Nurse Escort Transfer Procedure

Effective: 29 August 2022

1. Guiding Principles

The purpose of the procedure document is to guide the clinical staff of Geraldton Hospital on the decision-making process when considering the need for a nurse escort for intra-hospital movements, inter-hospital transfers, MRI transfers and RFDS transfers.

As with all patient interactions or care measures, safety and satisfaction is to be the foremost priority when transferring patients.

This procedure is to be read in conjunction with the WACHS Admission, Discharge and Intra-hospital Transfer Clinical Practice Standard and WACHS Assessment and Management of Inter-hospital Patient Transfers Policy.

2. Procedure

Intra-hospital Patient Transfers (within the hospital)

Intra-hospital transfers include patients transferring between the inpatient wards and the Emergency Department (ED), inpatient wards / ED and Radiology and all other patient movements within the Geraldton Hospital.

At Geraldton Hospital **ALL** patients transferred between the inpatient wards, ED and theatre are to be escorted by a nurse (preferably the primary nurse caring for the patient) for handover purposes.

It is the responsibility of the Shift Coordinator in consultation with the responsible Medical Officer and nurse/midwife caring for the patient to assess escort requirements for patients attending radiology or other areas of the Health Campus (e.g. Dialysis Unit, Chemotherapy, Day Centre). Patients with the following criteria require an appropriately skilled clinician escort:

- Intubated patients or potential airway compromise
- Are acutely unstable or with high acuity
- Require continuous cardiac monitoring
- IV therapy with additive in progress (infusion can be suspended for transfer to radiology if IV contrast not required, otherwise disconnected)
- Intravenous or intramuscular sedation in the 30 minutes prior to departure
- Intravenous opioid in the 60 mins prior to departure
- Sedation score of ≥ 3 or ≤ -3 MR12A WACHS Sedation Assessment Tool (See Appendix 1)
- Altered conscious state (i.e. confused, agitated, post-ictal, unconscious)
- Acute spinal injury or on full spinal precautions

- Obstetric patients in active labour
- Acute psychosis or on forms under the *Mental Health Act 2014* (WA)
- Paediatric patients under 16 years old without a responsible carer present
- Neonates from Maternity
- After an acute upper or lower intestinal bleeding episode.

Inter-hospital Patient Transfers (NOT within the hospital)

Inter-hospital transfers that may require nurse escorts from Geraldton Hospital include:

- Transfers to tertiary hospital via commercial flights
- Transfers to St John of God Geraldton Hospital (SJGGH) via ambulance or hospital car (including obstetric patients and patients attending MRI)
- Transfers to peripheral hospitals or nursing home within Geraldton and the Mid-West via ambulance.

NOTE: For more information on transfer, discharge and escort requirements for patients receiving IV opioids see WACHS Intravenous Opioids Administration Policy.

The referring doctor is responsible for determining the appropriate level of escort required in liaison with the shift coordinators.

Allocating the nurse escort to local transfers is the responsibility of the nursing Shift Coordinator in consultation with the Hospital Coordinator (HC) as required. For transfer to tertiary and peripheral hospitals allocating the nurse escort is the responsibility of the HC. The member of staff escorting the patient must have the appropriate level of expertise to manage both the level of patient acuity and any equipment required during the transfer.

Royal Flying Doctor Service (RFDS) Transfers

The HC must be notified of all RFDS transfers. A nurse and/or doctor escort may be required if:

- The patient is unstable – the responsible medical officer from the referring facility is responsible for determining the skill set required by the escort during the transfer to the hanger. The shift coordinator (or Senior Medical Officer if doctor escort is required) in conjunction with the HC is responsible for allocating a staff member to be the escort.
- Requested by the St John Ambulance staff.
- The patient is formed under the *Mental Health Act 2014* (WA) and requiring IV sedation (NOTE: ALL patients being transferred via RFDS on forms under the *Mental Health Act 2014* (WA) require POLICE escort).
- The patient has IV therapy with additive in progress (e.g. Heparin or Insulin).

