Policy on the Transfer of patients/clients and their records to another hospital or in-patient facility

March 2009
<table>
<thead>
<tr>
<th>Name of Policy:</th>
<th><strong>Policy on transfer of patients and their records to another hospital or in-patient facility</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Purpose of Policy:</td>
<td>The purpose of this policy is to ensure the safe and efficient transfer of patients/clients and their records to another hospital or in-patient facility and that patient’s wellbeing is maintained during the transfer period.</td>
</tr>
<tr>
<td>Directorate responsible for Policy</td>
<td>Executive Director of Nursing / AHP</td>
</tr>
</tbody>
</table>
| Name and Title of Author: | Fiona Wright, Assistant Director Nursing Service Governance  
Christine Armstrong, Practice Development Facilitator |
| Does this meet criteria of a Policy? | Yes |
| Staff side consultation? | Yes |
| Equality Screened by: | Fiona Wright, Assistant Director Nursing Service Governance  
Christine Armstrong and Marie Doran, Practice Development Facilitators |
| Date Policy submitted to RM&PC: | 23rd March 2009 |
| Members of RM&PC in Attendance: | C. Graham, D. McKevitt, J. Graham, E. Kilpatrick, M. McIntosh, K. Anderson, M. Austin, C. Weaver, D. Connelly, J. McConville & J. McKay |
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| Communication Plan required? | No |
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| Director Responsible | Mr. Francis Rice, Executive Director of Nursing / AHP |
| SMT Approved/Rejected/Amended | Approved |
| SMT Comments | |
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Version: 1.0  
Reference number/document name: |
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<tr>
<td><strong>Supersedes</strong></td>
<td>Supersedes: Description of Amendments(s)/Previous Policy or Version: Previous legacy Trust policies referring to the transfer of patients to other hospital or in-patient facilities.</td>
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</table>
| **Originator** | Fiona Wright, Assistant Director Nursing Services Governance  
Christine Armstrong, Practice Development Facilitator |
| **RM/Policy Committee & SMT approval** | Referred for approval by:  
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Title: Executive Director of Nursing / AHP |

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SHSCT Policy on the transfer of patients and their records to another hospital or in-patient facility

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Appendix 1
Clinical Resource Efficiency Support Team (2006)
Protocol for the Inter hospital transfer of patients and their records
1.0 **Introduction**

The Southern Health and Social Care Trust recognises the risks associated with the transfer of patients/clients and their records to regional facilities for specific elements of treatment or care and is committed to ensuring that the transfer process is completed in a safe, efficient and timely manner.

In 2006 the Clinical Resource Efficiency Support Team (CREST) developed a *Protocol for Inter Hospital Transfer of Patients and their Records*. The protocol acknowledges the complexities of contemporary treatment and care arrangements and the need to ensure patient wellbeing is maintained during the transfer period. This Southern Trust policy endorses the principles set out in the guidance and in adhering to the CREST protocol reflects its commitment to ensuring the safe transfer of patients and their records to other hospitals.

2.0 **Aim**

The overall aim of this policy is the safe and efficient transfer of patients and their records to another hospital or in-patient facility by ensuring that:

1) The patient’s wellbeing is a paramount consideration and is maintained during the transfer period.
2) Good communication processes are in place between hospitals / in-patient facilities in order that comprehensive and accurate reporting on the patient’s condition and need for transfer can be shared.

3.0 **Policy Statement**

The Southern Health and Social Care Trust has in place arrangements to ensure the provision of safe, optimal care during the transfer of a patient and his/her records to another hospital or in-patient facility. The arrangements reflect the Trust’s adherence to the principles and guidance set out in the CREST *Protocol for Inter Hospital Transfer of Patients and their Records* 2006.

4.0 **Scope of the Policy**

This policy applies to all staff of the Southern Trust involved in the transfer of a patient and his/her records to another hospital or in-patient facility.

5.0 **Responsibilities**

5.1 **Responsibility of the Chief Executive**

As Accountable Officer the Trust Chief Executive has overall responsibility for ensuring that staff are compliant with this policy.

5.2 **Responsibility of Senior Management**

All Trust Directors, Assistant Directors, Heads of Service and Senior Managers have responsibility for the effective implementation of this policy. They must ensure that suitable arrangements are in place to facilitate medical and nursing staff adherence to the guidance set out in the CREST *Protocol for Inter hospital Transfer of Patients and their records*, 2006.
This Southern HSC Trust policy supersedes all legacy Trust policies referring to the transfer of patients and their records. Heads of Service / Team Managers must ensure the removal of all related legacy trust policies no later than 4 weeks after the date the policy is ratified by the Senior Management Team (SMT).

