Patient Transfer Policy
Policy Title: Patient Transfer Policy

Executive Summary: All patients within East Cheshire NHS Trust that require transfer from one area to another either internally or externally must have the appropriate documentation and risk assessment completed to ensure that patient safety is not compromised as a result of the transfer.

This policy and its supportive guidelines aims to ensure safe and appropriate transfer of the patient with minimal risk

Supersedes: Transfer Policy V6

Description of Amendment(s):
1.0 Policy Statement – Wording updated
4.0 Definitions – Nurse in charge added
5.0 Principles - 5.3, 5.4, 5.5, 5.7 wording updated 5.8 consideration of transferring patients on a chair rather than a bed/trolley as per frailty best practice
6.5 Bed Management – Site management team added
6.6 Senior Sister – Nurse in charge added, 6.6.4, 6.6.6, 6.6.11, 6.6.14 wording updated
6.7 Ward Clerks – 6.7.4 wording updated
Appendix 1 – DOLs update and reasonable adjustments added
Appendix 2 – Title updated
Appendix 3 – Added
Appendix 4 – Wording updated
Appendix 6 - Added

This policy will impact on:
Clinical practice, patient safety
Referenced to Critical Care Transfer policy –ECT 2306

Financial Implications: Nil identified

Policy Area: Clinical practice, risk management
Document Reference: ECT002903

Version Number: 7
Effective Date: January 2018

Issued By: Andy Southan
Review Date: December 2021

Author: Urgent Care-Interim Operational Manager-Patient Flow
Impact Assessment Date: January 2018

APPROVAL RECORD

<table>
<thead>
<tr>
<th>Committees / Group</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultation: Operational Management Team Meeting</td>
<td>December 2017</td>
</tr>
<tr>
<td>Approved by Director: Director Nursing Performance and Quality</td>
<td>January 2018</td>
</tr>
</tbody>
</table>
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   6.2 Director of Nursing, Performance and Quality ....
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1.0 POLICY STATEMENT

All patients within East Cheshire NHS Trust that require transfer from one area to another either internally or externally must have the appropriate documentation and risk assessment (internal only) completed to ensure that patient safety is not compromised as a result of the transfer.

The principle responsibility of all staff is to maintain patient wellbeing, provide optimal care during the period away from the principle care area/ward, report and document outcomes and action taken.

This policy and its supportive guidelines aim to ensure safe and appropriate transfer of the patient with minimal risk. This policy should be read in conjunction with the bed management and escalation policy.

This policy has been assessed in terms of potential for equality and diversity impact and no adverse impact has been identified as a result of its implementation.

2.0 AIM OF THE POLICY

This policy aims to inform staff of the principles underpinning the safe transfer of patients within the hospital or from the hospital to another acute care setting 24/7, and to clarify the roles and responsibilities of all those involved in the process.

3.0 SCOPE OF THE POLICY

This policy applies to all staff who are involved in the transfer of patients within the hospital or from the hospital, including from Emergency Department to another acute care setting. This policy excludes the transfer of critically ill people – refer to the Critical Care inter/intra transfer policy. It also excludes people from the Paediatric, Intensive care, Maternity and special care baby units and patients with deprivation of liberty (DOLS). Refer to the ‘Guidelines for inter-hospital transfer of paediatric patients’, maternity transfer, neonatal transfer and Critical Care transfer policies.

It does not cover the planning/discharge of patients from the hospital at the end of an acute pathway (see Discharge Policy).

This policy covers patient transfers regardless of time of day.

