

## ADMINISTRATIVE POLICY AND PROCEDURE

**Subject:** INTRA FACILITY TRANSPORT OF PATIENTS

**Policy No.:** B603.1

Supersedes: August 2, 2017

Review Date: June 30, 2023

Origin Date: May 1, 1999

Revision Date: June 30, 2023

**PURPOSE:**

To provide for the patient’s safety during transport from one location to another within the hospital.

To delineate the role and responsibilities of the clinical staff when transporting patients within the hospital.

To achieve effective transfer through good communication between clinical staff, whether verbal or written.

To ensure all risks associated with the transfer of a patient are identified and discussed so that appropriate care and transport plans can be put into place and the risk for patient and/or staff harm minimized.

**POLICY:**

All staff involved in the transfer of a patient are responsible for the safety of the patient at all times and are required to adhere to the details contained in this policy.

**PROCEDURE:**

Provider’s decision to transfer (intra-facility) is usually for one of the following reasons:

1. Transfer to another department for specialist treatment or diagnostic investigations.
2. Transfer to a specialized in-patient unit suitable to the patient’s condition.

<b>Preparing for Transfer</b>		
Communication with patient and the person identified to act as their representative	The decision to transfer a patient to any area must be communicated to the patient and the person identified to act as their representative and documented within the electronic medical record.	In an emergency, when a patient is unable to consent to transfer, if possible, the person identified to act as a representative should be contacted to inform them of the decision to transfer.
Consent	Can the adult patient or pediatric patient’s parent fully understand the need for transfer and the reasons for the transfer? Are they able to consent to the transfer?	If the adult patient cannot consent or understand the reasons for transfer, or if the pediatric patient’s parent is not at the bedside, appropriate consultation with the patient’s representative (s) must occur.
Responsibility for Transfer	The overall responsibility for transfer rests with the provider in charge of the patient’s care. In	The person identified and best placed to act as their representative should be informed

Revised: 5/03, 7/06, 5/14, 8/17, 6/23  
 Reviewed: 5/03, 7/06, 5/14, 8/17, 6/23

Approved By:

Subject: INTRA FACILITY TRANSPORT OF PATIENTS

Policy No.: B603.1

	<p>circumstances where there is a disagreement with the patient or the patient's representative, care should be taken to understand such objections. Efforts made to explain the rationale for the decision to transfer and allay such concerns as may be expressed. Ultimately, if the consent of the patient is not obtained or if their representative continues to object, appropriate medical and/or nursing leadership input should be obtained.</p>	<p>of the transfer as soon as is practicable where appropriate.</p>
Hand Off	<p>For any type of transfer, the relevant information must be handed over (verbal or written) to the receiving staff before the patient arrives. Relevant information is defined as information that will ensure the patient's immediate needs and identified patient safety risks can continue to be met and managed effectively as soon as the patient arrives in the receiving area.</p>	<p>Verify the patient's identity in accordance with the Patient Safety Policy No. C130.</p> <p>If written hand off is done, use Ticket to Ride-Appendix A-in accordance with Appointments, Off Unit Policy No. C123.10.</p>
<b>Assessing Need for Escort</b>		
Decision Maker	<p>The charge nurse or the provider, is responsible for deciding on the level of escort for the patient leaving the area of his/her clinical responsibility.</p>	<p>Where doubt exists, the ultimate decision should rest with the provider caring for the patient.</p>
Issues	<p>If there is an issue providing an appropriately trained escort for patients identified as requiring one, advice can be sought from the nurse manager, area director or administrative nursing supervisor on duty.</p>	<p>Where on-going issues exist in accessing an appropriately trained escort, the advice and support of the administrative nursing supervisor on duty with follow-up to the area nurse manager.</p>
Level of Escort Required	<p>Not all patients require transfer by a licensed nurse. The responsibility of the assessment for the level of escort required sits with the registered nurse or provider for the patient at the time of transfer.</p>	<p>The charge nurse will ensure appropriate staff (licensed or unlicensed) are assigned for transferring patients and will consult the nurse manager or administrative nursing supervisor on duty as needed (refer to the table below: Escorts and Equipment)</p>
<b>Prior to Transfer</b>		

