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PURPOSE:

To establish a guide to facilitate and ensure safety during patient transfer.

SCOPE:


Applies to all Nursing Service Division Staff of Dr. Pablo O. Torre Memorial Hospital (DPOTMH)

PERSON RESPONSIBLE:

Registered Nurses, Nursing Attendants, Medical Doctors, Auxiliary, Billing Personnel, Admitting Personnel

GENERAL GUIDELINES:

1. All transfer of patients to other hospitals shall have a written order from the Attending Physician.
2. All room transfers shall be approved by Admitting and Billing Section except in extreme urgency – ICU, etc.
3. The patient/family shall have the right to choose his/her Attending Physician and to make any changes. For a change of physician, it shall be the responsibility of the patient and his family to explain the reasons to his/her Attending Physician.
4. For transfer to other hospital, a Medical Abstract/Clinical Summary shall be prepared by the Resident-on-duty to be presented to the receiving hospital.
5. Nurse-on-duty shall facilitate and perform all necessary requirements and processes for the transfer of patient.
6. Auxiliary shall be responsible for transporting patient to designated units.
7. Transfer slip (3 copies) shall processed and shall be signed by the Billing or Admitting Personnel before transfer of patient to other rooms.

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PROCEDURE:

TRANSFER TO OTHER PHYSICIAN


1. Have the patient explain to his Attending Physician his reasons for transfer to other physician.
2. Nurse-on-duty check physician's written order concerning transfer of service.
3. Nurse-in-charge carries out doctor's order.
4. Nurse-in-charge secures the signed consent for transfer of service.
5. Nurse-in-charge notifies resident on duty of the transfer of service.
6. Resident-on-duty notifies incoming Attending Physician and other referral doctors.
7. Nurse-in-charge includes patient's name to the physician's census in the bizbox.

TRANSFER OF ROOM ACCOMMODATION

1. Nurse-on-duty informs the Admitting Personnel the decision of a patient/watcher to transfer room.
2. If there is an available room ready for the immediate transfer, watcher proceeds to the Billing Section to secure approval from the Billing.
3. After receiving the call from the Admitting Section, the Transferring and Receiving Stations should do the following:
 - 3.1. **In the Transferring Station**, the Nurse-in-charge, fills-up the (3) copies of Transfer Slip and goes down to the Billing Section for the signature that signifies the approval of patient to transfer.
 - 3.2. Nurse-in-charge of the transferring station verifies readiness of room and informs patient/relatives of the transfer.
 - 3.3. In the Transferring Station, the Nurse-in-charge inputs all the charges incurred by the patient while in the station (including Credit Notes for Return Medicines, Linen, Remote Control) and calls-up the following departments/areas to inform them of the transfer:
 - a) Dietary
 - b) Attending Physician/s;
 - c) Resident Physician/s;


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- d) Laboratory;
 - e) and Any other areas/departments which had performed services/tests to the transferred patient.
- 3.4. **In the Receiving Station**, the Nurse-in-charge must see to it that the room to be transferred to has been thoroughly cleaned, disinfected, and, the room structures and facilities are in working condition. The Nurse-in-charge must also call-up the Transferring Station whenever the room is ready to accommodate the transferring patient.
 - 3.5. Nurse-in-charge of the transferring station verifies readiness of room and informs patient/relatives of the transfer.
 - 3.6. Nurse-in-charge of the transferring station requests auxiliary to transport patient.
 - 3.7. Nurse-in-charge of the transferring station accompanies patient for transfer.
 - 3.8. After the patient has been wheeled-in the room of the Receiving Station, the Nurses-in-charge of both stations should see to it that a proper and complete patient "endorsement" has been observed. Also, the Nurse-in-charge of the Transferring Station presents the Transfer Slip during the endorsement.
 - 3.9. To signify conformity to the patient "endorsement" in addition to other procedures observed by the medical staff, the Nurse-in-charge of the Receiving Station should sign the Transfer Slips and indicate the date and time of the "endorsement". Three (3) copies of transfer slip are distributed to billing, information and patient's chart after transferring patient.
- Note: Transfer Fee will be charged to the patient if the transfer was due to reasons other than defects in room structure and/or room facilities.**
- 3.10. Nurse-in-charge of the transferring station documents the procedure and records transfer out in the Census Logbook while nurse-in-charge of Receiving Station documents it as transfer in their Census Logbook.
 - 3.11. Nurse-in-charge of both transferring and receiving station informs the Resident/Attending Physician of transfer.