4.0 DEFINITIONS

<table>
<thead>
<tr>
<th>Clinical transfer:</th>
<th>Transfer of a patient within the hospital or from the hospital to obtain care/expertise which can best meet their needs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Critically ill patient:</td>
<td>Patient who is showing signs of deterioration and who requires transfer to an area providing higher levels of care for any form of organ support.</td>
</tr>
<tr>
<td>Nurse in charge:</td>
<td>A nurse designated to take charge of, and be responsible for the patient’s care during his/her stay in hospital. Other nurses may deputise on each shift when the nurse in charge is “off duty”. The nurse in charge is accountable to the Senior Sister who is in overall charge of the ward.</td>
</tr>
<tr>
<td>Non-clinical transfer:</td>
<td>Transfer of a patient within the hospital from one speciality ward to another due to insufficient bed capacity/staffing.</td>
</tr>
<tr>
<td>-----------------------</td>
<td>--------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Patient:</td>
<td>People aged over 16 years receiving acute treatment in hospital.</td>
</tr>
</tbody>
</table>

5.0 PRINCIPLES

The key principles for safe patient transfers are that:

5.1 People are treated as individuals and receive appropriate and timely services which meet their individual needs. Their consent will be obtained prior to any transfer taking place.

5.2 All transfers should be co-ordinated by the bed management team.

5.3 Robust verbal handover regarding the patient’s condition and management plan to the receiving health-care professionals is given to maintain continuity of care and should be supported by:
   - SBAR handover sheet for internal transfer (Appendix 1) or
   - Extramed transfer form on system for external transfer (Appendix 2)

Patients passports and/or with reasonable adjustment care plans – will be handed over with the patient.

5.4 Where possible non-clinical transfers should be avoided. The patient should not be moved for non-clinical reasons more than once.

In exceptional circumstances, a patient may need to be moved more than once and on those occasions a Datix must be completed by the bed manager.

The guidelines for non–clinical transfer form should be completed including the incorporated risk assessment by the bed manager, nurse in charge for each occurrence and filed in the patients notes once completed. (Appendix 3)

5.5 An out of hours transfer is a transfer that occurs after 2200 and before 0800hrs. It is not trust policy to perform non-clinical transfers out of hours unless there are exceptional circumstances and only if it is assessed as safe and reasonable and agreed with the patient. A Datix should be completed by the night sister/bed manager for every ‘red’ patient transfer.

5.6 The engagement of individuals and their relatives/carer(s) as equal partners is central to the delivery of care. Patient and carers should be informed of any planned transfers and a full explanation given for the rationale.

5.7 If a patient’s first language is not English interpreting services must be accessed as per the ECT Interpreter Policy to ensure that information about the patients condition, ongoing care and transfer is accurately communicated. The needs of patients with hearing impairment will be assessed individually. Patients with learning difficulties, autism or dementia will be assessed on an individual basis for additional requirements to support their care.

5.8 The physical transfer of a patient should be carried out in a safe and appropriate manner, with all property and inpatient notes securely transported. Consideration...
should be given to transferring patients, wherever possible, in a chair rather than on a bed. This is particularly important for frail elderly patients from whom the physical motion of transferring on a bed/trolley may be disorientating. Moving patients from a bed/trolley for the transfer will also aid mobility.

6.0 ROLES AND RESPONSIBILITIES

6.1 Chief Executive

6.1.1 Has overall responsibility for the policies and procedures in place in the trust and ensuring said policies are implemented. This responsibility may be delegated.

6.2 Director of Nursing, Performance and Quality

6.2.1 Has responsibility for this policy and the effective implementation of its guidance.

6.3 Deputy Director of Operations

Will oversee the implementation of the policy on behalf of the Director of Nursing, Performance and Quality

6.4 Urgent Care Operational Manager- Patient Flow

6.4.1 Has responsibility for the operation management of the policy and revision as required.

6.5 Consultant and Medical teams

Clinical transfers

6.5.1 The consultant in charge of the patient’s care is responsible for requesting clinical transfer of the patient to the appropriate area and communicating the urgency. This may be delegated to Specialist Registrars, Junior doctors or Medical Nurse Practitioner.