In some instances, the RFDS team will attend the hospital to retrieve the patient. The decision to attend the hospital is made by the RFDS team in conjunction with the referring medical officer taking into consideration the patients' clinical condition and time sensitive implications. These decisions are made on a case-by-case basis.

MRI Transfer

In Geraldton the MRI facilities are located at St John of God Geraldton Hospital (SJGGH). **ALL** inpatients and ED patients being transferred to SJGGH for MRI require and appropriately skilled nurse escort. The mode of transport is determined by the responsible medical officer being either St John Ambulance or hospital car. The nurse escort is to ensure that all appropriate equipment and paperwork are taken for that particular patient and mode of transport.

If the patient requires hospital transport the transport PSA is to be contacted immediately when the MRI appointment time is known. This can be done by informing the ward clerk who with enter the details into Best Practice or by calling the transport PSA directly on ext. 8656. Ensure that clear a patient location is given.

Mental Health Considerations

The medical officer, or mental health practitioner accountable for the care of the patient, is responsible for determining the mode of patient transfer, urgency and level of escort that is required to safely transfer the patient. This decision is to be based on an assessment of:

- the patient's physical and mental state
- the patient's immediate treatment needs
- the risk of harm the patient poses to self and others
- the availability of the various transport options
- the distance to be travelled
- the patient's need for support and supervision during the period of travel

All patients receiving ongoing intramuscular and/or intravenous therapy for pharmacological management of acute arousal require transfer facilities that carry resuscitation equipment and experienced staff, including the appropriate reversal agent for the prescribed pharmacological management of the patient. A sedation medications box used for transferring Mental Health patient requiring ongoing sedation is located in adult in-patient ward medication room.

Where transfer occurs as part of a process under the *Mental Health Act 2014* (WA), this guideline is to be read in conjunction with the Act and the Clinicians' Practice Guide to the Mental Health Act 2014 and associated flowcharts.

Other Considerations

Aboriginal Patients:
When transferring Aboriginal patients to other health care sites, a referral to the Aboriginal Liaison Officer (ALO) prior to transfer should be completed providing consent is given by the patient. If the patient is not fit to consent, then the referral to the ALO should be made automatically. Due to communication and cultural barriers the ALO's can provide to advocacy and support during the transfer process. ALO's are only available within office hours.

Neonates:

- Follow WACHS Patient Identification Policy in relation to ID bands.
- Neonates are to be transported in a cot / resus cot/ incubator unless in a wheelchair / trolley with the mother from the labour ward or theatre.
- The baby must be covered and kept warm.
- The Midwife/Nurse must also accompany the mother and baby.

Infants and Children:

Paediatric patients must be transferred with O_2, suction and an appropriately sized mask for mask and bag ventilation when:

- Sedated to undergo procedures in other departments.
- Returning from recovery room.

This includes infants being carried in parents' arms.

3. Definitions

Nurse Escort	A nurse who travels alongside the patient while in transit to take care of their clinical needs
Doctor Escort	A medical officer who travels alongside the patient while in transit to take care of their clinical needs
Intra-hospital transfers	Transfers between wards and units at the same hospital
Inter-hospital transfers	Transfers between hospitals and/or care facilities
Neonate	A newborn infant, or neonate, is a child from birth to 28 days of age
Paediatric	For the purpose of this procedure one aged from 0 to 16 years or less
MRI	Magnetic Resonance Imaging
RFDS	Royal Flying Doctors Service
HC	Hospital Coordinator (Clinical Nurse Manager- After Hours)
SJGGH	St John of God Hospital Geraldton Hospital
ALO	Aboriginal Liaison Officer

4. Roles and Responsibilities

The **Nurse Escort** is responsible for:

- Assess escort requirements for patients attending radiology or other areas of the Health Campus in consultation with the responsible medical officer.
- Completion of all correct paperwork including the medical record and ensuring that the patient has all required paperwork with them on transfer.
- Ensuring patients belongings accompany them or are locked away as per Patient Property and Valuables Procedure – WACHS Midwest.
- Liaison with an Aboriginal Liaison Officer (ALO) when required to provide advocacy for aboriginal clients who are being transferred.

