Mackenzie Health

This policy applies at **All Sites**

Title:	**Inter & Intra Facility Transportation of Patients**
Manual:	Corporate
Section:	Patient Flow
Approval Body:	Executive Leadership Team (ELT)
Original Effective Date:	11/2020
Next Revision Date:	05/2027
Policy Lead:	Manager, Patient Flow
Policy Owner:	Program Director, Critical Care, CCRT, RT & COR

Key Words:	Transportation, transfer, bed request
Cross-References:	Transfer of Accountability; Code Internal Stroke – Emergency Response Plan

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POLICY:

Mackenzie Health's policy is to provide standardized best practices across three sites (Mackenzie Health Richmond Hill, Cortellucci Vaughan Hospital and Reactivation Care Centre) to ensure, patient safety, and that the right patient is transported with the right equipment, by the right transportation method with the right escort, as determined by the patient's clinical needs and stability including the following:

DEFINITIONS:

Advanced airway: A tube inserted through the nose, mouth, or into the trachea to provide an opening for ventilation such as an endotracheal tube or a tracheostomy tube

Criticall Ontario: An urgent and emergent network for patient transportation to appropriate an acute medical care facility with the tools required for their support

Inter-facility transfer: The transfer of a patient from one hospital to another this includes transfer between MRHH, CVH and RCC.

Intra-facility transfer: The transfer of a patient to another unit/department within the same hospital building

Positive pressure ventilation: Patient who has an Advanced Airway in situ to help with breathing

Patient Escort: Any health care professional who accompanies the patient and remains accountable and responsible for the patient throughout the transfer period until transfer of accountability (TOA) is given to receiving registered healthcare provider.

Ventilator: is a machine designed to mechanically assist moving breathable air into the lungs of patients who are physically unable to breathe or breathing insufficiently.Registered Health Care Provider (RHCP): Physician, Registered Nurse, Registered Practical Nuse, Registered Therapist

MRHH- Mackenzie Health Richmond Hill Hospital site

CVH- Cortellucci Vaughan Hospital Site

RCC- Reactivation Care Centre

Patient Types:

- Type V - Critically Ill
- Type IV - Acutely ill- sudden onset of symptoms
- Type III - Sub-acute- stable
- Type II - Stable
- Type I - Self independent

PROCEDURE:

Inter and Intra Facility Patient Transport

- At Mackenzie Health, transportation of all patients between patient care units and facilities is to be arranged in a manner that will ensure timely and safe transfer from sending unit to receiving unit.
- All Mackenzie Health staff and physicians are responsible for effectively and efficiently facilitating the safe transportation of patients. All patients undergoing transport regardless of location should receive the appropriate level of monitoring and physiologic support required to facilitate safe transport.
- The Most Responsible Provider (MRP) of the sending unit will determine the appropriate mode of transportation and escort required according to the policy.
- The transport team is responsible for the care of the patient until handover has been completed and the patient has arrived at and been accepted by the receiving facility, department or unit.
    - The transport service may assist the sending facility staff with the care of the patient upon request, if the requested assistance is within the scope of practice of the transport service staff member.
    - The transport service may assume responsibility for caring for the patient at the request of the sending facility staff. In this situation, the transport staff will follow directions from their transport service policy or medical director.

Patient Acuity Categories and Transport Requirement Guide

- The level of care provided during transport is the same level of care that was provided while the patient was in hospital, and the patient should be stabilized prior to transport as per the MRP.
- Accompanying Registered Health Care Provider (RHCP) on transport is responsible for the use, maintenance, and of the emergency equipment and as such must be trained to use said equipment within their scope of practice.
- These guidelines have been created to set a minimum standard but are open to variation in transport should the method of transportation be of a higher caliber.

Interfacility Patient Transfer

Program: Medicine and Surgery and Critical Care and ED	
Acuity	**Transfer Method(s)**
Type V- Critical Care Level of care Hemodynamic and/or respiratory instability that is life threatening ▪ Vital signs completed within 15 mins of transport ▪ Abnormal or deteriorating neurological status from baseline that are deemed life threatening ▪ Advanced airway and/or airway instability or positive pressure ventilation ▪ Oxygen requirement greater 75% ▪ Abnormal vital signs requiring continuous multiple critical care medications ▪ Pre/post cardiac arrest ▪ Surgical emergencies	**Critical Transport Service-** Ornge (Preferred) **EMS with transport team** Registered Nurse (RN) Escort and Registered Respiratory Therapist (RRT) Escort (for ventilated patient), Physician Delegate Escort recommended
Type IV- Acute ▪ Acute illness or injury could result in deterioration and instability in patients' condition ▪ Potential need for acute intervention during transport ▪ New change in level of consciousness ▪ Oxygen requirement greater than FiO2 44% ▪ Vital signs are stable with a single critical care infusion or possible need of a critical care infusion ▪ C-spine Immobilization (see Appendix C) ▪ New Tracheostomy tube (less than 48hrs) ▪ Cardiac pacing/Cardiac monitoring ▪ Patient going for external procedures e.g., Cardiac procedure/ERCP *Add checklist for ERCP ▪ Blood product transfusions in process	**Critical Transport Service-** Ornge (Preferred) **Non-Urgent Patient Transport Service with/without RHCP Escort -**)private ambulance service on contract **EMS with Registered Health Care Provider Escort** Registered Nurse (RN) Escort and/or Registered Respiratory Therapist (RRT) Escort
Type III- Sub-Acute ▪ Patients current condition is stable and	**Non-Urgent Patient Transport Service -**

the transport is not expected to cause a decline in cardiac, respiratory, vascular or neurological status ▪ Vital signs stable and completed within 30 mins of transport, no critical care infusions such as vasopressors/inotropes and no expectations they should be required ▪ Baseline level of consciousness, confirmed 30 mins before transport ▪ Oxygen requirement greater than baseline up to 6L/min or 44% FiO2 ▪ IV infusion for maintenance fluids only and PRN medication ▪ Continuous Cardiac monitoring	Registered Health Care Provider escort in the setting of continuous cardiac monitoring
Type II- Stable ▪ Patients current condition is stable and has minimal risk of deterioration during transport ▪ No oxygen requirement or baseline home oxygen requirements only ▪ Stable vital signs confirmed 30 mins prior to transport ▪ level of consciousness- Stable or GCS >9 ▪ With or without Saline Lock ▪ Routine vital signs monitoring	**Non-Urgent Patient Transport Service -** Registered Health Care Provider escort in the setting of continuous cardiac monitoring

