**Canberra Hospital and Health Services**

**OperationalProcedure**

**Admission to Discharge – Canberra Hospital and Health Services**

|  |
| --- |
| Contents |

[Contents 1](#_Toc497466149)

[Purpose 3](#_Toc497466150)

[Alerts 3](#_Toc497466151)

[Scope 3](#_Toc497466152)

[Section 1 – Patient admission 3](#_Toc497466153)

[Patient admission category (non elective and elective patients) 3](#_Toc497466154)

[1.1 Non elective patient admissions 4](#_Toc497466155)

[1.2 Elective patient admissions 6](#_Toc497466156)

[Section 2 – CHHS requirements when admitting a Patient 7](#_Toc497466157)

[2.1 Documentation 7](#_Toc497466158)

[2.2 Patient admission location: home ward and outliers 7](#_Toc497466159)

[2.3 Medical Officer responsibilities 7](#_Toc497466160)

[2.4 Nursing responsibilities 8](#_Toc497466161)

[2.5 Ward Clerk responsibilities 10](#_Toc497466162)

[Section 3 – Transferring patients within CHHS hospital campus 10](#_Toc497466163)

[3.1 Within a ward 10](#_Toc497466164)

[3.2 Within the hospital (inter-ward transfer) 10](#_Toc497466165)

[Section 4 – Transfer of patients to other health care facilities 11](#_Toc497466166)

[4.1 Inter-hospital transfers from CHHS 11](#_Toc497466167)

[4.2 Inter-hospital transfer to CHHS 11](#_Toc497466168)

[Section 5 – Discharge/Interim discharge or leave pass 12](#_Toc497466169)

[Discharge destinations 12](#_Toc497466170)

[Post Discharge Requirements 12](#_Toc497466171)

[Time of discharge 12](#_Toc497466172)

[Transport 12](#_Toc497466173)

[Ward Clerk duties 13](#_Toc497466174)

[5.1 Leave pass 13](#_Toc497466175)

[5.2 Discharge against Medical Officer’s advice 13](#_Toc497466176)

[Related Policies, Procedures, Guidelines and Legislation 14](#_Toc497466177)

[Search Terms 14](#_Toc497466178)

[Attachments 15](#_Toc497466179)

[Attachment 1: Patient Admission Flowchart 16](#_Toc497466180)

[Attachment 2: Transfer Urgency Rating Scale 17](#_Toc497466181)

[Attachment 3: Communication and management of Patient Inter-Hospital Transfer 18](#_Toc497466182)

|  |
| --- |
| Purpose |

This procedure outlines the process to be followed for all patients:

* requiring admission to or discharge from the Canberra Hospital and Health Services (CHHS) hospital campus
* transferred within the CHHS hospital campus
* transferred from CHHS hospital campus to another health care facility
* requesting a Leave pass

[*Back to Table of Contents*](#Contents)

|  |
| --- |
| Alerts |

1. Staff requesting or receiving any admission must use the prescribed process to communicate with the Patient Flow Unit (PFU) so PFU staff has a complete and accurate picture of bed availability 24 hours per day.
2. The following specialised areas: Intensive Care Unit (ICU); Coronary Care Unit (CCU); Cardiac Catheter Laboratory; Neonatal Intensive Care Unit (NICU); Special Care Nursery (SCN); Birthing; and Birth Centre will inform the PFU of admissions as soon as they are aware of them.

[*Back to Table of Contents*](#Contents)

|  |
| --- |
| Scope |

This procedure applies to all CHHS staff involved in the admission and discharge of patients to and from the CHHS campus.

Units that have local procedures and processes for admission or discharge need to comply with this procedure.

[*Back to Table of Contents*](#Contents)

|  |
| --- |
| Section 1 – Patient admission |

## Patient admission category (non elective and elective patients)

A patient’s admission may be classed as non elective or elective. See Patient Admission Flowchart at Attachment 1.

* Non elective patients - require admission to hospital for treatment and the admission is not planned. Emergency procedures are included in this category.
* Elective patients - are booked for a planned procedure or treatment. All elective patients require a Planned Hospital Admission Booklet for Surgical and Medical Care pack (Admission booklet) to be completed prior to admission. The Admission booklet contains the Request for Admission, Consent to Treatment and Patient Admission Details forms.