- Ensuring appropriate equipment is available for transfer of the patient.
- Ensure that receiving team are aware of patient's physical arrival.
- Provide a verbal clinical handover using iSoBAR framework and handover documentation.

The **Primary Medical Officer** is responsible for:

- Consult with the primary nurse for escort requirements for intra-hospital transfers.
- Determining the skill set required by the escort during for inter-hospital and RFDS transfers.

The **Shift Coordinator** is responsible for:

- Allocating nurse escorts to intra-hospital transfers and local external transfers (including RFDS transfers and MRI's).
- Notifying the CNM-AH of all RFDS transfers.
- Ensuring that patients next of kin are aware of the patient's inter-hospital transfers (including RFDS).
- Informing radiology of RFDS transfers to upload imaging as required.

The **Clinical Nurse Manager – After Hours (CNM-AH)** is responsible for:

- Allocating the nurse escort or transfer to tertiary and peripheral hospitals.
- Ensuring remaining staffing levels are adequate when transfers to MRI and RFDS are occurring.

The **Senior Medical Officer** is responsible for:

- Allocating medical staff to escort inter-hospital and RFDS transfers as required.

5. Compliance

Failure to comply with this policy may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the Integrity Policy Framework issued pursuant to section 26 of the *Health Services Act 2016* (HSA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies is mandatory.

6. Records Management

All WACHS clinical records must be managed in accordance with Health Record Management Policy.

7. Evaluation

Compliance with this procedure is to be measured by monitoring of reported Clinical Incidents related to patient transfers and clinical handover as per the Department of Health Clinical Incident Management Policy and patient satisfaction surveys.

8. Standards

National Safety and Quality Health Service Standards - 1.1 (a, c, d, f), 1.6 (a, b), 1.15 (b), 1.27 (a), 5.4 (a, b, d), 5.5 (b), 5.10 (a, b), 5.11, 5.31 (c, 5.34 (c), 6.1 (a, b), 6.4 (b), 6.7 (a, b, c), 6.8 (a, b, c, f)
National Standards for Mental Health Standards 2.1, 2.3, 2.5, 2.6
Aged Care Quality Standards 3(a) i, ii, iii, 7(c), 8 (b), 8 (d) i

9. Legislation

Health Services Act 2016 (WA)
Carers Recognition Act 2004 (WA)
Disability Services Act 1993 (WA)
Guardianship and Administration Act 1990 (WA)
Health Practitioners Regulation National Law (WA) Act 2010
Mental Health Act 2014 (WA)
Poisons Act 1964 (WA)
Poisons Regulations 1965 (WA)
State Records Act 2000 (WA)

10. References

NMHS – SCGH Patient Intra-Hospital Transfers
WACHS Admission, Discharge and Intra-hospital Transfer Clinical Practice Standard
WACHS Assessment and Management of Inter-hospital Patient Transfers Policy
WACHS Inter-hospital Patient Transfer of Mental Health Patients Guideline
WACHS Intravenous Opioids Administration Policy

11. Related Forms

MR12A WACHS Sedation Assessment Tool (SAT)
MR184 WACHS Inter-hospital Clinical Handover Form
MR184A WACHS Resident Handover Form – Transfer between Residential Care and Hospital
MR184B WACHS Intra-hospital Clinical Handover Form
MR184C WACHS Inter-hospital Transfer Maternal
MR184P WACHS Interhospital Transfer Neonatal Paediatric

12. Related Policy Documents

WACHS Admission, Discharge and Intra-hospital Transfer Clinical Practice Standard
WACHS Assessment and Management of Inter-hospital Patient Transfers Policy
WACHS Interhospital Clinical Handover Form Procedure
WACHS Inter-hospital Patient Transfer of Mental Health Patients Guideline
WACHS Intravenous Opioids Administration Policy
WACHS Patient Identification Policy
WACHS Midwest Patient Property and Valuables Procedure

