

	<b>Information Transfer at Care Transitions and Transfer of Accountability Policy and Procedure</b>			
	Program/Dept:	Office of Professional Practice	Document Category:	Patient Care
	Developed by:	Professional Practice	Original Approval Date:	April 2018
	Approved by:	Senior Vice President, Patient Experience & Chief Nursing Executive	Reviewed Date:	February 2019 February 2023
Review Frequency:	3 years	Revised Date:	February 2023	

### 1.0 Purpose:

- 1.1 To ensure a standardized systematic approach in the exchange of relevant patient information to convey the necessary information for ongoing care of the patient at care transitions and Transfer of Accountability (TOA).
- 1.2 To ensure best practices for safe continuity of patient care.
- 1.3 To ensure patients and/or family are provided with necessary information and included as partners in care to enhance the patient experience.

**2.0 Scope:** All Clinical staff, Credentialed staff and Volunteers at Halton Healthcare

### 3.0 Care Transitions include:

- 3.1 **Change of shift or change of healthcare provider assigned:** When there is a change from one healthcare provider to another and the patient location remains the same.
- 3.2 **Transfer off unit for a test or procedure:** When there is a temporary change in the patient's location for the purpose of diagnostics, tests, or procedures.
- 3.3 **Intra-hospital transfer within a hospital site:** When there is a change from one healthcare provider to another and the location of the patient changes within the hospital.
- 3.4 **Inter-hospital transfer to another Halton Healthcare Hospital:** When there is a change in the location of the patient between Halton Healthcare hospital sites.
- 3.5 **External transfer to an external Healthcare Facility:** When the patient is transferred from Halton Healthcare to another healthcare facility.
- 3.6 **Discharge:** When the patient is being discharged from Halton Healthcare to the community.

### 4.0 Policy:

- 4.1 At care transitions, patient-specific information must be communicated from one caregiver to another, or from one team of caregivers to another.
- 4.2 Communication must be clear, patient-focused, comprehensive, professional and timely.
- 4.3 When providing verbal TOA, communication will follow an SBAR format (S=situation, B=background, A=assessment, R= recommendations/requests) to share pertinent information.
- 4.4 Care transitions at shift change will occur at the patient's bedside/patient's side involving the outgoing nurse, incoming nurse and patient or family whenever possible.
- 4.5 Patients and families are included as partners in care at care transitions (i.e. given information needed to make decisions and support their own care).
- 4.6 Communication and materials given to patients and families is delivered in plain language by the healthcare provider to facilitate the patient education process and enhance health literacy.
- 4.7 A safety check and visual inspection of the patient's surroundings must occur at care transitions.
- 4.8 Update the whiteboard where applicable (including other communication tools such as Falls TIPS (Tailoring Interventions for Patient Safety) poster).

## Information Transfer at Care Transitions and Transfer of Accountability

- 4.9 TOA for care and responsibility of the patient will be considered complete at a care transition when:
- a. Defined and standardized patient information has been communicated to patient, family, and care team.
  - b. Opportunity has been given for questions and answers.
  - c. Information communicated has been documented by healthcare providers involved.
- 4.10 Credentialed staff will refer to the [Professional Staff Rules and Regulations Policy](#) for transfer of care and inter-hospital transfer of care.

### 5.0 Procedure:

#### Standard Information for Communication at Care Transition and Transfer of Accountability for:

##### 5.1 Change of shift (Bedside Shift Report) or change of healthcare provider assigned

- a. Introduction of outgoing and incoming healthcare provider.
- b. Promote privacy and ensure confidentiality.
- c. Involve the patient and/or family in the communication at shift change.
- d. Use plain language that the patient and family can understand.
- e. Conduct a verbal report and safety check/assessment of the patient and of the surroundings using the SBAR format as outlined in [Appendix A](#).
- f. Information shared at care transitions is documented by both outgoing nurse at end of shift and incoming nurse at beginning of shift.
- g. Allied Health professionals will complete a TOA when a change of healthcare provider is assigned.
- h. Note that bedside shift report may also be provided at the patient's side (e.g. if the patient is in a chair or bay).