6.5.2 The consultant is responsible for ensuring the receiving health care personnel receive a handover, supported by relevant documentation, for all clinical transfers out of East Cheshire Trust. This may be delegated to Specialist Registrars or junior doctors

6.5.3 The consultant is responsible for authorising all transfers and ensuring the patient is clinically stable enough to transfer. This may be delegated to Specialist Registrars.

Non Clinical transfers.

6.5.4 Patients clinically stable to outlie to another specialty area must be identified on the daily board round by the senior clinician and the multi disciplinary team. The names of the appropriate patients suitable for outlying will be given to the bed manager by 12:30.
6.6 Bed management / Site management team.

Clinical Transfers

6.6.1 Has responsibility for co-ordinating patient transfers within the hospital and liaising with the bed management teams at other hospitals for transfers out of East Cheshire Trust.

6.6.2 Has responsibility for the timely repatriation of patients to East Cheshire Trust.

6.6.3 Has responsibility for informing the Heads of Service and escalate to the capacity meeting with outcomes documented; if there is likely to be a delay with undertaking a clinical transfer which may impact of the patients well being.

Non clinical Transfers

6.6.4 Collect the names of suitable outliers from each area by 12.30 hrs

6.6.5 Escalate the potential lack of suitable outliers at the 12:30 capacity meeting.

6.6.6 Coordinate the moves as required and ensure the documentation has been completed (appendix 3)

6.6.7 Inform the relevant Consultants via email a list of outlying patients and repatriation status on a daily basis.

6.7 Senior Sister / Nurse in charge

Clinical transfers

6.7.1 In Conjunction with Medical Staff has responsibility for the planning and undertaking of the patient transfer process once the decision to transfer has been made, ensuring the patient and carer are kept informed.

6.7.2 The nurse in charge must ensure that the patient and carer are given every opportunity to have questions answered before they are transferred.

6.7.3 Patients’ property must be managed in accordance with the Policy for the recording of patients’ property and valuables.

6.7.4 Has responsibility for ensuring the receiving healthcare personnel receive a handover, supported by relevant documentation:
   - SBAR handover sheet for internal transfer (Appendix 1)
   - Extramed transfer form on system for external transfer (Appendix 2)

6.7.5 Ensure all notes are filed and all relevant documentation is transferred with the patient. Case-notes and associated documentation should be photocopied and sent with the patient for external transfers. In cases where photocopying is impractical, the original case-notes should be sent and this recorded on the Trust’s patient management system (PAS).
6.7.6 Is Responsible for sending all relevant Medication with the patient in line with the Medicines Management Policy.

6.7.7 Has responsibility for ensuring a suitably qualified person escorts the patient if the patient’s clinical condition requires this.

6.7.8 Has responsibility for ensuring the appropriate transport is booked. Please refer to discharge policy.

**Non Clinical Transfers**

6.7.9 With the senior clinician identify suitable patients to outline at the daily board round. The names of the patients will be given to the bed manager by 12:30.

6.7.10 Has overall responsibility for the planning and undertaking of the patient transfer process once the decision to transfer has been made.

6.7.11 The nurse in charge must ensure that the patient and carer are given every opportunity to have questions answered before they are transferred.

6.7.12 Identify suitable transport and book escort if required

6.7.13 Patients’ property should be managed in accordance with the Policy for the recording of patients’ property and valuables.

6.7.14 Has responsibility for ensuring the receiving healthcare personnel receive a handover, supported by relevant documentation:

- SBAR handover sheet for internal transfer (Appendix 1)
- Extramed transfer form on system for external transfer (Appendix 2)

6.7.15 Ensure all notes are filed and all relevant documentation is transferred with the patient. Case-notes and associated documentation should be photocopied and sent with the patient if applicable in cases where photocopying is impractical, the original case-notes should be sent and this recorded on the Trust’s patient management system (PAS).

