



HEALTH HOLDING

HAFER ALBATIN HEALTH
CLUSTER
MATERNITY AND
CHILDREN HOSPITAL

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| Department: | Provision of Care | | |
| Document: | Multidisciplinary Policy and Procedure | | |
| Title: | External Patient Transfer | | |
| Applies To: | All Healthcare Provider | | |
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1. PURPOSE:

- 1.1 Provide a safe and efficient process for initiating transfer to other organizations.
- 1.2 To establish a uniform system and set responsibilities for appropriate safe and efficient transfer and transport of patients to other hospital.
- 1.3 To ensure continuity of care and meeting the patient needs.

2. DEFINITIONS:

- 2.1 Referral: Process by which a patient is sent:
 - 2.1.1 From one clinician to another clinician or specialist.
 - 2.1.2 From one setting or service to another, either for consultation or care that the referring source is not prepared or qualified to provide.
- 2.2 Transfer: Is the formal shifting of responsibility for the care of a patient from one care unit to another, one clinical service to another, one qualified practitioner to another or one organization to another organization.
 - 2.2.1 Temporary transfer: patient is referred to other facility temporarily to perform certain investigations or procedures not available in the referring hospital. The patient returns back to the referring hospital.
 - 2.2.2 Complete transfer: patient is transferred permanently to other facility.
- 2.3 Referring hospital: Is a health care facility which initiates the referral/ transfer of patients.
- 2.4 Accepting/ receiving hospital: Is a health care facility which accepts the care of patient from another hospital.
- 2.5 Transport: The movement of the patient from one place to another using a transport aid or motorized vehicle (ambulance) or manual (wheelchair, stretcher, bed, portable incubator).
- 2.6 Escort team: Is the team accompanying the patients to other organizations.

3. POLICY:

- 3.1 Maternity and Children Hospital, Hafar Al Batin has a safe and efficient process for initiating transfer of patients to other hospitals:
 - 3.1.1 Transfer of patients is based on:
 - 3.1.1.1 The patient's health status and needs for continuing care.
 - 3.1.1.2 The resources available for both the referring and receiving hospital and ability of the receiving hospital to meet patient's needs.
 - 3.1.2 The most responsible physician determines the need for transfer, the most suitable time for transfer, resources required during transfer and whether the receiving hospital can meet the patient's health care needs.
 - 3.1.3 All patients will have medical assessment and must be in stable condition before initiating transfer.
 - 3.1.4 The most responsible physician /his or her designee will make a medical report, signs and stamps it and sends it by fax to other healthcare facilities that can meet the patient's required needs through the medical coordination office (Ihalati program).

- 3.1.5 Before transfer, there should be a written acceptance for transfer of responsibility for the patient's care by the assigned physician at the receiving hospital.
- 3.1.6 The most responsible physician / his or her designee inform the patient/ patient guardian about necessity and reason for transfer.
- 3.2 The hospital ensures safe transportation of patients during transfer.
 - 3.2.1 Escort assigned to transport should have the ability to assess the patient condition and to respond to any subsequent changes.
 - 3.2.2 All patients will be escorted by the nurse who is certified by BLS as a minimum requirement. She will continuously monitor and document the patient's vital signs.
 - 3.2.3 For ICU patients who are intubated, 2 registered nurses from the specific area should accompany the patient on transfer.
 - 3.2.4 A qualified Physician certified in BLS and preferably ACLS, PALS or NRP should escort emergency transfer or intubated patients. He /she will follow the continuous monitoring of the patient.
 - 3.2.5 Patient safety, comfort and privacy are maintained all through the transport.
- 3.3 The referring hospital remains responsible for the provision of care until the patient is received by the receiving hospital.
- 3.4 The transfer process is documented in the patient's medical record.
- 3.5 All patients for transfer outbound known to have MRSA or other epidemiologically significant organisms must be reported upon requesting the transfer with the supporting document.
- 3.6 The medical coordination office has the overall responsibility to coordinate the efforts of medical, nursing and administrative staff to ensure smooth communication between the referring hospital and receiving organization regarding transfer of patients.