##### 5.2 Transfer off unit for a test or procedure

- a. The sending healthcare provider will assess if the patient requires an escort for the test or procedure off the unit (see [Appendix B – Patient Escort Criteria](#))
- b. When no escort is required, the “Ticket to Ride - Patient Transfer of Accountability (TOA)”, form #H4229 ([Appendix B](#)) is completed by the sending unit and placed on the patient medical record that will accompany the patient to the test/procedure destination. See exceptions under section c-g for transfers that do not require the ticket to ride. When the test or procedure is completed, the transitional healthcare provider will complete the ‘Return Trip portion’ of the Ticket to Ride.
- c. GI Suite
  - i. The patient must arrive with completed pre-procedure record and patient questionnaire (FormFast) as the Transfer of Accountability document.
  - ii. Upon procedure completion, post-procedural TOA will be provided in alignment with [GI Suite \(OTMH\) Operations Policy and Procedure](#).
- d. Interventional Radiology (IR)

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- i. The sending nurse will complete IR Pre-Procedural Checklist intervention in Meditech as the Transfer of Accountability document.
  - ii. Upon procedure completion, the Interventional Radiology Nurse will complete the IR Post-Procedural TOA intervention in Meditech and provide a verbal TOA to receiving unit if applicable.
  - iii. For Milton Post Anesthetic Care Unit (PACU), the IR nurse will provide a verbal report in place of the electronic TOA. The patient will be accompanied by the IR intra-procedural notes.
- e. Emergency Department (ED) patients going to Diagnostic Imaging (X-Ray, CT, Ultrasound, MRI)
- i. ED Nurse will update patient status on the ED Tracker prior to placing patient as 'DI Ready'. Diagnostic Imaging staff will review ED Tracker prior to booking transport.
  - ii. If the patient is on oxygen and/or IV fluids:
    - i. Prior to ED Nurse updating ED Tracker to 'DI Ready', they will ensure the O2 cylinder and/or IV fluids will last the transfer.
    - ii. Prior to transporting the patient back to ED, the Diagnostic Imaging staff will ensure the O2 cylinder will last the transfer.
  - iii. If there is any significant change in the patient condition, the healthcare provider performing the test/procedure will call the Emergency Department.
- f. Operating Room (OR)
- i. The sending nurse will complete the Pre-Op Checklist intervention in Meditech.
  - ii. The patient must arrive with a completed Pre-Op Surgical Questionnaire (FormFast).
  - iii. Upon OR procedure completion, the OR nurse will provide verbal TOA to the PACU nurse.
  - iv. Upon completion of PACU stay to Inpatient area, the PACU nurse will complete the General TOA intervention in Meditech as well as provide a verbal report to the receiving inpatient nurse.
- g. Dialysis
- i. The sending nurse will complete the General TOA intervention in Meditech.
  - ii. Upon treatment completion, the dialysis nurse will complete the General TOA intervention in Meditech.

### 5.3 Intra-hospital transfer (transfer within a Halton Healthcare hospital site)

- a. The patient will be informed of the change in patient location.
- b. The sending nurse will arrange with the receiving unit a suitable time of transfer and notify the patient and family, when possible.
- c. The sending nurse will complete the General TOA intervention in Meditech, reflecting current patient status within 20 minutes of the arranged time of transfer.
- d. Sending and receiving nurses have an opportunity for a phone call to clarify any details in the TOA report.
- e. When transfer of the patient requires an escort (see [Appendix B – Patient Escort Criteria](#)), the sending nurse will complete the General TOA intervention in Meditech and in addition a bedside report and safety check should occur between sending and receiving staff on the receiving unit.

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- f. When an Outpatient requires assessment in the Emergency Department, the sending healthcare provider must contact the Emergency Department CRN or delegate to alert department of patient transfer. The sending healthcare provider must remain with the patient until verbal TOA has been provided and receiving nurse assumes care. (See [Appendix C – Outpatient/Clinic Transfer to the Emergency Department](#)).
- g. Allied Health professionals will complete a TOA verbally and/or in writing for staff receiving a patient transfer.

