

## Patient Transfer Process One-Way Acute to Acute Transfers

EFFECTIVE FEBRUARY 4, 2019

### Why transfer process is changing? University of Maryland Upper Chesapeake Health

- Barriers to notifications and coordination of patient transfers between facilities
  - Example: missed handoff, delays in securing bed at receiving facility
- Potential patient safety issues due to duplication or missed medication orders and delays in care
  - Example: Patient received dose of vancomycin at HMH ED and received another dose once they arrived to UCMC in error, which caused renal failure.

## Effective **February 4, 2019**, a revised process will be implemented for all patient transfers

### Updated Transfer Process



UNIVERSITY of MARYLAND

UPPER CHESAPEAKE HEALTH

### New Acute Transfer Form



- Current Acute Care Transfer <u>paper</u> form is being replaced by new <u>electronic</u> Acute Care Transfer form in Meditech
- After provider completes form in Meditech, provider will verbally notify nursing to print it from report tab
- Nursing completes and obtains patient signature on new form as followed in current transfer process
- Make two copies of completed form; one for receiving facility and one for transfer log. Original remains in chart.

### Old Acute Transfer Form

5/15

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#### This form is now available electronically for Acute To Acute transfers with an enhanced process for transfers!

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Cther:

White - Medical Record Yellow – Receiving Organization Pink - Transfer Log

### New Acute Transfer Form

U334-1



#### Provider Completed in Meditech

University of Maryland Upper Chesapeake Medical Ctr 500 Upper Chesapeake Dr. Bel Air, MD 21014

Acute Care Hosp Transfer Form

Patient Name: Test, Rapposelli Karen

Date of Birth: 02/14/1974

Account Number: MA0000060525

Date of Admission: 06/25/18

Record Number: M000000588

Height: 5 ft 8 in Weight: 68.039kg Code Status: Attempt CPR

Time of Decision to Transfer: 16:11 Reason for Transfer: Specialized Care/Equipment not available at this facility Specialized Equipment: Cardiac Cath Patient being tested/evaluated and will be RETURNING: No Risk of Transfer/Transport: Discomfort during travel, Possible worsening of condition during travel, No further treatment/improvement possible Patient Condition: STABLE- Material deterioration during Transport not likely Receiving Institution: UCMC Other Facility Name: test Why not University of MD Medical Center: UMMC is not the preferred option I this case Accepting MD/DO: jokhadar Phone Number: 888-888-8888

#### <Electronically signed by Angela C Wrzosek > 12/18/18 1612 12/18/18 1612

Patient Consent to Transfer: [Transfer Consent: I acknowledge that my medical condition has been explained to me by the Emergency Department physician and/or my attending physician who has recommended that I be transferred to the service of Dr., at \_\_\_\_\_\_. The possible risks and benefits of this transfer and the possible risks of not being transferred have been explained to me and I fully understand them. With this isnovledge and understanding. I agree and consent to be transferred.

[]Transfer Request: I acknowledge that my medical condition has been explained to me by the Emergency Department physician and/or my attending physician who has recommended and offered to me further medical examination and treatment. The possible benefits of such further medical treatment as well as the Possible risk associated with transfer to another facility have been explained to me and I fully understand them. With this knowledge and understanding. I refuse to consent to further medical examination and treatment which has been offered to me, and I request transfer to

Patient or Representative's Signature Date/Time

Witness Signature Date/Time

### After nurse obtains patient signature, make two copies of form

#### Nursing to Complete & Patient Sign

 

 Acute Care Hosp Transfer Form Test, Rapposelli Karen
 MA0000060525

 Copies of the Following from Patient Chart: []Chart Face Sheet
 []History & Physical

 []Chart Face Sheet
 []History & Physical

 []X-ray(s)
 []Medication

 []Med Reconciliation Record []Completed Orders
 []Progress

 []ELG Patient Care Record
 []Lab Results
 []Discharg

 []Transfer Holding orders
 []Prenatal Record
 []Other:\_

[]Medication Administration Report

[]Progress Notes (MD & RN)

[]Discharge Summary

#### Items to be sent with Patient:

[]Personal Belongings w/pt []Medications []Personal Belongings to Family []Other:\_