13. Related WA Health Systems Policies

MP 0095/18 Clinical Handover Policy

14. Policy Framework

Clinical Governance, Safety and Quality Policy Framework

15. Appendix

Appendix 1: Sedation Scores for Nurse Escort

This document can be made available in alternative formats on request for a person with a disability

Contact:	Regional Clinical Practice Improvement Coordinator (CPIC)		
Directorate:	Operations	**EDRMS Record #**	ED-CO-14-29428
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Appendix 1: Sedation Scores for Nurse Escort

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WACHS Sedation Assessment Tool (SAT)

Hospital / Health Service: _____ **Ward / Dept:** _____

Consultant: _____ **RMO / Registrar:** _____

Surname	UMRN / MRN	
Given Name	DOB	Gender
Address		Post Code
	Telephone	

Intervention Letter (IL) – enter below (see instructions over page) **Date:** **Form Number:**

Time																							
4																							
3																							
2																							
1																							
0																							
- 1																							
- 2																							
- 3																							
- 4																							
IL																							
RN/EN Initial																							
Companion Initial																							

Patients with Sedation Score of ≥ 3 or ≤ -3 require a Nurse Escort for intra-hospital transfers

Score:	Examples:	Action / Intervention:
4	Violent, unable to be de-escalated, poses a risk to staff or other patients. Absconding and at imminent risk to staff / others	**Code Black**
3	Agitated, pacing, not able to be redirected, appears very distressed, resistant to care, refuses medication, attempting to get out of restraints or to leave ward / hospital, verbally aggressive (yelling / swearing / threatening)	**Urgent clinical review** Non-pharmacological management (e.g. blood tests / root cause) Adjust regular / prn medications Consider prn sedation
2	Wandering, plucking at clothes, distressed / crying out but settles with reassurance, pulling at lines / tubes / dressings, trying to get out of bed	**Routine team review** Non-pharmacological management Review regular prn / medications Consider increasing frequency of observations
1	Mildly agitated or distressed, settles with reassurance. Restless / fidgety / jumpy	**Non-pharmacological management** If delirium – root cause, e.g. U / A, MSU, pain score
0	Alert, calm, may be mildly confused and needs orientation OR asleep. Compliant with care	**Non-pharmacological management** as appropriate

Score:	Examples:	Action / Intervention:
- 1	Reduced emotional reactivity (decreased mood / cognitive function)	Non-pharmacological management Consider triggers (e.g. lack of sleep / single room, lack of activity) **Routine team review**
- 2	Drowsy but easily rousable	**Routine team review** Observations
- 3	Drowsy, difficult to rouse, difficulty staying awake. Avoiding eye contact / interaction	**Urgent clinical review** Omit sedative medications + medical review needed Observations / blood glucose
- 4	Unconscious, unable to wake patient	**Medical Emergency Team (MET)**
Sedated	Patient sedated as per MO instructions	**Nurse must be experienced in patient assessment.** Maintain airway / breathing. Assess and document depth of sedation using rousability score, and perform / document observations 10 minutely for a minimum of 30 mins from when IV sedation was last administered. **Refer to Procedural Sedation CPS**

1. Patients need to be scored **at a minimum** every hour. Document the exact time of observation
2. Place a "-" in the area the patient is scoring / an "X" if the patient is asleep / an "S" if sedated
3. Document interventions by letter at the appropriate time and record actual intervention on page 2
4. Patients do not have to exhibit all the behaviours applicable to a particular score
5. Initial for each action / intervention (both RN and companion - see over page)

Rousability Score
0 = none (awake, alert)
1 = mild, occasionally drowsy
2 = moderate = frequently drowsy (rousable to voice)
3 = difficult to rouse (rousable to pain / stimulus)
4 = unconscious / unrousable

MR 12A WACHS SEDATION ASSESSMENT TOOL (SAT)