### 5.4 Inter-Hospital Transfer (transfer between Halton Healthcare Hospital sites)

- a. Refer to the [External Patient Transport Policy](#) for specific policy requirements related to transferring patients from one site to another.
- b. Provider to determine the type of escort the patient requires for a transfer to another Halton Healthcare Hospital according to the [External Patient Transport Policy](#).
- c. A verbal report will be given to the receiving healthcare provider following the guide of the [Routine Transfer Form \(Appendix D\)](#).
- d. Allied Health professionals will provide a TOA verbally and/or in writing for patients transferring to another Halton Healthcare Hospital.
- e. GI Suite
  - i. Refer to Appendix E in the [GI Suite \(OTMH\) Operations Policy and Procedure](#).
  - ii. Note: this applies to patients being transferred to the GI Suite at Oakville Trafalgar Memorial Hospital (OTMH) for a procedure from an inpatient unit or the Emergency Department at OTMH, Milton District Hospital (MDH) or Georgetown Hospital (GH)
- f. Interventional Radiology
  - iii. The sending nurse will complete IR Pre-Procedural Checklist intervention in Meditech as the Transfer of Accountability document.
  - iv. Upon procedure completion, the Interventional Radiology Nurse will complete the IR Post-Procedural TOA intervention in Meditech and provide a verbal TOA to receiving unit if applicable.

### 5.5 External Transfer (to an external Healthcare Facility)

- a. Assess if the patient requires an escort for a transfer to an external Healthcare facility according to the [External Patient Transport Policy](#).
- b. If the patient is not returning to the sending Halton Healthcare unit complete “Routine Transfer Form”, #H2879, Provincial Maternal Transfer Record or Provincial Neonatal Retro-transfer Record to accompany the patient.
- c. Allied Health professionals will complete a discharge summary as per regulatory guidelines for communication with oncoming provider/program as appropriate.

### 5.6 Discharge to the Community

- a. Credentialed staff, Nursing and Allied Health professionals will complete a discharge summary as per regulatory guidelines for communication to patients and families, community providers/program as appropriate.
- b. At discharge, patients and families will be provided with discharge instructions/summary to promote confidence in self-management when discharged.

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- c. Refer to the [Patient Discharge Routine in Meditech Expense Policy and Procedure](#).

### 6.0 Definitions

- 6.1 **SBAR:** A communication tool used between members of the healthcare team to ensure focused communication about patient(s) that requires attention or action (S=situation, B=background, A=assessment, R= recommendations/requests).
- 6.2 **Transfer of Accountability (TOA):** Is the interactive process of transferring patient specific information regarding the patient's care, treatment and services, condition and any recent or anticipated changes in the patient's condition, the care of the patient, and the associated accountability from one healthcare provider to another while involving the patient/client for the purpose of ensuring continuous, high quality and safe care for the patient.
- 6.3 **Bedside Shift Report:** Is a formal process that takes place at the patient's bedside or at the patient's side if they are not in a bed with both the outgoing and incoming nurse. The bedside shift report includes a verbal report following a SBAR guide and safety check that includes a scan of the patient's environment to ensure appropriate bedside emergency equipment is readily available and functioning appropriately.

### 7.0 Related Documents

[External Patient Transport Policy and Procedure](#)

[Identification and Clinical Management of Patients at Risk for Violent and/or Responsive Behaviours \(Purple Bell\) Policy and Procedure](#)

[Patient Discharge Routine in Meditech Expense Policy and Procedure](#)

[Patient Standards of Care Policy and Procedure](#)

### 8.0 Key Words

Transfer, Accountability, TOA, Ticket to Ride, Routine Transfer, Maternal Transfer, Neonatal Transfer

### 9.0 Reviewed by/Consultation with

Professional Practice Clinicians, Managers, Directors, Interdisciplinary Professional Practice Advisory Committee

### Signed by

Title

\_\_\_\_\_  
Senior Vice President, Patient Experience and Chief Nursing Executive

### 10.0 Appendices

Appendix A – SBAR Guide for Bedside Shift Report TOA

Appendix B – Ticket to Ride – Patient Transfer of Accountability (TOA) (Form #H4229)

Appendix C – Outpatient Departments and Clinic Transfer of Patients' to the Emergency Department

Appendix D – Routine Transfer Form (Form #H2879)

Appendix E –Spectralink Handheld Start of Shift Checks and Assign Your Patients/Beds to Connexall