Program: Pediatric and Neonatal	
Acuity	**Transfer Method(s)**
Type V - Critical ▪ Hemodynamic and/or respiratory instability that is life threatening ▪ Abnormal or deteriorating neurological status from baseline that are deemed life threatening ▪ Advanced airway and/or airway instability or positive pressure ventilation ▪ Oxygen requirement greater than 75%	**Critical Transport Service-** Ornge or Sick Kids Acute Care Transport team **ALL** unstable **pediatric or neonate** patients and unstable gestation under 30 weeks pregnant patients should transport request made via Criticall Collaboration between the health care team

▪ Abnormal vital signs requiring continuous multiple critical care medications ▪ Pre/post cardiac arrest ▪ Surgical emergencies ▪ Cardiac Pacing	members to determine when a Registered Health Care Provider (RHCP) team member is required for the transfer according to the determined patient type (Appendix A)
Type IV - Acute ▪ Acute illness or injury could result in deterioration and instability in patients' condition ▪ Potential need for acute intervention during transport ▪ New change in level of consciousness ▪ Oxygen requirement greater than FiO2 44% ▪ Vital signs stable within 30 mins prior to transport with a single critical care infusion (vasopressor/inotrope) or possible need of a critical care infusion ▪ C-spine Immobilization (see Appendix C), new Tracheostomy tube (less than 48hrs) ▪ Continuous Cardiac Monitoring ▪ Blood transfusions in process	**Critical Transport Service-** Ornge or Sick Kids Acute Care Transport team **EMS with Registered Health Care Provider Escort** Registered Nurse (RN) Escort, Registered Respiratory Therapist (RRT) Escort and Physician delegate Escort Collaboration between the health care team members to determine when a Registered Health Care Provider (RHCP) team member is required for the transfer according to the determined patient type (Appendix A)
Type II - Sub-Acute ▪ Patients current condition is stable and documented 30 mins prior to transport, and the transport is not expected to cause a decline in cardiac, respiratory, vascular or neurological status ▪ Vital signs stable within 30 mins prior to transport, no critical care such as inotropes/vasopressors and no expectations they should be required ▪ Baseline level of consciousness ▪ Oxygen requirement greater than baseline up to 6L/min or 44% FiO2 ▪ IV infusion for maintenance fluids only and PRN medication	**Non-Urgent Patient Transport Service -** All neonate patients must be transferred using a transport isolette located in the NICU. All neonate patient would require RHCP during transfer. For pediatric patients, collaboration between the health care team members to determine when a Registered Health Care Provider (RHCP) team member is required.

Type II - Stable	**Non-Urgent Patient Transport Service -**
▪ Patients current condition is stable and documented 30 mins prior to transport and has minimal risk of deterioration during transport ▪ No oxygen requirement or baseline home oxygen requirements only ▪ No acute changes in vital signs within 8 hrs of transport ▪ No acute changes in level of consciousness within 8 hrs of transport ▪ With or without Saline Lock ▪ Routine vital signs monitoring	Pediatric patients would need to be accompanied by a substitute decision maker during transport. Neonatal patient will be transported using isolette located in the NICU. All neonate patient would require RHCP during transfer. Personal transport for the pediatric unless contraindicated by the MRP.

Program: Obstetrics and Gynecology (Ob-Gyne)	
Acuity	**Transfer Method(s)**
Type V - Critical ▪ Hemodynamic and/or respiratory instability that is life threatening ▪ Abnormal or deteriorating neurological status from baseline that are deemed life threatening ▪ Advanced airway and/or airway instability or positive pressure ventilation ▪ Oxygen requirement greater 75% ▪ Abnormal vital signs requiring continuous multiple critical care medications ▪ Pre/post cardiac arrest ▪ Surgical emergencies ▪ All pregnant patients with emergent pregnancy related concerns (if patient presented at MRHH)	**Critical Transport Service-** Ornge (Preferred) **EMS with transport team** Collaboration between the MRP and the charge nurse will determine if a RHCP medical escort is required for the transfer according the determined patient type (Appendix A). The RHCP(s) escort will be the most appropriate personnel available at the time of need. All pregnant patients in labour should be transferred on a stretcher. -Whenever possible, to improve newborn outcomes, it is the goal to transfer the obstetrical patient requiring a higher level of antenatal care unless contraindicated as shown below: ▪ Woman's condition is insufficiently stable for transport ▪ The fetus's condition is unstable or may rapidly deteriorate

	▪ Birth is imminent ▪ Available attendants cannot safely support the patient during transport ▪ Any situations that may extend the transfer time in route
Type IV - Acute ▪ Acute illness or injury could result in deterioration and instability in patients' condition ▪ Potential need for acute intervention during transport ▪ New change in level of consciousness ▪ All obstetrical patients who have delivered a newborn and both are in a stable condition ▪ Oxygen requirement greater than FiO2 44% ▪ Vital signs stable with a single critical care infusion or possible need of a critical care infusion or infusion which requires constant monitoring ▪ C-spine Immobilization (see Appendix A), new Tracheostomy tube (less than 48hrs) ▪ Cardiac Pacing ▪ Blood transfusions in process	**Criticall Transport Service-** Ornge (Preferred) **EMS with Registered Health Care Provider (RHCP) Escort** - Collaboration between the health care team members to determine when a RHCP team member is required for the transfer according to determined patient type (Appendix A). -All pregnant patients should be transferred on a stretcher. - Whenever possible, to improve newborn outcomes, it is the goal to transfer the obstetrical patient requiring a higher level of antenatal care unless contraindicated as shown below: • Woman's condition is insufficiently stable for transport • The fetus's condition is unstable or may rapidly deteriorate • Birth is imminent • Available attendants cannot safely support the patient during transport • Any situations that may extend the transfer time in route - The RHCP(s) escort will be the most appropriate personnel available at the time of need.
Type III - Sub-Acute ▪ Patients current condition is stable, and the transport is not expected to cause a decline in cardiac, respiratory, vascular or neurological status	**EMS with Registered Health Care Provider (RHCP) Escort** - Collaboration between the health care team members to determine when a RHCP team