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TRANSFER OF PATIENT FROM WARD/ PRIVATE ROOM TO ICU


1. Attending Physician makes order on chart.
2. Nurse-on-duty carries out the Attending Physician's written order.
3. Nurse-on-duty calls admitting section of availability of ICU room (if patient needs to transfer immediately to ICU, inform Billing Section of transfer and request to settle accounts later).
4. Inform patient's representatives to go down to Billing Section to secure approval and discuss current hospital bill.
5. Nurse-on-duty notifies ICU staff on the following:
 - 5.1. Patient's condition
 - 5.2. Contraptions / equipment needed
6. Nurse-on-duty prepares three (3) copies of Transfer Slip.
7. Nurse-on-duty brings transfer slips to Billing Section. Billing officer signs the transfer slips.
8. Nurse-on-duty verifies availability and readiness of room.
9. Informs patient/relatives of readiness of room and orients them of the rule of ICU.
10. After receiving the call from the Admitting Section, the Transferring and Receiving Stations should do the following:
 - 10.1. **In the Transferring Station**, the Nurse-in-charge (aside from prepping-up the patient for transfer), fills-up the Transfer Slip on three (3) copies and goes down to the Billing Section for the signature.
 - 10.2. **In the Receiving Station**, the Nurse-in-charge must see to it that the room to be transferred to has been thoroughly cleaned, disinfected, and, the room structures and facilities are in working condition. The Nurse-in-charge must also call-up the Transferring Station whenever the room is ready to accommodate the transferring patient.
 - 10.3. Nurse-on-duty calls auxiliary to transport patient (Nurse-on-duty/Resident-on-duty accompanies patient for transfer)
 - 10.4. Nurse on duty endorses patient to receiving nurse.
 - a) Patient's condition
 - b) Contraptions/equipment needed
 - c) Reason for transfer

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- d) History and condition
 - e) Contraptions/equipment needed
 - f) Medicines and supplies
 - g) Patient's chart and Kardex
- 10.5. Nurse-on-duty checks the completeness of the following:
- a) Kardex
 - b) Patient's chart
 - c) Medicines
 - d) Supplies
- 10.6. Nurse-in-charge of transferring station distributes the Transfer Slip to Billing, Information and patient's chart.
- 10.7. Nurse-on-duty documents the procedure and records transfer in the Census Logbook.
- 10.8. Nurse-in-charge of both transferring and receiving station informs Resident-on-duty or the Attending Physician of the transfer.

TRANSFER OF PATIENT FROM ICU

1. Attending Physician makes a written order that patient is for transfer out from ICU.
2. Nurse-on-duty carries out doctor's orders.
3. The ICU Head Nurse or Nurse-in-charge calls up Admitting Section for room reservation and notifies or Billing personnel of the request for room transfer.
4. Billing Section evaluates and approves the request for transfer. The Account Officer then calls-up Admitting Section to inquire about room availability and inform them of an ICU's request for room transfer for their patient.
5. Admitting Section informs the ICU Head or Nurse-in-charge of the room availability and calls-up the Receiving Station of the impending transfer from ICU.
6. After receiving the call from the Admitting Section, the ICU and Receiving Station should do the following:
 - 6.1. **In the ICU**, the Nurse-in-charge (aside from prepping-up the patient for transfer), fills-up the Transfer Slip in three (3) copies and are to be distributed as follows:

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- a) Billing Section;
- b) Information Section; and,
- c) Patient's Chart.

6.2. **In the Receiving Station**, the Nurse-in-charge must see to it that the room to be transferred to has been thoroughly cleaned, disinfected, and, the room structures and facilities are in working condition. The Nurse-in-charge must also call-up the ICU whenever the room is ready to accommodate the transferring patient.