## Information Transfer at Care Transitions and Transfer of Accountability

### Appendix A

<b>SBAR Guide for Bedside Shift Report TOA</b>	
<b>S = Situation</b> What is going on with the patient?	Current diagnosis/reason for admission
<b>B = Background</b> What is the context, relevant events?	What is the pertinent patient history? What are the current vital signs?
<b>A = Assessment</b> What is the healthcare concern now? Findings outside normal limits? What is the top concern of the patient and patient?	*Guide to patient systems assessments: <ul style="list-style-type: none"> <li>• Neurological</li> <li>• Mental status</li> <li>• Cardiovascular</li> <li>• Respiratory</li> <li>• HEENT</li> <li>• Gastrointestinal/digestive</li> <li>• Genitourinary</li> <li>• Musculoskeletal</li> <li>• Integumentary</li> <li>• Reproductive</li> </ul> Psycho/social concerns *only review relevant systems
<b>R = Recommendation</b> What needs to be prioritized this shift? What needs attention within 48hrs?	Pending orders/treatments (labs, diagnostics, medications) MRP/consultation notifications Highlight pertinent short/long term goals Teaching/discharge preparation, Estimated Date of Discharge
<b>Safety Check &amp; Assessment of Patient and Surroundings</b>	
<b>1. Confirm Identification and Allergies:</b>	Check all arm bands in place
<b>2. Confirm Code Status:</b>	Full CPR, No CPR - Active Treatment, No CPR - Comfort Care, Limited with Intubation, Limited with No Intubation or not addressed Documentation in chart confirmed
<b>3. Identify Risks:</b>	Isolation precautions, special indicators, responsive behaviours/violence, elopement/wander, delirium, falls, skin breakdown, hearing, sight, mobility/transfer (equipment), bed rails*
<b>4. Visually Inspect/Confirm:</b>	Vascular access sites/tubing, solutions, infusions, equipment settings, dressings, drains, restraints, environment*
<b>5. Examine/Test Emergency Equipment Readiness:</b>	Call-bell, alarms (if bed alarm in use, ensure bed alarm is on/functional (including volume) and ensure the bed alarm cord is plugged into the wall using the pins), O2, suction, bedside resuscitation equipment*
<b>6. Where applicable, receive handheld device from outgoing healthcare provider:</b>	Receive device from outgoing healthcare provider then complete start of shift checks for device and assign beds on Connexall following steps outlined in <a href="#">Appendix E</a>
	*Frequent examples

# Information Transfer at Care Transitions and Transfer of Accountability

## Appendix B

### Ticket to Ride - Patient Transfer of Accountability (TOA) (Form #H4229)



#### "TICKET TO RIDE"

#### Patient Transfer of Accountability (TOA)

Does the patient require an escort (criteria on reverse)?

Yes – do not proceed, provide a verbal report to receiving unit from escort     No – proceed and complete form

**\*If the Patient's Pre-Transfer Status changes or if more than 2 Transfers per shift are required, start new form\***

Date: _____	<b>Additional Precautions Required:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes-Type: <input type="checkbox"/> Contact <input type="checkbox"/> Droplet/Contact <input type="checkbox"/> Airborne <input type="checkbox"/> C-Diff <input type="checkbox"/> Airborne/Droplet/Contact <input type="checkbox"/> Hazardous Drugs
<b>Sending Nurse to complete Pre-Transfer Information/Checklist before transfer</b>	
Code Status: <input type="checkbox"/> Presumed Full Code <input type="checkbox"/> Yes – refer to chart/EMR Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes – refer to chart/EMR    Falls Risk: <input type="checkbox"/> No <input type="checkbox"/> Yes    Purple Bell: <input type="checkbox"/> No <input type="checkbox"/> Yes Activity: <input type="checkbox"/> Independent <input type="checkbox"/> 1 assist <input type="checkbox"/> 2 assist <input type="checkbox"/> Transfer Board <input type="checkbox"/> Other: _____ Oxygen Required: <input type="checkbox"/> No <input type="checkbox"/> Yes: Nasal prongs at _____ L/min OR Venti-mask _____ % at _____	
Additional Information / Special Needs:	

