

Transfer of patients between healthcare facilities procedure

The goal is to assist healthcare professionals in ensuring the safe, appropriate, and timely transfer of patients from a Southern Cross Healthcare (SCH) facility to another healthcare setting.

Who is this procedure for?

This procedure is for medical practitioners and clinical staff ('nurses and anaesthetic technicians').

Why is this information important?

When SCH hospital cannot provide the necessary care due to equipment limitations, unavailability of skilled staff, or other service constraints, the patient should be referred to the appropriate public hospital. SCH must ensure the safe transfer of the patient, including the handover to ambulance staff or staff at the receiving hospital.

Properly managed transfers are vital for:

- Patient Safety:** Ensures that patients receive continuous, safe care during the transfer process, minimising risks, and complications.
- Quality of Care:** Maintains the quality of care by facilitating smooth transitions and preventing disruptions in treatment.
- Timeliness:** Promotes prompt transfers, which can be critical for timely medical interventions and avoiding delays in care.
- Compliance:** Adheres to best practices and regulatory requirements, which helps protect both patients and healthcare providers.
- Coordination:** Enhances communication and coordination between different healthcare facilities, ensuring that all parties involved are informed and prepared.

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For patient transfers, medical practitioners or nurses working in hospitals should call 0800 262 665

A clinician will answer your call, to ensure the most appropriate response for the patient.

NOTE: Hospitals using Wellington Free Ambulance, continue to use 111

Transfer process

Step	Action	Description
1	Recognising need to transfer	<ul style="list-style-type: none"> • The medical practitioner notifies clinical staff, the patient, and whānau about the reasons for the transfer. • If the practitioner is unreachable in an emergency and immediate medical care is needed, contact St John Ambulance at 0800 262 665. • The medical practitioner is responsible for assessment and medical management of the patient until transfer. In the absence of access to a medical practitioner (on site, via telephone) the senior nurse on duty is to assume responsibility for the patient within their level of registration and scope of practice.
2	Referral and handover to receiving hospital	<p>The medical practitioner or designated person must discuss the transfer with the relevant consultant at the receiving hospital and secure patient acceptance. Both the referring and receiving consultants (or their delegates) must inform relevant personnel of the consultants involved and any plans made.</p> <p>Unwell/Unstable Patients: If the patient is unwell or unstable (defined as any Early Warning Score (EWS) parameter in the red or blue zone or a change in EWS colour zone), the practitioner must consult the Emergency Department (ED) consultant at the receiving hospital to agree on a transfer plan.</p>

Step	Action	Description
		<p>Emergency/Critical Cases: For critically ill patients needing ventilation, airway support, or dealing with acute life-threatening conditions, the practitioner should contact the ICU Consultant at the accepting hospital to arrange an immediate transfer and retrieval of the patient, preferably by their ICU retrieval team if one is available. An ICU retrieval team provides specialised care and transport for critically ill patients, ensuring a clinically coordinated transfer between health care facilities. This includes moving patients to and from ICU units. If an ICU retrieval team is not available, then St Johns Intensive Care or Extended Care Paramedic should be used.</p> <p>Plan Changes: Any modifications to the agreed plans or changes in patients' clinical condition whilst awaiting transfer must be communicated to all involved parties by the practitioner or their delegate.</p> <p>Handover: Responsible Nurse provides verbal handover with the receiving hospital on patient's condition utilising the SBAR communication tool and expected arrival time when known via telephone.</p> <p>Documentation: The rationale for transfer and the acceptance of the receiving medical practitioner and facility is to be clearly documented in the patient's clinical record and they complete all requirements related to Open communication. The nurse must complete the Patient transfer summary form and document in the clinical record.</p>
3	Calling St Johns	<p>Procedure for Requesting an Ambulance</p> <ol style="list-style-type: none"> Call for an ambulance: Dial 0800 262 665. Provide patient information using SBAR communication tool: <ul style="list-style-type: none"> Answer questions: Respond fully to the call handler's questions. State urgency and diagnosis: Clearly explain the urgency, diagnosis, and any concerning symptoms. Share EWS: Report any abnormal vital signs. Give patient details: Provide the patient's name, gender, age, and NHI number. Specify destination and treatment: Inform about the destination and any treatments given or needed. Include any specific crew needs or equipment, like oxygen or infusions. Dispatch evaluation: An experienced call handler will decide the appropriate ambulance service based on transfer categories. Refer to the primary-care-printable-ambulance-request-template.pdf at stjhn.org.nz for more details. Update Patient Status: Notify ambulance staff, the practitioner, and the receiving hospital if the patient's condition worsens during transfer. Complete Patient transfer summary form: ensure key clinical and care information, including background, issues, EWS score, and ongoing treatments and medications. Handover/Transfer of Care: The chain of responsibility should be clear throughout patient transfer and should aim to minimise transfers in care. Use the verbal SBAR format to provide a detailed handover to ambulance staff, including all relevant clinical information. Escorting patient: the medical practitioner may accompany the patient in the ambulance and provide a clinical handover to the receiving doctor, if necessary. SCH staff should not escort patients to the receiving hospital for personal safety reasons. In rare instances SCH clinical escort is required refer to section on clinical escorts.
4	Preparing the patient for transfer	<ul style="list-style-type: none"> Prepare the patient and family/whānau for transfer. Communicate clear and timely information about the decision to transfer. Patients are provided with a discharge summary form which includes a summary of their hospital stay and any follow up information. Include all relevant documentation and transfer summary form and medications.
5	Following up after transfer	<p>Submit SafeHub form: All unplanned transfers need to be submitted into SafeHub (unplanned transfer to a higher level of care). These should be reviewed to identify any learnings and opportunities for improvements. Additional SafeHub forms may need to be submitted for any other issues impacting transfers i.e., delays, wrong ambulance crew.</p> <p>Contact Transfer Facility: The designated person contacts the transfer facility to get information about the patient's status (ideally within one business day of transfer) and updates periodically until the patient is discharged from receiving hospital.</p> <p>Obtain Discharge Summary: The designated person obtains the discharge summary from the transfer facility to finalise event review following patient discharge.</p> <p>Communicate with Patient/Whānau: The designated person should reach out to the patient or their whānau as soon as possible (ideally within one business day, and periodically if agreed) to express concern, provide a contact person for any questions, and request permission to access clinical records if not obtained already.</p>

