QUINTE HEALTHCARE CORPORATION

Disclaimer: Any printed copy of this policy is only as accurate as of the date it was printed: it may not reflect subsequent revisions. Refer to the electronic version of the policy on the Intranet under the Policy and Procedure Manual for the most current policy.

Patient – Transportation of Patients to and from Hospital

Title: Patient – Transportation of Patients to and from Hospital		**Policy No:**	**3.18.6**
		Original Issue Date:	September 2008
Manual	**Clinical**	**Last Review Date:**	October 16, 2012
		Last Revision Date:	June 20, 2017
Department:	**Corporate**	**Policy Lead:**	Emergency Primary Care Program Director
Approved By:	**Quality and Patient Safety Committee/MAC NPC (December 18, 2012)**		

1. Policy

Quinte Healthcare Corporation (QHC) believes in providing a standard of excellent patient-centered care and ensuring the safety of all patients throughout their stay, including during times of transport. With a collaborative approach, the resources needed for transporting a patient to and from the hospital will be identified, incorporating patients' needs and medical predictability.

All patients discharged from QHC will utilize the most appropriate mode of transportation to transfer to their home destination. Discharged patients will not use ambulance services for transportation. Discharged patients may use the non-urgent transfer service if this is the most appropriate mode of transportation for the individual's needs. The cost of non-urgent transfer services (when used for transporting discharged patients) will be billed to the discharged patient by the non-urgent transfer service provider. QHC staff will not accompany discharged patients during transportation to their home destination.

2. Purpose

To ensure timeliness of care, availability of transportation is imperative. This policy helps to ensure that patient safety remains a priority during transportation with the individual patient needs recognized, in addition to ensuring the professional standards of accompanying staff are supported. The procedures below provide direction for determining the appropriate type of transportation, the appropriate accompanying care provider (if necessary), transferring patients for diagnostic imaging procedures and the utilization of patient's own transportation.

3. Procedure

3.1 Determining the appropriate type of transportation

a. To determine the mode of transportation for the in-patient or out-patient of QHC, the health care team will collaborate to classify the patient as Urgent or Non-urgent. The sending Most Responsible Physician (MRP)/Care Provider will provide an order for the mode of transportation required and the need for QHC staff accompaniment. See Appendix B for an Algorithm for Transportation of Patients to and from Hospital.

b. Once the order is received, the transportation will be arranged accordingly (as indicated in the following procedure). The patient care area sending the patient coordinates transportation arrangements from the hospital.

c. If any concerns or discrepancies exist regarding the transportation order, the health care team members will gather, review the rationale, review the patient's health record and further collaborate amongst the team to reach a decision of the patient's status. If discrepancies continue, the nurse manager (or administrative coordinator for hours outside of the regular business hours) will be consulted to facilitate the decision making process. Any changes to the transportation order must be approved by the physician/care provider.

d. All Urgent patients will be transported using EMS. If the required care of the patient is beyond the scope of practice of a Primary Care Paramedic (PCP), the appropriate QHC regulated health care professional will accompany the patient on transport; if transportation is to be by Land Ambulance (see section 3.2).
   i. Note: All Urgent patients with destination facilities located approximately 250km or further away will, preferably, be transported by Air Ambulance. In most cases, patients transported by Air Ambulance do not require a regulated health care professional from QHC to accompany the patient, although based on the MRP/Care Provider's transportation order and collaboration by the health care team (including the paramedics) it will be determined if a regulated health care professional from QHC will accompany patient.
   ii. If the Air Ambulance is not available or has declined to perform a transfer of an Urgent patient with a destination of approximately 250km or more, then a Land Ambulance transfer should be booked.

e. Urgent patients who fall under the EMS classification of code 3 (see appendix A – Definitions) but are deemed clinically stable may be transported using non-urgent transfer if this is deemed appropriate by the primary physician/care provider.

f. All non-urgent patients, who remain as in or out- patients (i.e. are not discharged from QHC) of QHC will be transported using the non-urgent transportation service unless the MRP/Care Provider determines a patient's own transportation is appropriate in accordance with Section 3.3. If the patient requires any nursing care during transportation a nurse must accompany the patient. Alternatively, the MRP/Care Provider may order the nursing care discontinued during transportation. For example, any patient receiving intravenous fluids or medications (during the time period of transfer) would require an appropriate nurse accompany the patient on transfer or the MRP/Care Provider may order that the intravenous fluids/medications

be discontinued during transfer (a saline lock is acceptable during transfer with non-urgent transfer service attendants).