▪ All obstetrical patients who have delivered a newborn and both are in a stable condition ▪ Vital signs stable and documented within 30 mins for transport, no critical care infusions and no expectations they should be required ▪ Baseline level of consciousness ▪ Oxygen requirement greater than baseline up to 6L/min or 44% FiO2 ▪ IV infusion for maintenance fluids only and PRN medication ▪ Continuous Cardiac monitoring	member is required for the transfer according to determined patient type (Appendix A). Registered Health Care Provider escort in the setting of continuous cardiac monitoring.
Type II - Stable ▪ Patients current condition is stable and has minimal risk of deterioration during transport ▪ Obstetric patients not in active labour ▪ No oxygen requirement or baseline home oxygen requirements only ▪ No acute changes in vital signs within 8 hrs of transport ▪ No acute changes in level of consciousness within 8 hrs of transport ▪ With or without Saline Lock ▪ Routine vital signs monitoring	**Non-Urgent Patient Transport Service -** Personal transport for the pediatric or neonatal populations unless contraindicated by the MRP.

Program: Mental Health	
Acuity	**Transfer Method(s)**
Involuntary	**EMS or Non-Urgent Patient Transport Service with transport team** Patient on a FORM 1, FORM 3 or FORM 4 must have a nurse escort Patient on FORM 1, 3 or 4 with the likelihood of aggression, risk of elopement despite the use of chemical or pinel restraints requires to be accompanied by a nurse and security Patient on FORM 3 or FORM 4 requires a

	FORM 10 (to be completed before transfer) All original copies of all mental health act forms, must be sent with the patient to the receiving facility or unit Note all assessments of patient condition regarding need for restraints, or risk of aggression and self-harm should be completed by the interdisciplinary team within 30 minutes prior to transfer
Voluntary	The transfer may be facilitated via a taxi or non-urgent transport by the facility

Program: Reactivation Care Center (RCC)	
Acuity	**Transfer Method(s)**
Critical	**EMS (Call 911)** Copy of up-to-date patient's chart and verbal report provided to EMS prior to transfer. If patient is critically ill (CTAS 1-2), patient will be transferred to the Humber Hosptial (Wilson site) - Emergency Room.
Acute- severe or sudden onset of symptoms	**EMS (Call 911)** Copy of up-to-date patient's chart and verbal report provided to EMS prior to transfer. If the patient is acutely ill (CTAS 3-5), the patient will be transferred to the Mackenzie Health Hospital – Emergency Room.
Sub-Stable (Direct Admission)	**Non-Urgent Patient Transport Service** Prior to transfer: -confirm with the receiving facility that patient has been accepted for admission

	-Send patient with a transport package that includes patient health information, code status, unit and room number of the receiving unit, name of the physician accepted for admission. Preparation for Transfer: -Attending Physician at RCC connect with medicine on call for admission acceptance. -Nurse from RCC connects with Bed Allocation at Mackenzie Health to follow-up on Preadmission progress. - Medicine oncall/RCC physician completes discharge/readmit orders. - Bed allocation notifies RCC unit of the patient location -Sending facility to book ambulance
Stable (Consultation – Clinics or ED)	**Non-Urgent Patient Transport Service** **-**Transport is to be arranged and Patient will be assigned a PTAC number. - RCC Unit Secretary or Nurse places the patient on Leave of Absence by dragging and dropping patient to Patients on Leave Care Area on Unit Manager. Select Other in reason for leave field on Patient Out Form. -Arrival at the clinic- patient is to be self-registered at Kiosk or checked in at Central Registration -Arrival at ED – follow ED process - triage -Clinic/ED secretary to arrange transportation for patient returning to RCC - Upon return to RCC the nurse will return patient from LOA

Return of Staff member without a patient

The staff member is to obtain a taxi chit from their unit and complete the required information. The white and yellow copies of the taxi chit are given to the taxi driver and the pink copy is to be submitted to the coordinator and/or Manager for their records.

Intrafacility Patient Transport

Program: Medicine and Surgery and Critical Care	
Acuity	**Transfer Method(s)**
Critical ▪ Hemodynamic and/or respiratory instability that is life threatening ▪ Abnormal or deteriorating neurological status from baseline that are deemed life threatening ▪ Advanced airway and/or airway instability or positive pressure ventilation ▪ Oxygen requirement greater 75% ▪ Abnormal vital signs requiring continuous multiple critical care medications ▪ Pre/post cardiac arrest ▪ Surgical emergencies	**Stretcher/ Hospital Bed with Transport service and Registered Health Care Provider** Transport team will include patient transport, a Registered Nurse or Physician or delegate Both Nurse and Registered Respiratory Therapist is to accompany, if the patient is requiring positive pressure ventilation, Fi02 75% or greater or is in any respiratory distress
Acute ▪ Acute illness or injury could result in deterioration and instability in patients' condition ▪ Potential need for acute intervention during transport ▪ New change in level of consciousness ▪ Oxygen requirement greater than FiO2 44% ▪ Vital signs are stable and documented within 1 hour of transport with a single critical care infusion (vasopressor/inotrope) or possible need of a critical care infusion ▪ C-spine Immobilization (see Appendix C), new Tracheostomy tube (less than 48hrs) ▪ Cardiac Pacing ▪ Blood transfusions in process	**Transport Service with Registered Health Care Provider Escort** Registered Nurse (RN) Escort and/or Registered Respiratory Therapist (RRT) Escort Registered Respiratory Therapist is to accompany, if the patient is requiring high flow oxygenation or is in any respiratory distress

