
TITLE: TRANSFERRED PATIENTS**DISTRIBUTION:** ALL PUBLIC HOSPITALS IN WESTERN AUSTRALIA

1. Purpose

The purpose of this bulletin is to describe the rules for patients who are transferred from one hospital to another hospital. The guidelines cover transfers of both admitted patients and those who have been treated as non-admitted patients in emergency departments prior to transfer.

2. Background

Hospitals in Western Australia are currently not adhering to Admission Policy guidelines, uniformly, when transferring patients either to or from another hospital for further care or back to their homes after in-hospital patient care.

There are many different circumstances when patients are transferred. These include patients with injury or medical conditions that can not be comprehensively treated by the hospital at which care is initially sought. It also covers patients who receive a portion of, or the whole of, their care at a hospital distant from their home. In addition hospitals in remote or rural areas may be used as staging facilities when patients are in transit from one hospital to another or in transit between hospital and home.

Over the last three years, records and procedures reviews have been conducted in Western Australian hospitals. These audits have shown a need for clearer guidelines for transferred patients. This bulletin lists examples of the different types of transfers and includes instructions for recording and reporting the episodes.

3. Reporting Requirements for Services Provided to Transferred Patients

Patients who are to be transferred to another hospital should only be admitted to the first hospital if:

- they meet admission criteria; or
- their condition requires stabilisation, extensive active monitoring which is recorded, or investigations which cannot be undertaken in non-admitted patient settings; and
- the treating medical officer authorises the admission.

The treating medical officer decides if the formal admission process should be undertaken (see Technical Bulletin 17/3 – Admission Policy for WA Hospitals).

At the end of an admitted patient episode, there should be a medical discharge summary which contains complete details of treatment and care which occurred. This also applies to patients who are transferred. The MR1 Form (Emergency Department Notes) is part of the documentation filed in the medical record. **The MR1 does not take the place of a discharge summary.**

The following are examples of patients who will be admitted to the first hospital prior to transfer.

Examples of Transfers where the Patient is an Admitted Patient in Two Hospitals

Type of Care	Details
Repatriation back to another hospital for continuing post operative care or convalescence	Patient has received treatment in one hospital and is to have continuing post-operative care or convalescence at a hospital closer to the patient's residence. These patients may travel by private transport, road ambulance or RFDS. They are admitted patients in both hospitals.
Patient has a severe condition or injury	The medical officer has given orders to admit the patient. Within a short period the medical officer decides further care or investigation is the preferred care in another hospital. Arrangements are made for the transfer process to take place as soon as possible. These patients are admitted patients in both hospitals.
Patient delivers in one hospital and post partum care occurs in another	The patient is an admitted patient in the first hospital. The patient is then transferred and admitted to the second hospital. The medical records in both hospitals should contain a discharge summary for each admission.
Patient attends Emergency in one hospital, attends another for delivery and returns to initial hospital for post partum care	The care given in the Emergency Department at the first hospital is recorded as an Emergency Department presentation. The two other episodes of care are admissions in the different hospitals, similar to the previous example.
Patient is an admitted patient receiving ante-partum care, sent to another for delivery and then transferred back to the initial hospital for post partum care on the same day as the delivery	The patient is admitted to the first hospital, is on leave while at the second hospital during the delivery episode, then returns to the first hospital where the post partum care is a continuation of the initial episode. The delivery episode is also an admission at the second hospital. There is one admission in the first hospital and one in the second hospital where delivery occurs.

In all of the episodes listed in the table above there should be a complete discharge summary for each admission.

Examples of Patients Who Should Not be Admitted to the Initial Hospital Prior to Transfer

Type of Patient	Details
Patients in country areas who are not seen by a medical officer (medical officer unavailable)	<p>The receiving nurse communicates with a medical officer at another site and the decision is made to immediately transfer the patient to a hospital where medical care is available.</p> <p>Orders given by RFDS may be recorded in the medical record. A discharge summary is not required. The MR1 form is sufficient.</p>
In remote areas, patient attending a hospital for non admitted services not available locally	<p>When services are not available close to the patients' residences it may be necessary to send patients to another hospital for conditions which do not meet admission criteria. An example may be intravenous pyelogram (IVP) treatment. Distance from home may mean that the patient requires accommodation as well as the investigation. The patient should be registered as a boarder and the IVP counted as a non-admitted occasion of service.</p>
Hospital used as an in-transit facility before being transferred to /from another hospital for surgery	<p>The flight schedules in the North West may mean that a patient transferred from a metropolitan hospital back to a remote community may need to use hospital facilities. The patient is not formally admitted. The hospital may record the stay as boarder accommodation. Any clinical care usually provided as a non-admitted patient service, for example radiology services would be considered a non-admitted occasion of service. For example plain x-rays of a fracture.</p>
Patients whom doctor/nurse assess as requiring immediate emergency evacuation by road or air	<p>When a medical officer records that an immediate emergency evacuation is needed either by road or air and uses terms like "For immediate transfer" it is unlikely that the medical officer will also authorise an admission in the initial hospital.</p> <p>Note: It is the medical officer who gives the orders to admit the patient. In some cases the medical officer may authorise an admission prior to transfer. The length of time spent in the initial hospital is not the factor which determines whether an admission should take place. If admission criteria are met, as they usually are in immediate emergency evacuations, the doctor may consider that the care warrants an admission.</p>
Patient who is in transit with RFDS and the pilot needs rest	<p>If the patient is in transit and does not require medical care and there is no documented care in the medical record, the patient may be registered as a boarder - not an admitted patient.</p>