7. In the Billing Section, the Account Officer signs the Transfer Slips hand carried by the Nurse-in-charge of the ICU.

7.1. ICU Nurse-in-charge should input all necessary charges prior to trans-out and should inform the following of the transfer:

- a) Dietary
- b) Information (encodes the transfer in BIZBOX upon receipt of the call);
- c) Attending Physician/s;
- d) Resident Physician/s;
- e) Laboratory; and
- f) Any other areas/departments which had performed services/tests to the transferred patient.

7.2. After the patient has been wheeled into the room of the Receiving Station, the Nurses-in-charge of both stations sees to it that a proper and complete patient "endorsement" has been observed. Also, the Nurse-in-charge of the ICU presents the Transfer Slip during the "endorsement".

- a) To signify conformity to the patient "endorsement" in addition to other procedures observed by the medical staff, the Nurse-in-charge of the Receiving Station should sign the Transfer Slips and indicate the date and time of the "endorsement". The Nurse-in-charge then distributes the three (3) copies of the Transfer Slip:
 - Dietary
 - Information (encodes the transfer in BIZBOX upon receipt of the call);


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- Attending Physician/s;
- Resident Physician/s;
- Laboratory; and
- Any other areas/departments which had performed services/tests to the transferred patient.


- b) Information Section – to formalize the transfer of the patient in the BIZBOX Hospital System;
- c) EDP-Billing – to document the system-generated Transfer Fee; and,
- d) Patient's Chart – permanently filed in the patient's records.

TRANSFER TO OTHER HOSPITAL

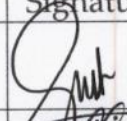
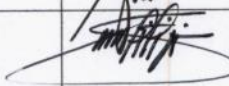
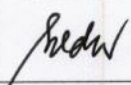


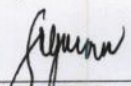

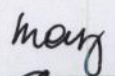
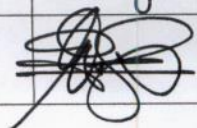
1. Nurse-on-duty carries out doctor's order to transfer to other hospital.
2. Nurse-on-duty secures signed consent for transfer of hospital.
3. Nurse-on-duty prepares patient for discharge.
 - 3.1. Processes patient's bill for discharge
 - 3.2. Informs other referral doctors
 - 3.3. Informs Resident/Intern-on-duty (in charge) to prepare patient's clinical discharge summary
 - 3.4. Verifies with Resident/Intern-on-duty if coordination has been made with the receiving hospital. Resident-on-duty informs the hospital resident where patient is to be transferred out and endorses the patient.
 - 3.5. Arranges transport using ambulance call slip and indicates need for accompanying physician and availability of emergency drugs.
 - 3.6. For use of RMC Ambulance
 - a) Prepares ambulance call slip
 - b) Coordinates with ER personnel and Maintenance Departments on the availability of ambulance
 - 3.7. On use of outside ambulance
 - a) Verifies any arrangements with patient's relatives
 - b) Patient may be transported to other hospital via his own choice of transport


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4. Nurse-on-duty prepares equipment and drugs needed for transfer.
5. Coordinates with the Pharmacy and Supervisor-on-duty on the equipment and drugs to be used during the transport. (depending on the case and need of the patient)
6. Nurse-on-duty secures clearance from patient's relatives before transfer.
7. Nurse-on-duty documents the discharge procedure and records discharge in the Census Logbook.

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	Name/Title	Signature	Date
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Verified by:	RICHARD S. MONTILJAO, RN OIC Policy Development		5/26/2022
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	HANNAH KHAY S. TREYES, RN MN Chief Nurse		06/02/2022
Reviewed:	DENNIS C. ESCALONA, MN, FPCHA, FPSQua Quality Assurance Supervisor		06/02/2022
Recommending Approval:	MARIA LIZA C. PERAREN, RN MAN Nursing Division Officer		06/02/22
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	MA. ANTONIA S. GENSOLI, MD, FPPS, FPCHA Vice President – Chief Medical Officer		6.13.22
Approved:	GENESIS GOLDI D. GOLINGAN President and CEO		6/28/22