Sub-Acute ▪ Patients current condition is stable, and the transport is not expected to cause a decline in cardiac, respiratory, vascular or neurological status ▪ Vital signs stable and documented within 1 hour of transport, no critical care infusions (vasopressors/inotropes) and no expectations they should be required ▪ Baseline level of consciousness documented within 1 hour of transport ▪ Oxygen requirement greater than baseline up to 6L/min or 44% FiO2 ▪ IV infusion for maintenance fluids only and PRN medication ▪ Continuous Cardiac monitoring	**Transport Service** Nurse escort for patient with continuous cardiac monitoring
Stable ▪ Patients current condition is stable and has minimal risk of deterioration during transport ▪ Vitals documents within 1 hour of transport ▪ No oxygen requirement or baseline home oxygen requirements only ▪ No acute changes in vital signs within 48 hours ▪ No acute changes in level of consciousness within 48 hrs ▪ With or without Saline Lock ▪ Routine vital signs monitoring	**Transport Service** Non urgent transport No escort required

Program: Pediatric and Neonatal	
Acuity	**Transfer Method(s)**
Critical ▪ Hemodynamic and/or respiratory instability that is life threatening ▪ Abnormal or deteriorating neurological status from baseline that are deemed life threatening ▪ Advanced airway and/or airway	**Transport Service with RHCP Escort** Registered Nurse (RN) Escort, Registered Respiratory Therapist (RRT) Escort and Physician delegate Escort Unstable **pediatric or neonate patients** should be accompanied by a Nurse and Registered Respiratory Therapist (RRT)

instability or positive pressure ventilation ▪ On oxygen therapy ▪ Abnormal vital signs requiring continuous multiple critical care medications ▪ Pre/post cardiac arrest ▪ Surgical emergencies ▪ Iv infusing	RRT is to accompany if patient is requiring oxygen or is in any concern respiratory distress ***Pediatric/neonatal patients with any of the following must have an RHCP escort:** ▪ Oxygen ▪ Under age14 with no guardian or parent present ▪ IV infusion (TKVO infusions are exempt from IV infusions) Pediatric patients over the age of 14 do not require an RHCP for reasons related to their age. RHCP escort is required if patients require oxygen or have an IV infusion. Neonatal patients are to be transferred in a shuttle isolette or bassinet as per the patient fall policy.
Acute ▪ Acute illness or injury could result in deterioration and instability in patients' condition. ▪ Potential need for acute intervention during transport ▪ New change in level of consciousness ▪ Oxygen requirement greater than FiO2 44% ▪ New Tracheostomy tube (less than 48hrs) ▪ Vital signs stable and documented within 1 hour of transport with a single critical care infusion (vasopressor/inotrope) or possible need of a critical care infusion ▪ C-spine Immobilization (see Appendix C) ▪ Cardiac Pacing ▪ Blood transfusions in process	**Transport Service with RHCP** - Collaboration between the health care team members to determine when a RHCP team member is required for the transfer according to the determined patient type - The RHCP(s) escort will be the most appropriate personnel available at the time of need. ***Pediatric/neonatal patients with any of the following must have an RHCP escort:** ▪ Oxygen ▪ Under age14 with no guardian or parent present ▪ IV infusion (TKVO infusions are exempt from IV infusions) Pediatric patients over the age of 14 do not require an RHCP for reasons related to their age. RHCP escort is required if patients

	require oxygen or have an IV infusion. -Paediatric patients may also be carried by parents who themselves must be transferred on a bed, stretcher or wheelchair with child in their arms. Neonatal patients are to be transferred in a shuttle isolette or bassinet as per the patient fall policy.
Sub-Acute ▪ Patients current condition is stable, and the transport is not expected to cause a decline in cardiac, respiratory, vascular or neurological status ▪ Vital signs stable and documented within 1 hour of transport, no critical care infusions (vasopressors/inotropes) and no expectations they should be required ▪ Baseline level of consciousness ▪ Oxygen requirement greater than baseline up to 6L/min or 44% FiO2 ▪ IV infusion for maintenance fluids only and PRN medication ▪ Continuous Cardiac monitoring	**Transport Service with RHCP** - Collaboration between the health care team members to determine when a RHCP team member is required for the transfer according to the determined patient type - The RHCP(s) escort will be the most appropriate personnel available at the time of need ***Pediatric/neonatal patients with any of the following must have an RHCP escort:** ▪ Oxygen ▪ Under age14 with no guardian or parent present ▪ IV infusion (TKVO infusions are exempted from IV infusions) Pediatric patients over the age of 14 do not require an RHCP for reasons related to their age. RHCP escort is required if patients require oxygen or have an IV infusion. Neonatal patients are to be transferred in a shuttle isolette or bassinet as per the patient fall policy.-Paediatric or Neonatal patients may also be carrierd by parents who themselves must be transferred on a bed, stretcher or wheelchair with child in their arms. **Pediatric patients prefer to be transferred**

	in as stretcher or crib.
Stable ▪ Patients current condition is stable and has minimal risk of deterioration during transport ▪ No oxygen requirement or baseline home oxygen requirements only ▪ Normal/baseline vital signs documented within 1 hour of transport ▪ Normal/baseline level of consciousness documented within 1 hour of transport ▪ With or without Saline Lock ▪ Routine vital signs monitoring	**Transport Service with RHCP** **Pediatric patients need to be escorted by substitute decision maker.** -Pediatric or Neonatal patients may also be carried by parents who themselves must be transferred on a bed, stretcher or wheelchair with child in their arms. - Paediatric patients must be transferred on a stretcher or in a wheelchair. Neonatal patients to be transferred in a shuttle isolette or bassinet with Registered Nurse (RN) Escort.

