

Medical Imaging Practices

Standardized Process and Procedure

INTERFACILITY TRANSFER OF PATIENTS – MEDICAL IMAGING JAN 2019

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1.0 STANDARD PROCESS

To ensure there is a standard approach to the referral, transport with appropriate support, and disposition of patients requiring specialized medical imaging procedures at regional/tertiary facilities. The purpose of the standard is to:

- ensure patient safety;
- safeguard the continuity of patient care between Most Responsible Practitioners (MRPs) and facilities' staff;
- make efficient use of health human resources and patient transportation services (British Columbia Ambulance Service and Alternative Service Providers).

2.0 DEFINITIONS AND ABBREVIATIONS

ASP:	Alternative Service Provider (stretcher transport for non-medical patients)
BCAS:	British Columbia Ambulance Service
EATR:	Emergency Assessment & Treatment Record
ED:	Emergency Room
Emergency Medical Imaging:	Patient requires emergency care and/or requires a specialist consult and/or there is a possibility of needing admission to the regional/tertiary hospital facility.
ERP:	Emergency Room Physician
Imaging:	Medical Imaging
MRP:	Most Responsible Practitioner - The clinician who has accepted the overall responsibility for the management and coordination of care of the patient at any given time, (also known as the Attending Practitioner).
SBAR:	Reporting tool using the following headings to report a situation or issue. Situation, Background, Assessment, Recommendation
Scheduled Medical Imaging:	Patient does not require emergency care or a specialist consult. There is no indication that the patient requires admission to the receiving facility.

3.0 DOCUMENTATION CONSIDERATIONS

- Acute Care Transfer Form ([826374](#))

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4.0 PROCEDURE

- 4.1 For quick reference see [Summary of Standard Process for Interfacility Transfer of Patients for Medical Imaging](#).

4.2 MRP of Patients Moving Between Facilities

- 4.2.1 The MRP is the practitioner who accepts transfer or admission of the patient. Per policy [MSQ0100 - Most Responsible Practitioner](#), the MRP is responsible for verbal and written communication as well as clear indication of time and date on the order sheet to ensure continuity of care. Refer to [Medical Staff Bylaws](#) (Article 5), [Medical Staff Rules – Part I](#) (Section 4) and [Verbal Communication – Interactive Handovers](#).
- 4.2.2 Unless otherwise specified, patients presenting to the emergency department without referral are under the care of the emergency room physician (ERP) acting as the MRP. Upon change of shift, the ERP will transfer care to the appropriate clinician who will assume the role of MRP (i.e. specialist, another ERP, sending facility physician).

4.3 Emergency Referral for Medical Imaging Procedure

- 4.3.1 Direct referral to ED is required **for undifferentiated emergent/urgent clinical presentation with strong potential for specialist consultation and/or admission to regional/tertiary facility**.
- 4.3.2 The sending hospital MRP will arrange a direct referral to the regional/tertiary hospital ED. The ERP at the receiving hospital will assume the responsibility for MRP upon patient arrival. Prior to transfer, it is the responsibility of the sending MRP to provide a patient care report to the Specialist consultant and/or ERP at the receiving hospital.
- 4.3.3 The sending facility is responsible for completing the Acute Care Transfer Form ([826374](#)).
- 4.3.4 The sending facility may choose to send a completed Medical Imaging Acute Transfer Pathway Form With disposition plan. See IH Medical Imaging Acute Transfer Pathway Form ([IH Medical Imaging Acute Transfer Pathway](#)) for a regional template. This can be modified for facility specific processes.
- 4.3.5 See [Appendix A](#) for **Emergent Medical Imaging Referral** flowchart.
- 4.3.6 BCAS Utilization during transfers for Emergency Medical Imaging:
- BCAS crew and ED Triage RN discuss BCEHS stretcher offload mitigation strategies within 30 minutes of arrival. Patient is offloaded in ED and not sent to Medical Imaging with transport staff to facilitate the release of patient transportation resources for community 911 responses and other interfacility transfers.
 - Mitigation strategies include but are not limited to:
 - Patient mobilized from stretcher to waiting room chair as appropriate. See [BCEHS/ Stretcher Offload Guideline](#).
 - Mobilize an extra stretcher for the patient and make arrangements for hospital staff to monitor patient.
 - BCEHS crew expedites transfer of care to ED staff.
- 4.3.7 Post Imaging exam completion:
- Medical Imaging Technologist or Nurse documents medications or patient care information on the exam order form, patient chart or other site specific form for the next caregiver.
 - Patient is transported back to ED.

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- On a triage basis Radiologist dictates report and advises MRP of results as required per standard of care and the Medical On-Call/Availability Program Agreement (MOCAP).
- MRP decides disposition or further management of patient.
- ED contacts IH Patient Transport Office (PTO) to coordinate return leg or cancel the repatriation request. Refer to [IH Patient Transfer Guidelines](#).