## 1.1 Non elective patient admissions

Non Elective Patients require admission to hospital for treatment and the admission was not planned. Non elective patient admissions may occur via the Emergency Department (ED), outpatient clinics, hospital in the home (HITH), community programs, General Practitioners (GP), or Consultant rooms for a time critical service.

All requests for beds must be processed through PFU or the After Hours Hospital Manager (AHHM). The following phone numbers are to be used 24 hours, 7 days**.**

**Phone**: (PFU) 6244 2654 or 62443247; (AHHM) 6244 2660.

### Emergency Department

Patients present to the ED and if required, are admitted to the hospital under the appropriate inpatient medical team.

If patients require admission they are booked on the ED patient information system (EDIS) under an accepting Consultant. Either the PFU or AHHM will allocate an appropriate bed within the hospital.

The Emergency Medicine Unit (EMU) at Canberra Hospital is a short stay unit, with a defined maximum length of stay aim of 24 hours.  Patients are admitted to this unit under the care of an Emergency Medicine Specialist, to receive ongoing short duration emergency medical and nursing care.  Patients who primarily require care by a specialty team should not be admitted to the EMU, but should be admitted under the relevant team and transferred to the appropriate ward.  Patients whose length of stay is expected to be greater than 24 hours should not be admitted to the EMU.

### Outpatient clinics and services

Patients attending outpatient clinics or services may require admission to the hospital. It is the responsibility of the consultant/registrar/delegate requesting the admission to complete an Admission booklet and contact PFU or AHHM and request the bed. Some patients, depending on their clinical assessment, will have a request for admission for a future admission date.

### Consultant and GP rooms

Patients seen at Specialist Consultant or GP rooms who require urgent treatment may be sent to the ED. Before sending the patient to CHHS the Consultant or GP must contact the ED admitting officer (AO) to notify them of the patient.

### Direct Ward Admissions

Direct admissions to the ward from outpatients and Consultant/GP rooms are permitted only if the admitting Consultant or Registrar has assessed the patient as appropriate for a direct ward admission. The patient must have a Modified Early Warning Score (MEWS) of 4 or less. If the patient requires urgent treatment/assessment or deteriorates on route they should be admitted via the ED (AO must be notified) unless specific arrangements have been made; e.g. direct to theatre or cardiac catheter laboratory. If direct admission to a ward is requested the accepting Specialist Consultant/Registrar must contact PFU or AHHM to request a bed and complete an Admission Booklet.

### Time critical services

The CHHS Unit receiving an admission from a time critical service must inform PFU/AHHM of the admission as soon as possible.

### Capital Region Retrieval Service (CRRS)

If an adult patient from ACT or the surrounding region requires medical triage/advice/treatment and transport they are referred to the CRRS who will provide coordination and retrieval services.

* The service works in collaboration with the ACT Ambulance Service and Toll NSW Ambulance Rescue helicopter service.
* The CRRS may conduct transfer to or from CHHS.
* The service coordinates with the Medical Retrieval Service (AMRS) regarding sourcing beds for patients and transferring patients to other facilities.

### ST Elevation Myocardial Infarction (STEMI) Pathway

A Southern NSW Local Health District and/or Ambulance Service NSW patient identified as having a STEMI will proceed to either the ED or the Cardiac Catheter Laboratory. The CNC or Team Leader of CCU is to notify the PFU or AHHM about STEMI patients as soon as possible, this is to keep the CHHS occupied bed numbers up to date. Please see the ST Elevation Myocardial Infarction (STEMI) Pathway, located on the policy register, for further information.

### NSW Newborn and Paediatric Emergency Transport Service (NETS)

NSW NETS co-ordinate the retrieval and transfer of paediatric patients less than 16 years of age.

Please see the following procedures for further detail:

* Inter-Hospital Transfer – Patients Requiring Intensive Care (Adults, Paediatrics and Neonates).
* Neonatal Emergency Transport Service Elective Transfer & Retrieval.
* Inter-hospital transfer Non Critical Patients.

