



Provincial Health Services Authority

TRANSFER OF IN-PATIENTS TO BC CANCER OUT-PATIENT AREAS POLICY

Summary of Changes

	NEW	Previous
BC Cancer		Transfer of Patients to and From BC Cancer Policy and Directives 2009

Released:	25-JUL-2018	Next Review:	01-JUL-2021	
				Page 1 of 6

This material has been prepared solely for use at Provincial Health Services Authority (PHSA). PHSA accepts no responsibility for use of this material by any person or organization not associated with PHSA. A printed copy of this document may not reflect the current electronic version on the PHSA Intranet.

TRANSFER OF IN-PATIENTS TO BC CANCER OUT-PATIENT AREAS POLICY

1. Introduction

1.1. Purpose

To provide guidelines for ensuring the safety of patients undergoing transfer from an in-patient facility to an out-patient area at a BC Cancer centre. This includes the ability to anticipate patient care requirements and ensure the required method of transportation is booked to ensure a timely arrival. Communication between sending facility and BC Cancer staff is integral for a safe, effective transfer.

1.2. Scope

This policy applies to all BC Cancer centres as well as all physicians and staff providing care and services to all patients within BC Cancer centres.

1.3. Exceptions

None.

2. Policy Statement

Patients transferred to BC Cancer outpatient areas from an inpatient facility are ensured a safe and effective transfer.

3. Responsibilities and Compliance

3.1. Responsibilities

3.1.1 Staff are responsible to ensure safe and efficient transfers of patients from an in-patient facility to an out-patient area at BC Cancer.

3.1.2 If issues arise during transport staff are required to alert their leader and complete a Patient Safety Learning System report.

3.1.3 Each BC Cancer centre will consistently adhere to their centre specific procedure.

3.2. Compliance

3.2.1 "Stop the Line"

This procedure applies to all patients who receive care at BC Cancer. If a deficiency in adherence to this policy is noted any member of the health care team

Released:	25-JUL-2018	Next Review:	01-JUL-2021	
				Page 2 of 6
This material has been prepared solely for use at Provincial Health Services Authority (PHSA). PHSA accepts no responsibility for use of this material by any person or organization not associated with PHSA. A printed copy of this document may not reflect the current electronic version on the PHSA Intranet.				

TRANSFER OF IN-PATIENTS TO BC CANCER OUT-PATIENT AREAS POLICY

3.2.2 Audits will occur bi-annually to ensure that the nurses are completing the Transfer of Patients to BC Cancer Procedure Checklist and actions will be taken to improve compliance after reviewing the results. A review of PSLS events will occur bi-annually and results will be reviewed at Regional Quality Committee.

3.2.3 Should unsafe transfers occur frequently BC Cancer Senior Directors, Regional Operation and BC Cancer Medical Directors, Regional will meet with Operational Leaders at the sending in-patient facilities.

4. Related Documents

BC Cancer Patient Communication Handover Tool

Transfer of Patients to BC Cancer Procedure Checklist

Transfer of Patients to BC Cancer – Abbotsford

Transfer of Patients to BC Cancer – Kelowna

Transfer of Patients to BC Cancer – Prince George

Transfer of Patients to BC Cancer – Surrey

Transfer of Patients to BC Cancer – Vancouver

Transfer of Patients to BC Cancer – Victoria

5. Definitions

Transition - A set of actions designed to ensure the coordination and continuity of health care when a patient moves to, or returns from, a particular physical location or makes contact with a health care professional for the purposes of receiving health care. This includes transitions between in-patient facilities with different health care providers to out-patient facilities.

6. References

Accreditation Canada ROP Handbook 2017


Transitions of Care: Technical Series on Safer Primary Care

7. Appendices

Released:	25-JUL-2018	Next Review:	01-JUL-2021	
				Page 3 of 6
This material has been prepared solely for use at Provincial Health Services Authority (PHSA). PHSA accepts no responsibility for use of this material by any person or organization not associated with PHSA. A printed copy of this document may not reflect the current electronic version on the PHSA Intranet.				