**\*To be completed 30 minutes prior to Transfer\***

HCP = Health Care Professional

CHECKLIST	Transfer 1		Transfer 2	
High Risk Medication(s) given within the last hour?	<input type="checkbox"/> No <input type="checkbox"/> Yes: _____	RETURN TRIP	<input type="checkbox"/> No <input type="checkbox"/> Yes: _____	RETURN TRIP
DESTINATION →		↓		↓
<ul style="list-style-type: none"> <li>• Patient/family informed of transfer</li> <li>• ID Armband on patient</li> <li>• O<sub>2</sub> cylinder will last transfer (see back)</li> <li>• IV solution will last transfer</li> </ul>	<input type="checkbox"/> Yes  <input type="checkbox"/> Yes <input type="checkbox"/> N/A  <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Did Transitional HCP note any changes in patient status? <input type="checkbox"/> Yes – (charted) <input type="checkbox"/> No  O <sub>2</sub> cylinder will last transfer (see back) <input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Yes  <input type="checkbox"/> Yes <input type="checkbox"/> N/A  <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Did Transitional HCP note any changes in patient status? <input type="checkbox"/> Yes – (charted) <input type="checkbox"/> No  O <sub>2</sub> cylinder will last transfer (see back) <input type="checkbox"/> Yes <input type="checkbox"/> N/A
Name of Sending Nurse / HCP	Print Name	Print Name	Print Name	Print Name
Confirming Patient Status	Signature/Designation/Ext	Signature/Designation/Ext	Signature/Designation/Ext	Signature/Designation/Ext
TIME form completed →	_____ hrs	_____ hrs	_____ hrs	_____ hrs
Name of Transitional/ Receiving area HCP	Print Name	Print Name	Print Name	Print Name
	Signature/Designation	Signature/Designation	Signature/Designation	Signature/Designation
TIME form reviewed →	_____ hrs	_____ hrs	_____ hrs	_____ hrs

\*H4229\*

# Information Transfer at Care Transitions and Transfer of Accountability



## "TICKET TO RIDE"

### Patient Transfer of Accountability (TOA)

Nurse accompaniment is **REQUIRED** for transfers if patient:

- Has respiratory compromise due to:
  - Moderate sedation / analgesia
  - High oxygen administration requirement (greater than 50%)
  - A potential airway obstruction
- Requires oral and / or nasopharyngeal and / or trach suctioning to maintain a clear airway
- Requires continuous vital signs / cardiorespiratory / O<sub>2</sub> saturation monitoring
- Is agitated or combative or has moderate / high risk of violent behavior (Security / Support Worker should be considered to accompany transfer)
- Is unconscious or has a high risk of seizures
- Requires physical restraints
- Is on Forms 1, 3, or 4 (Security could be considered to accompany transfer)
- Has blood and / or blood products infusing Is receiving a High Alert Medication infusion that requires close observation
- Has Chest Tube in situ
- Has cytotoxic medication infusing that **CANNOT** be interrupted
- Early Warning Sign (EWS) score of  $\geq 5$  requires nursing reassessment prior to transfer to determine stability for off-unit intervention

Use Nursing **DISCRETION** to determine if nurse accompaniment is required for transfer if:

Patient is confused, has sedation / analgesia administered to them, has special equipment, or requires two patient transfers.

#### Duration of Flow for Oxygen Cylinder

Duration of Flow for E2-OX Oxygen Cylinder		*DO NOT USE CYLINDER IF PRESSURE IS LESS THAN 500 PSI*												
		Flow Rate (Lpm)												
Assess Portable O2 needs	Amount left in tank (psi)	0.5	1.0	1.5	2.0	2.5	3.0	3.5	4.0	4.5	5.0	12	15	
	500-1000	4-9 hrs	2-4.5 hrs	1.5-3 hrs	1-2 hrs	56min-1.5 hrs	46 mins-1.5 hrs	40 mins-1 hr	35 mins-1 hr	30 mins-1 hr	28-56min	11-23 mins	CAUTION	
	1000-1500	9-14 hrs	4.5-7 hrs	3-6 hrs	2-4 hrs	1.5-3 hrs	1.5-2hrs	1-2 hrs	1-1.5 hrs	1-1.5 hrs	56min-2hr	23-35 mins	18-28 mins	
	1500-2000	14-18 hrs	7-9 hrs	5-6 hrs	4-6.5 hrs	3-3.5 hrs	2-3 hrs	2-2.5 hrs	1.5-2hrs	1.5-2hrs	1-1.5 hrs	1-1.5 hrs	35-46 mins	

For example: If a patient was on nasal prongs at 4Lpm, how long would the tank last if it had 1200 psi of pressure left? Answer: 1-1.5 hours  
 There must be a minimum of 45 minutes of O2 for any transfer. When possible, switch O2 from Cylinder to Wall at destination. More than one tank may be required for a transfer

\*This Algorithm is intended as a guideline for HCPs considering transporting patients throughout the organization and is meant to be used as a tool in conjunction with one's clinical judgement