### Obstetric Emergency or Labouring Women

Obstetric emergencies or labouring women present directly to the Centenary Hospital for Women and Children on the CHHS campus and are admitted to Birthing or Birth Centre. The CMC or Team leader of Birthing or Birth Centre is to notify the PFU or AHHM about admissions to the ward as soon as possible, this is to keep the CHHS occupied bed numbers up to date.

## 1.2 Elective patient admissions

All elective patients require an Admission Booklet to be completed prior to admission. The Admission Booklet request for admission form informs PFU which type of admission required and patients are then placed on the subacute list or the elective medical and surgical list.

### Subacute list

Elective patients placed on the subacute list are triaged by a medical team to determine their admission date. Admission can occur at the triage time or at a future date.

Transfers to CHHS from other health facilities or services

Patient transfers are to be discussed and managed by the PFU or AHHM to ensure the appropriate accommodation, care and resources can be provided for the transferred patient. Transfer from other Facilities requiring direct admission to the CHHS must be accepted by a Consultant. Once a Consultant has accepted a transfer, the patient is included on the bed management subacute list and triaged for an admitting date as per medical team. The mode of transfer can be by air or road retrieval.

Transfers may come from:

* Other ACT hospitals
* ACT services e.g. Alexander Maconochie Centre
* From surrounding areas e.g. Southern NSW Local Health District
* Interstate hospitals
* International repatriation

Day Procedures

Patients having day procedures in the Gastroenterology and Hepatology Unit (GEHU), Cardiac Catheter Laboratory and Medical Imaging are to be clerically admitted by the Admissions office. Following admission the patient then presents to the appropriate area. If a patient requires a multi-day bed post procedure then the procedural area is to notify PFU as soon as possible.

### Elective Surgery list

An elective surgery patient booked for an elective surgery procedure is placed on the elective surgery list and given a planned future admission date. Please refer to the Waiting Time and Elective Surgery Access Policy.

Patients booked for elective same day surgery may require admission to hospital post procedure. PFU is to be informed as soon as this is known. If the Extended Day Surgery Unit (EDSU) is unable to accommodate the patient, the PFU will find another clinically appropriate bed in the hospital.

EDSU is unsuitable for patients who are:

* Expected to stay longer than 23 hours
* Under 15 years of age
* Non-surgical patients that have not undergone a Medical Imaging Procedure
* Diagnosed with an infectious disease/Multi Resistant Organism
* Require extra support for activities of daily living with a complex medical history
* Pre and/or post major operation
* Pre operation with a lower limb fracture
* Under guard/requiring extra security
* Diagnosed with a mental health condition that may find the open environment of EDSU distressing
* A bariatric patient over 140kg
* Post gynaecological surgery requiring overnight stay
* Requiring a carer to stay or have special one on one nursing.

[*Back to Table of Contents*](#Contents)

|  |
| --- |
| Section 2 – CHHS requirements when admitting a Patient |

## 2.1 Documentation

* PFU or AHNM will be notified of the admission through one of the streams listed above.
* On admission all patients must have a nominated Consultant Medical Officer identified in the ACT Patient Administration System (ACTPAS).

## 2.2 Patient admission location: home ward and outliers

The PFU staff will admit patients to their identified home ward in the first instance, e.g. surgical patients to be admitted to surgical ward. If unable to do this at the time of admission the PFU will follow the priority of admission order:

1. Bed available in the home ward.
2. Bed available in the home division.
3. No bed available in the home division – consider transfer of outliers into home ward or division.
4. If no outliers – place patient in a bed with staff who have the appropriate skill set for their admission.

## 2.3 Medical Officer responsibilities

### Medical admission

Patients will be assessed and admitted on the ward/unit by a Medical Officer (or delegate) from the admitting team within 2 hrs. The Nursing team will notify the Medical Officer when the patient arrives on the ward/unit. The patient’s plan for care must be documented in the clinical notes and communicated to the patient and their family. There are conditions in which the patient will need a more urgent review for example febrile neutropenia.