4. PROCEDURE:

- 4.1 The hospital provides a safe and efficient process for initiating transfer to other organizations:
 - 4.1.1 Based on the results of proper assessment of the patient, the most responsible physician will decide whether the patient's needs can be better met by another physician, service or facility. He/she will decide to transfer the patient based on criteria that includes, but not limited to:
 - 4.1.1.1 Need of speciality care not available at Maternity and Children Hospital, Hafar Al Batin e.g. trauma patients, cardiac problems.
 - 4.1.1.2 Need of certain investigations or procedures not available at Maternity and Children Hospital, Hafar Al Batin.
 - 4.1.1.3 Patients own preference is considered.
 - 4.1.2 Informing the patient/ patient guardian:
 - 4.1.2.1 Before initiating the process of transferring the patient, the most responsible physician / his or her designee will inform the patient, patient guardian of the needs, risks and benefits of the transfer and document these on the multidisciplinary progress notes of the patients' medical record.
 - 4.1.2.2 If the patient/ authorized person refuse the transfer, he/she should sign the consent for refusal of treatment and most responsible physician / designee documents this in the progress notes of the patient's medical record.
 - 4.1.2.3 The transfer will not occur.
 - 4.1.3 When the patient accept, the most responsible physician / his or her designee will:
 - 4.1.3.1 Document the transfer order in the physician order sheet.
 - 4.1.3.2 Fill the 'referral form by fax' that includes:
 - 4.1.3.2.1 Patient's demographic information and medical record number
 - 4.1.3.2.2 Purpose of referral; admission, investigations, treatment, consultation.
 - 4.1.3.2.3 Reason for referral e.g. no available bed, investigation or speciality.
 - 4.1.3.2.4 Type of referral; urgent (within 30 minutes), regular (within 4-6 hours).
 - 4.1.3.2.5 The requested speciality and required service.
 - 4.1.3.2.6 Patients current vital signs and updated medical report with diagnosis, results of relevant investigations and current treatment.

- 4.1.3.2.7 Signed by the most responsible physician / his or her designee with date and time and method of communication e.g. mobile or hospital number.
 - 4.1.4 The assigned staffs once delivers the documented referral form, attach the fax receipt in the patient's medical record for follow up.
 - 4.1.5 If referral is urgent, the most responsible physician / designee will directly contact the required responsible physician at other hospital through the communication between MCH on duty manager and receiving hospital on duty manager.
- 4.2 When a written reply of fax acceptance for transfer is received at Maternity and Children Hospital, Hafar Al Batin, the medical coordination office will send the reply to the Charge nurse in the concerned department. She will inform the most responsible physician and team about the reply. The following arrangements will be performed:
 - 4.2.1 The most responsible physician / his or her designee will:
 - 4.2.1.1 Writes a transfer order for temporary transfer or a transfer discharge order permanent transfer on the physician's order form.
 - 4.2.1.2 Write any care orders to be carried out by the hospital staff before or during transport including medications, IV fluids, oxygen therapy, ventilator parameters etc. required frequency of monitoring on the way and any special precautions.
 - 4.2.1.3 Write follow up appointments (as required).
 - 4.2.1.4 Fill the ambulance request form.
 - 4.2.1.5 Write the summary of patient's condition (a discharge summary) that includes:
 - 4.2.1.5.1 Patient's demographics and medical record number.
 - 4.2.1.5.2 Date and reason for the patient's admission.
 - 4.2.1.5.3 Patient diagnosis.
 - 4.2.1.5.4 Brief summary of hospital course and services provided (therapies, consultations, procedures up to date).
 - 4.2.1.5.5 Medication list and time of last dose given.
 - 4.2.1.5.6 Patient condition and physical status at the time of transfer.
 - 4.2.1.5.7 Rationale for transfer.
 - 4.2.1.5.8 Results of the patient's diagnostic investigations (e.g. laboratory and radiology).
 - 4.2.1.5.9 Resuscitation status and infection control risks e.g. MRSA.
 - 4.2.1.5.10 Name and signature of the referring most responsible physician and hospital administrator/ designee.
 - 4.2.1.6 Assess the transportation needs of the patient according to his/ her condition and ensure that all patient's healthcare needs during transportation are met:
 - 4.2.1.6.1 Decide the required level of qualification and skills of the escorting team physicians, nurses, and respiratory therapists.
 - 4.2.1.6.2 Decide the urgency of transfer, transportation should be provided promptly and safely in emergency cases e.g. trauma or cardiac emergency.
 - 4.2.1.6.3 For patients transferred on mechanical ventilator, ensure proper ETT placement, proper functioning of the ventilator and set the required parameters and ensure enough oxygen supply for the trip distance.
 - 4.2.1.7 Document information regarding the contact details with the receiving hospital e.g. date and time, accepting physician etc. in progress notes.
 - 4.2.1.8 Examine the patient before transfer and ensure he/she is stable.
 - 4.2.1.9 On return of temporary transfer: he/ she receives endorsement from the physician who accompanied the patient and documents the patient's condition on arrival, any received results that requires action.
 - 4.2.2 The physician assigned to accompany the patient will:
 - 4.2.2.1 Receive endorsement of the patient from the most responsible physician /his or her designee including any anticipated problems, potential therapies.
 - 4.2.2.2 Introduce him/her to patient guardian.

