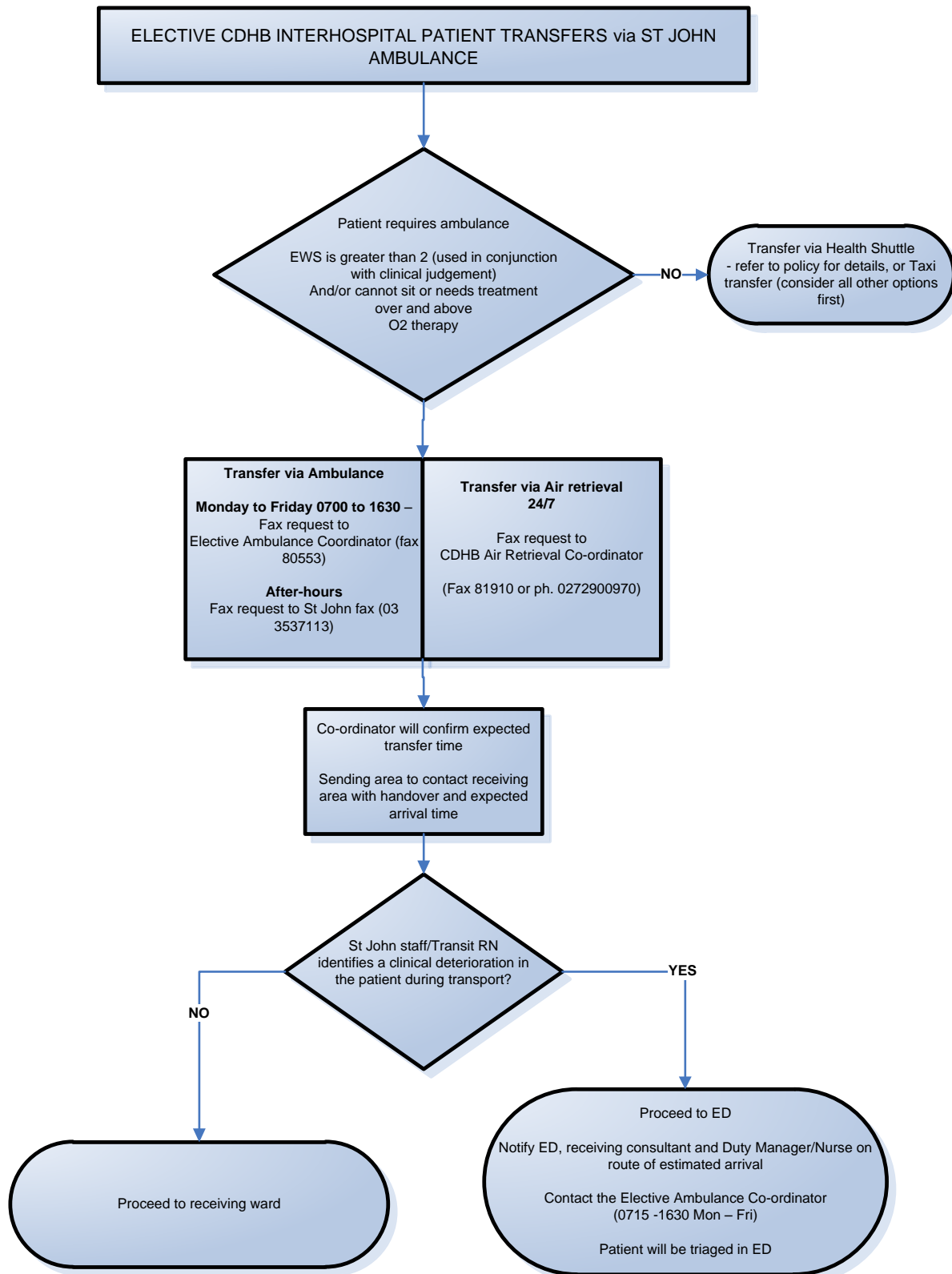
The transferring facility must have organised funding for carer support/respice care patients and long term care patients (at the appropriate care level) prior to transfer.

8 Patient Transfer between Hospitals – Flowchart



9 CDHB Inter-hospital Patient Transfers Via St John Ambulance – Flowchart

Transfer of Patients between Hospitals



10 CDHB Inter-hospital Patient Transfers via Health Shuttle – Flowchart