### Estimated Date of Discharge

The Estimated Date of Discharge (EDD) is the predicted date when the patient will be ready to be safely discharged from CHHS to their home or transferred to a non-acute setting for ongoing care. It provides everyone involved in the patient’s care, including the patient and their family/carer/s, with a projected date to coordinate the patient’s requirements. The Medical Officer must discuss the EDD with the treating team and the patient/family/carer/s. Once decided the EDD is to be communicated to the patient/family/carer/s and all members of the patient’s team. The EDD is to be documented in the patient’s clinical notes (along with a statement of having informed the patient/family/carer/s), ACTPAS, on the ward electronic white board and on the patient’s bedside board within 12 hours of admission.

### Post Discharge Requirements

The Medical Officer should discuss the post discharge requirements with the treating team and the patient/their family/carers. Once the post discharge requirements are decided they are to be communicated to the patient/their family/carer and all members of the patient’s team. The post discharge requirements are to be documented in the patient’s clinical notes and the ward electronic patient journey board. Post discharge requirements must include instructions for follow up medical appointments (this may include an outpatient clinic appointment or referral back to their GP for follow up). Where an outpatient appointment is required it is to be organised prior to discharge from hospital with clear instructions on who the patient needs to be reviewed by (e.g. Registrar, Nurse, Consultant, Allied Health) and what the desired time frame is.

## 2.4 Nursing responsibilities

### Notify Medical Officer of Patient Arrival

When the patient arrives on the ward/unit a Nursing team member will notify the Medical team of the patient’s arrival and need for medical admission.

### Identification, alerts and allergies

Each patient is to be provided with an identification wrist band on admission. If the patient has allergies they must have a red wrist band. Please refer to the Patient Identification and Procedure Matching Policy and Procedure. This must also be documented in the alerts system on Clinical Portal, which informs ACTPAS. Alerts include children at risk, Advance Care Plans, Apprehended Violence Orders etc.

### Nursing Care Plan

Each patient is to have relevant nursing information documented and be assessed for relevant risks using the appropriate nursing care plan documentation for the area or unit. There is a standard document (Patient Care and Accountability Plan) for adults and versions for specific areas (paediatrics, maternity etc). This document is to be completed as soon as practicable after admission and updated as described on the clinical form.

If there are specific actions or education to be undertaken following risk assessments on admission, the admitting nurse is responsible for undertaking this.

### Estimated Date of Discharge

When the EDD is communicated to the patient and nursing staff by the Medical Officer ensure the EDD is documented on the electronic patient journey board and the patient’s bedside white board within 12 hrs of admission.

### Post Discharge Requirements

Once the post discharge requirements are communicated to the patient and nursing staff by the Medical Officer/Treating team ensure requirements are documented on the electronic patient journey board.

### Bedside whiteboard

The bedside white board in each patient bed area is to be completed by nursing staff caring for the patient with the following information:

* EDD
* Who is looking after the patient? The bedside whiteboard must be updated to reflect the staff member looking after the patient each shift.
* What is the patient waiting for? For example planned activities, tests, and discharge activities.

### Assign diet for patient

An appropriate diet for the patient must be recorded on the DietPAS system to ensure that patients do not receive delayed or inappropriate meals.

### Information/discussion with Patient/Family/Carer

The Nurse who admits the patient is responsible for discussing the following with the patient/family/carer:

* **Interpreter** – should an interpreter be required the interpreter service is to be contacted as soon as possible and appropriate arrangements made. Please see Language Services Interpreter procedure for more information.
* **Visiting hours** – the visiting hours for the hospital are 0600hrs to 2100hrs unless otherwise signposted or negotiated.
* **No smoking policy** –CHHS is a non smoking campus. Patients who smoke are to be offered Nicotine Replacement Therapy. See Clinical Guidelines for Managing Nicotine Dependence procedure for more information.
* **Orientation to ward/place of admission and bed area** –orientate to bathrooms, call bells, bedside whiteboard, ward specific patient/family areas (e.g. kitchens or play rooms), staff roles and identifying uniforms. Give the patient the Patient’s Right and Responsibilities Pamphlet*.*
* **CARE for Patient Safety Program** - explain the CARE for Patient Safety Program and provide the patient/their family/carer with the supporting hospital pamphlet. See Patient & Family Escalation Process – CARE for patient safety procedure.
* **Patient valuables** – Patients are strongly advised against bringing valuables or surplus clothing into the Hospital. Any property brought into the Hospital is brought at his/her risk and under his/her control; the Hospital will not accept liability for loss or damage to such property.
* **Legal documents and directives** – If the patient has any directives or legal documents they are to be copied and placed in the patient’s clinical notes. If a patient wishes to discuss a directive such as an Advance Care Plan, please contact the Respecting Patient Choices team on 6244 3344.
* **Food Service** – Explain the process of filling out menus and ask if the patient has any special requirements, for example cultural, dietary needs and any allergens etc. Discussion around food safety and meals brought from home.

## 2.5 Ward Clerk responsibilities

At the time of admission it is the responsibility of the admitting administrative staff to:

* Check all patient details and update as required
* Check if the patient has private health insurance and if they are under a NOOPEX (no out of pocket expenses) Doctor.
* Ask the patient the best way to contact them once discharged.
* Ensure the patient/guardian has signed the relevant election forms and general Conditions of Admission form.
* Update ACTPAS with the following:
* Referrals
* National E-Health Record consent
* Message authorisation
* Changes to personal details/personal contacts
* GP admit notification
* Check patient alerts for Respecting Patient Choices – Advanced Care Plan/Power of Attorney. If the patient has one of these documents it must be printed and placed in the patient’s clinical record.
* Check the financial status of the patient. For any Medicare non-eligible, third party insurance or Veterans Affairs patients double check they are signed in correctly.

Refer to the Administration of Hospital Admission and Discharges policy for more information.

[*Back to Table of Contents*](#Contents)

|  |
| --- |
| Section 3 – Transferring patients within CHHS hospital campus |

## 3.1 Within a ward

Transfer of a patient within the ward is to be kept to a minimum. Transfers within a ward should only occur if there is an urgent logistical or infection prevention and control need. Unnecessary transfers contribute to spread of infection, use resources unnecessarily and are disruptive to the patient and their family.

## 3.2 Within the hospital (inter-ward transfer)

While all attempts are made to ensure a patient is admitted to their home ward (see section 2.2), patient transfers within the hospital are necessary at times. A patient will only be transferred to another ward at the direction of the PFU or AHHM.

[*Back to Table of Contents*](#Contents)

|  |
| --- |
| Section 4 – Transfer of patients to other health care facilities |

**Note**:

When a patient requires transfer to another health care facility the patient and or the patient’s family must be consulted and consent obtained, when possible, at each stage of the transfer process.

The priority rating scale (Attachment 2) is used to determine the urgency and the access/referral point at TCH:

* Priority 1 transfers are directed to the ED AO. This includes any patient who is in an unstable or deteriorating condition, or where there is an unclear diagnosis.
* Priority 2 patients who are unstable are directed to the ED AO. This includes any patient who is in an unstable or deteriorating condition, or where there is an unclear diagnosis.
* Priority 2 patients who are clinically stable are directed to the Registrar or Consultant MO. Transfer will then be discussed with PFU during business hours and the AHHM out of business hours.
* Priority 3 transfers are directed to the PFU during business hours, and the AHHM out of business hours.

## 4.1 Inter-hospital transfers from CHHS

Patients (adult, paediatric or neonate) may be transferred to another health care facility. This will be coordinated by NSW NETS, CRRS, PFU or AHHM. See the following procedure for more information on transferring patients requiring intensive care; Inter-Hospital Transfer – Patients Requiring Intensive Care (Adults, Paediatrics and Neonates)

PFU

The staff in PFU is responsible for arranging the following transport:

* Road Ambulance Transport (ACT and NSW)
* Transport between Calvary HealthCare Bruce and CHHS using a Patient Transport Vehicle
* Air ambulance

If PFU is not directly involved in organising a patient’s transfer to another healthcare facility they must be made aware of any inter-hospital transfers as soon as possible.

