



PATIENT ADMINISTRATION
PATIENT MOVEMENT

TRANSFER OF A PATIENT

Keywords: Inter hospital transfer, patient transfer, internal transfer of patients, transfer to another hospital, patient movement, transfer between wards

See also WNHS [Discharge Policy](#) for information relevant to transfers.

AIM

- To facilitate timely and appropriate internal and external transfers of patients.

INTERNAL TRANSFERS

- Notify receiving area of the woman / neonate's transfer.
- Inform the woman of the transfer.
- Ensure woman's belongings are clearly labelled and placed in a clothing bag or personal luggage.
- Obtain a Patient Care Assistant / Orderly's help to transfer the woman / neonate to the new location.
- A nurse/midwife (preferably the nurse/midwife who has been providing clinical care) accompanies the woman / neonate to the new area. The medical records are transferred with the woman / neonate.
- Handover the woman / neonate to the section Nurse/ Midwife and check correct patient identification band(s) are in situ.
- Orientate the woman to room and facilities.
- Use the **Intra-Hospital Transfer Summary-Clinical Handover (MR208.5)** if the woman is not escorted by a nurse / midwife e.g. Labour and birth suite to postnatal ward via theatre.

EXTERNAL TRANSFER

- When a woman (with neonate if applicable) is transferred to another hospital, the following procedure shall be adopted. See also Clinical Guideline: [Transfer of a Critically Unwell Patient and Records to an ICU at Another Hospital](#), if required.
- Contact the Discharge Coordinator Monday to Sunday 0700 -1530 via page 3352. The Discharge Coordinator shall liaise with the outlying hospital, to confirm availability of bed and acceptance of woman / neonate.
- For all transfers:
 - Complete documentation (as specified below for [postnatal](#) transfer or [Gynaecology / Oncology](#) transfer) that is to accompany the woman/neonate.
 - The medical records do not leave the hospital. Photocopies shall be arranged.
 - Contact outlying hospital again at time of departure, or if transfer is cancelled



- Assist the woman to inform Next of Kin or similar, depending on the clinical circumstances prior to transfer (e.g. if woman unable, emergency).
- Document the date, time and reasons for transfer in the Inpatient Progress Notes of the medical record.
- After hours (between 1530 to 0700 when discharge co-ordinator unavailable):
 - Complete requirements as per “For all transfers” above
 - The Nurse / Midwife is to contact outlying hospital to confirm availability of bed
 - Request the hospital’s Medical Officer / General Practitioner’s contact details.
 - Notify the RMO to initiate contact to request acceptance of woman / neonate.
 - Arrange transport if necessary. See WNHS [Discharge Policy](#) (p4-5). The patient’s clinical status will determine the mode of transport including use of their own vehicle, taxi or ambulance.¹

TRANSFER OF A POSTNATAL WOMAN AND NEONATE

In addition to the points above:

- Ensure a full set of maternal observations and the discharge assessment are completed. If the woman is not suitable for a midwifery discharge (refer to KEMH Clinical Guideline, Obstetrics & Midwifery: Postnatal Care: Maternal: [Transfer of a Postnatal Woman to Home / Visiting Midwifery Service / GP Care](#)), ensure she has been cleared medically.
- The Paediatric RMO can authorise transfer of a well term neonate for routine care to another hospital.¹ A Neonatal Consultant must authorise the transfer of a neonate requiring continued treatment to another hospital.¹
- Many GP / Obstetricians will accept care of well neonates. Contact the paediatrician if care is not accepted by the GP / Obstetrician, or if the baby has required medical review which may require further specialised treatment following transfer.
- The Paediatric RMO must contact the receiving Medical Officer, provide a clinical handover to the accepting clinician, complete a transfer letter and conduct a neonatal examination of the baby prior to transfer.¹ Ensure a full set of neonatal observations and cephalocaudal examination are completed. If neonate has had no complications requiring medical review, and Day 1 check has been attended within the last 72 hours, the neonate will not require further medical review prior to transfer. Medical review is required if Day 1 check is not current or if the neonate has required medical review which has not been resolved or is ongoing.
- Relevant social issues must be communicated to the receiving hospital.¹
- Complete the postnatal transfer documentation [checklist](#) (see next page).
- See WNHS [Discharge Policy](#) for further information relevant to transfer.



Documentation checklist to accompany the postnatal woman / neonate:

- Copy** of STORK summary (GP copy) - used as the 'inter-hospital transfer letter'.
Highlight special notes and instructions (Second copy will be sent to the GP and the inpatient summaries will be filed in the patient notes).
 - (If STORK summary unavailable) Use Interhospital Transfer Form (MR252)¹
 - (If necessary details not captured in STORK summary) Photocopy Integrated Progress Notes MR 250 (for relevant period of time directly preceding transfer)
- Birth registration papers
- Centrelink documentation (back page to be completed by midwife)
- One **photocopy** each of the following:
 - Maternal Observation and Response Chart MR 285.01
 - Medication Chart MR 810.05
 - Epidural/ Spinal Analgesia Chart MR 280 (if applicable)
 - Diabetes Record MR 265 (if applicable)