Step	Action	Description
6	Monitoring and evaluation	Compliance with this procedure will be monitored through event reporting and feedback regarding interhospital patient transfers to the designated retrieval site. If a clinical escort was provided, this should be included in the review process to assess its appropriateness and determine if it is a common practice that requires attention.

Clinical escorts

SCH nurses and anaesthetic technicians (AT) are trained to provide care within our hospital, but transferring patients, especially those who are acutely unwell, can require skills beyond our current training. Our staff should not be put at risk by performing transfers, as this is outside our usual care setting.

When a clinical escort is needed in extreme circumstances, coordinate with the senior nurse and medical practitioner to determine the required skills and escort needs based on:

- Patient condition, including behavior
- Potential for deterioration/ongoing care
- Medication and fluid needs
- Travel distance

If an SCH staff member escorts a patient, they need to clearly define their roles and responsibilities with the ambulance crew before departing from the hospital. The SCH clinical escort should continue to manage the patient's care during transport until a formal handover is made to the ambulance crew or the receiving hospital. The escort must document any changes in the patient's condition and inform the receiving hospital of these changes. If the patient's condition deteriorates during transit, the escort must ensure that the patient is taken to the emergency department (if not the already agreed destination).

For safety, SCH escorts should carry a phone for emergency support, along with a grab bag containing essential equipment and taxi vouchers or money for the return journey. If SCH equipment is used, it must be safely returned even if no SCH escort is present (e.g., an HCA could ensure the equipment is returned).

Associated documents

- [Situation, Background, Assessment, and situation communication tool \(SBAR\)](#)
- [Patient transfer summary form](#)

References

- [Healthcare staff – calling an ambulance | Hato Hone St John](#)
- [Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 - Standard 3.10 NZS Health and Disability Sector Standards](#)
- [NZS Day-stay Surgery & Procedures 8164: 2005 Standards 4.5 & 4.6 NZS Day-stay Surgery and Procedures](#)
- [NZS Ambulance, paramedicine, and patient transfer services 8156:2019 NZS 8156:2019](#)
- [Transfer of private patients to Christchurch Hospital](#)
- [PS52-Guideline-for-transport-of-critically-ill-patients \(anzca.edu.au\)](#)

Draft change history

Date	Description	Reference
28/08/2024	Changed from policy to procedure and updated changes in alignment with St Johns. Addition of clinical escort requirements.	Healthcare staff – calling an ambulance Hato Hone St John

CONTENT CONTROL

Published Date: **05 Sep 2024**

Version: **41**

Site: **Network**

Content Owner: **Pippin Morrison**

Authorised By: **Chief Nursing Officer**



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