## 4.2 Inter-hospital transfer to CHHS

* The decision to transfer occurs after a discussion between the referring MO and the Registrar MO from CHHS with reference to the level of clinical care and equipment required to safely care for the patient.
* Patients who are clinically stable should be referred to the accepting Registrar MO of the day relevant to the patient’s condition and then to the PFU or AHHM for the allocation of a bed.
* If agreement cannot be reached regarding the transfer urgency of a patient the referring Senior Treating MO will refer this matter to their Clinical and/or Executive Director who will liaise with the ED AO.
* Patients who deteriorate during transfer may require immediate emergency treatment and must be triaged via ED (excluding obstetric patients who should be admitted directly to Centenary Hospital for Women and Children - Birthing).
* Patients accepted for transfer to TCH ED should be recorded by the AO on the “expects list” on EDIS.
* Patients accepted for transfer to the inpatient areas should have their details recorded by PFU on the “expects list” on EDIS.
* If the patient is an inpatient in another facility the senior nursing staff of the referring facility are to be notified when a bed becomes available by PFU.
* It is the responsibility of the transferring facility to organise transport for transfers to CHHS ED or to a nominated inpatient area at CHHS.
* Where possible the patient’s admission / transfer should be planned to occur within business hours to ensure the patient is reviewed by a MO in an acceptable timeframe.

[*Back to Table of Contents*](#Contents)

|  |
| --- |
| Section 5 – Discharge/Interim discharge or leave pass |

Patients are discharged from CHHS at the direction of the treating team.

## Discharge destinations

A patient may be discharged to:

* Home
* Other health care facilities (within or outside ACT).

Please see Residential Aged Care Facility Placement from Hospital operational procedure for patients being discharged into residential aged care for the first time.

## Post Discharge Requirements

Where patients have post discharge appointments or ongoing care requirements (Community Care, Chronic Care Program, Outpatient appointments, referrals, etc.) with an ACT Health Service, the appointments are services are to be organised prior to the patients discharged from hospital.

## Time of discharge

The time of discharge for CHHS patients is 1000hrs.

## Transport

If a patient is being discharged to another facility and transport Patient Transport Vehicle (PTV) is required, this is arranged through the PFU, via the Bed Management Tool on SharePoint, or by the ward. Community transport is arranged via ward staff.

## Ward Clerk duties

Following discharge the ward clerks are to ensure that:

* Check the patient discharge time and destination.
* The discharge time and destination, as well as any other relevant information, is entered in ACTPAS.
* Write the discharge time on the identification sheet (10200) in the patient’s clinical record.
* Enter date and time patient clinical record sent to Medical Records on patient record on ACTPAS.

**Note**:

Statistical discharges and ward transfers should be entered at the time they occur.

## 5.1 Leave pass

Leave passes for patients are only granted in the following circumstances:

* A patient may take a leave of absence for a maximum period of 8 hours if the admitting consultant (or their delegate) provides their permission.
* The appropriate part of the General Conditions of Admission Form is signed by both the patient and Medical Officer.
* The Nurse caring for the patient informs the ward clerk who ensures the information is entered in ACTPAS.

## 5.2 Discharge against Medical Officer’s advice

If a patient wishes to be discharged against Medical Officer’s advice nursing staff are to attempt to identify and remedy the problem if possible.

The nursing staff will:

* Notify the CNC/Team Leader and treating team Medical Officer.
* The CNC/CMC/Team Leader and/or Medical Officer inform the patient of the implications of self-discharge.
* Request the patient signs the Release and Acceptance of Responsibility for Discharge section of the General Conditions of Admission Form.
* If the patient refuses to sign, do not attempt to detain the patient.
* Document the incident with a witness signature in the patient’s clinical record.
* Inform PFU or AHHM of patient’s departure.
* Inform the ward clerk of discharge time and destination.