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KEY TASKS	PERSON RESPONSIBLE
1. Orders the transfer in the chart.	Attending Physician/Medical Residents
1. Carries out physician's order for transfer.	Staff Nurse
2. Secures signed consent for transfer of hospital.	
3. Facilitates transfer of patient.	
4. Endorses patient to receiving station.	
1. Processes the Bill of the patient	Billing Personnel
2. Gives clearance once the bill of the patient is settled	
1. Confirms the availability of room.	Admitting Personnel
1. Transports patient from the unit to receiving unit.	Auxiliary



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Approved:	GENESIS GOLDI D. GOLINGAN President and CEO		6/23/22



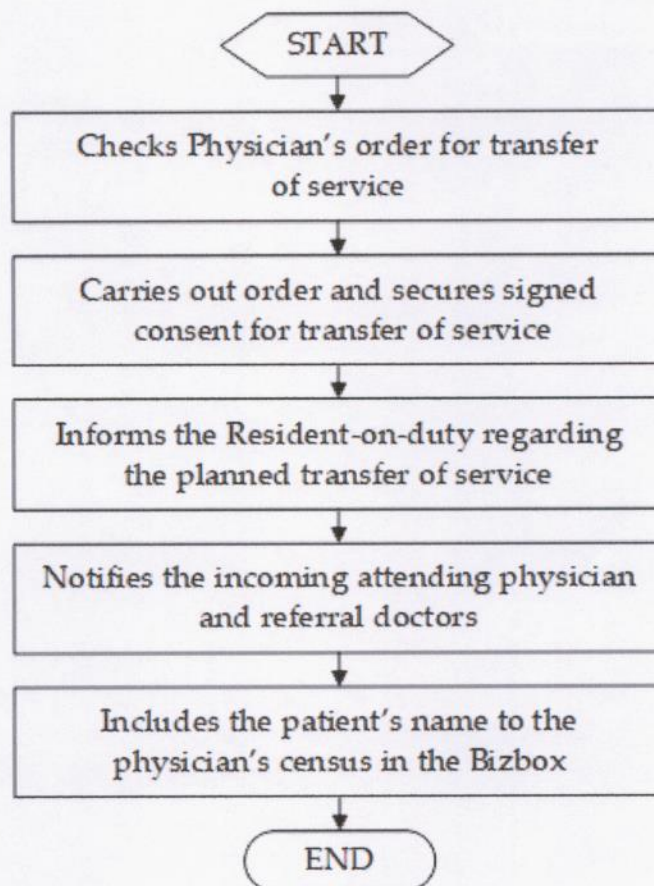
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FLOWCHART

TRANSFER TO OTHER PHYSICIAN





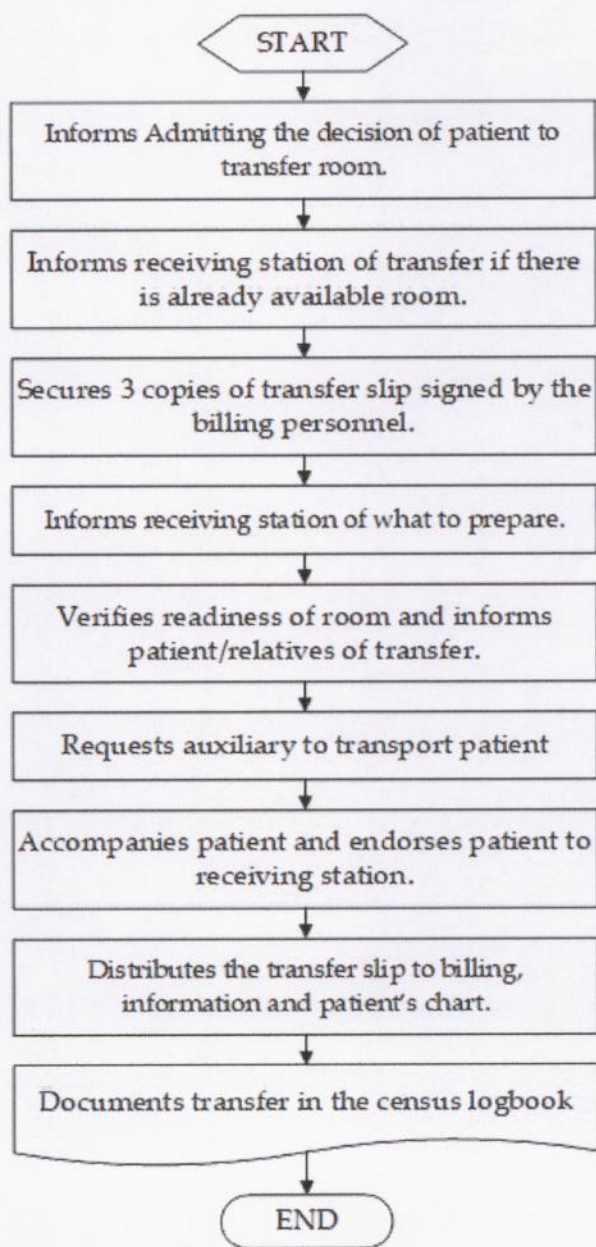
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FLOWCHART