4.4 Patients Referred for Routine/Scheduled Medical Imaging Procedure

- 4.4.1 The sending hospital MRP will arrange a direct referral to the regional/tertiary hospital Medical Imaging (MI) department. The sending MRP will remain the patient's MRP for the duration of the patient's journey to and from the Medical Imaging department, unless there is a significant change in the patient's condition that warrants an admission to the receiving facility ED.
- 4.4.2 The sending facility is responsible for completing the Acute Care Transfer Form ([826374](#)).
- 4.4.3 The sending facility may choose to send a completed Medical Imaging Acute Transfer Pathway Form with disposition plan. See [Appendix D](#) for a regional template. This can be modified for facility specific processes.
- 4.4.4 See [Appendix B](#) for Scheduled Medical Imaging Referral flowchart.
- 4.4.5 Sending facility evaluates requirement for a patient escort. There are 2 considerations for transport:
 - a) **Care requirements during transport.**
See [Medical Escort Guidelines for Patient Transfers](#).
 - b) **Care requirements at receiving facility in cases where the turnaround timeline exceeds 30 minutes.** See [Medical Escort Guidelines for Care in Outpatient Unit](#) for patient transport planning purposes.

For Nuclear Medicine and MRI patients an escort is required unless arrangements have been made at the site due to the length of the exam and inability to see the patient for long periods of time while they are waiting.

Exam	Average exam time
CT	Less than 30 minutes
X-ray	Less than 30 minutes
Ultrasound/Echocardiography	1 – 2 hours
MRI	1 – 2 hours
Nuclear Medicine	2 – 6 hours

In cases where the patient does not require an escort for transfer but will require assisted care at the receiving facility (per criteria in the [Medical Escort Guidelines for Patient Transfers](#) and [Medical Escort Guidelines for Care in Outpatient Unit](#)) the sending/receiving facilities and IH PTO will collaborate to identify options to prebook an appropriate escort at the receiving facility, either from Medical Imaging or another nursing pool at that site, for the duration of the patient's visit. These scenarios will be managed on a case-by-case basis in consideration of resources and procedures at individual facilities.

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For example a diabetic patient at Kootenay Lake Hospital requires a series of medical imaging procedures at Kelowna General Hospital (KGH) on a scheduled basis. The patient will require a 5 hour ambulance ride to KGH, 3 hours in the KGH MI department, and same-day repatriation to KLH by ambulance. The patient requires blood glucose monitoring and regular insulin injections. Per the medical escort guidelines, the patient will require nursing supervision at KGH. During the transportation phase, the patient will be managed by Basic Life Support paramedics. 24 hours in advance of the tests, staff at the PTO, KLH and KGH develop a plan of care at KGH. In this case, the KGH staffing office is tasked to arrange short-term LPN workload coverage for the duration of the exam(s). In this case, the workload hours would be coded to KLH.

For KGH Scheduled Interventional Procedures the Medical Imaging RN's will provide care during the exam as well as post exam recovery care. See [Appendix C](#) for Scheduled KGH Interventional Procedure Referral Flowchart.

4.4.6 BCEHS Utilization during transfers for Scheduled Medical Imaging:

- BCEHS Crew and Medical Imaging staff discuss BCEHS stretcher offload mitigation strategies within 30 minutes of arrival. The 30 minute timeline includes both exam and consultation time. This will facilitate the release of patient transportation resources for community 911 responses and other interfacility transfers.
- If an unforeseen delay is expected, the first point of contact should be the Patient Transport Office. The IH PTO will work with the receiving facility to find a suitable space where the patient can be offloaded to pending specialist consultation, return BCEHS transfer, etc.
- For unforeseen extended delays in which the patient requires ongoing supervision, Medical Imaging will request the appropriate level of support from the Hospital Shift Supervisor. This will be organized on a case by case basis.
- Mitigation strategies include but are not limited to:
 - Patient mobilized from BCAS/ASP stretcher to a waiting area as appropriate. See [BCEHS/ Stretcher Offload Guideline](#).
 - Mobilize necessary equipment and make arrangements for patient care with hospital staff or a pre-arranged patient escort to monitor the patient. When the less than 30 minute turnaround time for a Scheduled Imaging procedure is about to be exceeded, BCAS can escalate to the Patient Transport Office during hours of operation to coordinate immediate release of the crew. The Medical Imaging Professional Practice Leader or delegate are second points of contact.

4.4.7 Post Medical Imaging exam completion

- Medical Imaging Technologist or Nurse documents medications or patient care information on the Acute Care Transfer form under the heading 'Other information for the next caregiver'.
- Patients waiting in Medical Imaging for the return of transport team:
 - Will be held in waiting room if alert, stable, able to tolerate sitting and do not require assistance with activities of daily living.
 - Will be transferred to a stretcher or wheelchair in all other cases and must have an escort to supervise them and/or assist them with activities of daily living. The escort must be physically able to provide all needed care for the patient.
 - If patient is not repatriated before the Medical Imaging department closes, an alternate waiting area will be arranged. PTO can be contacted to coordinate the alternate waiting area.