g. If during a non-urgent transport the patient should become unstable and a QHC staff member has accompanied the patient, the accompanying QHC staff will call 9-1-1, call the sending facility and contact the MRP/Care Provider to inform them of the change in the patients condition, as well as contact the sending unit's manager (or delegate) at the earliest appropriate time. The sending unit manager/delegate will inform the receiving facility of the change in patient condition.

h. A patient transfer record is completed for all transfers (unless patient's own transportation is being utilized, see procedure 3.3), and a MT number obtained (except if the transportation is for a discharged patient returning to his/her own home)
    i. Note: Patients qualifying under the specialty programs (for example, STEMI protocols) may have transport initiated with receipt of the MT number patched on route.

j. At the time of booking ambulance or non-urgent transfer services, any isolation precautions required must be communicated. In addition, staff is to inform dispatch of any required equipment for transfer. Please see Appendix C for Guidelines for Booking Non-Urgent Transportation.

k. A Do-Not-Resuscitate confirmation (DNRC) form will be completed by the nurse or physician as appropriate, a copy provided, and communicated to the transfer service.

l. The MRP/Care Provider at QHC is responsible for confirming that a physician at the receiving hospital has accepted the patient for transfer prior to the patient leaving QHC.

m. If a patient from another facility is being transferred to QHC, regardless of the mode of transportation, the responsibility of care of the patient must be determined prior to transfer.
    i. Sending/referring facilities are asked to contact the receiving unit to determine if an appropriate QHC regulated health care professional is available to assume responsibility of the patient.
    ii. Sending/referring facilities are asked to send a copy of relevant sections of the patient's health record with the patient.

n. Accepted patients will be sent to the receiving hospital and the accepting physician will assume care as the MRP.

3.2 Accompanying QHC Staff Member

a. Consideration for the following patient populations is encouraged when determining if accompaniment is needed: confused or uncooperative, cognitively impaired, unstable medical conditions, pediatrics and patients requiring assistance with normal needs
b. The staff member, who accompanies the patient, either during an urgent or non-urgent transfer, must be competent to meet the patient's actual and anticipated/potential needs, in addition to having the knowledge and skill (CNO, 2005) to transfer the patient safely. Refer to appendix D for guidelines on skill sets associated with different categories of health care providers.

c. The QHC staff member accompanying a patient for an intra-hospital transfer, with whom the patient is expected to return to the sending QHC hospital, will remain responsible for the care of the patient throughout the transfer and procedures. The appropriate transfer service, dependent on condition of the patient (either urgent or non-urgent), will be contacted to return to QHC facility when appropriate.
    i. Collaboration with the receiving health care team and sending health care team will occur if concerns over the patient's condition arise and/or the patient's condition changes.
    ii. If it is decided that the patient will not be returning to the sending QHC hospital or that the return transfer will be delayed, transfer of care will occur with the appropriate regulated health care professional at the receiving unit, and the QHC staff will return to the sending QHC hospital.

d. A nurse is required if any medication or treatment is anticipated while on route. The physician may collaborate with the team leader or admin coordinator to determine the necessary skill set and knowledge base required to manage care of the patient during transfer.

e. Other members of the health care team, such as a Respiratory Therapist, may also be utilized to accompany patients on transfer. Importantly, care providers must clearly identify their role (for example, the RT can help to manage and monitor the airway and respiratory status while the nurse will manage infusing medications, cardiac monitoring) to ensure the patient needs are anticipated and met during transfer. When staff member(s) accompany any patient during transport to another facility when care of the patient is to be transferred to the receiving facility (for example, the patient is referred to a tertiary care trauma centre), QHC staff traveling with the patient will ensure the following:

    i. The accompanying QHC staff will bring a cell phone (a satellite phone may be carried by North Hastings staff), copy of patient's relevant health record, documentation materials for transfer, and resources deemed necessary to meet the needs of the patient (for example, scheduled medications, oxygen). See Appendix E, Checklist for Transportation, for an additional reference and guideline in preparing the patient for transportation.
    ii. QHC equipment required for transportation (for example intravenous pumps) will be checked prior to departure to ensure that batteries are fully charged and equipment is working.
    iii. Be responsible for the patient until the patient arrives at the receiving facility and transfer of care (including a verbal report) occurs with a regulated health care professional at the receiving facility.
    iv. Be aware of the location of emergency equipment in the transfer vehicle (CNO, 2005).
    v. Ensure that required equipment is available in the transfer vehicle and a quick assessment of the equipment completed (for example, blood pressure apparatus) (CNO, 2005).
    vi. Not assume further responsibility for the care of the patient once transfer of care is completed, unless in an emergency situation. If such circumstances arise, the accompanying QHC staff member will only perform interventions for which they are authorized at QHC and have the competency, skill, knowledge and judgment to perform.