TRANSFER OF ROOM ACCOMMODATION





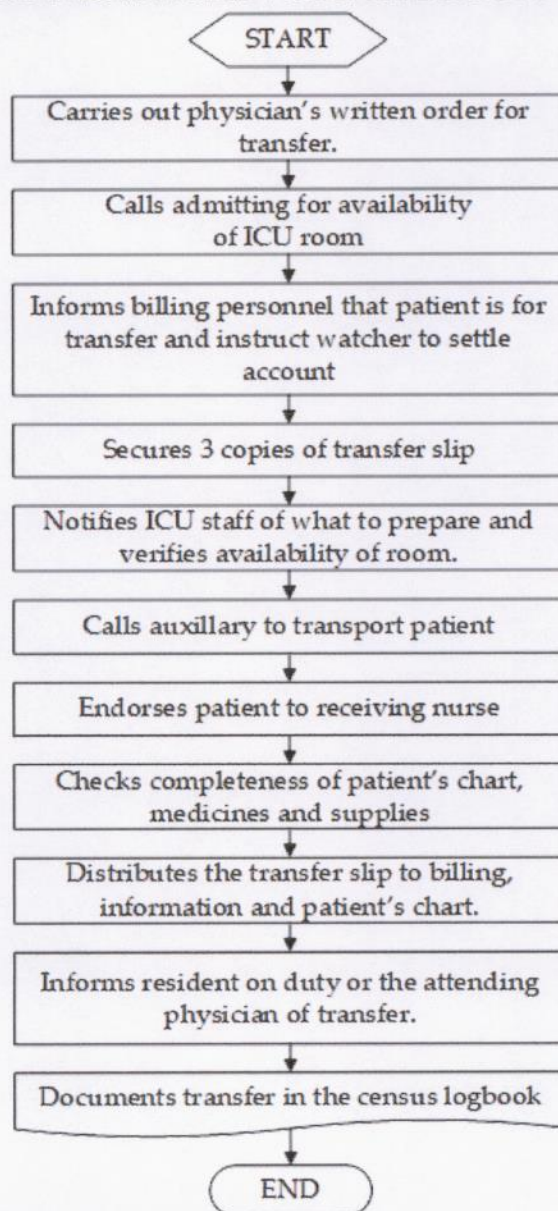
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FLOWCHART

