

## Transfer of patients between healthcare facilities policy

Use **0800 876 737** when an ambulance transfer is required for patients ([all categories](#)).

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

### Purpose

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

The purpose of this information is to support practitioners and clinical staff to facilitate the safe, appropriate, and timely transfer of a patient from a Southern Cross Healthcare (SCH) facility to another healthcare facility.

The policy provided below adheres to the following standards:

- [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](#)

### Contents

- Process for the safe transfer of patients
  - Notifying the need for transfer
  - Arranging the transfer
  - Preparing the patient for transfer
  - Escorting the patient (if required)
  - Following-up after transfer
  - Checklist
- Associated documents

### Process for the safe transfer of patients

SCH hospital is responsible for the safe transfer of the patient from time of departure from SCH to the verbal SBAR handover/transfer of care to the ambulance staff or staff at the receiving hospital

Step	Practitioner	Clinical Staff
Notifying the need for transfer	<p>The practitioner notifies clinical staff, patient/whānau about reasons for transfer.</p> <p>The practitioner/designated person referring the patient to another hospital must discuss the patient and have the patient accepted by the relevant consultant/designated person at the receiving hospital. The referring and receiving consultants (or delegated person) must inform relevant personnel of the consultants involved and any plans made.</p> <p><b>If the patient transferring is unwell/unstable, the practitioner should discuss this with the Emergency Department (ED) consultant at the receiving hospital and agree on a transfer plan. An unwell/unstable patient is defined as any single Early Warning Score (EWS) parameter in the red or blue zone, or a change in EWS colour zone during transport or any time since the decision made to transfer. A stable patient will have all EWS parameters in the white or yellow zones.</b></p> <p>In case of emergency or where the patient is critically ill and requires ventilation or airway support, the practitioner contacts the ICU doctor at the DHB and</p>	<p>The clinical staff make an emergency call <b>0800 876 737</b> if the practitioner is unable to be contacted or the patient's condition is serious and deteriorating. See <a href="#">'Contacting Medical Specialists for Advice and /or Attendance guideline'</a></p>

Step	Practitioner	Clinical Staff
	<p>requests an immediate transfer. The ICU staff may dispatch a retrieval team to collect the patient.</p> <p>Any changes to agreed plans are communicated to all involved parties by the practitioner or their delegate. The practitioner completes requirements related to 'Open disclosure/communication'</p>	
Arranging the transfer		<p>Clinical staff call the St John Health transport Operations Centre (HTOC) on <b>0800 876 737</b>. Calls to this number are answered by an experienced call handler to ensure the most appropriate ambulance service for the patient is dispatched. <a href="#">Refer to the transfer categories</a></p> <p>Clinical staff inform HTOC of the urgency, staffing and equipment required for the patient using clinical assessment and early warning scores (EWS). HTOC must be informed if the patient has, or is suspected of having an infectious disease</p> <p><b>The nurse in charge determines the need for SCH clinical staff escort. Where no escort is required/available, formal transfer of care to the ambulance staff is required before the patient leaves the hospital</b></p> <p>Clinical staff provide handover/transfer of care to ambulance staff or receiving ward using verbal SBAR format, and includes early warning score (EWS).</p> <p><b>The ambulance staff, practitioner and receiving hospital must be informed if the patient becomes more unwell or unstable after the initial handover/information was given or at any time after the decision to transfer was made.</b></p> <p>A transfer summary is completed</p>
Preparing the patient for transfer		<p>Clinical staff prepare the patient and family/whānau for transfer. Communicates 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.</p>
Escorting the patient (if required)	<p>The practitioner decides whether to go in the ambulance with the patient and provides clinical handover/ transfer of care to the accepting doctor</p>	<p>The nurse in charge determines if the patient requires an escort and the skills and experience of the escort. Documentation of the rationale for this decision must be clear in the patient's notes</p> <p>If SCH clinical staff do escort the patient:</p> <ul style="list-style-type: none"> <li>Establish clear roles and responsibilities with ambulance crew before transfer. This includes who is responsible for care of the patient, documentation and the equipment being used.</li> <li><b>If a patient deteriorates en-route requiring immediate intervention or stabilisation the patient must be transported to the nearest</b></li> </ul>

Step	Practitioner	Clinical Staff
		<p><b>Emergency Department and the receiving unit notified</b></p> <p>Clinical staff communicate and documents relevant clinical information throughout all processes of transfer including:</p> <ul style="list-style-type: none"> <li>• <a href="#">Patient Transfer summary form</a></li> <li>• <a href="#">Covid19 transfer checklist</a> if patient suspected as being COVID positive</li> </ul>
Following up post transfer		<p>Transfer nurse completes event review documentation (via SafeHub or local processes)</p> <p>A nurse manager (or designate) contacts the transfer facility for information about the patient status.</p> <p>Nurse manager obtains the discharge summary from transfer facility to complete event documentation. It is expected that the nurse manager (or designate) would contact the patient or family/whānau to communicate our concern, offer a contact person for questions and request permission for access to clinical records.</p>

## Associated documents

- [Situation, Background, Assessment, Recommendation \(SBAR\) tool](#)
- [Patient transfer summary form](#)
- [COVID patient transfer checklist](#)
- [Transfer of private patients to Christchurch hospital](#)

### CONTENT CONTROL

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