

CURRENT INTERHOSPITAL PATIENT TRANSFER PRACTICE

Results arising from information received from Victorian public health services – November 2007

Responsible Working Group: VQC Workplace Culture Working Group

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Table of Content

TABLE OF CONTENT	2
BACKGROUND	3
THE SURVEY	4
Methodology	4
Summary of Result	4
Return Rate	4
Demographic data	4
Problems Areas Related to Interhospital Patient transfer Raised by the Health services	4
Quality Improvement Activities Relating to Interhospital Patient Transfer	5
Referral Process	6
Documentation	6
Forms	6
Policies, guidelines, protocols or procedures relating to interhospital patient transfer	11
SUMMARY	11

BACKGROUND

'Clinical handover refers to the transfer of responsibility and accountability for some or all aspects of care for a patient, or group of patients, to another person or professional group on a temporary or permanent basis'. (Australian Commission on Safety and Quality in Health Care – May 2008)

Clinical handover is a recognised patient safety issue. A survey of Victorian public hospitals identified that clinical handover is problematic for organisations. The surveys also identified shift to shift and interhospital patient transfer handover are two significant areas of concern. The Victorian Quality Council has acknowledged these risk areas, and has taken a staged approach to address these concerns.

The activities undertaken to address shift to shift clinical handover include:

- A literature review to identify patient safety issues related to clinical handover and potential system improvement activities
- The development of a Clinical Handover Information sheet, outlining generic concepts
- A survey of health services to identify problem areas, local improvement activities, and suggestions for project work to improve clinical handover
- The development of a set of standardised clinical handover tools that includes a minimum data set to support shift to shift handover and
- The trial of these tools in four public health services for shift to shift medical handover.

A second project relating to interhospital (IH) patient transfer is currently underway. The objective of the project is to develop a standardised approach for interhospital patient transfer. The project includes:

- Collecting information from health services on current interhospital patient transfer practice
- A workshop with participants from the health sector to seek agreement on a standardised process for interhospital patient transfer
- An expert group to develop a standardised process and clinical handover tools for interhospital patient transfer based on the findings of the workshop.

THE Survey

A survey of all Victorian public health services was conducted in November 2007 seeking information about current hospital approaches to clinical handover process and documentation relating to interhospital patient transfer.

Methodology

Health services were sent a letter to request the following information:

- Policies/guidelines/procedures relating to interhospital patient transfer.
- Patient Transfer forms
- Checklist for transfer
- Quality improvement activities relating to interhospital patient transfer

Summary of Result

Return Rate

Information was sought from 88 Victorian public health services, of which there were 54 responses, giving a response rate of 61.4%. This was an encouraging response and reflects the interest and concerns of staff regarding to interhospital patient transfer.

Demographic data

Type of health services	Total Number Survey (n=88)	Overall response (n=54)	
		Number	Percentage
Metropolitan Health Services	16	12	75.0%
Regional & Large Rural Health Services	26	18	65.4%
Small Rural Health Services	46	24	52.2%
Total	88	54	61.4%

Problem Areas Related to Interhospital Patient Transfer Raised by the Health Services

- Documentation
 - Forms variations
 - Patient returned or transferred with poor or no documentation
 - Documentation – not legible
 - No treatment plans for the patient
- Referring process

- Seniority matters when pleading for a bed and transfer arrangement
- Difficult to “sell” your patient to a receiving hospital, especially if the patient is not “critical”
- Delay in transferring patient out of Emergency Department to another hospital
- Rural hospitals often face many hours of delays in patient transfer with no support and limited communication from receiving hospitals and transporting organisations during these delays
- Communication process
 - Insufficient information and time provided to the smaller hospitals in rural areas
 - Smaller hospitals require time to have needs in place prior to receiving patient.
 - For patient with complex needs, rural hospitals need advance notice in case there is an element of care that they are unable to provide for and may need to make alternative arrangement for the patient.
 - Lack of understanding about the lack of resources in country areas that are often taken for granted elsewhere, e.g.
 - No pharmacy department in small rural hospitals or a late chemist in town.
 - Small country hospitals do not always have access to particular drugs, special dressings or treatment that a patients may have been prescribed.
 - District nursing services operate during business hour Monday to Friday only.
 - Rural areas may not have allied health service in town e.g. physiotherapy.
 - Lack of feedback (especially positive feedback) from the receiving hospital to the referring hospital about their management of patient while waiting for patient to be transferred.
- Transport process
 - No uniform number to ring for adult patients transfer.
 - Takes too long to organise patient transfer.
 - No uniform definition for terminologies used by the health services and ambulance services.
 - Transport process needs to be improved when patient’s condition deteriorated. e.g.
 - unclear escalation process

Quality Improvement Activities Relating to Interhospital Patient Transfer

Health services were asked to provide information on quality improvement activities relating to interhospital patient transfer. Of the 53 respondents, ten hospitals identified the following quality improvement activities conducted in their hospital. These activities include:

- Surveying of patient to determine reason for delayed transfer
- Trialling of new interhospital patient transfer forms (3 hospitals)
- Development of electronic interhospital transfer process

- Adding transfer template to the electronic discharge summary
- Reviewing patient transfer process to ensure it meets the needs of the referring hospital
- Few agencies working together to develop a project to manage clinical handover for a specific group of patients
- Improvement of communication between agencies
- Audit on critical patient transfer from emergency department
- One General Practice Division is working on developing a strategy to ensure all important information is included when referring aged care residents to a hospital.
- Developing checklist envelop based on Queensland model.

