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| **Procedure** | Patient Car Transfer-Admission and Discharge |
| **Manual** | [Include manual name] |
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| **Date** | **Last Approved:** |
| **Original:** |
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**PROCEDURE STATEMENT**

In alignment with Runnymede Healthcare Centre’s (Runnymede) commitment to patient safety, this document provides a standardized process to guide the interprofessional team members (therapy team, nursing, patient care administrator, advanced practice nurse) for patient car transfers on admission and discharge. This document also includes guidelines to consider in the presence of additional infection control precautions and visitor restrictions.

**PROCEDURE**

*Admission:*

1. Prior to patient arrival
2. Patient flow department contacts Patient Care Unit to inform patient arriving by personal vehicle or taxi with estimated time of arrival.
3. Patient Care Administrator (PCA) or Advanced Practice Nurse (APN) to contact unit therapist (PT, OT, or RKin) to inform that new admission patient will require assistance with car transfer.
4. Unit therapists to determine most appropriate therapist to assist with car transfer, update PCA or APN of the designated therapist.
5. Designated therapist is given priority access to the sending facility`s referral and supplementary documentation for review to gather the necessary information (e.g. medical review, functional updates, weight bearing status etc.). If limited information available and/or acute care PT/OT unavailable by phone, Runnymede therapist is to use best clinical judgement when assisting with car transfer.
6. Upon patient arrival
   1. PCA/APN advises reception/designate to inform patient they may have to wait (10-15 minutes).
   2. PCA/APN contacts designated therapist as well as admitting nurse that patient has arrived.
   3. Therapist to retrieve appropriate equipment (e.g. transport wheelchair, two wheeled walker etc.) as well as secondary person to assist (Therapist, Rehabilitation Assistant, APN). Admitting nurse to meet therapist in patient room in 10-15 minutes from being notified of patient arrival.
7. Following car transfer
   1. Staff assist patient to the unit, report to the PCA for patient registration.
   2. Staff provide sending facility documentation package to PCA/APN and assist patient to room, nurse present to assist.

*Discharge:*

1. Patients requiring therapist assist for car transfer
   1. At a minimum of three days prior to discharge, the therapy clinical team (OT, PT, or RKin) will identify to the unit discharge coordinator that the patient requires a therapist present for car transfer on discharge.
   2. The discharge coordinator to indicate "therapist to assist with car transfer" in discharge e-mail.
   3. Therapy clinical team to select designated therapist to assist with car transfer on day of discharge and updates communication book of the name of the designated therapist. If no available therapist, update Patient Care Manager.
   4. On day of discharge, nurse to assist patient to get ready for discharge including gathering personal belongings.
   5. PCA/APN to notify therapist when patient`s accompaniment has arrived.
   6. Therapist may request for additional assistance by nurse or rehabilitation assistant (RA) to bring patient and personal belongings down to lobby. As appropriate, the therapist can indicate this request prior to discharge by noting it in the communication book and/or ask the discharge coordinator to include information in the discharge e-mail. For example, “therapist to assist with car transfer, nurse/RA to assist with personal belongings”.
   7. Therapist to consider all necessary equipment for car transfer (e.g. walker, stool, handy bar).
   8. When using rear exit pick up/drop off area, therapist to use best clinical judgement when traversing the ramp. The rear exit ramp should be considered during decision making process to determine need for therapist presence for discharge patient transport.
   9. Therapist to return all equipment to the unit after discharge.
2. Patients not requiring therapist assist for car transfer
   1. At a minimum of three days prior to discharge, the therapy clinical team will identify to the discharge coordinator that the patient does not require therapist present for car transfer on discharge. Upon arranging transportation, should the accompaniment express concerns with pick up and request assistance with the car transfer, the discharge coordinator will consult with the therapy clinical team prior to confirming a therapist will be present.
   2. Discharge coordinator indicates nurse and/or RA to assist patient and personal belongings in discharge e-mail.
   3. PCA/APN to notify nurse when patient’s accompaniment has arrived.
   4. Nurse and/or RA to review discharge e-mail placed on discharge package if there are any special instructions (e.g. patient to borrow Runnymede walker for car transfer).
   5. Nurse and/or RA to assist patient via wheelchair and personal belongings to personal vehicle in pick up/drop off area. Other than assisting with equipment (e.g. placing wheelchair brakes on, setting gait aid in front of patient), nurse and/or RA will not physically assist the patient to get into the vehicle.
   6. Should patient’s accompaniment request physical assistance for car transfer unexpectedly, nurse and/or RA to contact unit to request for therapist assistance. Nurse and/or RA are not permitted to physically assist with the car transfer if there is no therapist present to supervise.
   7. Nurse and/or RA to return any Runnymede equipment to the unit.

*Patient transport recommendations:*

1. The patient is to be transported between unit and pick up/drop off area via wheelchair (transport or manual).
2. When using the rear exit pick up/drop off area, it is recommended that the patient is in a wheelchair with seatbelt and foot rests in place as staff descend the ramp forward facing.
3. Should there be no available seatbelt and/or footrests, descend the ramp backwards, ensuring there are no obstacles prior to moving the wheelchair and descend slowly. Nurse and/or RA to contact unit for therapist assistance should they perceive they cannot traverse the ramp safely.
4. If family/designate is assisting the patient, the patient transport recommendations are to be communicated by the therapist/designate.

*Documentation:*

* To ensure accountability, the interprofessional team will document relevant discussions and recommendations regarding day of discharge pick up as well as actions taken in the patient`s Electronic Health Record.

**COVID-19 Additional Infection Control Precautions**

*Admission:*

1. Staff assisting with car transfer to wear procedure mask and face shield, and don additional PPE (gown, gloves) at screening station prior to assisting with car transfer. Hand hygiene has to be performed before donning PPE. Staff to provide patient with procedure mask prior to car transfer. Patient to wear mask from the car to the patient room.
2. Following car transfer, staff doff additional PPE (gown, gloves) at screening station, clean hands, and leave procedure mask and face shield on. Patient completes screening procedure at screening station.
3. Staff don additional PPE (gown, gloves) prior to entering patient room, nurse present to assist.
4. Upon exiting patient room staff doff gown and gloves, clean hands, clean and disinfect face shield with hospital approved disinfected wipes (Oxivir-TB), clean hands, and replace procedure mask with a new one.

*Discharge:*

1. Staff to provide patient with procedure mask prior to leaving room. Patient to wear mask from patient room until in the vehicle.
2. For patients on droplet/contact precautions, staff assisting with car transfer to don additional PPE (gown, gloves) at screening station prior to assisting with car transfer.
3. After car transfer of patients on droplet/contact precautions, staff to doff PPE (gown and gloves) at screening station, clean hands clean and disinfect face shield with hospital approved disinfected wipes (Oxivir-TB), clean hands and replace procedure mask with a new one.
4. Any equipment used for the patient transfer has to be cleaned and disinfected with approved disinfected wipes (bleach) at the screening station, prior to equipment being returned to the unit.

**APPENDICES**

**REFERENCES**