5.3 **Responsibility of Trust staff**

All Trust staff employed within the Southern Trust have a responsibility to adhere to the aims of this policy, the good practice principles as set out below and to comply with any direction necessary to ensure compliance with this policy.

Medical and nursing staff must adhere to the guidance set out in the CREST Protocol for Inter hospital Transfer of Patients and their records, 2006 and must ensure that the patient inter hospital transfer checklist is completed (Appendix 1 CREST Protocol for Inter hospital Transfer of Patients and their records, 2006). Staff must treat as confidential all patient records and information transferred between organisations and ensure compliance to Data Protection Act 1998.

6.0 **Legislative Compliance, Relevant Policies, Procedures and Guidance**

Staff must take cognizance of relevant legislation and good practice guidance, including the following: -

- Nursing & Midwifery Council (2008), The Code Standards of conduct, performance and ethics for nurse and midwives.


- Data Protection Act 1998.

7.0 **References**


8.0 **Equality and Human Rights Considerations**

Equality Considerations

This policy has been screened for equality implications as required by Section 75, Schedule 9, of the Northern Ireland Act, 1988. Equality Commission of Northern Ireland Guidance states that the purpose of screening is to identify those policies that are likely to have a significant impact on equality of opportunity so that greatest resources can be targeted at them. Using the Equality Commission’s screening criteria no significant equality implications have been identified. This policy will therefore not be subject to an equality impact assessment.
Human Rights Considerations

This policy has been considered under the terms of the Human Rights Act, 1998, and was deemed to be compatible with the European Convention of Human Rights contained in that Act. This policy will be included in the Trust’s register of screening documentation and maintained for inspection whilst it remains in force.

This document can be made available on request in alternative formats, for example Braille, disc, and audio-cassette and in other languages to meet the needs of those who are fluent in English.

9.0 Copyright

The supply of information under the Freedom of Information does not give the recipient or organization that receives it the automatic right to re-use it in any way that would infringe copyright. This includes, for example, making multiple copies, publishing and issuing copies to the public. Permission to re-use the information must be obtained in advance from the Trust.

10.0 Sources of advice and further information

Further advice and information regarding this policy can be obtained from the Assistant Director of Nursing Services Governance.
PROTOCOL FOR THE INTER HOSPITAL TRANSFER OF PATIENTS AND THEIR RECORDS

August 2006
These guidelines have been published by the Clinical Resource Efficiency Support Team (CREST), which is a small team of health care professionals established under the auspices of the Central Medical Advisory Committee in 1988. The aims of CREST are to promote clinical efficiency in the Health Service in Northern Ireland, while ensuring the highest possible standard of clinical practice is maintained.

The guidelines have been produced by a sub-group of health care professionals from varied backgrounds including Medical (Primary and Secondary care), Nursing, Pharmacy and chaired by Dr Glenda Mock, DHSSPS.

Further copies of this booklet may be obtained from:

CREST Secretariat
Room D1
Castle Buildings
Stormont
BELFAST
BT4 3SQ

Telephone 028 90 522028
Fax 028 90 523206
E-mail: christine.smith@dhsspsni.gov.uk

Or you can visit the CREST website at: www.crestni.org.uk

FOREWORD

Patients in Northern Ireland now often move between different hospitals for elements of their care. Over the years, hospitals have developed their own proposals for ensuring that the correct information is sent with the patient. It became apparent recently that it would be useful to develop a single regional protocol to be adopted in Northern Ireland.

Under the auspices of the Clinical Resource Efficiency Support Team (CREST), a subgroup of Health Care Professionals, chaired by Dr Glenda Mock, was established to produce a Protocol for the Inter-Hospital Transfer of Patients and their Records.

During this process, the issue of the transfer of verbal information was also highlighted, and the Northern Ireland Medicines Governance Team produced a Protocol for good practice in the transfer of verbal information about medicines. This is available on the Medicines Governance webpage at http://www.dhsspni.gov.uk/psa-governance.

It is worth emphasising that information on medicines should only be given verbally in exceptional circumstances.

CREST would like to thank Dr Mock, the Members of the subgroup, the Northern Ireland Medicines Governance Team, the Royal College of Psychiatrists - Northern Ireland Division and all those who contributed in any way to the production of these guidelines.

