# Inter-Hospital Transfer (IHT) Standard Operational Procedure

## Scope

| Site | Operational Area | Applicable to |
|---|---|---|
| Royal Perth Hospital (RPH) only | Command Centre (Patient Flow), Emergency Department (ED), all East Metropolitan Health Service (EMHS) areas and St John Ambulance (SJA) Hospital Wide and EMHS sites | Medical and Nursing Staff, External agencies |

## Purpose

The purpose of this standard operational procedure (SOP) is to outline the inter-hospital transfer (IHT) admission process to RPH and the requirement of allocating a reference number.

## Links to relevant documents

Appendix 1: IHT Flowchart

## Related Policy, RPBG Practice Standard, Clinical Guidelines

Admission, Readmission, Discharge & Transfer Policy

Allocation of Beds and Admission Responsibilities RPH:17

## Related National Standards

- Comprehensive Care Standard 5: 5.4 Designing systems to deliver comprehensive care
- Communicating for Safety Standard 6: 6.9 Communicating critical information.

## Preamble

The aim of the IHT SOP is to ensure a proactive and streamlined approach to IHT of patients, ensuring all IHTs go through the RPH Command Centre in order to:

- Improve the patient journey and outcomes
- Assist in reducing the impact of unexpected patient transfers into the ED
- Increase admissions directly to an inpatient ward thereby bypassing the ED, if clinically appropriate
- Ensure that patients requiring an IHT are not inappropriately admitted through the ED.

The requirement of a reference number forms part of a wider EMHS patient flow strategy.

This change will mean that only priority 4 IHTs into RPH will require a reference number.

Patients referred to specialty teams at RPH who do not require the services of the ED for clinical care and/ or stabilization, are to be admitted directly to the relevant specialty inpatient ward as per Allocation of Beds & Admission Responsibilities. Hospital avoidance strategies should be explored prior to direct admission to an inpatient bed.

## Inclusions

- SJA Priority 4 patients.

## Exclusions

- SJA Priority 1, 2 and 3 patients
- Trauma
- Mental Health patients
- Western Australian Country Health Service (WACHS) patients and Royal Flying Doctor Service (RFDS).

## Definitions

| | |
|---|---|
| **Direct Admission** | A direct admission is a non-elective admission where the patient is admitted directly to an inpatient ward without admission via the ED. This includes patients being admitted from the ED of another site. The patient should be clinically stable. |

## Inclusion Criteria

- Patients transferred from another ED where they have been medically assessed and are in a stable condition
- Stable patients transferred from an inpatient bed at another hospital where time of transfer can be arranged between relevant Command Centre Clinical Nurse Manager (CCCNM)/ Bed Manager / Access Coordinator
- Patients that are to be admitted from an Outpatient Clinic at another EMHS site/ metropolitan hospital
- Transfers from other metropolitan hospital sites in a stable condition.

## Emergency Department Involvement

Any patient who has been accepted by an RPH specialty team for admission direct to an RPH inpatient ward, and whose condition deteriorates during transfer, will be assessed and stabilized in the ED. The ambulance/ transport staff will directly contact the ED if the patient has deteriorated en route so they know to expect the patient.

# Responsibilities

**RPH Consultant/ Delegate**

To arrange an IHT from another hospital/ referral source, the referring team must have care accepted by an RPH Consultant or delegate on the proviso that a bed is available.

The RPH Consultant or their nominated delegate must check bed availability with the CCCNM prior to acceptance.

**Command Centre Clinical Nurse Manager**

The CCCNM acts as the primary point of contact throughout the IHT admission process, providing updates on estimated transfer time to the referring site and/ or receiving ward as required. The CCCNM will provide the most appropriate staff at the referring site with a reference number.

# The Allocation of Reference Numbers

The process for IHTs will be as follows (see Appendix 1 IHT Flow Chart):

- Referring hospital contacts RPH specialty team or ED Duty Officer for acceptance of care of patient
- RPH clinician either accepts or rejects the referral. ED accepting clinician records contact details for referring site in to the Emergency Department Information System (EDIS) if patient coming through ED
- RPH accepting clinician contacts the RPH CCCNM to advise acceptance of care and in consultation with the CCCNM, agrees on date and time for transfer
- RPH accepting clinician advises referring site that RPH CCCNM will contact site with a date and time for transfer and provide a reference number
- RPH CCCNM will contact referring site and advise of date and time for transfer and provide a reference number
- Referring site, when booking transfer with SJA will advise of reference number.

# Bed State Black

- In the case of Bed State Black the CCCNM will advise the accepting clinician at RPH to contact the Medical Administrator (MA) on call, for approval
- The MA will text the CCCNM with the decision – approved/ not approved
- The accepting clinician will be required to contact the CCCNM with decision from MA and progress accordingly.

# Escalation Process

- Issues that cannot be resolved by the CCCNM will be escalated to RPH MA for decision
- Referring sites wanting to escalate a decision will require their Site Executive to contact the RPH MA for a final decision (see Appendix 1 IHT Flow Chart).

# CCCNM Process

- For patients that are accepted, the CCCNM will need to assign a reference number. Reference number Proforma will be kept in W:\Nursing Admin\RPH\Patient Flow\Admission_Discharge\Discharge Management\IHT Reference number xl Winter 2017.xlsx

- Reference number is automatically assigned. Status should be assigned e.g. C – complete; P – in progress
- For IHTs occurring on day of referral:
  - Once a date and time of admission has been agreed, the CCCNM will contact the appropriate staff from the point of referral with a reference number
  - The CCCNM will advise the referring site of the reference number within 15 mins from the time the accepting team has contacted the CCCNM with the admission request.
- For IHTs occurring on future days:
  - Referring sites will be advised of reference number on the day agreed upon.

## Compliance Monitoring

Patient Flow will monitor:

- The percentage of notifications of reference numbers provided in 15 minutes by CCCNM to the referring site once advice has been received from RPH clinician of patient acceptance and agreement regarding the date and time of transfer given on the day the transfer
- The proportion of initial booking requests to SJA for IHTs without a reference number.

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# Appendix 1: IHT Flowchart