- 4.2.2.3 Verify the patient identification by asking his/ her name and match information on his/her identification band with the information on the patient's medical record.
- 4.2.2.4 Examine the patient and review his/her medical record as required.
- 4.2.2.5 Recheck function of equipment including resuscitation equipment, review set parameters of ventilator and availability of ordered medications.
- 4.2.2.6 Take the number of the most responsible physician / designee to contact in case he/she needs assistance in management of the patient during transportation.
- 4.2.2.7 Endorse the patient to the receiving physician with all relevant information.
- 4.2.2.8 For temporary transfer: on coming back to the hospital, he/she endorses the patient to the most responsible physician / designee and documents any events in the progress notes of the patient's medical record.
- 4.2.3 The charge nurse will:
 - 4.2.3.1 Inform the nursing supervisor.
 - 4.2.3.2 Ambulance request form is forwarded to the nursing supervisor to coordinate with the ambulance driver.
 - 4.2.3.3 Assign the nurse who will accompany the patient. It is preferred that the nurse assigned to the patient accompanies him/her, if possible.
 - 4.2.3.4 Double check identification with assigned nurse.
 - 4.2.3.5 Inform the nursing supervisor when the patient is ready for transfer.
- 4.2.4 The assigned nurse will:
 - 4.2.4.1 Prepare copies of the relevant information of patient's medical record, including investigations, medications, medical report and fax acceptance.
 - 4.2.4.2 Keep a copy of medical report in patient's medical record.
 - 4.2.4.3 Patient's medications, personal belongings and other items must be recorded and transferred with patient who is for admission.
 - 4.2.4.4 Contact social worker/ off duty manager to contact patient's family to be available at the time of transfer. Inform the patient and/or his designee of the impending transfer, giving them full detail of time and destination.
 - 4.2.4.5 Before leaving the unit, she will:
 - 4.2.4.5.1 Double check the patient's identification with the assigned charge nurse and the nurse who will accompany the patient. They will ask the patient guardian about his/her name and match the patient's name and medical record number on the patient's identification bracelet with the information on the patient's medical record. Ensure that the ID bracelet is well secured.
 - 4.2.4.5.2 Check and document the patient's vital signs.
 - 4.2.4.5.3 Ensure the proper functioning of the equipment before the patient transferred e.g. transport incubator, ventilator, IV infusion pumps.
 - 4.2.4.5.4 All medications ordered to be given on the way are prepared.
 - 4.2.4.5.5 The resuscitation equipment according to age e.g. neonates, pediatric, adults are ready and functioning.
 - 4.2.4.5.6 Ensure ETT / IV lines are properly secured prior to transfer.
 - 4.2.4.5.7 Maintain privacy by covering the patient during transfer.
 - 4.2.4.5.8 If the patient is on oxygen supply, the physician, assigned nurse and assigned medical engineer will ensure availability and functioning of any extra required oxygen cylinders.
 - 4.2.4.6 Properly handover the patient to the nurse who will accompany the patient.
 - 4.2.4.7 Document the date and time the patient left the unit and his/her condition on the nurses note of patient's medical record.
- 4.2.5 The nursing supervisor on duty:
 - 4.2.5.1 Recheck the ambulance equipment with the paramedic team and the assigned nurse accompanying the patient.
 - 4.2.5.2 Double check matching identification of the patient's ID band with his/her medical record number with the assigned nurse accompanying the patient.