DR DAVID STEWART
Chairman of CREST
Page 2 is blank and therefore does not contain any information.
1. Introduction

1.1 With the development of Managed Clinical Networks for the treatment of Patients in Northern Ireland it is increasingly common for patients to transfer between hospital facilities for different elements of their care. It is becoming increasingly important that protocols are developed which will ensure that information about patients is safely transferred between Trusts, because significant risks to patients can occur when there is poor communication of information. In April 2005 the DHSSPS asked organisations to start developing protocols for actions that should be followed when patients are moving between Trusts.

1.2 The principal concern of the referring trust or organisation must be to maintain patient well being, provide optimal care during the transfer period, and deliver the patient safely to the receiving unit.

1.3 The referring unit remains responsible for the provision of care until the patient arrives and is accepted by the receiving unit.

1.4 Before transport is ordered the consultant’s team transferring the patient must have made arrangements for transfer and acceptance with the receiving consultant’s team.

1.5 Agreement of the patient/parent to transfer should be documented. In emergency situations when a patient is unable to agree to transfer, where possible, the next of kin should be
informed of the decision to transfer. The responsibility for
transfer rests with the consultant in charge of the patient’s/client’s
care and the consent of the relatives is not always required.

1.6 Relatives should be made aware of the transfer decision as soon
as is practicable, where appropriate.

1.7 All patient records and information transferred between
organisations must be treated confidentially as governed by the
Data Protection Act 1998. Disclosure of information should
justify the purpose and everyone should be aware of their
responsibilities.

2 Principles

2.1 During a transfer patients should be treated and cared for in such
a way as to maintain:
• Patient safety
• Necessary treatment and care
• Contact with appropriate staff
• Dignity
• Respect of individual needs

3 Professional Roles

3.1 Medical staff are responsible for:
• Discussing the situation with the consultant care team at the
  referring hospital;
• Making the decision to transfer following consultation with the
care team and patient/parent;
• Informing the next of kin of the decision and reasons for transfer, as appropriate, with the consent of the patient;
• Liaising with staff at the receiving unit and agreeing transfer arrangements and expected time of arrival;
• Ensuring the receiving unit has full details of the patient’s condition and requirements;
• Ensuring all relevant medical documentation is fully completed i.e. the patient’s medical record/clinical notes/medicines Kardex is fully completed and up to date. A clinical summary MUST be prepared. If for any reason the Kardex cannot be completed, for example, a patient admitted to A & E is transferred urgently and a full drug history cannot be obtained prior to transfer, this must be clearly indicated in the medicine Kardex and the transfer notes.
• Nominating appropriately trained staff to accompany the patient during transfer, if required;
• Identifying the urgency of the transfer;
• Ensuring the patient is prepared appropriately and that their condition is as stable as possible;
• Ensuring that the transferring unit has medical cover when an on-call doctor has to accompany the patient.

3.2 Nursing staff are responsible for:
• Discussing the transfer arrangements with nursing staff in the receiving hospital;
• Contacting ambulance control with relevant information in order to ensure appropriate ambulance for transfer and requesting transport. (Staff should normally not transfer patients/clients or their records using their own cars unless there are very exceptional circumstances);

*Nurse includes nurses and midwives and specialist community public health nurses.
3.3 Nurse or Operating Department Practitioner (ODP) accompanying patient is responsible for:
- Ensuring the necessary equipment and medication is available for use during transfer;
- Ensuring appropriate documentation accompanies the patient (see section 4: Documentation to be Transferred with Patient);
- Monitoring and recording patient’s condition during transfer;
- Ensuring that full and accurate details of patient’s condition and treatment are given to the receiving unit.

4 Documentation to be Transferred with Patient

4.1 In order to ensure that all relevant information is communicated from one hospital/facility to another it is essential that the following documentation/information is transferred with the patient:
• Patient’s medical records **AND** summary clinical note;
• Patient’s medicine Kardex — it should be noted that a transcription of the Kardex **MUST NOT BE MADE**. Evidence shows that transcription is a significant source of error. If for any reason the medicine Kardex cannot be completed, for example, a patient admitted to A & E is transferred urgently and a full drug history cannot be obtained prior to transfer, this must be clearly indicated in the medicine Kardex and the transfer notes.
• Relevant other documentation which will assist the receiving hospital/facility in planning and delivering safe, effective care to the patient i.e. X-rays, results of diagnostic tests/assessments, patient transfer form etc. X-rays may not have been reported on by the referring hospital; the receiving hospital will need to ensure that relevant findings are taken account of.