**Subject:** INTRA FACILITY TRANSPORT OF PATIENTS**Policy No.:** B603.1

Assessment	Minimally the following will be documented in the electronic medical record: <ol style="list-style-type: none"> <li>1. Condition of patient</li> <li>2. Current vital signs</li> <li>3. Pertinent clinical course</li> <li>4. Monitoring and/or supportive equipment required in transit (cardiac monitor, blood pressure monitor, pulse oximeter, invasive monitor, oxygen, ventilator, Emergency Respiratory Equipment Bag, medication, etc.)</li> <li>5. Reason for transfer</li> </ol>
Recognize Patient Needs	It is imperative all patient needs are considered, these must include any clinical needs (e.g., existing pressure damage, monitor, special equipment, etc.) but also any confusion, psychological, mental health or learning disability where a transfer may increase the distress to the patient.
Patient Dignity	Ensure patient dignity is met at all times and the appropriate clothing is provided on transfer.
Patient Risk Alerts	Ensure this is communicated prior to transfer to the receiving unit and incorporated into the handoff process.
Pain	Review any analgesic requirements before any move in line with pain management care plan and medicate as appropriate before transfer.
Equipment	Ensure all equipment needed is in full working order with batteries charged. Any patient's own equipment (e.g., walkers, wheelchairs, etc.) are transferred with the patient. Ensure any equipment not transferred with the patient but required on arrival at the new care setting has been effectively communicated as part of the handoff process.
<b>During Transfer</b>	
Infection Control	All staff must practice standard infection control precautions during transfer for all patients. All staff will provide appropriate infection control precautions based on patient diagnosis as specified by the provider.
Escort Staff	Staff (all levels) will have documented competencies in the use of any applicable emergency equipment, hold required certifications, and must ensure attention is given to all equipment (e.g., intravenous lines, tubes, drains, or infusion devices) remain secured throughout the transfer to prevent them from becoming dislodged or disconnected.
<b>Completing Transfer</b>	
Upon Arrival to New Unit	Escorting staff should ensure that the patient and any persons accompanying them (e.g., parent, spouse, caretaker, etc.) is introduced to the receiving staff. The patient should be helped to settle, and all equipment should be transferred safely to the new environment, ensuring that all devices are working correctly and are set to the correct flow rates, etc. where applicable.
Clinical Assessment	It is the responsibility of the receiving multidisciplinary team to ensure a reassessment of the patient's condition, needs, and subsequent care plans are completed.


Subject: INTRA FACILITY TRANSPORT OF PATIENTS

Policy No.: B603.1

**Escorts and Equipment**

<b>Patient Type (Adult or Pediatric)</b>	<b>Escort(s)</b>	<b>Equipment</b>
Patient who is stable with no special requirements or equipment	The patient will be accompanied by the appropriate nursing, clinical or transportation staff, at the level consistent with the patient's assessed needs.	N/A
Stable patient with a tracheostomy, but not on a ventilator	Non-licensed staff may accompany the patient.	<ol style="list-style-type: none"> <li>1. Emergency Respiratory Equipment Bag</li> <li>2. Oxygen (if needed)</li> </ol>
Unstable patient with a tracheostomy or has tracheostomy related needs, but not on a ventilator	Registered Nurse or Respiratory Care Practitioner and other necessary personnel will accompany the patient.	<ol style="list-style-type: none"> <li>1. Emergency Respiratory Equipment Bag</li> <li>2. Oxygen (if needed)</li> </ol>
Patient on a ventilator	Registered Nurse or Respiratory Care Practitioner and other necessary personnel will accompany the patient.	<ol style="list-style-type: none"> <li>1. Emergency Respiratory Equipment Bag</li> <li>2. Oxygen (if needed)</li> </ol>
Intubated patient post resuscitation	Physician, Registered Nurse, Respiratory Care Practitioner, and other necessary personnel will accompany the patient.	<ol style="list-style-type: none"> <li>1. Emergency Respiratory Equipment Bag</li> <li>2. Cardiac monitor and defibrillator</li> <li>3. Emergency medications and supplies</li> <li>4. Oxygen</li> </ol>

**Appendix A**



**RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER**

**SBAR TICKET TO RIDE**

**Patient Information Sticker**

Unit: \_\_\_\_\_ Date: \_\_\_\_\_

Transporter: \_\_\_\_\_

Staff receiving patient: \_\_\_\_\_

**SITUATION**

**Scheduled for:**

Urology  ENT

Ultrasound  MRI

X-Ray  S217

Vascular  Other \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_

**ASSESSMENT**

Patient evaluated for transportation appropriateness for scheduled appt. by: \_\_\_\_\_ ext: \_\_\_\_\_

**RECOMMENDATION**

**Patient's special needs:**

Oxygen \_\_\_\_\_ liters

Assist with transfers

Transfer Status \_\_\_\_\_

Elevate HOB 30°

Spinal Precautions

Reposition Q 2hours

Needed Equipment

\_\_\_\_\_

Other \_\_\_\_\_

**BACKGROUND**

**Code Status**  Full  DNR

**Allergies**  NKA  Yes

If yes, allergic to: \_\_\_\_\_

**Isolation**  No  Yes

If yes,  Contact  Droplet  Airborne

**Fall Risk Level**  Low  Mod  High

**Elopement Risk**  No  Yes

**Skin Breakdown Risk**  No  Yes

**CC (1:1 or 1:2 Sup)**  No  Yes

**Golden Hand Awareness**  No  Yes

**NPO/Other**  No  Yes

**Seizure History**  No  Yes

**Mental Status**  Alert  Confused

Lethargic  Unresponsive

Impulsive  Combative

**Other:** \_\_\_\_\_

\_\_\_\_\_

**RETURN TICKET**

**Conscious sedation**  No  Yes

If yes, what med? \_\_\_\_\_

**Procedure/test done?**  No  Yes

**If procedure/test NOT done, why?**

\_\_\_\_\_

**Complaint of pain**  No  Yes

**Special instructions to unit:** \_\_\_\_\_

\_\_\_\_\_

**Comments:** \_\_\_\_\_

\_\_\_\_\_

**Staff releasing patient:** \_\_\_\_\_

ext: \_\_\_\_\_

Revised 5/2017