Program: Obstetrics and Gynecology (Ob-Gyne)	
Acuity	**Transfer Method(s)**
Critical ▪ Hemodynamic and/or respiratory instability that is life threatening ▪ Abnormal or deteriorating neurological status from baseline that are deemed life threatening ▪ Advanced airway and/or airway instability or positive pressure ventilation ▪ Oxygen requirement greater 75% ▪ Abnormal vital signs requiring continuous multiple critical care medications ▪ Pre/post cardiac arrest ▪ Surgical emergencies ▪ Excessive bleeding ▪ High blood pressure, headache, dizziness	**Stretcher/ Hosptial Bed with Transport service and Registered Health Care Provider** Transport team will include a Registered Nurse and Physician or delegate. Both Nurse and Registered Respiratory Therapist are to accompany if the patient is requiring positive pressure ventilation, FiO2 75% or greater or is in any respiratory distress **EMS with transport team** Collaboration between the MRP and the charge nurse will determine if an RHCP medical escort is required for the transfer according to the determined patient type (Appendix B). The RHCP(s) escort will be the most appropriate personnel available at the time of need.

	All pregnant patients should be transferred on a stretcher -Whenever possible, to improve newborn outcomes, it is the goal to transfer the obstetrical patient requiring a higher level of antenatal care unless contraindicated as shown below: ▪ Woman's condition is insufficiently stable for transport ▪ The newborn's condition is unstable or may rapidly deteriorate ▪ Birth is imminent ▪ Available attendants cannot safely support the patient during transport ▪ Any situations that may extend the transfer time in route
Acute ▪ Acute illness or injury could result in deterioration and instability in patients' condition ▪ Potential need for acute intervention during transport ▪ New change in level of consciousness ▪ All obstetrical patients who have delivered a newborn and both are in a stable condition ▪ Oxygen requirement greater than FiO2 44% ▪ Vital signs stable and documented within 1 hour of transport with a single critical care infusion (vasopressor/inotrope) or possible need of a critical care infusion ▪ C-spine Immobilization (see Appendix C), new Tracheostomy tube (less than 48hrs) ▪ Cardiac Pacing ▪ Blood transfusions in process	**Transport Service with Registered Health Care Provider Escort** Registered Nurse (RN) Escort and/or Registered Respiratory Therapist (RRT) Escort Registered Respiratory Therapist is to accompany, if the patient is requiring high flow oxygenation or is in any respiratory distress

Sub-Acute ▪ Patients current condition is stable, and the transport is not expected to cause a decline in cardiac, respiratory, vascular or neurological status ▪ All obstetrical patients who have delivered a newborn and both are in a stable condition ▪ Vital signs stable and documented within 1 hours of transport, no critical care infusions (vasopressors/inotropes) and no expectations they should be required ▪ Baseline level of consciousness ▪ Oxygen requirement greater than baseline up to 6L/min or 44% FiO2 ▪ IV infusion for maintenance fluids only and PRN medication ▪ Continuous Cardiac monitoring	**Transport Service with Registered Health Care Provider Escort** Registered Nurse (RN) Escort and/or Registered Respiratory Therapist (RRT) Escort Obstetric patients with a newborn are to be transferred with Transport Service accompanied by RHCP
Stable ▪ Patients current condition is stable and has minimal risk of deterioration during transport ▪ Obstetric patients not in active labour ▪ No oxygen requirement or baseline home oxygen requirements only ▪ No acute changes in vital signs within 8 hrs of transport ▪ No acute changes in level of consciousness within 8 hours of transport ▪ With or without Saline Lock ▪ Routine vital signs monitoring	**Transport Service** Non urgent transport For any obstetrical patients needing further evaluation, for non-obstetrical complaints, should be transferred by Transport Service after clearance from the OB on-call or midwife.

Program: Mental Health	
Acuity	**Transfer Method(s)**
Involuntary (within Schedule One Facility)	**Patient Transport Service with transport team** Patient on a FORM 1, 3 or 4 must have a

	nurse escort. Patient on FORM 1, 3 or 4 with the likelihood of aggression, risk of elopement despite the use of chemical or pinel restraints requires to be accompanied by a nurse and security Note all assessments of patient condition regarding need for restraints, or risk of aggression and self-harm should be completed by the interdisciplinary team within 30 minutes prior to transfer.
Voluntary (Within Schedule One facility)	**Patient Transport Service**

Program: Post-Acute Care Unit (PACU)	
Acuity	**Transfer Method(s)**
Acute	**Patient Transport Service with transport team** RN escort is required when transferring patient with: • Chest tubes and/or epidural catheters • CCU level of care • Clinically unstable In the instances above a bedside report is expected.
Stable	**Patient Transport Service** PACU nurse will give a verbal telephone report to the receiving unit The TOA and (IPASS) must be completed in EPIC prior to sending the patient to the inpatient bed.