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Disclaimer: The procedure steps may not depict actual sequence of events. Patient/Client/Resident specifics must be considered in applying Interior Health Clinical Practice Decision Support Tools

5.0 REFERENCES

Interior Health. (2017, February). East Kootenay Health Service Delivery Area Transfer Process Protocol.

Interior Health (2013 Draft) South Okanagan General Hospital-Penticton Regional Hospital Diagnostic Imaging Referral Process.

Interior Health. (2006). Okanagan Health Service Area Interfacility Transfers to Diagnostic Imaging (Discussion Paper).

Interior Health (2015). IH West Memorandum: Escorting Patients to Royal Inland Diagnostic Imaging.

6.0 DEVELOPED BY [Oct 2018]

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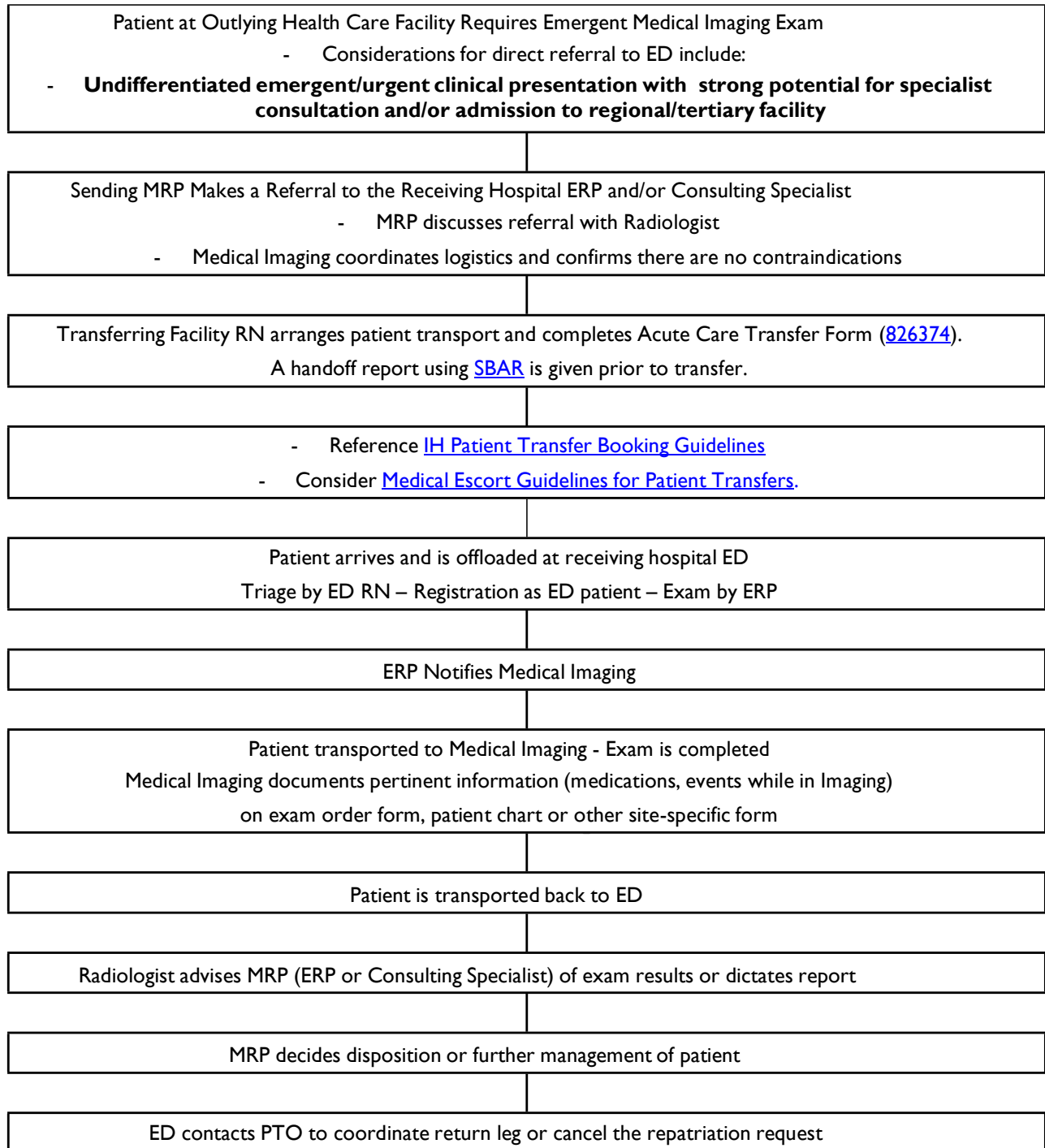
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9.0 ENDORSED BY [October 2018]