6.7.16 Medication should be sent with the patient in line with the Trusts Medicines Management Policy.

**6.8 Ward Clerks**

**Clinical Transfers**

6.8.1 Have responsibility for ensuring that all documentation relevant to the patients hospital stay (for internal transfers) is filed correctly in the patient’ medical notes as per the health records case notes filing instructions policy and that the notes are kept on the ward until the episode can be coded by the clinical coding staff.

6.8.2 Case-notes and associated documentation should be photocopied and sent with the patient. In cases where photocopying is impractical, the original case-notes should be sent and this recorded on the Trust’s patient management system (PAS).
6.8.3 Have responsibility for arranging for the transfer of the notes, once coding is completed, to the medical records department or appropriate medical secretary and ensuring this is recorded on the Trust’s patient management system (PAS).

6.8.4 Internal transfers for the receiving ward to update details on PAS/EXTRAMED including name of Consultant and inform admissions office of any changes.

7.0 TRANSFER PROCESS

7.1 All complaints raised by patients or carers regarding the transfer process should be addressed as per the Trust complaints policy.

7.2 A datix incident form should be completed by any staff member who feels that the transfer was in anyway unsafe or inappropriate.

7.3 Internal hospital transfers

Please refer to Appendix 4

7.4 External hospital transfers

Please refer to Appendix 5

8.0 MONITORING AND REVIEW

Refer Appendix 6 - compliance monitoring tool.
### APPENDIX 1
SBAR Verbal handover sheet for internal transfers

#### SITUATION

<table>
<thead>
<tr>
<th>Date :</th>
<th>Time :</th>
<th>Patients Name :</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hospital Number</th>
<th>Age/ DOB :</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Transfer from :</th>
<th>Transfer to :</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Next of Kin aware</th>
<th>Yes/No</th>
<th>Property listed</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Receiving Nurse :</th>
<th>Nurse giving handover :</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### BACKGROUND including potential risks

<table>
<thead>
<tr>
<th>Diagnosis :</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**PMH:**

#### ASSESSMENT

**NEWS score :**

**Pain score :**

**Waterlow score :**

**Skin integrity** (if has pressure ulcer location and grade ) :

<table>
<thead>
<tr>
<th>Specialist mattress required</th>
<th>Yes / No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Oral Status:**

<table>
<thead>
<tr>
<th>IVI insitu :</th>
<th>Yes / No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Any other invasive devices :**

**Infection control**

<table>
<thead>
<tr>
<th>Previous history of relevant infection?</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If yes what :

<table>
<thead>
<tr>
<th>Has patient been MRSA Screened</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Specify site: Nasal ☐ Groin ☐ Open wounds /skin lesions ☐ Invasive device ☐ Other:

<table>
<thead>
<tr>
<th>Is a sideroom required</th>
<th>Yes/no</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Risks :

Does the patient :

- Have capacity? Yes/No
- DOLs in place Yes/No
- Require enhanced care? Yes/No
- Have a learning disability? Yes/No
- Have a high risk of falls? Yes/No
- Have any allergies? Yes/No

If yes state :

- Any other identified risks?

#### RECOMMENDATIONS

<table>
<thead>
<tr>
<th>10</th>
<th>Page</th>
</tr>
</thead>
</table>
**Plan of care:**

**Pending investigations**

<table>
<thead>
<tr>
<th>Signature</th>
<th>Print Name</th>
<th>ID number</th>
</tr>
</thead>
</table>

## APPENDIX 2
### EXTERNAL TRANSFER LETTER

<table>
<thead>
<tr>
<th>Name:</th>
<th>Next of kin:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>Address:</td>
</tr>
<tr>
<td>Post code:</td>
<td>Post code:</td>
</tr>
<tr>
<td>DOB:</td>
<td>Age:</td>
</tr>
<tr>
<td>G.P.:</td>
<td>Informed of transfer?</td>
</tr>
</tbody>
</table>

### VISIT INFORMATION
- **Ward transferring from:**
- **Admission date/time:**
- **Transfer date/time:**
- **Provisional diagnosis:**
- **Current complications:**
- **Medical history:**
- **Social history:**