#### Transfer Requirements:

[]BLS []ALS []Critical Care
Time for Transport: \_\_\_\_\_\_ Name of Transportation Company: \_\_\_\_\_\_
Time Notified: \_\_\_\_\_\_ ETA: \_\_\_\_\_
Family/S.O. name: \_\_\_\_\_\_
[]Notified []In Attendance []Unable to Contact []Pt request no contact

#### **Isolation Requirements:**

[]Contact []Droplet []Airborne\_\_\_\_ []MRSA []VRE

Discharge Vital Signs (within 15 mins of Transfer):

BP:/	P:	R:	T:	_ Pain:	_/10	Pulse Ox:	%
Time:	RN:						

Transfer Authorized by Director, CNM, AC or Charge RN Signature Discharged Time: \_\_\_\_\_\_

#### Current Treatment in Progress:

current ireatment in Pr	ogress:			
Heart Monitor	[]Balloon Pump	[]Int. pacer	[]External pace	r []Foley
IV: # drips:	[]Peripheral	[]Central	[]Arterial []PA	
Artificial Airway []ET:	[]Trach			
lode: []SIMV []A/C - V/C ]Bi-Level** Resp Therap	[]CPAP []PRVC []Pres. py Req. Rate Ti	vol PEEP	Control FiO2	_%
leuro: []Alert []Unre Frimary RN:	ponsive []Sedated (for	Pain:/10 questions) Phon	, location:	
Report to RN:(Full Name)	25			
Driginal - Medical Record	Copy1 - Receiving O	rganization	Copy2 - Transfe	er Log
ept: 1218-0005 bnf: Y				
and a of 2				

Page: 2 of 2

- ONLY when transferring <u>between UCH facilities</u>; use the DocHalo messaging system as noted below:
  - Discharging unit sends DocHalo message to "HMH to UCMC Transfers" group when patient has left unit <u>OR</u> the transfer has been cancelled

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- Receiving unit sends DocHalo message to Attending Provider when patient has arrived to unit
- Receiving unit calls Patient Access to change patient status to "REG"
- Responsible Party:
  - Unit Secretary or Primary Nurse

### What is changing for providers?

### **Discharging Provider:**

- 1. Go to "Document" tab
- 2. Find "Acute Care Hospital Transfer Form"
- Complete Discharge Transfer Order (continue or omit orders)
- 4. Complete Transfer Form
  - Transfer Diagnosis
  - Reason for Transfer
  - Etc.
- 5. Save





### Discharge Transfer Order



age Discharge Transfer Order List	le la	
Status	Start/Stop	ø
	and the second	
New*	Tue Dec 18 15:58	*1.mt.
	age Discharge Transfer Order List Status New*	Ange Discharge Transfer Order List Status Start/Stop New* Tue Dec 18.15:58

	Edit Discharg	e Transfer Order	
order		Start/Stop	Status
Nscharge Transfer Routine		Tue Dec 18 15:58	New*
DISCHARGE TO FACILITY Discharge to Facility UCMC	×		
STATUS Status Inpatient			
INPATIENT BED TYPE Inpatient Bed Type MS Flex Unit	×		
ACCEPTING (ATTENDED	G) PROVIDER		
Accepting (Attending) Provider Jokhadar,M	uhammad	1	
Accepting (Attending) Provider Jokhadar, M DIAGNOSIS Diagnosis Acute MI	uhammad		
Accepting (Attending) Provider Jokhadar,M DIAGNOSIS Diagnosis Acute MI Isolation Type N/A	uhammad		
Accepting (Attending) Provider Jokhadar, M DIAGNOSIS Diagnosis Acute MI Isolation Type N/A Start Date Today	uhammad		
Accepting (Attending) Provider Jokhadar,M DIAGNOSIS Diagnosis Acute MI Isolation Type N/A Start Date Today Start Time 15:58	uhammad		
Accepting (Attending) Provider Jokhadar,M DIAGNOSIS Diagnosis Acute MI Isolation Type N/A Start Date Today Start Time 15:58 Freq Routine	uhammad		
Accepting (Attending) Provider Jokhadar,M DIAGNOSIS Diagnosis Acute MI Isolation Type N/A Start Date Today Start Time 15:58 Freq Routine Stop Date	uhammad		