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APPENDIX A: EMERGENT MEDICAL IMAGING REFERRAL



APPENDIX B: SCHEDULED MEDICAL IMAGING REFERRAL

Patient at Outlying Health Care Facility Requires Scheduled Medical Imaging Exam	
<p style="text-align: center;">Sending facility and Medical Imaging department will coordinate appointment date and time</p> <p>Sending facility will identify care needs of the patient, including need for an escort a)</p> <p>During Transport: IH Medical Escort Guidelines for Patient Transfers</p> <p>b) At Receiving Facility: Medical Escort Guidelines for Care in Outpatient Unit</p> <ul style="list-style-type: none"> - Consider need for food, medications - Determine if the patient will require more than 30 minutes turnaround time (includes exam and consultation time if required) to accommodate repatriation by ambulance. If yes, BCEHS/Stretcher Off Load Guideline will be implemented. - For patient safety, an escort is always required for Nuclear Medicine and MRI Exams 	
<p style="text-align: center;">Sending facility will book patient transport with the IH Patient Transport Office</p>	
<p style="text-align: center;">IH PTO will coordinate transport logistics</p> <ul style="list-style-type: none"> - In the event of a transfer delay, the IH PTO will notify the Medical Imaging Department 	
<p style="text-align: center;">Sending facility will complete and send Acute Care Transfer Form (826374)</p>	
<p>Medical Imaging Department</p> <ul style="list-style-type: none"> - Coordinate return leg with IH PTO - Documents pertinent information (medications, events while in Imaging) on Acute Care Transfer Form under 'Other information for next caregiver' - Contacts PTO if unforeseen delay occurs <p><i>If patient is not repatriated before the Medical Imaging department closes due to an unforeseen delay, an alternate waiting area will be arranged at the facility. This will be arranged on a case by case basis dependent on patient care needs and appropriate escort availability. PTO can provide coordination for an alternate waiting area.</i></p>	

Exam	Average exam time
CT	Less than 30 minutes
Xray	Less than 30 minutes
Ultrasound/ Echocardiography	1 – 2 hours
MRI	1 – 2 hours
Nuclear Medicine	2 – 6 hours

APPENDIX C: SCHEDULED KELOWNA GENERAL HOSPITAL (KGH) MEDICAL IMAGING INTERVENTIONAL PROCEDURE REFERRAL

Patient at Outlying Health Care Facility Requires Scheduled Medical Imaging Interventional Procedure at KGH Medical Imaging.	
Sending MRP discusses referral with KGH Interventional Radiologist prior to booking.	
Sending facility and Medical Imaging department coordinate appointment date and time. - Patient arrival time must be prior to 1100 to allow time for post exam recovery.	
Sending facility will identify care needs of the patient and if patient requires an escort IH Medical Escort Guidelines for Patient Transfers . - Patients not requiring in transit nursing care will have post exam recovery care provided by KGH RN's.	
Sending facility will send: - Doctors order/referral - MAR - Procedure Record – form # 801271– completed by sending facility (faxed by KGH) - KGH Medical Imaging Angiogram and Interventional Procedures Referral (faxed by KGH) - Recent lab work results for exam (booking clerk will review check list with sending facility) - Consider need for food and medications.	
Sending facility will book patient transport with the IH Patient Transport Office . KGH Imaging will give an estimated return time.	
IH PTO will coordinate transport logistics - In the event of a transfer delay, the IH PTO will notify the Medical Imaging Department	
Sending facility will complete and send Acute Care Transfer Form (826574)	
Medical Imaging Department - Imaging documents pertinent information (medications, events while in Imaging) on Acute Care Transfer Form under 'Other information for next caregiver'	

IH MEDICAL IMAGING ACUTE TRANSFER PATHWAY



Date/Time: _____

1. Sending Site: _____
2. Receiving Site: _____
3. Type of Referral ☐ Scheduled/routine – patient goes directly to Medical Imaging on arrival
☐ Emergent – patient goes to ED on arrival
4. Sending Physician (MRP): _____
5. ED Physician given handover (if required): _____
6. History (*reason for imaging, specific concerns*): ☐ See Requisition

7. Medication
☐ PNet Attached
8. Imaging test Ordered (Attach Requisition): _____
☐ Case discussed with Radiologist (Name): _____
9. Other instructions

10. Disposition Plan
☐ After Imaging study await result and return to sending facility if negative.
☐ Call sending site MRP with result (Number): _____
☐ Call receiving site ED physician with result: (Number): _____
☐ After Imaging study transfer Patient to ED for Consult with: _____
☐ After Imaging study, transfer Patient to Floor: _____
MRP: _____