



ARROWHEAD REGIONAL MEDICAL CENTER
Department of Nursing (NRS)

POLICY NO. 564.00 Issue 7
Page 1 of 5

SECTION: V. GENERAL NURSING SUB SECTION: ADMISSION/DISCHARGE/TRANSFER

SUBJECT: PATIENT TRANSFERS – IN HOUSE AND INTERAGENCY

APPROVED BY: _____
 CHIEF NURSING OFFICER

POLICY

Determination for transfer is made according to medical appropriateness, change in level of care and/or when an interagency transfer is required to maintain the care continuum, see Administrative Policies and Procedures (ADM) Policies 610.03, Inpatient Transfers to and From ARMC, ADM 610.05 Emergency Medical Treatment and Labor Act (“EMTALA”), and ADM 610.08, Discharge Planning/Transfers and Change to Lower Level of Care.

Patients requiring in-house or interagency transfer occur as determined by Arrowhead Regional Medical Center (ARMC).

PROCEDURE

I. IN HOUSE TRANSFERS

- A. In House Transfers are performed in collaboration with the Admissions Nurse/Nursing Supervisor/ Bed Management
- B. Types of In House Transfers
 - 1. In house transfers of patients are made for reasons of safety, efficiency, or acuity changes and consist of:
 - a. Non-critical care to non-critical care
 - b. Critical care to non-critical care
 - c. Non-critical care to Critical Care
 - d. Critical care to critical care
 - 2. Mechanisms Governing In-House Transfers
 - a. Practitioner orders are written for:
 - 1) Transfers to a higher or lower level of care
 - 2) Transfers to a new physician service
 - b. Patients Transferred to Critical Care areas or for diagnostic testing from Critical Care areas are accompanied by a physician or nurse certified in Advanced Cardiac Life Support (ACLS).
 - 1) These patients are placed on a cardiac monitor, have IV access and emergency drugs readily available.
 - 2) Patients transferred to telemetry are placed on a cardiac monitor, have intravenous (IV) access, emergency drugs are readily available and accompanied by a nurse.
 - 3) Any exceptions require a written order by the Practitioner.

- 4) Transfers are done in collaboration with the Admission Nurse/Nursing Supervisor.
 - c. The sending unit determines the physical means of transportation.
 - d. The sending nurse may phone a report to the receiving nurse prior to transferring the patient or may transfer the patient and provide a bedside report. The transfer of care report is done using the ISBARQ format and includes the patient's status and any equipment /special needs of the patient.
 - e. A transfer note is written by the sending nurse to include patient status at the time of transfer, date and time of transfer, mechanism of transportation, who accompanied the patient, where patient was transferred from, where patient is being transferred to.
 - f. The sending nurse assesses the patient's skin and documents the assessment on an Admission/Transfer Skin Assessment form, see Attachment A
 - g. A note is written by the receiving nurse, to include date and time, where patient came from, name of receiving unit, mechanisms of transportation, who accompanied the patient and an assessment of the patient.
 - h. Transfer Orders
 - 1) When transfer orders are placed on hold for greater than 72 hours, the transfer is considered canceled and new transfer orders must be written when appropriate.
 - 2) Critical Care Units – When a transfer is delayed for any reason and the time exceed two (2) hours, transfer orders are initiated.
 - i. Inventory and valuables log completed by sending and receiving hospital personnel.
- C. Special Issues of In-House Transfers
- The procedure, outlined above, is followed evenings, nights, during weekends or emergency situations, when beds are needed. This is done in collaboration with the Unit Manager (UM), Assistant Unit Manager (AUM), or Nursing Supervisor.

II. Interagency Transfers

- A. Types of Interagency Transfers
- Patients no longer requiring acute hospitalization, but who continue to require nursing care, may be transferred to the following with patient/legal representative consent:
1. Sub-acute facilities
 2. Skilled nursing facilities
 3. Rehabilitation facilities
 4. Hospice care
 5. Alternate acute care facilities
 6. When diagnostic/treatment services are required, and not provided at this facility, patients are transferred to a facility providing the services.
- B. Mechanisms Governing Interagency Transfers
1. Transfers to subacute facilities, skilled nursing facilities and rehabilitation facilities are coordinated in collaboration with the Clinical Social Work Department/Case Management with patient/legal representative consent:
 - a. Face Sheets
 - b. Doctor's Orders
 - c. History and Physical (H&P)
 - d. Physician's Transfer/Discharge Note
 - e. Progress Notes (last 5 days)