Referral Process

Information relating to the way patients were referred to another hospital was provided by 26 hospitals. Most of the time, the referral of patients is negotiated between the treating doctor and the receiving doctor. In some rural hospitals, the nurse in charge is allowed to refer a patient to another hospital if the visiting medical officer is not contactable. Once the receiving hospital has accepted the patient, the nurse in charge or the hospital designated coordinator of the referring hospital will contact the receiving nurse in charge to facilitate the transferring process. The mode of transportation of patients who are not retrieved by the specialised retrieval services is organised by the referring hospital. The specialised emergency transport services such as Paediatric Emergency Transport Service and Newborn Emergency Transport Service often organise the transportation of their patients. A doctor's referral letter often accompanies the patient to the receiving hospital. Other documents include nurse's referral letter and/or nursing transfer form, other relevant transfer forms, allied health referral letter or form as well as photocopies of a variety of documentation.

Documentation

Forms

Forty-five of the 54 respondents (83.3%) provided a variety of interhospital patient transfer forms to the VQC. A total of 131 forms were used for interhospital transfer clinical handover by the 45 hospitals or health services. The types of clinical handover documents (excluding written referral letter) used by individual health service or hospital ranged from 1 to 12 varieties. A significant number of hospitals (n=30, 56.6%) used a generic interhospital patient transfer form in conjunction with other transfer forms. The types of clinical handover documents used include:

- Interhospital transfer form – Acute services
 - Generic (30 forms from 30 hospitals, one is electronic)
 - Nursing (14)
 - Medical
 - Physiotherapy
 - Occupational therapy
 - Speech pathology

- Nutrition department
- Various unit specific transfer forms – nursing and medical
- Acute emergency
- Acute elective
- Specialist transfer form
 - Residential transfer to acute hospital form
 - Residential transfer from acute hospital form
 - Paediatric transfer form
 - Palliative care referral form
 - Rehabilitation referral form
 - Maternity service interhospital transfer form
 - Transition to adult hospital summary
 - Neonatal hospital transfer
 - Transfer of an involuntary patient to another approved mental health service (used state-wide)
 - Trauma
 - Victorian state trauma system interhospital trauma transfer checklist
 - Trauma medical consultation record
- Discharge summary
 - Generic
 - Medical
 - Nursing
 - Various allied health
 - Unit specific
- Emergency care record
- Check list – form or envelope
- Letters
 - Medical
 - Nursing
 - Allied health
- Variety of transport booking and authorisation forms
- Specialised retrieval services form

- Victorian perinatal emergency referral service patient transfer form
- Neonatal emergency transport service
 - Consent for transport and treatment
 - Transfer form
- Victorian paediatric emergency transport service
- Others
 - Care plan – medical, nursing
 - Photocopies of diagnostic investigation results
 - Photocopies of relevant notes

Contents of Forms

Analysis of the forms received demonstrated that there was a significant degree of duplication of information provided by various forms within the same health service. It is difficult to find the information required (e.g. blood pressure) on the various transfer forms. This is because there is no logical order among the information provided.

The following table is a summary of the fields most mentioned in various forms and checklists collected.

√√√ : Fields that are contained in > 2/3 of forms received; √√ : >1/3 < 2/3; √ : < 1/3								
	Generic	Nursing	Acute	Residential	Maternity	Oncology	Transport form	Checklist
Patient details								
UR, Name, D.O.B. Sex	√√√	√√√	√√√	√√√	√√√	√√√	√√√	√√
Contact details		√	√		√	√	√√	√
Weight							√√	
Language, Interpreter	√	√√	√	√√		√√		
Social situation	√	√√	√	√	√	√√		
Religion	√√	√	√	√				
Next of kin/ parent/ Guardian details – Name, Relationship, Notification	√√√	√√√	√√	√√√	√√√	√√		√√
Power of attorney or guardianship				√				
LMO/GP/Treating Dr's details	√√√	√√	√√	√√	√	√		√√
Referring details								
Facility, Unit/Ward, contact details	√	√√√	√√	√√	√√√	√	√√√	√
Referring doctor/nurse detail	√	√	√	√	√√√			√√
Treating team details						√		
Admission – date and time	√	√√	√√	√	√√√	√		
Transfer – date and time	√	√√√	√	√	√√	√		