Calculation: (Cylinder Pressure X 0.28)/Flow = Duration of flow (mins)

## Information Transfer at Care Transitions and Transfer of Accountability

### Appendix C: Outpatient Departments and Clinic Transfer of Patients' to the Emergency Department

Outpatient Department and Clinic patients requiring care in the ED at OTMH from:	Outpatient Department and Clinic patients requiring care in the ED at MDH from:	Outpatient Department and Clinic patients requiring care in the ED at GH from:
<ul style="list-style-type: none"> <li>• Outpatient Med/Surg</li> <li>• Fracture clinic</li> <li>• Cancer Care</li> <li>• Medical Day</li> <li>• Dialysis</li> <li>• Kidney Function Clinic</li> <li>• Cardiology</li> <li>• Post Emergency Pediatric Clinic</li> </ul>	<ul style="list-style-type: none"> <li>• Ambulatory Clinics</li> <li>• Fracture Clinic</li> <li>• Pre-Op Clinic</li> </ul>	<ul style="list-style-type: none"> <li>• Outpatient rehab</li> <li>• Geriatric clinic</li> <li>• Fracture Clinic</li> <li>• Ambulatory Care</li> <li>• Cardiology/Respiratory</li> <li>• Post Emergency Pediatric Clinic</li> </ul>
<b>Communication</b>		
<ol style="list-style-type: none"> <li>1. Attending Clinic physician/Lead RN contacts the ED CRN (4508) directly to advise of Pt transfer to ED</li> <li>2. Clinic staff to provide their name and location</li> <li>3. Clinic staff to provide Pt. name, diagnosis and reason for concern</li> <li>4. A copy of the clinic face sheet to accompany patient to ED, including pertinent vital signs, blood work, ECG to accompany Pt. (not to delay transfer of patient)</li> </ol>	<ol style="list-style-type: none"> <li>1. Clinic Nurse/Physician contacts the ED CRN (7068) directly to advise of Pt transfer to ED</li> <li>2. Clinic staff to provide their name and location</li> <li>3. Clinic staff to provide Pt. name, diagnosis and reason for concern</li> <li>4. A copy of the clinic face sheet to accompany patient to ED, including pertinent vital signs, blood work, ECG to accompany Pt. (not to delay transfer of patient)</li> </ol>	<ol style="list-style-type: none"> <li>1. Clinic staff calls to ED MD/CRN (8505) directly to advise of Pt. transfer to ED</li> <li>2. Clinic staff to provide their name and location</li> <li>3. Clinic staff to provide Pt. name, diagnosis, reason for concern and provide verbal TOA</li> <li>4. A copy of the clinic face sheet to accompany patient to ED, including pertinent vital signs, blood work, ECG to accompany Pt. (not to delay transfer of patient)</li> </ol>
<b>Transportation to the ED</b>		
<p>Clinic staff must accompany Pt. to the ED CRN desk for triage – ZONE A</p> <ul style="list-style-type: none"> <li>• CRN prepares for arrival of Pt. and informs ED physician</li> </ul>	<p>Clinic staff must accompany Pt. to the ED CRN desk for triage</p> <ul style="list-style-type: none"> <li>• CRN prepares for arrival of Pt. and informs ED physician</li> </ul>	<p>Clinic staff must accompany Pt. to ED Triage bay.</p> <ul style="list-style-type: none"> <li>• Patient will be triaged by the ED Triage RN or CRN on immediate arrival</li> <li>• Physician to be informed of patient's arrival to the department.</li> </ul>

## Information Transfer at Care Transitions and Transfer of Accountability

On Arrival to the ED		
Clinic staff and Pt. arrive at CRN desk and identify themselves <ul style="list-style-type: none"><li>Clinic staff remains with Pt. in ED until CRN or delegate assumes TOA</li></ul>	Clinic staff and Pt. arrive at CRN desk and identify themselves <ul style="list-style-type: none"><li>Clinic staff remains with Pt. in ED until CRN or delegate assumes TOA</li></ul>	Once Pt. placed in ED treatment room, ED RN will assume care of the patient.