TRANSFER OF PATIENT FROM WARD / PRIVATE ROOM TO ICU





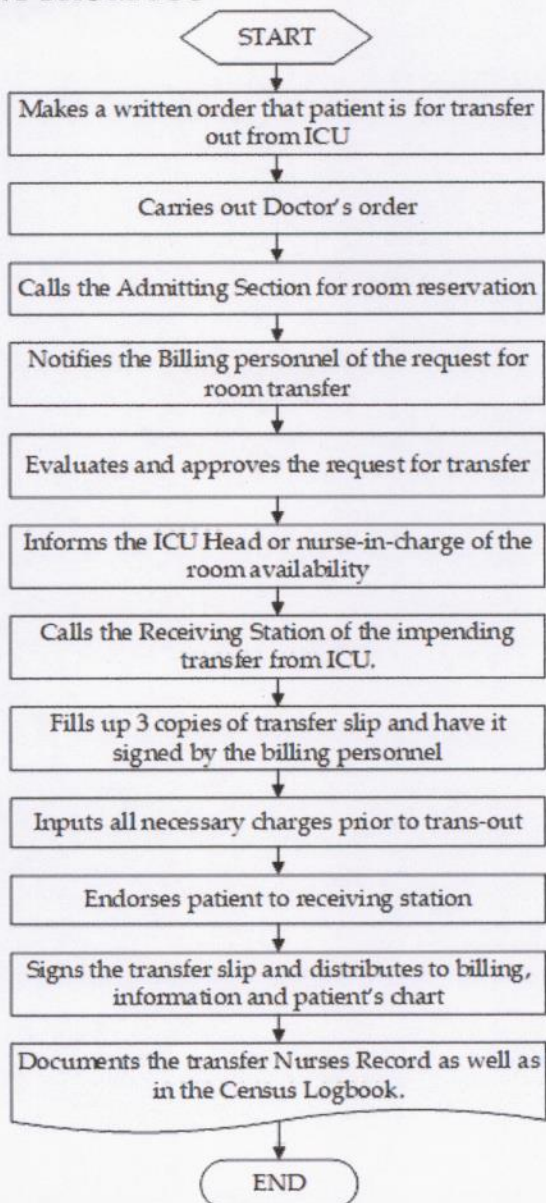
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FLOWCHART

TRANSFER OF PATIENT FROM ICU





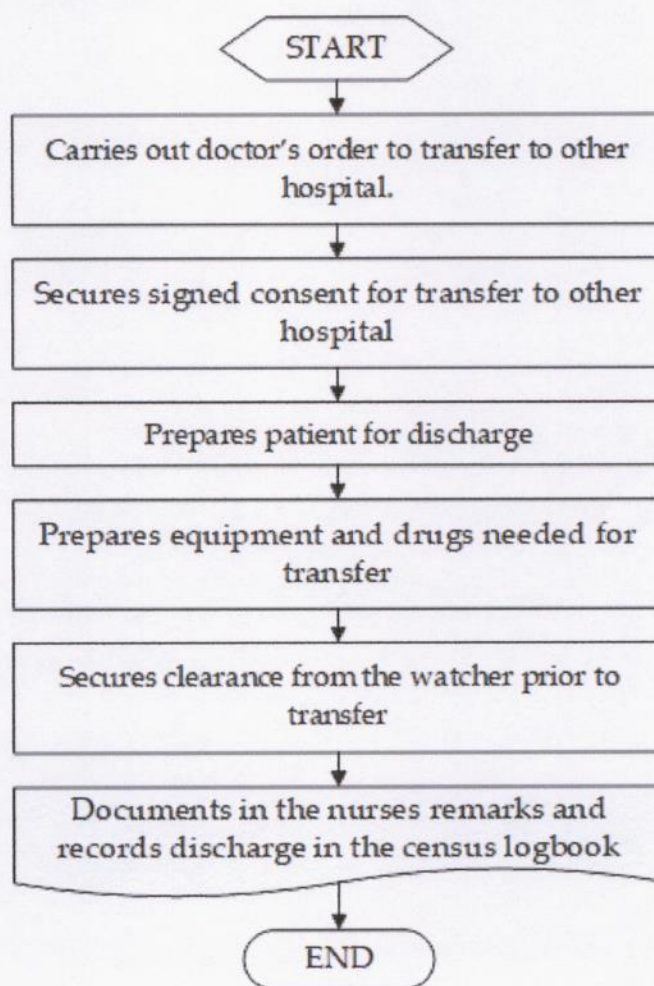
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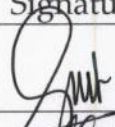
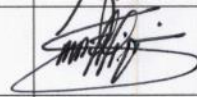



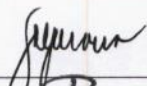

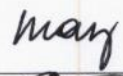
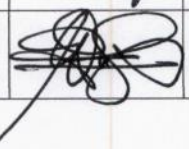
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TRANSFER TO OTHER HOSPITAL



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