### Acute Transfer Form



est,DischargeTransfer12 45 F 04/27/1973 VIS IN CDUHMH CDU351-2	Allergy/Adv: gentamicin		HA0000033555	HO
Contraction Care Hosp Transfer Form				
-Internal UM UCH Transfer				
Required for ALL one-way UM UCH inter-facility				
transfers				
Time of Decision to Transfer	10.07		Commente	
	13:37		Comment:	
Select Problem>				
*Reason for Transfer	Specialized Care/Equipment not Trauma Close proximity to adv medical f	available at this facili 🔤 acility in event of wor 🛶	Patient/Guardian request for benefits: Facility Evacuation/Decompression Physician refused or failed to arrive in a reasonal	ole t
Specialized Equipment				an a
Requested Benefits	Physician of choice located at an Payor request	other facility	Other	
Name of Physician refusing or delaying				
Testing/Evaluation needed				
Patient being tested/evaluated and will be RETURNING	Yes No			
Risk of Transfer/Transport	N			
*Risk of Transfer/Transport	<ul> <li>Discomfort during travel</li> <li>Possible worsening of condition</li> </ul>	during travel	No further treatment/improvement possible Other	
Patient Condition				
*Patient Condition	STABLE- Material deterioration d Patient has refused exam/treatn	uring Transport not lik <u></u> nent	Pt will benefit from higher level of care; outweigh Pt in labor;transfer offset of potential risks of mo	ns ri 💷
Receiving Institution				77.70
Receiving Institution	UCMC HMH	University of MD Other Facility	Medical Center	
Other Facility Name				
Why not University of MD Medical Center	Attempted UMMC transfer but no UMMC is not the preferred option	) beds available n I this case	Other	
Accepting MD/DO				
Phone Number				



Pharmacy, Patient Access and Lab will receive report to pre-register patient and add patient to Pharmacy list to screen for duplicate orders

	ACT					
2 AND COMPANY CONTRACTOR AND					1000001604	
Contract on the day can be	vor øser	28 F 04/	27/1990		HA0000033977 ADM IN	
		Amoyal, S	herryl Gussio		3 South Telemetry	(HMH) ±
					357-1	
fransfer		181218-1	20857331		Active	
5 ft 8 in 172.72	cm 132	1b 4,438 oz	60 kg	1.71	m, 2	
Allergies: penicillin	G					
Adverse Reactions:						
Discharge Transfer Ro	utine		Starti	12/18/18	12,07	
	-					
Discharge to Pacility	UCMC					
Discharge to Pacility Status Inpatient	UCMC					
Discharge to Pacility Status Inpatient Inpatient Bed Type	UCMC Med-Surg Tele	metry				
Discharge to Pacility Status Inpatient Inpatient Bed Type Accepting (Attending)	UCMC Med-Surg Tele Provider J	metry Tokhadar,Muham	amad			
Discharge to Pacility Status Inpatient Inpatient Bed Type Accepting (Attending) Diagnosis CHP	UCMC Med-Surg Tele Provider J	metry okhadar,Muham	mad			
Discharge to Pacility Status Inpatient Inpatient Bed Type Accepting (Attending) Diagnosis CHP Isolation Type N/A	UCMC Med-Surg Tele Provider J	metry okhadar,Muham	mad			
Discharge to Pacility Status Inpatient Inpatient Bed Type Accepting (Attending) Diagnosis CHP Isolation Type N/A Height	DEMC Med-Surg Tele Provider J 5 ft 8 in	metry okhadar,Muham	mad			
Discharge to Pacility Status Inpatient Inpatient Bed Type Accepting (Attending) Diagnosis CHP Isolation Type N/A Height Weight (kg)	DCMC Med-Surg Tele Provider J 5 ft 8 in 60 kg	metry okhadar,Muham	mad			
Discharge to Pacility Status Inpatient Inpatient Bed Type Accepting (Attending) Diagnosis CHP Isolation Type N/A Height Weight (kg) Is Patient Pregnant	S ft 8 in 60 kg No	metry okhadar,Muham	mad			
Discharge to Pacility Status Inpatient Inpatient Bed Type Accepting (Attending) Diagnosis CHP Isolation Type N/A Height Weight (kg) Is Patient Pregnant Mode of Transport	S ft 8 in 60 kg No Ambulatory	metry okhadar,Muham	mad			



# Thank you for compl<mark>etin</mark>g this presentation!

# Please be sure to compl<mark>ete</mark> the next component of this course in UMMS U.