TRANSFER OF IN-PATIENTS TO BC CANCER OUT-PATIENT AREAS POLICY

Transfer of In-Patients to BC Cancer Out-Patient Areas Procedure Checklist

 <p>BC CANCER Provincial Health Services Authority</p> <p>TRANSFER OF IN-PATIENTS TO BC CANCER OUT-PATIENT AREAS Procedure Checklist</p>		<p>AFFIX PATIENT LABEL HERE</p>	
CONFIRM APPOINTMENT	PRE-PLANNING Facility _____ Unit _____ Name of Staff at Sending Facility _____		
	BC Cancer Appointment Date: _____ Time: _____		
	Location for Appointment Today: <input type="checkbox"/> NP/Physician in clinic <input type="checkbox"/> Radiation therapy <input type="checkbox"/> Chemotherapy		
	*BC Cancer nurse will contact in patient unit (24-48 hours in advance) to ascertain if patient is well enough to travel for appointment, inform the in-patient unit that BC Cancer is an out-patient facility only and determine if nurse accompaniment is needed.		
GATHER PATIENT INFORMATION	PATIENT INFORMATION Patient is in-patient <input type="checkbox"/>		
	Patient Diagnosis/Reason For Admission: _____		History of: Diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No Cardiac Disease? <input type="checkbox"/> Yes <input type="checkbox"/> No Implanted Devices _____
	Code Status: <input type="checkbox"/> Full Code <input type="checkbox"/> Do Not Resuscitate – Level _____ <input type="checkbox"/> Advance Care Plan		Allergies: Alerts/Risks (e.g. Falls Alert, Violence): _____
	Infection Control: <input type="checkbox"/> MRSA <input type="checkbox"/> C. Diff <input type="checkbox"/> VRE <input type="checkbox"/> Other: _____		Interpreter Required: <input type="checkbox"/> Yes _____ (Language) <input type="checkbox"/> No
	Family: Aware of appointment: <input type="checkbox"/> Yes <input type="checkbox"/> No Attending appointment: <input type="checkbox"/> Yes <input type="checkbox"/> No		Transportation: <input type="checkbox"/> Booked <input type="checkbox"/> Ambulance <input type="checkbox"/> Local Transport Company <input type="checkbox"/> Pt. Escort <input type="checkbox"/> Return Transportation Booked
	Mental Status: Able to provide Consent: <input type="checkbox"/> Yes <input type="checkbox"/> No Able to follow commands <input type="checkbox"/> Yes <input type="checkbox"/> No Certified under the Mental Health Act <input type="checkbox"/> Yes <input type="checkbox"/> No Substitute Decision maker <input type="checkbox"/> Yes <input type="checkbox"/> No		Travelling by: <input type="checkbox"/> Bed <input type="checkbox"/> Stretcher <input type="checkbox"/> Wheelchair
	Patient Comfort: <input type="checkbox"/> Consider if patient needs pain medication prior to transfer <input type="checkbox"/> Consider if patient has anxiety (e.g. radiation therapy) and needs medication		Mobility: <input type="checkbox"/> Able to walk <input type="checkbox"/> Able to stand and transfer <input type="checkbox"/> Requires assistance <input type="checkbox"/> 1 or 2 person transfer <input type="checkbox"/> Requires mechanical lift <input type="checkbox"/> Able to lie flat
	Bowel and Bladder: <input type="checkbox"/> Foley Urinary Catheter <input type="checkbox"/> Nephrostomy/Ileostomy/ Colostomy/ Incontinence		