# Information Transfer at Care Transitions and Transfer of Accountability

## Appendix D Routine Transfer Form (Form #H2879)



### ROUTINE TRANSFER FORM

Sending Facility:
Sending Department and Phone Number:
Receiving Facility: (Hospital, LTC, etc):
Receiving Physician:

Date/Time: \_\_\_\_\_ Diagnosis: \_\_\_\_\_ Sending Physician: \_\_\_\_\_

Allergies:  Yes  No  Allergy Band On Code Status:  Presumed Full Code  Full Code  DNR Confirmation Form Attached

Precautions:  N/A  Contact ( MRSA  CPE  CDI/F)  Droplet  Airborne  Hazardous Drug  Other: \_\_\_\_\_

<b>S: SITUATION - Reason for Transfer</b>		
Family Contact:	Contact Number(s):	Notified: <input type="checkbox"/> No <input type="checkbox"/> Yes
Escort Required for Transfer: <input type="checkbox"/> No <input type="checkbox"/> Yes <small>(Please refer to the External Patient Transport Policy)</small>		Family Accompanying: <input type="checkbox"/> No <input type="checkbox"/> Yes
<b>B: BACKGROUND - Relevant Past Medical History and Significant Events</b>		
<input type="checkbox"/> Discharge or Transfer Medication Reconciliation Attached Medications Accompanying Patient <input type="checkbox"/> No <input type="checkbox"/> Yes		
<b>A: ASSESSMENT</b> <span style="float: right;">* Additional fields for Mental Health</span>		
Vital Signs Prior to Transfer: Time: _____ Temp: _____ HR: _____ BP: _____ Last Capillary Blood Glucose: _____ @ _____		
RR: _____ Oximetry: _____ FiO2: @ _____ <input type="checkbox"/> Nasal Prongs <input type="checkbox"/> Mask Time of Last Meal: _____		
Intavenous Access: _____ IV Solution/Rate: _____ Medical Status: <input type="checkbox"/> Stable *		
Accompanying Documents: <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(please list)</small>	Accompanying Diagnostics: <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(please list)</small>	Belongs with Patient <input type="checkbox"/> Yes <input type="checkbox"/> No Other: _____
<b>Neuro:</b> LOC: <input type="checkbox"/> Oriented <input type="checkbox"/> Disoriented <input type="checkbox"/> Lethargic <input type="checkbox"/> Nonverbal Behaviour: <input type="checkbox"/> Co-operative <input type="checkbox"/> Combative <input type="checkbox"/> Dementia <input type="checkbox"/> Wanders	<b>Cardiovascular:</b> <input type="checkbox"/> N/A * <input type="checkbox"/> Telemetry Current Rhythm: _____	
<b>Respiratory:</b> <input type="checkbox"/> N/A * A/E: _____ <input type="checkbox"/> Chest Tube <input type="checkbox"/> Left <input type="checkbox"/> Right Size: _____ <input type="checkbox"/> Suction Trach: _____ Size: _____ Trach Emergency Kit: _____	<b>Genitourinary/Gastrointestinal:</b> <input type="checkbox"/> N/A * Diet: _____ NPO @ _____ <input type="checkbox"/> Incontinent <input type="checkbox"/> Urinary Catheter Size: _____ Last Voided @ _____ Last BM @ _____ <input type="checkbox"/> NG Size: _____ Total: _____ IN: _____ OUT: _____	
<b>Skin/Wound</b> <input type="checkbox"/> N/A Skin Integrity: <input type="checkbox"/> Intact Other: _____ Dressings, packing, drains: _____	<b>Pain:</b> Location: _____ Pain Scale: _____ /10 Pain Medication Last Given @ _____ Improved: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Mobility/Aids:</b> Activity: <input type="checkbox"/> Independent <input type="checkbox"/> Assisted <input type="checkbox"/> with 2 <input type="checkbox"/> Mobility Aids Falls Risk: <input type="checkbox"/> Yes <b>Other Aids:</b> <input type="checkbox"/> Dentures <input type="checkbox"/> Glasses <input type="checkbox"/> Hearing Aid: <input type="checkbox"/> Left <input type="checkbox"/> Right	<b>Psychosocial *</b> Form Status: _____ Medication Given @ _____ Physical Restraint: <input type="checkbox"/> No <input type="checkbox"/> Yes Suicidal Screening: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>R: RECOMMENDATIONS - Current treatments, special needs, follow-up appointments, family involvement, etc.)</b>		



