

Transfer from Inpatient Psychiatry to Medical/Surgical Service: St. Paul's Hospital

Site Applicability

SPH – 9A, 8C, 2N, and PASU

Practice Level

RN/RPN, Physician

Need to Know

Patient safety and quality of care is of the highest priority. This protocol outlines the process for transferring a patient from inpatient psychiatry (9A, 8C, 2N, and PASU) to a medical/surgical area should their medical condition deteriorate. The decision to transfer is a collective decision based on the patient's care needs.

Guideline

If an admitted psychiatric patient's medical condition is compromised and the patient requires acute medical assessment and treatment the following process should be followed:

<i>Monday to Friday 0800 – 1700</i>		
Decision to Transfer	Psychiatrist/MRP If it is deemed that the patient's care needs are beyond the scope and resources of a mental health inpatient unit, the MRP will contact the appropriate service* (ICU, CTU or surgical team) based on the patient's presentation, to request a consult for potential transfer.	Nursing (RN/RPN) The patient's psychiatrist/MRP should be contacted to assess the patient. <ul style="list-style-type: none">The patient's primary nurse can contact the Clinical Resource Nurse (CRN) or the Clinical Coordinator (CC) for assistance and guidance regarding appropriate escalation of care/consultation.

After Transfer	Psychiatrist/MRP Psychiatric follow-up of the patient will be provided by the Consultation Liaison Psychiatry Service (CLPS). <ul style="list-style-type: none">The sending MRP (PASU, 2N, 8C, and 9A) must contact the CLPS team PRIOR to the transfer to provide verbal handover (See Appendix A for contact details).	Nursing (RN/RPN) The sending unit’s Clinical Nurse Leader (CNL) or charge nurse will inform the mental health bed coordinator of transfer. <ul style="list-style-type: none">When psychiatric follow-up of the patient is transferred to the CLPS team, the sending unit’s CNL or the mental health bed coordinator will notify the Consultation Liaison Nurse Educator of the transfer (See Appendix A for contact details).
	Once a patient is transferred to a medical/surgical bed the receiving service assumes the primary care of the patient.	
Monday to Friday 1700 – 0800 and Weekends/Holidays		
Decision to Transfer	On-Call Psychiatrist (Stream Service) If the patient’s care needs are deemed beyond the scope and resources of a mental health inpatient unit, the psychiatrist on-call or the resident on-call who assessed the patient will consult the appropriate service* (ICU, CTU or surgical team) to determine a treatment plan and arrange transfer of the patient.	Nursing (RN/RPN) The appropriate stream service (psychiatry on-call, see Appendix A) or the resident on-call should be contacted to assess the patient. <ul style="list-style-type: none">The patient’s primary nurse can contact the CRN or CC for assistance and guidance regarding appropriate escalation of care/consultation.
After Transfer	On-Call Psychiatrist (Stream Service) The stream service on-call will be responsible for psychiatric follow-up of the patient until the next business day (Mon to Fri 0800 – 1700). <ul style="list-style-type: none">The psychiatrist involved in the transfer should provide a handover to the day time stream service to ensure next day assessment. (Refer to the monthly psychiatrist on-call list to notify the correct psychiatrist.) On the next business day (Mon to Fri 0800 – 1700), psychiatric follow-up of the	Nursing (RN/RPN) <ul style="list-style-type: none">Once the transfer has been arranged the sending unit will inform the PASU charge nurse of transfer.When psychiatric follow-up of the patient is transferred to the CLPS team, the sending unit’s primary nurse will notify the Consultation Liaison Nurse Educator of the transfer (See Appendix A for contact details).

	<p>patient will be provided by the Consultation Liaison Psychiatry Service (CLPS).</p> <ul style="list-style-type: none"> To transfer the psychiatric follow-up to the CLPS the Stream service will call the CLPS team to provide a voice message with a patient handover (<i>See Appendix A for contact details</i>), including details: <ul style="list-style-type: none"> The patient's name The MRN # Primary psychiatric diagnosis The reason for transfer Certification status 	
	<p>Once a patient is transferred to a medical/surgical bed, the receiving service assumes the primary care of the patient</p>	

***Note:** If the consulted team is unable to assist, the MRP is responsible for escalating care to the next most appropriate service. For a list of available medical consultative services – see [Appendix B](#).

