STANDARD OPERATING PROCEDURE

Transfer (Urgent): 8C to 9A

Site Applicability:

Mental Health Program at SPH

Scope:

Patient's transferred to 8C should not require secure room care. However, there is always a chance that a patient's behaviour may deteriorate and despite using all other alternatives the patient may require secure room care as a last resort. In emergency situations 8C may need to access a seclusion room. The 8C team will access a seclusion room as follows:

- 9A, or if acuity/availability prohibits this,
- then PASU,
- and finally 2N (if there is no other option).

Need to Know:

If the team decides that the patient requires secure room care then the 8C CNL/Charge Nurse will contact 9A CNL/Charge Nurse to inform them of the need for a patient transfer and will organize how this will take place. Safety is first and foremost therefore the patient will be admitted directly into a seclusion room as needed despite the OCP status of 9A.

Note:

- This is to be used for behavioural emergencies/crisis management and as such, timing will be determined by the patient's behaviour.
- The psychiatrist from 8C will continue to follow the patient as per their regular weekday schedule (If the MRP is away then the medical leads will discuss coverage). If it is apparent that the 8C patient will be staying on 9A (or other unit with secure room) then the team will determine the most appropriate transfer(s) between acute Mental Health units to maintain census. The interdisciplinary team will determine if the patient is best cared for within a more secure setting or can be returned to 8C.
- During weekends:
 - If Stream 2 coverage is unavailable, assessment and physician orders will become the responsibility of the On-Call Attending Physician (or the Psych resident after consulting with the Attending).
 - If it is deemed by the physicians and nursing staff that the patient is to remain on 9A, the team can determine which patients are the most appropriate to be transferred to 8C.

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Effective date: 12/SEP/2023 Page 1 of 3

STANDARD OPERATING PROCEDURE

assessed for certification.

Procedures:

- The patient's most responsible nurse on 8C will communicate to the patient that the transfer needs to take place and provide rationale, support & reassurance.
 Note: If the 8C patient is voluntarily admitted and requires transfer to the 9A seclusion room, the 8C nurse must inform the psych resident/attending and the patient must be immediately
- 2. Security will be called to safely escort the patient to 9A. Pt will be transferred to 9A via wheelchair or stretcher (with mechanical restraints) depending on patient presentation and nursing judgement.

Note: At least 3 Security officers are required to escort patient to 9A if patient is restrained.

- 3. The 8C nurse will:
 - a. obtain the seclusion order from the MRP or enter in a nursing order and notify the MRP within one hour,
 - b. transfer the patient into the seclusion room with assistance from 9A staff and security,
 - c. and transfer care to the 9A receiving nurse.
- 4. The transferred patient will remain on 9A until it can be determined that the patient is suitable to be transferred back to 8C. The 9A CNL/charge nurse will then inform the Bed Coordinator (or PASU charge nurse after hours) of the transfer decision.
- 5. If there is no seclusion room availability on 9A that can be created, the 8C charge nurse will contact the PASU charge nurse to transfer the patient. The same transfer process that would take place for 9A would then occur between PASU and 8C.
- 6. Nurses will use their clinical judgment in the ongoing process of caring for a patient in seclusion (see Secure Room: Care of the Patient). All care will remain patient centered with the goal to minimize time spent in seclusion and every effort will be made to return the patient to their previous level of care. Seclusion may be discontinued by an RN/RPN when deemed appropriate.

Effective date: 12/SEP/2023 Page 2 of 3

STANDARD OPERATING PROCEDURE

APPROVALS			
Patient Care Manager			July 2023
DEVELOPERS/OWNER			
Nurse Educators Mental Health			July 2023
Clinical Nurse Leaders 8C & 9A			July 2023
REVISION HISTORY			
Revision#	Description of Changes		Effective Date
00	Initial Release		4/30/2013
01	Revision		12/30/2016
02	Revision		09/12/2023

Effective date: 12/SEP/2023 Page 3 of 3