Nurse Sending Patient: \_\_\_\_\_ Nurse Receiving Report : \_\_\_\_\_  
 Sending Unit: \_\_\_\_\_ Ext: \_\_\_\_\_ Receiving Unit: \_\_\_\_\_ Ext: \_\_\_\_\_  
 Verbal Report Given @ \_\_\_\_\_ CRN Receiving Report : \_\_\_\_\_ Ext: \_\_\_\_\_

ORIGINAL Copy to accompany patient

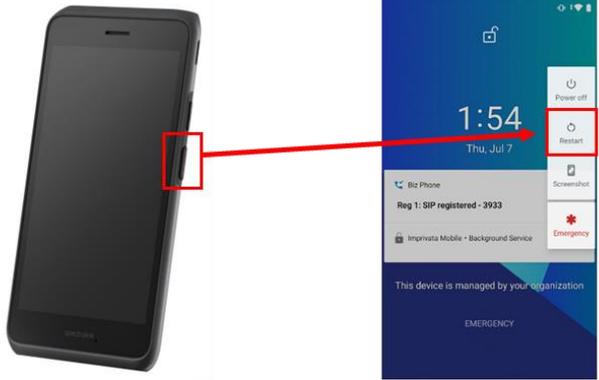
Form # H2879 ORIGINAL – Patient Chart of Sending Facility COPY – Patient Chart of Receiving Facility 03/2018 1 of 2

# Information Transfer at Care Transitions and Transfer of Accountability

## Appendix E: Spectralink Handheld Start of Shift Checks and Assign Your Patients/Beds to Connexall

### Complete Spectralink Handheld Start of Shift Checks:

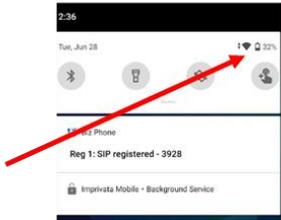
1. If device is on, restart it by holding down the lock/unlock button on the bottom-right of the device and choose to “Restart”



2. Once the device is restarted → tap on or manually log into the device

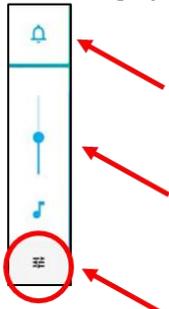
3. Ensure battery is charged, charge should be full or over 95%

- This can be done by pulling down the notification bar from the top of the screen and noting the percentage on the top-right



4. Ensure volume is turned on and the device is set to “Sound on” by using the ‘Volume Up’ button on the left side of the device (this is the middle button)

This is the image you want to see:



The top icon indicates that volume is ON, as opposed to silent or vibration

The slider below indicates that volume is at about 50%

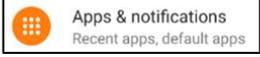
Then tap on the button below the slide

Adjust the volume up for both calls (‘Call Volume’) and Connexall alerts (‘Ring Volume’)



## Information Transfer at Care Transitions and Transfer of Accountability

### 5. Ensure notifications are enabled for all applications:

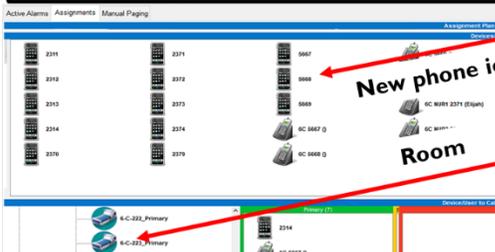
- From the home screen, swipe the screen up to show all applications 
- Scroll down and select 'Settings' 
- Scroll through the list and select 'Apps & notifications' 
- Select 'Notifications' 
- Scroll through the list ensure all applications are turned ON (BizPhone will be on by default and cannot be changed)
  - This is especially important for applications like MobileConnex, because if this is turned OFF, no notifications will come through and important patient safety alerts will **not** be received
  - To leave Settings, press the circle button at the bottom of the screen to go back to the home page

### 6. Ensure you are logged into applications correctly:

- Open MobileConnex and ensure it is logged into an extension
  - If there is a login page, you will need to log in
  - The log in for MobileConnex:
    - USERNAME = Phone extension
    - PASSWORD = 1234
  - If unsure of extension, click the circle icon on the top-left and the extension will appear in the middle-top of this screen
    - If the incorrect extension, you can logout from this same page and login to the correct extension from the login page
- Open Care Assist and log in

### Assign Your Patients/Beds to Connexall:

1. Go to Downtime computer
2. Open Connexall



3. Select assigned phone extension 
4. Select assigned bed(s). When finished click 'Save'. 

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