- f. Consults
 - g. Nurses Notes (last 5 days)
 - h. Flow Sheet
 - i. Labs
 - j. Radiology Reports
 - k. Medication Administration Record (MAR)
 - l. Medication Reconciliation Form
 - m. Providing Report:
 - 1) To the sub-acute facility, the nurse responsible for the patient phones a report.
 - 2) Patients being transferred to rehabilitation facility are evaluated by an RN from the facility prior to transfer.
2. Transfers to an alternate acute care facility for diagnostic/treatment services are done as follows:
- a. The physician is responsible to arrange transfers within the facility
 - b. Arrangements for transportation are made by either the Clinical Social Work Department, Case Management or Nursing personnel
 - c. Copies of the chart are made as above and accompany the patient. Additional information is sent upon written physician order
 - d. Report is phoned to the receiving facility prior to the transfer
 - e. An RN or physician accompanies the patient, when indicated
- C. Nursing staff complete an interagency transfer checklist including a final double check verification of the patient's name and date of birth performed by the patient's nurse or the Charge Nurse or AUM and the transport personnel. Both the nurse and the transport person sign on the transfer checklist.

REFERENCES: **Joint Commission Standards**
 Administrative Policies and Procedures (ADM) Policy 610.03, Inpatient Transfer To and From ARMC
 ADM Policy 610.05, Transfer To and From the Emergency Department
 ADM Policy 610.08, Discharge Planning/Transfers and Change to a Lower Level of Care

DEFINITIONS: **NA**

ATTACHMENTS: **Attachment A: Admission / Transfer Skin Assessment**

APPROVAL DATE:

| | |
|------------------|--|
| <u>N/A</u> | <u>Policy, Procedure and Standards Committee</u> |
| <u>8/10/2021</u> | <u>Nursing Standards Committee</u> Applicable Administrator, Hospital or Medical Committee |
| <u>9/22/2021</u> | <u>Patient Safety Quality Committee</u> Applicable Administrator, Hospital or Medical Committee |
| <u>9/1/2022</u> | <u>Quality Management Committee</u> Applicable Administrator, Hospital or Medical Committee |
| <u>9/22/2022</u> | <u>Medical Executive Committee</u> Applicable Administrator, Hospital or Medical Committee |
| | <u>Board of Supervisors</u> Approved by the Governing Body |

REPLACES: NA

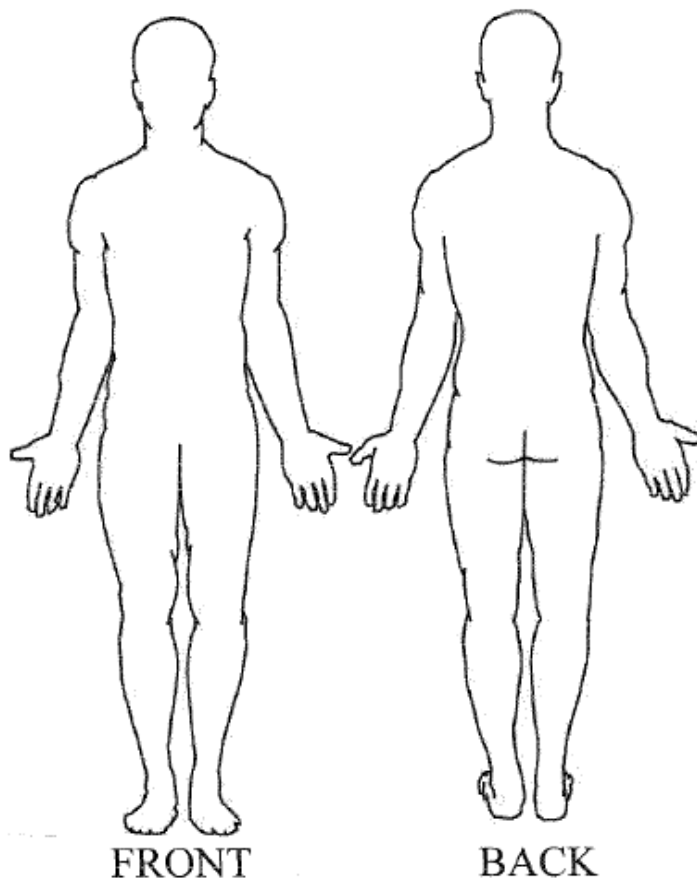
EFFECTIVE: 1/1/1999

REVISED: 4/11/01, 3/4/04, 4/2008, 6/5/13,
9/2/14, 6/4/15, 4/2019, 9/18/2020,
7/2021

REVIEWED: 04/2005, 3/2011

Attachment A

Admission/Transfer Skin Assessment



A - Abrasion
B - Burn
C - Color Change
D - Deformity
E - Echymosis
F - Foreign Body
G - Edema
H - Hematoma
I - Redness
J - Bruising
K - Swelling
L - Laceration
M - Rash
N - Puncture
O - Open
Wound/Decub
P - Pain
Other _____

RN signatures: _____ / _____
Date/Time: _____
Unit: _____
Photo Taken: Y/N

Patient Identification

Arrowhead Regional Medical Center
Admission / Transfer Skin Assessment