- 4.2.6 The nurse accompanying the patient will:
 - 4.2.6.1 Receive the patient from the assigned nurse with proper identification and endorsement of the patient's condition taking the chance to ask any questions and read back as needed.
 - 4.2.6.2 Double check, with the physician, the readiness of the ambulance through checking the efficiency of all biomedical machines inside the ambulance and completion of all medical supply and equipment required for the transferred patient.
 - 4.2.6.3 Monitor the patient's vital signs and clinical status during the way and document on the intra facility transfer monitoring form which include:
 - 4.2.6.3.1 Patient's demographic data.
 - 4.2.6.3.2 Names of the physician and the assigned nurse accompanying the patient.
 - 4.2.6.3.3 Patient's diagnosis.
 - 4.2.6.3.4 Destination, date and time of transfer and time of arrival to receiving hospital.
 - 4.2.6.3.5 Patient's vital signs, oxygen saturation, clinical condition during transfer (stable, unstable or on isolation) and on arrival, inotropic support, on-going IVF and/ or blood and blood product and medication given during the transfer.
 - 4.2.6.4 Upon arrival to the receiving hospital, nurse documents the latest vital signs, general condition status and oxygen saturation in the monitoring chart and gets the form signed by the receiving physician and nurse.
 - 4.2.6.5 Double check patient identification with the receiving nurse: match the patient's name and medical record number on the patient's ID band with the information in the patient's medical record.
 - 4.2.6.6 Endorse the patient to the receiving nurse with relevant documents and give her the prepared copies of patient's medical record.
 - 4.2.6.7 On returning to the MCH, the nurse will:
 - 4.2.6.7.1 Handover the equipments brought back and check them.
 - 4.2.6.7.2 Document date and time of arrival and give the completed inter facility patient transfer monitoring form to keep in the patient's medical record.
- 4.3 If the patient was transferred for admission, the assigned nurse will discharge patient from HIS (Hospital Information System) upon arrival of the transferring nurse back to the hospital, and deliver the patient's medical record to medical record department.
- 4.4 If the patient for temporary transfer:
 - 4.4.1 The patient will be taken directly to the concerned department for consultation or investigation.
 - 4.4.2 The accompanying staff waits for the release of the report of the consultation and investigation if possible.
 - 4.4.3 Upon return, the consultation and investigation report should be presented to the most responsible physician / designee and kept in the patient's medical record together with patient's monitoring chart.

5. MATERIAL AND EQUIPMENT:

- 5.1 Transport Incubator
- 5.2 Mechanical Ventilator – Oxylog
- 5.3 Pulse Oximeter
- 5.4 IV Pumps
- 5.5 Emergency Medicines
- 5.6 Transfer Kit
- 5.7 Transfer Forms

6. RESPONSIBILITIES:

- 6.1 Most Responsible Physician
- 6.2 Charge Nurse
- 6.3 Assigned Nurse
- 6.4 Accompanying Staff
- 6.5 Nursing Supervisor







7. APPENDICES:

N/A

8. REFERENCES:

- 8.1 Maternity and Children Hospital, Directorate of Health Affairs Holy Capital.

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