5 **Confirmation of Patient Identity**

5.1 The nurse co-ordinating the patient’s transfer to another hospital/facility should ensure that the correct information is transferred with the patient. In order to ensure transfer of correct information relating to a particular patient, the nurse should ensure that the following checks are carried out:
• The patient’s identification name bracelet records the patient’s first name and surname, date of birth and patient identification number;
• The information recorded on the patient’s identification name bracelet corresponds with the name, date of birth and hospital number recorded in the patient’s medical records/clinical notes, nursing notes, medicine Kardex, X-rays and all other documentation being transferred with the patient.
It is the responsibility of the referring trust or organisation to ensure that staff and equipment are enabled to return to their base unit, following the safe delivery of the patient to the receiving unit.

When a patient is discharged from the receiving hospital, the notes from the referring hospital must be returned to that hospital immediately, and especially if they are required for patient care in that hospital.

8 Transfers in Mental Health

- If the transfer of the patient is between one psychiatric hospital and another then it is appropriate to send the psychiatric notes and the medicine Kardex;
- If the transfer is from a psychiatric hospital to an acute general hospital, there might be sensitivities about transferring the detailed psychiatric history. The following should be provided:
  i) a clinical summary which includes both the current medical issues and psychiatric problems;
  ii) an outline of the psychiatric diagnoses and management;
  iii) the medicine Kardex;
  iv) copies of any recent biochemical, haematological, radiographic investigations. (These investigations are now available on the Laboratory Computers as well).
  v) identification of any risks as a consequence of mental disorder, including risks related to the gender, age or vulnerability of the patient or others, and the gender of nursing staff.
Currently Acute Adult Psychiatric wards do not use wrist band identification or photographic identification. Because of this, all steps in paragraph 5 may not apply. However, staff must still ensure that the correct information is being transferred with the patient. Whenever possible, the patient details on the information should be confirmed verbally with the patient.

9 It is the responsibility of the referring trust to ensure that staff and equipment are enabled to return to their base unit, following the safe delivery of the patient to the receiving unit.

10 When a patient is discharged from the receiving hospital, the notes from the referring hospital must be returned to that hospital immediately and especially if they are required for patient care in that hospital.
MEMBERS OF THE INTER HOSPITAL TRANSFER OF PATIENTS AND THEIR RECORDS SUB-GROUP

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Principal Medical Officer  
DHSSPS

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Director of Area Pharmaceutical Services  
Craighavon Area Hospital

Dr Kieran Fitzpatrick  
Clinical Director, Theatres and Anaesthetics  
Belfast City Hospital

Valerie Jackson  
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Louise Devlin  
Outpatients Improvement Manager  
Craighavon Area Hospital

Mr A P Walby  
Associate Medical Director  
Royal Group of Hospitals Trust

CREST Secretariat  
Christine Smith  
Gary Hannan
Appendix 1

Patient Inter Hospital Transfer Checklist

To be completed by nurse organising patient transfer

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
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<tbody>
<tr>
<td>Referring Hospital</td>
<td>Receiving Hospital</td>
</tr>
<tr>
<td>From Consultant</td>
<td>To Consultant</td>
</tr>
<tr>
<td>Arranged by</td>
<td>Received by</td>
</tr>
<tr>
<td>Grade/Position</td>
<td>Grade/Position</td>
</tr>
<tr>
<td>From Ward</td>
<td>To Ward</td>
</tr>
<tr>
<td>Contact Number</td>
<td>Contact Number</td>
</tr>
<tr>
<td>Referring Ward</td>
<td>Receiving Ward</td>
</tr>
</tbody>
</table>

Diagnosis/Key Issues

Reason for Transfer

Patient/Carer/Relative Informed (please tick as appropriate)

YES [ ] Name(s) ________________

NO [ ]

Documentation

<table>
<thead>
<tr>
<th>Yes/No</th>
<th>Comments</th>
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<tbody>
<tr>
<td>Patient record including Clinical Summary</td>
<td></td>
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Medication Kardex

If a Kardex is not complete please note in comments column (including Drug Administration recording Sheet)

X-Rays

Other (eg personal possessions please specify)

Form completed by (please print) _____________________________

Grade/Position _____________________________

Signature _____________________________

Date _____________________________