Program: Medical Imaging (MI)/Ambulatory Clinics	
Acuity	**Transfer Method(s)**

Acute Oxygen saturation less than 90% on greater than 50% O2 or on 6L+/min O2 Systolic blood pressure less than 90 mmHg or greater than 200 mmHg Mean arterial pressure less than 60 mmHg Heart rate less than 40 or greater than 130 beats per minute (bpm) Altered level of consciousness	**Patient Transport Service with transport team** The transport service is responsible for transporting patients to and from the area of testing. The sending unit will assess the patient to determine the best method for transfer i.e. walk, wheelchair, stretcher, with or without nurse, etc. The following is a guideline for patient requirements for transport to Medical Imaging. The sending unit will communicate with Medical Imaging staff for any additional needs, deviations from this guideline, changes in patient status, and any other considerations for patient transportation to Medical Imaging. **Patients from or have requirements of:** **Cardiac monitoring**: If a patient requires telemetry during transport, a portable cardiac monitor will be used, and the patient is accompanied by a nurse competent in cardiac rhythm interpretation (*Off-Service Telemetry* policy) **Critical Care Unit**: accompanied by nurse, and additional clinical staff, appropriate monitors as needed **Logroll, c-spine collar precautions**: accompanied by nurse (please see Appendix C) **Mental Health**: accompanied by nurse and security. No RHCP is needed if the patient is a voluntary mental health patient **NICU/Pediatrics:** accompanied by nurse **Obstetrical patient:** on stretcher, accompanied by nurse and other RHCP as needed and determined by MRP **Procedural sedation**: accompanied by nurse (*Procedural Sedation, Nurse Monitor* policy)
Stable	**Patient Transport Service**

	The transport service is responsible for transporting patients to and from the area of testing. If there is no RHCP present during transport, ensure the Medical Imaging staff are aware the patient is waiting in the waiting area prior to leaving.

Roles and Responsibilities

- Prior to departure, the sending facility team must call and confirm with the receiving facility or intra-facility location(s) to confirm they are ready to receive the patient
- All medications accompanying the patient must have a medical order signed by the transferring MRP prior to transport or be included within a medical directive.
- All RNs (Registered Nurses) accompanying Critical and Acute (see above) adult patients being transferred should be certified in the hospital lifesaving medical directive.
- If an RHCP team member **does not** go on the emergency transfer with the patient, the transfer service must take a full report on the patient and are responsible for the patient during transport. I.e Ornge, advanced EMS, EMS, Sick kids transport team.

Designation	Inter-Facility Transport Roles and responsibility	Intra-Facility Transport Roles and responsibility
MRP	1- Complete the transfer orders and Do Not Resuscitate (DNR) order in EPIC if applicable and have available for the transfer service 2-Contact Criticall if required for patient level of care 3- Provide a report on patients' condition to the receiving physician prior to transfer (if applicable, please see appendix 4-Inform patient and/or family of impending transfer 5-Is responsible for the patient until they arrive at the receiving facility if patient care was not assumed by the transport service 6-In the circumstance that the physician has accompanied the patient on the transfer they are also expected to provide a physician-to-physician report to ensure	1- Complete the transfer, admission or discharge/readmit orders if a change in facility number (mental health and continuing complex care), and complete transfer medication reconciliation. DNR order if applicable 2- Inform patient and/or family of impending transfer

<table>
<tr><td></td><td>continuity of care</td><td></td></tr>
<tr><td>Secretary/
Bed
Allocation</td><td>Obtain the required Provincial Transport Authorization Centre (PTAC) number
Unit Clerk/MRN to notify the transfer service company of the following
patients name
primary diagnosis
nature and destination of the transfer
If a Nurse escort is required
Estimated time of departure from sending unit
Ensure the team is aware of the expected transport arrival time
Any Isolation precautions in place
Code status
Print “Intra-facility transfer” found within the navigator tab in EPIC for Healthcare Workers and any associated RHCP notes prior to transport (Lastest med record/blood test results), Intra-facility transfer form..
Secretary – when patients are planning to return, place the patient on a leave in EPIC (this can also be done by the nurse) and place a status of other</td><td>1- Bed Allocator assigns the bed
2- Bed Allocator to complete the pre-admission for patients moving to different facility number (i.e. Acute to CCU)</td></tr>
<tr><td>Nurse</td><td>1-Ensure the patient is wearing an armband correctly identifying the patient and their allergies
Inform patient and/or family of impending transfer
2-Contact the receiving unit and give a detailed report on the patient when applicable. Please note this does not apply in the instances of other transportation policies such as Endovascular Treatment (EVT) or ST-elevated Myocardial Infarction (STEMI) protocols
3-Ensure patient-specific medications, including home medications and refrigerated medications are bagged and</td><td>A-Update + Complete the transfer of accountability documentation within a timely manner prior to transfer, if a discharge re-admits, give a TOA and document in the progress note its completion
B-Ensure the patient is wearing an armband correctly identifying the patient and their allergies
C- Inform patient and/or family of impending transfer
D-Ensure the following prior to transfer:
Transfer of Accountability (TOA) completed</td></tr>
</table>

<table>
<tr>
<td></td>
<td>labeled. As well as the patient's personal belongings.
4-Ensure documentation of vitals signs prior to transport
Note- For critical and acute patients, ensure all scheduled or any needed lifesaving medications for supporting the patient are brought on transfer
5-Document the following prior to transport:
• The time of discharge/transfer
• The status of the patient at time of discharge/transfer
• The mode of transportation
• Patients who are under Mental Health From Acts –assess if security is required to accompany transfer
• Which health team personnel accompanied the patient (if any)
• The destination
• The valuables and belongings transferred with patient
• The equipment transferred with patient
• Family notification of transfer
• Report was given to receiving facility
Note- All interfacility transport documentation while outside of hospital should be completed on the Downtime Progress Note Form and upon return this form should be scanned into the patient's electronic chart. **include details of what should be documented** (or refer to documentation policy and add this piece)

6-Upon arrival provide nurse to nurse report to review patient condition and planned treatment if present</td>
<td>• IPASS completed
• Ensure patient-specific medications, including home medications and refrigerated medications are bagged and labeled
• Ensure all of the patient's personal belongings are bagged labeled and transferred with the patient
E- Ensure documentation is up to date
F- If patient is being transported for a <u>test or procedure</u>, ensure the following:
• All pre-test/procedure orders have been completed
• There is signed consent on the chart (unless obtained in receiving department)
G-If patient escorted by the nurse, upon arrival provide a nurse-to-nurse report to review patient condition and treatment plan