vii. Document any assessments, monitoring, patient care administered and outcomes during transport on the patient's QHC health record, and leave a copy of any additional notes with the receiving facility.
viii. Contact the sending department's manager (or Administrative Coordinator outside regular business hours) if any difficulties arise during transport or transfer of care.
ix. Ensure that all equipment and unused supplies are returned to the sending facility.

Accompanying QHC staff will be provided with accommodation, meals and transportation as required back to their primary QHC hospital site.

3.3 Utilizing Patient's own Transportation

Regarding the role of family in accompanying the patient and providing transportation, there are times when this may be appropriate and contribute to timely access to health services. The following safety requirements must be considered based on the assessment of the patient by the physician:

- the appropriate risk assessment of the patient is performed to determine that the patient's status is non-urgent;
- the risk of an untoward event, i.e., medical emergency, is unlikely based on the assessment of the patient;
- the patient can enter and exit a car with the need for minimal assistance only (adults only);
- the patient is capable of walking into the receiving hospital (age appropriately) or utilizing a wheelchair and able to wait at the entrance while family parks their vehicle; and
- the family has a cell phone and is instructed to call 911 in the event of emergency.

3.4 Patients Transferred for Diagnostic Imaging (DI)

During DI Holding Unit business hours the care for the patient will be transferred to the DI nurses and the need for staff accompaniment will be determined as previously outlined in procedures 3.2. The patient's chart, medication, and food must be sent with the patient. Outside DI Holding Unit business hours any unstable patient must be accompanied by a health care provider able to monitor and deliver care to the patient.

The MRP continues to be at the sending site unless transfer of care is required based on diagnostic result or change in patient clinical status. If an unstable or potentially unstable patient is being transferred for diagnostic testing, the sending physician will contact the receiving site's Emergency Department physician to prepare the department in the event that emergency interventions are needed and transfer of care between MRPs is anticipated.

APPENDICES AND REFERENCES

Appendix A – Definitions
Appendix B – Algorithm for Transportation of Patients to and from Hospital
Appendix C – Guidelines for Booking Non-Urgent Transportation
Appendix D – Guidelines on Skill Sets for Healthcare Providers
Appendix E – Checklist for Transportation
Appendix F – Guidelines for Transportation for Mental Health Patients
Appendix G – Algorithm for Transport of People with a Mental Health Illness from Hospital

References:

College of Nurses of Ontario (CNO). (2005). [Electronic Reference] *Practice guideline, transferring clients*. Retrieved October 2, 2007.
Available at: http://www.cno.org/docs/prac/41029_fsTransferring.pdf

Emergency Health Services Branch. (1997). [Electronic reference] *A guide to choosing appropriate patient transportation*. Retrieved January 16, 2008.
Available at:
http://www.ambulance-transition.com/pdf_documents/patient_transportation_guide_to_choosing_appropriate.pdf

Health Canada. (2005). [Electronic Reference] *Emergency Medical Transportation guidelines for nurses in primary care.* Retrieved on September 14, 2007.
Available at:
http://www.hc-sc.gc.ca/fnih-spni/pubs/nursing-infirm/2002_transport-guide/chap_1_e.html

Manual of Practice for ambulance communications officers of central ambulance communications centres and ambulance communication services. Version 1.0 EHSP. Ministry of Health & Long Term Care. Provided by Doug Socha (May 4, 2012).

Physician Hospital Care Committee. Ontario Hospital Association, Ontario Medical Association & Ontario Ministry of Health and Long-Term Care. (2006). [Electronic reference] *Improving access to emergency care: Addressing system issues.* Retrieved on September 14, 2007.
Available at:
http://www.health.gov.on.ca/english/public/pub/ministry_reports/improving_access/improving_access.pdf

Registered Nurses Association of Ontario (RNAO). (2002). *Nursing best practice guideline, client centered care.* Toronto: Author