



# Department of Nursing POLICY AND PROCEDURE

POLICY NUMBER: 242  
VERSION: 1

## **SUBJECT: TRANSFER OF A PATIENT TO A HIGHER LEVEL OF CARE**

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**PURPOSE:** To define nursing's responsibility when transferring a patient to a higher level of care.

**POLICY:** Nursing staff will ensure the safe and timely transfer of patients to any higher level of care, within High Desert Health System (HDHS) and out of HDHS, in accordance with the provider's order. Nursing will reassess patient prior to transfer, and document reassessment findings in the patient's medical record.

### **PROCEDURE:**

#### **Patients Presenting with Life Threatening Conditions**

- For patients presenting with life threatening conditions, clinic staff will immediately call the 911 emergency response system and initiate clinic specific emergency response procedures.

#### **All Other Patients**

##### **Primary care or specialty clinic to urgent care**

1. Upon receipt of an order to transfer a patient to a higher level of care, the clinic nurse will conduct a thorough reassessment of patient, including vital signs, and will document reassessment findings in the patient's medical record.
2. The transferring nurse will call the nurse in the urgent care clinic and provide a report of the patient being transferred. The transferring nurse will document "verbal hand-off" time and name of urgent care nurse.
3. The transferring clinic nurse will complete a note [hand-off communication] detailing patient visit report. Content for hand-off communication;
  - a. Patient's name, medical record number, and a second identifier such as the date of birth.
  - b. Reason for visit to primary care or specialty clinic.
  - c. Recent or anticipated changes or important events pertinent to the reason for transferring to a higher level of care.
  - d. Pending diagnostics and/or treatments as indicated.
  - e. Report of the clinical condition.
  - f. Document all findings and communication regarding the patient visit.

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4. Upon receipt of patient to a higher level of care, the urgent care nurse will:
  - a. Place patient in observation room.
  - b. Complete targeted assessment including vital signs and pain assessment, pertinent to the patient's scheduled [lower level of care] visit.
  - c. Relay findings to provider.
  - d. Implement subsequent provider orders.
  - e. Monitor patient and perform reassessment as indicated by acuity.

#### **Urgent care/Primary Care to higher level of care**

1. Upon receipt of an order to transfer a patient to a higher level of care and just prior to transfer, the nurse will conduct a thorough reassessment of patient, including vital signs, and will document reassessment findings in the patient's medical record.
2. Nursing will provide a detailed report to the ambulance company, 911 emergency medical system (EMS), advanced cardiac life support (ACLS), basic life support (BLS) or through the Medical Alert System (MAC) mode of transport, including;
  - a. Patient's name, medical record number, and a second identifier such as the date of birth.
  - b. Reason for visit to urgent care or primary care.
  - c. Report of clinical condition, most recent physiological findings, cardiac rhythm strips if employed during visit, etc.
  - d. Pending diagnostics and/or treatments as indicated.
  - e. Recent or anticipated changes or important events pertinent to the reason for transferring to a higher level of care.
  - f. At the time of transfer, nursing staff must also send;
    - copy of progress note (s),
    - medication reconciliation record,
    - pertinent diagnostic information.
  - g. Nursing staff must document all pertinent information exchanged in the hand off communication with the ambulance company.

#### **REFERENCES:**

California Code of Regulations, Title 22, Section 70214.

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