H-Ensure all the proper equipment you anticipate needing are brought with you on transfer.</td>
</tr>
<tr>
<td>RRT</td>
<td>1- Ensure all the proper equipment you anticipate needing are brought with you on</td>
<td>A-Accompany the transfer of any Critical or acute</td>
</tr>
</table>

	transfer base on clinical indications 2- Upon arrival provide RRT to RRT report to review patient condition and planned treatment if present Note -Document any required interventions outside of hospital on the Downtime Progress Note Form and upon return this form should be scanned into the patient's electronic chart	B-Ensure all the proper equipment you anticipate needing are brought with you on transfer. C- Complete a verbal RRT to RRT report to review patient condition and planned treatment
Patient Transport	Note – Only for Intra-facility 1- Positively identify the patient before transport Double Identification 2- Consult with the patient's primary Nurse to ensure the patient is ready for transfer 3- Do not remove or disconnect any oxygen supplies, IV lines, drainage tubes, monitoring devices or any other medical devices- ask for nursing assistance should this be required 4- Notify staff when patient is leaving the current unit/space 5- Transfer the patient to a stretcher, bed or wheelchair accordingly as per the transfer mode request 6- Stay with the patient at the destination until the RHCP (regulated healthcare professional) in the area assumes care and confirms patient identification. 7- Collaborate with unit staff to transfer the patient to and from the stretcher, wheelchair or bed as needed.	

REFERENCES:

Elsevier Skills (2022). Cervical Collar: Management. Retrieved August 17, 2022 from https://point-of-care.elsevierperformancemanager.com/skills/13758

Interhospital Transfer, The Association of Anaesthetists of Great Britain and Ireland safety Guideline, 2009 www.aagbi.org/sites/default/files/interhospital09.pdf

J Warren. Guidelines for inter and intra transport of critically ill patients. 2004. Crit. Care Med 2004 Vol. 32, No. 1 Retrieved from www.aitt.deoec.hu/upload/deoecaneszt/document/Intrahospital_transport.pdf

North East Ambulance Services NHS, Understanding Ambulance Response Categories (October 2017). Retrieved from

https://www.neas.nhs.uk/our-services/accident-emergency/ambulance-response-categories.aspx

Patient Care and Transportation Standards version 2.3. (April 2020). Retrieved from http://www.health.gov.on.ca/en/pro/programs/emergency_health/edu/docs/patient_care_trans_s

tandards_v2.3.pdf?subject=Patient%20Care%20and%20Transportation%20Standards%20v2.3=

Singh, J., & Kulshrestha, A. (n.d.). Inter-hospital and intra-hospital patient transfer: Recent ... Retrieved October 23, 2020, from https://www.researchgate.net/publication/305269849_Inter-hospital_and_intra-hospital_patient_transfer_Recent_concepts

APPENDICES:

Appendix A

External Patient Transport Decision Guide

- Patient is assessed as requires an external transfer
  - RCC and offsite clinics
    - Emergency?
      - Yes → Call 911
      - No → Type I Patient
  - Inpatient Unit/Emergency Department/Onsite Outpatient Clinic
    - Type I Patient → Arrange self transport with family/ escort
    - Type II - V → Call PTAC for MT Authorization 1-866-869-7822 www.hospitaltransfers.com

Note: Transfer service of the discretion of MRP/ Charge Nurse

- **Type II Patient** → Call non-urgent transport service # → Prepare the patient for transport (equipment and documentation)
- **Type III Patient** → Non-urgent patient transfer service +/- appropriate escort or EMS → Organize the appropriate RHP escort to be ready to accompany patient according to patient type
- **Type IV Patient** → EMS +/- appropriate escort → Organize the appropriate RHP escort to be ready to accompany patient according to patient type → Prepare the patient for transport (equipment and documentation)
- **Type V Patient** →

1)Call Crtiical to arrange a bed for pt.
Critical # 1-800-668-4357

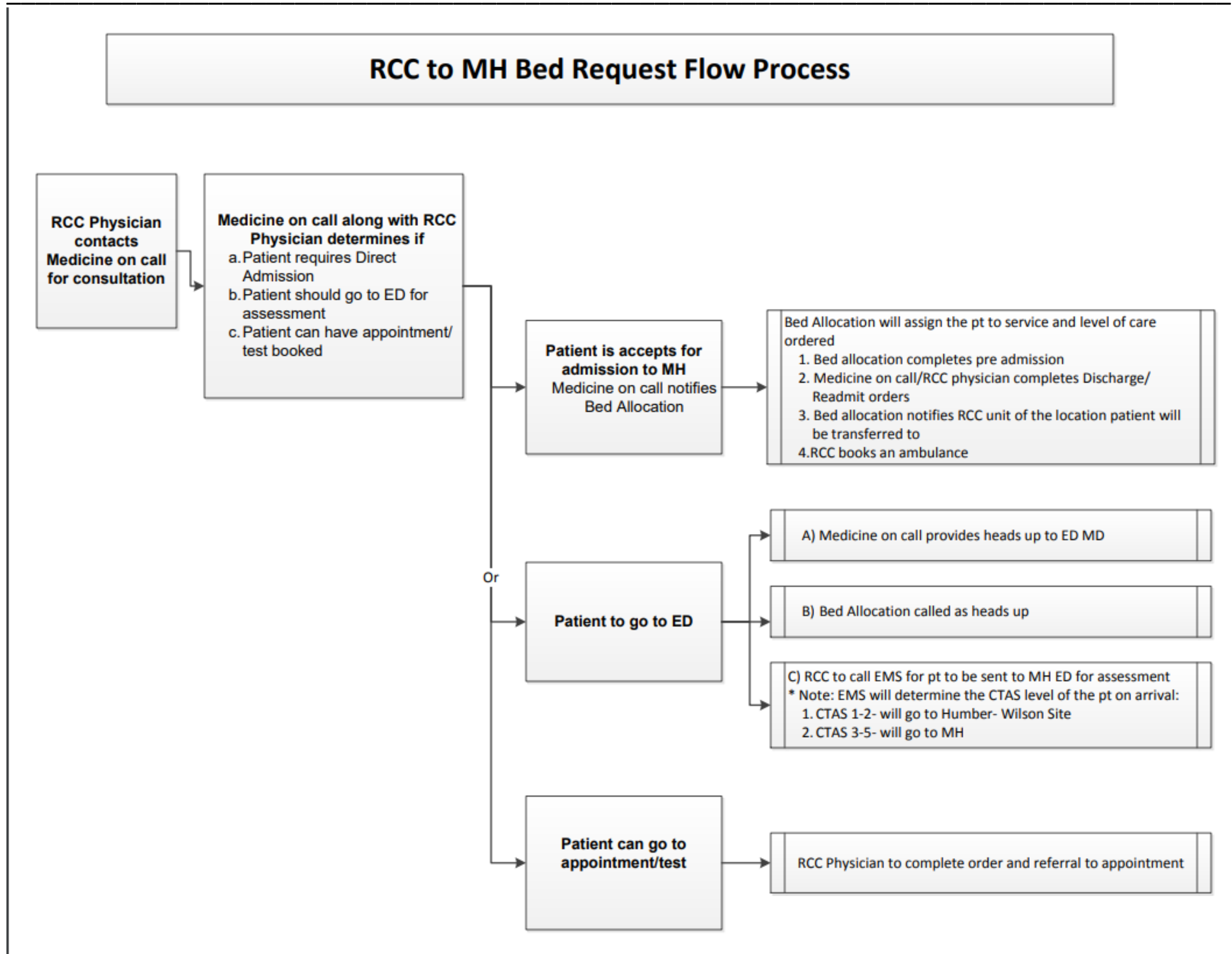
2)Arrange transport wth one of the following:

Ornge # 1-866-869-7822
OR
EMS (CACC Dispatch) 905-430-5534
If EMS read below:

CAUTION
If you cannot answer YES to all of the following CACC (EMS Dispatch) pre-transport questions, the prioritization of your patient may be lowered:
-Is this an Emergency Transfer?
-Is the Patient critically ill?
-Is the Patient ready to pick-up?

→ Organize the appropriate RHP escort to be ready to accompany patient according to patient type

Appendix B



Appendix C

For all Emergency Department patients who have a C-collar in-situ where there is suspicion of a cervical spine fracture, an emergency nurse must accompany the patient on a slider board, via stretcher, to Medical Imaging (MI) to assist in the patient transfer.

Patient Preparation:

1. Nursing staff checks and removes all clothing, jewelry, accessories, and anything else that may interfere with imaging of the anatomy of interest.
2. Emergency nurse accompanies the patient to Medical Imaging for examination.

Patient Transfer – Stretcher/bed to Exam Table

1. The patient arrives at Medical Imaging i.e. CT or Xray room on a slider board, via a stretcher, with Emergency nurse accompaniment.
2. Bring the stretcher right next to the imaging table, with the railing down, ensure there is no gap between the imaging table and stretcher. Apply brakes.
3. The Emergency nurse stands at the head of the stretcher, supporting the patient's neck and head. He/she shall lead the patient transfer.
4. Two staff members shall stand on either side of the patient.
5. On the count of three (3), with the head and neck supported, the slider board with the patient atop of it, is pulled onto the center of the exam table.
6. The transfer is complete, and the patient is ready for the imaging exam.

Patient Transfer – Exam Table to Stretcher/Bed

1. After the exam, bring the stretcher right next to the imaging table, with the railing down, ensure there is no gap between the imaging table and stretcher. Apply brakes.
2. The emergency nurse stands at the head of the exam table, supporting the patient's head and neck. He/she shall lead the patient transfer.
3. Two staff members shall stand on either side of the patient.
4. On the count of three (3), with the head and neck supported, the slider board is pulled onto the center of the stretcher, with the patient atop of it.
5. The transfer is complete.

Additional Steps for Preparation

The Medical Imaging team where the patient needs an imaging exam i.e. X-ray or CT will not commence the exam without the proper preparations and accompaniment from Emergency staff in place. The patient shall be returned back to the Emergency Department if the delay it would take for an Emergency nurse to arrive at MI is significant and impedes workflow of the imaging department at that given time.

The patient shall be checked to ensure all accessories such as hairpins, glasses, piercings, necklaces and/or other jewelry are removed from the area of interest so that they do not interfere with imaging whenever possible.

In the event a patient with a C-collar in-situ is to require imaging of the C-spine but is not on C-spine precautions and/or is deemed to be ambulatory to self-transfer by the Emergency Department, this shall be communicated to MI and documented in the patient's chart and/or order comments by the patient's physician and/or nurse. The technologist shall also document this detail as part of the patient's record during their time in the MI department.

Roles & Responsibilities

Nurse	• Accompanies the patient to imaging • Checks to ensure that the patient's clothing, jewelry, accessories, and anything else that obstructs the anatomy of interest to be scanned are removed (i.e. hairpin, glasses, zippers, piercings, necklace, etc). • Places any artifacts removed in a patient belongings' bag and secure with the rest of the patient's belongings if the patient is him/herself, or keep the belongings and artifacts with the visitor that accompanied the patient to the Emergency Department • Responsible for ensuring C-spine precautions are maintained during transfer by supporting patient's head and neck, and leading the transfer by initiating it on his/her count
MI Staff	• Assists in the patient transfer and ensure C-spine precautions are maintained throughout • Documents the transfer and any events that occur as necessary

Training

All personnel involved shall be appropriately trained and demonstrate competency in proper patient transfer skills. The individual leading the transfer shall ensure he/she has the knowledge, skills, and judgement to coordinate the patient transfer and maintain proper C-spine precautions. For more information on Spinal Protection, please refer to the medical directive – *Emergency Department – Therapeutic Procedures for the Adult Patient*.

VERSION HISTORY:

Review:	N/A
Revision:	05/2024