### PATIENT CARE NEEDS
- **Mental health:**
- **Mobility:**
### Problems/Needs

<table>
<thead>
<tr>
<th>Category</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eating/Drinking (special diet):</td>
<td></td>
</tr>
<tr>
<td>Communication:</td>
<td></td>
</tr>
<tr>
<td>Breathing:</td>
<td></td>
</tr>
<tr>
<td>Elimination:</td>
<td></td>
</tr>
<tr>
<td>Washing / dressing:</td>
<td></td>
</tr>
<tr>
<td>Reasonable adjustments / passport:</td>
<td></td>
</tr>
<tr>
<td>Sleeping/resting:</td>
<td></td>
</tr>
<tr>
<td>Skin integrity:</td>
<td>Waterlow Score</td>
</tr>
<tr>
<td>Additional comments:</td>
<td></td>
</tr>
</tbody>
</table>

### Checklist

<table>
<thead>
<tr>
<th>Category</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allergies:</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Drugs (TTO’s / Non-stock items / patient’s own drugs)</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Patient’s notes / X-rays / Care file:</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Patient’s blood forms:</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Property disclaimer:</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Venflon removed:</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Sutures:</td>
<td>Yes/No Removal date:</td>
</tr>
<tr>
<td>Safety rails night:</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Safety rails day:</td>
<td>Yes/No</td>
</tr>
</tbody>
</table>

### Future Healthcare

<table>
<thead>
<tr>
<th>Category</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan:</td>
<td></td>
</tr>
<tr>
<td>Patient understanding:</td>
<td></td>
</tr>
<tr>
<td>Relatives understanding:</td>
<td></td>
</tr>
<tr>
<td>Name:</td>
<td>Date:</td>
</tr>
</tbody>
</table>
# APPENDIX 3

## Scoring Assessment Matrix for patients identified as suitable to outline

<table>
<thead>
<tr>
<th>Mobility</th>
<th>Falls Prevention</th>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fully</td>
<td>0</td>
<td><strong>DOLS patients are not suitable unless for clinical need</strong></td>
</tr>
<tr>
<td>Restless/ Fidgety</td>
<td>1</td>
<td>Remains under the care of Critical Care Outreach</td>
</tr>
<tr>
<td>Apathetic</td>
<td>2</td>
<td>MFFD No confirmed discharge date</td>
</tr>
<tr>
<td>Restricted</td>
<td>3</td>
<td>Learning disabilities / Autism</td>
</tr>
<tr>
<td>Inert/Traction/hoist</td>
<td>4</td>
<td>Confusion and or delirium(Acute &amp; Chronic)</td>
</tr>
<tr>
<td>Chair bound</td>
<td>5</td>
<td>Active Infection Control Restrictions</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Early Warning Score</th>
<th>Previous Bed Moves (not including move from MAU/AAU)</th>
<th>If there is a planned discharge date within 48 Hours of transfer (Minus five from your total score if this applies)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-3</td>
<td>1</td>
<td>0-1</td>
</tr>
<tr>
<td>4-5</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>5+</td>
<td>3</td>
<td>3+</td>
</tr>
</tbody>
</table>

### Total Score =

RAG rating =

<table>
<thead>
<tr>
<th>5-10</th>
<th>Green</th>
<th>11 – 15</th>
<th>Yellow</th>
<th>16-19</th>
<th>Amber</th>
<th>20+</th>
<th>Red</th>
</tr>
</thead>
</table>
1. Each week day at board round, in conjunction with the medical team, wards to identify two potential outliers using the matrix to support your decision. This should be a rolling process when patients have been transferred. Wards to identify 4 patients each Friday for the weekend, which will need to be reviewed over the weekend.

2. Complete the Scoring Assessment Matrix working from left to right scoring each box appropriate to the information known in relation to your patient.