TRANSFER OF IN-PATIENTS TO BC CANCER OUT-PATIENT AREAS POLICY

	AFFIX PATIENT LABEL HERE
IDENTIFY PATIENT CARE NEEDS	PATIENT CARE NEEDS: BC Cancer Requirements <i>*Assess whether patient is stable enough to meet the following criteria. If NOT, discuss with BC Cancer Physician/NP</i> <input type="checkbox"/> if appointment can be changed or <input type="checkbox"/> an alternative can be arranged <input type="checkbox"/> Oncologist can go to in-patient unit. PATIENT MAY BE TOO ACUTELY ILL TO TRAVEL
	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> IV therapy: <input type="checkbox"/> Assessed and can be capped <input type="checkbox"/> Assessed and cannot be capped (e.g. Heparin infusion) *** <input type="checkbox"/> Heparin infusion </div> <div style="width: 45%;"> <input type="checkbox"/> Not on IV therapy </div> </div>
	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> NG tube to suction: <input type="checkbox"/> Assessed and patient too sick to travel (Rebook appointment or discuss alternatives) <input type="checkbox"/> Assessed and patient accompaniment will be needed (Nurse) <input type="checkbox"/> Assessed and NG attached to portable suction *** <input type="checkbox"/> Assessed and patient can tolerate no suction </div> <div style="width: 45%;"> <input type="checkbox"/> No NG to suction </div> </div>
	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Enteral Feeds: <input type="checkbox"/> Assessed and can be capped (if patient condition allows) <input type="checkbox"/> Assessed and cannot be capped due to patient condition </div> <div style="width: 45%;"> <input type="checkbox"/> Not on enteral feeds </div> </div>
	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Oxygen therapy: <input type="checkbox"/> Assessed and patient not stable for travel (Rebook appointment or discuss alternatives) <input type="checkbox"/> Assessed and patient accompaniment will be needed (Nurse/RT) <input type="checkbox"/> Assessed and patient stable to travel to BC Cancer with portable oxygen tank <input type="checkbox"/> Oxygen: Nasal Prongs _____ L/min Mask _____ L/min O₂ Sat _____ </div> <div style="width: 45%;"> <input type="checkbox"/> Not on oxygen therapy </div> </div>
	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Negative Pressure Wound Therapy (NPWT): <input type="checkbox"/> Assess and can be turned off <input type="checkbox"/> Assessed and cannot be turned off <input type="checkbox"/> Location of wound _____ </div> <div style="width: 45%;"> <input type="checkbox"/> Not on NPWT </div> </div>
	OR NURSE ACCOMPANIMENT REQUIRED <i>(In some circumstances nurse may not need to stay but need proper handover):</i> <input type="checkbox"/> Inotropic infusions <input type="checkbox"/> Opioid infusions <input type="checkbox"/> Pain not well managed <input type="checkbox"/> Tracheostomy: (Suction supplies, safety kit & RT) <input type="checkbox"/> Ventilator <input type="checkbox"/> Chest Tube (Safety kit) <input type="checkbox"/> Locked restraints <input type="checkbox"/> Threat to self or others <input type="checkbox"/> Certified under the Mental Health Act <input type="checkbox"/> Bleeding risk: PCA may be appropriate <input type="checkbox"/> Pacemaker – external <input type="checkbox"/> Paracentesis
	RT ACCOMPANIMENT REQUIRED <input type="checkbox"/> Unstable or compromised airway <input type="checkbox"/> High oxygen requirement <input type="checkbox"/> Mechanically ventilated
	Specialty surface needed: Consider if patient can be transferred via regular bed, stretcher or wheelchair.
	Medications: <ul style="list-style-type: none"> Instructed to send MAR (or copy) with patient: <input type="checkbox"/> Yes (not optional) Administration of medications required during visit: <input type="checkbox"/> No <input type="checkbox"/> Yes (*document below) - Medication dispensed by the sending facility must be administered by the accompanying nurse. Details: _____
	Medication Administration while Patient is at BC Cancer: <ul style="list-style-type: none"> Host hospital or sending nurse (if the nurse accompanies the patient) will administer any medication accompanying the patient New orders written by BC Cancer physician can be administered by sending hospital staff if the BC Cancer physician has privileges in the sending hospital Medication administered by the accompanying hospital nurse will be documented in the sending hospital chart. BC Cancer nurses will document in the BC Cancer patient record and on communication handover form
Completed by _____ Designation: RN <input type="checkbox"/> LPN <input type="checkbox"/> Date _____ Day 1	
Initial _____ Date _____ Day 2 <input type="checkbox"/> no change; checklist information remains current	
Initial _____ Date _____ Day 3 <input type="checkbox"/> no change; checklist information remains current	
Initial _____ Date _____ Day 4 <input type="checkbox"/> no change; checklist information remains current	
Initial _____ Date _____ Day 5 <input type="checkbox"/> new checklist must be completed	
<input type="checkbox"/> Contact Info Provided to Sending Hospital	

TRANSFER OF IN-PATIENTS TO BC CANCER OUT-PATIENT AREAS POLICY

****Last page of document****

First Issued:	APR 2013		
Approving Body:	BC Cancer Quality Council		
Final Sign Off:	Name	Title	Date Signed
	Michael McKenzie	VP, Quality	23-JUL-2018
Developed By:	Name	Dept.	HO
	Mary Lou Hurley	Director, Quality and Safety	
	BC Cancer Transitions Task Force	Coordinators in each centre	PHSA, BC Cancer
Owner(s):	Mary Lou Hurley	Director, Quality and Safety	
Posted Date:	25-JUL-2018		
Version:	3		
Revision:	Name of Reviser	Description	Date