[*Back to Table of Contents*](#Contents)

|  |
| --- |
| Related Policies, Procedures, Guidelines and Legislation |

**Policies**

* Administration of Hospital Admissions and Discharges
* Waiting Time and Elective Surgery Access Policy
* Language Services Interpreters Policy

**Procedures**

* Admissions from the Emergency Department to Ward
* Emergency Department and Mental health interface
* Capacity Escalation Procedure
* Inter-Hospital Transfer – Patients Requiring Intensive Care (Adults, Paediatrics and Neonates)
* Community Care: Referral of Patients for Medical Review
* Clinical Handover Procedure
* Clinical Handover with MHJHADS
* Neonatal Emergency Transport Service (NETS) Elective Transfer and Retrieval
* ST Elevation Myocardial Infarction Pathway
* Febrile Neutropenia Procedure
* Language Services Interpreters Procedures
* Rapid Assessment of the Deteriorating Aged at Risk (RADAR) Admission of RADAR client into Hospital Procedure

**Guidelines**

* Clinical Guidelines for Managing Nicotine Dependence

**Legislation**

* *Territory Records Act* 2002
* *ACT Health Records (Privacy and Access) Act* 1997
* *Public Sector Management Act* 1994
* *Human Rights Act* 2004
* *Work Health and Safety Act* 2011

[*Back to Table of Contents*](#Contents)

|  |
| --- |
| Search Terms |

Admission, Discharge, Patient, Care, elective, non elective, request for admission, RFA, transfer, inter-hospital

[*Back to Table of Contents*](#Contents)

|  |
| --- |
| Attachments |

Attachment 1 – Patient Admission Flowchart

Attachment 2 – Transfer Urgency Rating Scale

Attachment 3 – Communication and Management of Inter-hospital Transfer

**Disclaimer**: *This document has been developed by ACT Health, Canberra Hospital and Health Services specifically for its own use. Use of this document and any reliance on the information contained therein by any third party is at his or her own risk and Health Directorate assumes no responsibility whatsoever.*

*Policy Team ONLY to complete the following:*

|  |  |  |  |
| --- | --- | --- | --- |
| *Date Amended* | *Section Amended* | *Divisional Approval* | *Final Approval* |
| *5 June 2018* | *2.4 Nursing Responsibilities Nursing Care* | *Executive Sponsor for Standard 5* | *CHHS Policy Committee Chair* |
|  |  |  |  |

*This document supersedes the following:*

|  |  |
| --- | --- |
| *Document Number* | *Document Name* |
|  |  |
|  |  |

## Attachment 1: Patient Admission Flowchart



## Attachment 2: Transfer Urgency Rating Scale

|  |  |  |  |
| --- | --- | --- | --- |
| Rating | Case Group (Examples Only) | Actions | Time Frame |
| **Priority 1**  *Emergent* | Severely unwell, requiring support or potential support of:   * Airway, breathing, circulation, disability   **Immediate risk to life or limb without definitive management** | Call AMRS or CRRS  retrieval service consultant on  **1300 873 711** | **Immediately** |
| **Priority 2**  *Urgent* | **Potential risk of deterioration or adverse outcome without timely investigation or definitive management.**  For example:   * Undifferentiated condition * Obstructed ureter * Bowel obstruction * Intervention needed e.g., orthopaedic, abdominal etc | Discuss with Admitting Officer/treating team at receiving site:   * Timing of transfer and patient condition * Updates on condition at mutually agreed times * Any alteration of condition   Source a bed through relevant bed management unit  Arrange transfer   * Contact appropriate Ambulance Service Clinician to arrange appropriate transport * Referring hospital continual observation of clinical condition | **Usually within 6 – 8 hours but may be identified as more urgent.**  As per agreement between receiving and referring Senior Treating Doctors.  NB: Not to be a direct inpatient admission if clinically unstable. |
| **Priority 3**  *Non-Urgent* | **No risk of deterioration**  Can safely wait for interventional procedure | Identify where to transfer and where the patient consultation is to occur e.g.   * Consultant rooms * Ward * TCH Registrar Review Clinic   Arrange transfer   * Private transport * Ambulance   Review patient prior to transfer and hand over condition to receiving Senior Medical Doctor prior to transfer | As per agreement between receiving and referring Senior Treating Doctors |

## Attachment 3: Communication and management of Patient Inter-Hospital Transfer