√√√ : Fields that are contained in > 2/3 of forms received; √√ : >1/3 < 2/3; √ : < 1/3

	Generic	Nursing	Acute	Residential	Maternity	Oncology	Transport form	Checklist
Receiving details								
Facility, Unit/Ward, contact details	√√√	√√√	√√	√√	√√	√√	√√√	√√
Receiving doctor/nurse details	√	√	√	√				
Referral received – date and time	√√	√	√	√				√√
Estimate time of arrival			√					
Date & Time of arrival			√	√				
Assessment								
Admission diagnosis	√√√	√√√	√√√	√√√	√	√√√	√√√	√
Reason for transfer	√√√	√√√	√√√	√√√	√	√√√	√√	√
Relevant past history	√√	√√	√√	√√	√	√√√		
Anti natal, Delivery, Post natal history & Baby condition					√√√			
Genogram						√		
Allergy status	√√√	√√	√√	√√√	√√	√√		√
Infection status	√	√	√				√	
Pain and Management		√				√√		
Vital signs/observations (varies in details)	√	√√√	√√	√	√	√√		√
Other health & personal care status-condition								
Mental, behaviour	√√	√√√	√√	√√√		√		
Communication, hearing, speech	√√	√√√	√√	√√√		√		
Vision	√	√√		√√		√		
Skin integrity and care	√	√√	√√	√√√		√		
Hygiene, personal care status	√	√√√		√√√		√√		
Mobility	√√	√√√	√√	√√√		√√		
Sleep patterns	√	√		√		√		
Aids -e.g. dentures, pacemakers		√		√√√				
Elimination & continence	√√√	√√√	√√	√√√		√√		
Risk assessment		√		√		√		√
ACSA assessment				√√				
Management								
Current treatment, treatment plan –medical	√√	√	√	√		√√		

√√√ : Fields that are contained in > 2/3 of forms received; √√ : >1/3 < 2/3; √ : < 1/3

	Generic	Nursing	Acute	Residential	Maternity	Oncology	Transport form	Checklist
and nursing								
Operation, Procedure performed		√	√			√		
Special treatment required								√
Prognosis, treatment intent, NFR, family notification	√					√√		
Current medication – dose, route, frequency	√√	√√	√√	√√	√√	√√		√√
Chemotherapy-date & location						√√		
Radiotherapy- date & location						√		
Intake/Nutrition & aids	√√	√√√	√√	√√√	√	√√		
Various tubing – site, date of insertion	√	√√	√√√	√		√√		
Wound management (including pressure areas)		√√	√	√		√√		
Internal and external services use or required	√√	√		√		√√		
Discharged plans- following up	√√	√√	√√	√		√		
Attachment, accompany items								
investigation result, various charts, letters and other refereeing forms	√√√	√√	√√	√	√√	√	√	√√√
Personal effects – Valuable etc (list)	√√	√√√	√√√	√√				
Discharge medication and/or prescription		√√		√√√				√√√
Free text for additional comments	√√	√√√	√√	√	√	√√	√	
Health fund & other funds cover, pension	√	√	√	√√	√√			
Transportation arrangement	√	√	√		√			√√
Date and time of booking							√√	√√
Appointment time							√√	
Pick up date, time							√√√	√
Urgency							√√√	
Bed confirmed							√	
Return trip							√√√	
Requesting person & contact details							√√	
Medical authorisation					√		√√√	√
Retrieval team details/type of escort							√√√	

√√√ : Fields that are contained in > 2/3 of forms received; √√ : >1/3 < 2/3; √ : < 1/3								
	Generic	Nursing	Acute	Residential	Maternity	Oncology	Transport form	Checklist
Transport types – stretcher, chair etc							√√√	
Type of ambulance/provider							√√	
Specific requirement (e.g. O ₂), equipment							√√√	√
Bailing details							√√	

Policies, guidelines, protocols or procedures relating to interhospital patient transfer

Thirty-eight (70% of the respondents) health services have a policy and/or protocol and or guideline and or procedure on interhospital patient transfer. The scopes of the content varied and included:

- Purpose of the document
- Responsibility of various personnel
- Transfer process/procedure
 - how it should be done
 - what information is to be given
 - how to organise transportation

Summary

The response from the health services to the VQC's request has demonstrated that there is a great interest in improving current interhospital patient transfer processes in Victoria. Analysis of the information collected showed that there is variation in the interhospital transfer practice and forms among health services. The number and types of forms used varied from health service to health service and information provided also varies from hospital to hospital. These in turn could potentially lead to information overload, duplication of information or insufficient information provided, and consequently impact on the patient's outcome. There is a need for a standardised approach to interhospital patient information transfer to reduce error, increase efficiency and ultimately improve patient outcomes.