PLUS

Caesarean Birth- One **photocopy** each of the following:

- 24 Hours Post-Caesarean Section Assessment MR 325.03
- Postoperative Nausea and Vomiting Protocol MR 810.02
- Anaesthetic Chart MR 300
- Caesarean Section Operation Record MR 310
- Caesarean Birth Clinical Pathway MR 249.61

OR

Vaginal Birth- One **photocopy** each of the following:

- Vaginal Birth Clinical Pathway MR 249.60
- (If applicable): Postnatal Discharge MR 251 (if medical discharge required for vaginal births)
- (If applicable): Operative Vaginal Delivery and Perineal Repair MR 275

Neonatal:

- Photocopy** of Neonatal History MR 410 (including cephalocaudal check)
 - Ensure documentation is complete for Vitamin K
 - Ensure documentation is complete if Hepatitis B Vaccine given
- Photocopy** of the Care of the Well Neonate MR 425.10
 - Complete set of observations to be documented
- Photocopy** of the Neonatal Inpatient Medication Chart MR 811
- Purple Child Health book
 - Include STORK 'Child Health Nurse' copy
 - If Hepatitis B given, ensure documentation is completed on Vaccination Card/ Record.

TRANSFER OF A WOMAN FROM GYNAECOLOGY / ONCOLOGY

- Ensure a full set of observations and discharge assessment are completed.

Documentation checklist – Photocopies to accompany the woman:

The ward clerk, nursing or midwifery staff shall photocopy the appropriate documents as required:

- Transfer letter
- Inter Hospital Transfer – Clinical Handover MR 252 ¹- Should include specific on-going management of any continuing gynaecological issues
- Discharge Summary (Medical) MR 207
- Gynaecology Nursing Care Plan MR286.02
- Gynaecology Nursing Observation Chart MR 286
- Medication Chart MR 810.05
- Integrated Progress Notes MR 250 (no more than 1 week directly preceding transfer is usually required. Information should be captured in the Inter-Hospital Transfer form, and the receiving hospital may contact KEMH directly if further clarification is required)
- Fluid Balance Chart MR 729

Plus (if applicable):

- Wound Assessment and Care Plan MR 263 (If applicable)
- Postoperative Nausea and Vomiting Protocol MR 810.02 (if applicable)
- Epidural / Spinal Analgesia Chart MR 280 (if applicable)
- Anaesthetic Chart MR 300 (if applicable)
- Operation Record MR 315 (if applicable)
- Diabetes Record MR 265 (if applicable)
- Stomal Care- Patient Education MR 262 (if applicable)

REFERENCES / STANDARDS

1. Women and Newborn Health Service. Discharge Policy. **WNHS**. 2015. Available from: <https://healthpoint.hdwa.health.wa.gov.au/policies/Policies/NMAHS/WNHS/WNHS.PM.DischargePolicy.pdf>

National Standards – 1- Care Provided by the Clinical Workforce is Guided by Current Best Practice; 4- Medication Safety; 5- Patient Identification and Procedure Matching; 6- Clinical Handover

Legislation -

Related Policies –

- Department of Health WA: MP 0058/17: [Admission, Readmission, Discharge and Transfer Policy](#) (2017); OD 0484/14: [Clinical Handover Policy](#) (2014)
- WNHS: [Discharge Policy](#) (2016); [Medical Records \(Documentation\)](#) (2016); [Clinical Handover](#) (2014);

Other related documents – KEMH Clinical Guidelines:

- Obstetrics & Gynaecology: Patient Administration:
 - Patient Movement: [Transfer to Agnes Walsh House](#); [Transfer of a Critically Unwell Patient and Records to an ICU at Another Hospital](#); External Calls: [Obstetric Registrars Receiving](#) (incoming transfer)
 - [Discharge of a Patient](#): Discharge of an [Antenatal Woman to Silver Chain](#); Discharge of an [Antenatal Woman with IV Antibiotics to Silver Chain](#)
 - Referrals: [VMS Referrals](#); [Home Visiting Safety](#); [VMS Readmission of a Baby / Babies to KEMH](#)
 - [ASCU: Consultant Responsibilities Flowchart](#)
 - Review at Another Hospital: [Obstetric & Gynaecology Review at Fremantle, SCGH & RPH](#)
 - [Demand Management and Diversion at KEMH- Flow Chart](#)
 - [Clinical Handover](#): EC to Ward 6; EC to Day Surgery Unit; Medical Handover: EC to Ward
- Obstetrics & Midwifery:
 - Postnatal Care: [Transfer of a Postnatal Woman by a Midwife to Home / Visiting Midwifery Service / GP](#)
 - Complications of the Postnatal Period: PPH: [Selective Pelvic Arterial Embolisation in the Management of Postpartum Haemorrhage](#) (transfer process for SPAE)
- Neonatology Clinical Care Unit: [Section 19: Transfer & Discharge](#) (NCCU transfers)

RESPONSIBILITY

Policy Sponsor	Nursing & Midwifery Director OGCCU
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