The total sum of the box within the matrix will give you a final score and therefore a colour coding for your patient ranging from Green (Most suitable) to Red (May only transfer following consultation with senior clinician on site). Category red patients should only be transferred when there is absolutely no other suitable patients within the Trust to outlie.

3. The comments box on the right of the matrix is a free text space for you to provide other supporting information.

4. The signature box must contain your signature, printed name clearly written and the date of assessment against the matrix.

5. A Datix needs to be completed for any red transfers.
APPENDIX 4
INTERNAL HOSPITAL TRANSFER

This pathway assumes patient and carer involvement and consent to transfer.

Clinical transfer to specialist ward requested by medical team.

Patient and carer informed with rationale.

Non-clinical transfer requested by Bed Management Team.

Nurse in Charge informed Bed Manager

Nurse in charge and bed manager to complete ‘guidelines for non-clinical forms’ and file in patient’s case notes (appendix 3)

Bed manager liaises with receiving ward to confirm bed availability. If there is no bed available it may be necessary for the bed manager to liaise with the medical team to consider the options

Nurse in charge gives a verbal handover to a staff nurse on the receiving ward who will complete the SBAR documentation. (Appendix 1)

Prior to transfer the nurse in charge must:
- Ensure the patient is wearing the accurate identity bracelet
- Pack up patient’s medication
- Ensure all nursing documentation is updated
- Provide all of the patient’s own property and update property checklist
- Arrange for an appropriately qualified escort to accompany the patient if required

At transfer the nurse in charge nurse must send the following with the patient:
- Medication
- All relevant documentation, ie nursing and case-notes
- Property
APPENDIX 5
EXTERNAL HOSPITAL TRANSFER

This pathway assumes patient and carer involvement and consent to transfer.

Consultant /SPR decision that clinical transfer is required to another acute care setting

Medical team liaises with on call/specialist team at the other organisation. This may be done by telephone and/or support by fax.

Patient and carer informed with rationale

Medical team informs bed manager that the patient has been accepted by the other organisation.

Bed manager keeps nurse in charge informed

Bed manager liaises with bed manager at other organisation re estimated date and time of transfer

Confirmation of date and time of transfer

Document in patients notes

Document in bed managers’ log book

Bed manager contacts bed manager at other organisation re: progress

Discussed at daily capacity meeting at escalated to other organisation site manager if delay is >48 hours

Prior to transfer the nurse in charge must:
- Ensure the patient is wearing the accurate identity bracelet
- Pack up the patients medication
- Ensure all nursing documentation is updated and notes photocopied
- Provide all of the patient’s own property and update property checklist
- Arrange for an appropriately qualified escort to accompany the patient if required
- Book transport if required
- Complete patient transfer form (Appendix 2)

For external transfers patient passports/reasonable adjustment care plans should go with them

At transfer the nurse in charge must send the following with the patient:
- Medication
- Photocopies of all relevant documentation, ie patient transfer letter, nursing documentation and case-notes relevant to the admission/case notes as appropriate
- Property
<table>
<thead>
<tr>
<th>Criterion Number (as applicable)</th>
<th>Requirement to be monitored</th>
<th>Process to be used for monitoring e.g. audit</th>
<th>Responsible individual/committee for carrying out monitoring</th>
<th>Frequency of monitoring</th>
<th>Responsible individual/committee for reviewing the results</th>
<th>Responsible individual for developing an action plan</th>
<th>Responsible Committee/group monitoring the action plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compliance with completion of patient documentation, e.g. SBAR, outlier forms and Datix reporting.</td>
<td>Spot checks/audit</td>
<td>Matrons and Urgent Care Operational Manager- Patient Flow</td>
<td>Quarterly</td>
<td>Matrons and Urgent Care Operational Manager- Patient Flow.</td>
<td>Matrons and Urgent Care Operational Manager- Patient Flow.</td>
<td>Directorate SQS Sub-committee</td>
<td></td>
</tr>
</tbody>
</table>