Consulting the Emergency Department (ED):

If the care team determines an admitted psychiatric patient requires care/intervention by the ED (see [Appendix B](#)):

- The MRP (or on-call psychiatrist or resident) who assessed the patient must contact the ED physician (prior to sending patient) to determine a treatment plan/arrange for intervention
- MRP must notify unit care team of ED treatment plan
- A nurse from the sending unit must accompany the patient to the ED (do not use porter)
- The patient's bed must be held, unless otherwise notified by ED or Bed Coordinator

Documentation

- Document assessments which lead up to the patient transfer and interventions on the appropriate clinical forms
- Complete SBAR (PS170) and fax to receiving unit prior to transfer
- Ensure transfer completed in Sunrise Clinical Manager (SCM)
- The sending unit provides the receiving unit the patient's complete chart and MAR
- The sending unit will provide verbal hand overs to the appropriate disciplines of the receiving unit

This material has been prepared solely for use at Providence Health Care (PHC), Provincial Health Services Authority (PHSA) and Vancouver Coastal Health (VCH). PHC, PHSA and VCH accept no responsibility for use of this material by any person or organization not associated with PHC, PHSA and VCH. A printed copy of this document may not reflect the current electronic version.

- The sending unit's MRP will provide verbal hand over to consulted service physicians
- The primary nurse from sending unit will provide verbal hand over to receiving unit nurse

Expected Outcomes

1. To provide safe and timely care to admitted psychiatric patients who require medical and/or surgical support and intervention.
2. To ensure a process is in place and the most responsible physician (MRP) is consulted when determining the most appropriate level of care for a patient requiring medical and/or surgical support and/or intervention.

Related Documents

1. [B-00-16-10020](#) - Transfer of Patients from the Mental Health Program to Urban Health Program (10C)
2. [B-00-07-10060](#) - Cardiac Arrest (Code Blue): Initiating (SPH and MSJ)
3. [B-00-13-10080](#) - Code Blue Team Responsibilities and Response to Cardiac Arrest Calls (SPH)
4. [B-00-13-10059](#) - Managing Unsettled/Challenging Behaviours: Least Restraint
5. [B-00-07-10067](#) - Maternity Patients Requiring Mental Health Services within the Maternity Centre; Care Approach
6. [BD-00-11-40016](#) - Medication Reconciliation Policy
7. [Medication Reconciliation](#) (Pharmacy Services web pages)

Persons/Groups Consulted

Consult Liaison Nurse Educator, SPH
Staff nurses - 9A, 8C, 2N and PASU, Mental Health, SPH
Bed Coordinator, Mental Health, SPH
Clinical Nurse Leader, 9A, SPH
Clinical Nurse Leader, 8C, SPH
Clinical Nurse Leader, PASU, SPH
Clinical Nurse Leader – Access and Flow, SPH
Clinical Nurse Specialist, Mental Health, SPH
Program Director, SPH
Psychiatry Department Head, SPH
Emergency Physician, SPH
Chief Medical Resident - CTU

Developed By

Patient Care Manager, Mental Health, SPH

Clinical Nurse Specialist, Mental Health, SPH

Effective Date:	MAY-2013
Posted Date:	MAY-2013
Last Revised:	08-JUL-2019
Last Reviewed:	
Approved By:	PHC
	Mental Health Quality and Practice Improvement Committee (QPIC) Professional Practice Standards Committee
Owners:	PHC
	Mental Health

Appendix A: Contact Information

Consultation Liaison Psychiatry Service Contact Details	
Consultation Liaison Psychiatry Service (physicians)	Mon to Fri 0800 – 1700 Pager: 34391 Mon to Fri 1700 – 0800 and Weekends/Holidays Local: 62414
Consultation Liaison Nurse Educator	Mon to Fri 0800 – 1700 Pager: 33221 Mon to Fri 1700 – 0800 and Weekends/Holidays Local: 62006

Psychiatry On-Call – Steam Service

Stream 1	Stream 2
2300 – 0800 Monday to Sunday	0800 – 1700 Weekends and Holidays

Appendix B: Consultation Services

Available Medical Consultative Services to Psychiatry ⁱ		
Family Practice	Medical Consultation Team – Orange CTU	Emergency Department ⁱⁱ
<p>Appropriate for:</p> <ul style="list-style-type: none"> Subacute (non-urgent) medical concerns (e.g., stomach upset, asthma, rash, etc.) <p>Available 5/7 as indicated on call schedule</p>	<p>Appropriate for:</p> <ul style="list-style-type: none"> Acute medical decompensation with potential for transfer to medicine <p>Available 24/7</p>	<p>Appropriate for:</p> <ul style="list-style-type: none"> Lacerations Sutures Fracture <p>Available 24/7</p>

ⁱ Request for consult is physician to physician

ⁱⁱ MRP to contact ED physician prior to sending patient for intervention. Nurse from sending unit to accompany patient to ED.