

Safe Internal Transfer of Adult In-Patients

Key Points

- An internal transfer is the movement of a patient between departments within the hospital
- External transfers, including to other sites within Frimley Health, are not included in this guidance
- If a delay in a clinically required transfer is expected due to staffing, it should be escalated to the senior nurse on duty
- This guideline does not replace experienced clinical judgement

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Abbreviations

DoLS	Deprivation of Liberty
MEOWS	Modified Obstetric Early Warning Score
SBAR	Situation, Background, Assessment, Recommendation communication tool
POD	Patient's own drugs

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1.0 Introduction and aim of the guideline

There is frequently a requirement to transfer patients internally for the purpose of the provision of clinical care, undertaking investigations and to facilitate patient flow. This guideline identifies the process for the safe, timely and comfortable transfer of patients, by highlighting key risk factors that should be considered as part of a clinical risk assessment when transferring patients to other areas, wards or departments within the hospital.

Evidence suggests that the transfer of patients either within, or outside, the hospital environment can pose risks to safety which may adversely influence their morbidity and mortality.

The aim of this guideline is to provide theory to support the internal transfer of patients. This includes the need for clear risk assessment, communication and safe staffing.

Prior to transfer the potential risk versus benefit of movement must be considered and the clinical need for the treatment or investigation established to be in the best interests of the patient. This should be undertaken and documented by the medical/clinical team.

This guidance is not totally prescriptive but is there to support and prompt staff in using their clinical judgement in promoting patient safety while undertaking an in-patient transfer.

2.0 Scope of the guideline

This guideline applies to in-patients requiring an internal transfer and all staff, clinical and non-clinical, who are involved in the process. External transfers, including those between different Frimley Health sites, are excluded from this guidance.

This guideline provides an overarching framework to achieve the safe and effective transfer of patients, however, does not replace clinical judgement which should always be used when making decisions about patient safety, individual circumstances or from specialist areas. Maternity, Paediatrics and Critical Care have their own protocol which should be used in conjunction with this guideline.

This guideline applies to all members of staff employed by the trust involved in the planning, and delivery of care during an internal patient transfer. Students and other learners should also adhere to this policy while on placement within Frimley Health.

This guideline will set out the process and clarify the clinical accountability of the multi professional team and support staff who are responsible for the patient's care before, during, and after the transfer.

3.0. Process Guidance for Safe Internal Transfer of In-Patients

3.1 Assessing acuity and dependency of patients

- When determining the dependency of a patient consider their potential to deteriorate during or shortly after transfer, how acutely ill or unstable they are and what (if any) interventions may be required in transit (e.g. oropharyngeal suction, drug administration, repositioning).
- Patients who meet the level 0-1 criteria (Appendix 1) do not routinely require an escort. Apply clinical judgement.
- Observations will need to be regularly recorded in line with the applicable Early Warning System for all patients that are transferred between clinical areas.
- A full set of observations will need to be completed and escalated in accordance with relevant Early Warning System for patients that have been transferred and show signs of acute deterioration on arrival to the receiving ward/area.
- The time away from the base ward should also be considered when risk assessing the patient.

3.2 Safe staffing

- The safety of the remaining patients must also be taken into consideration when planning a transfer requiring an escort.
- If staffing levels do not facilitate release of an escort to safely transfer the patient it should be escalated to the nurse in charge, senior sister, matron or to the senior duty nurse out of hours so alternative arrangements can be made.
- A 'red flag' for safe staffing should be raised where there is a concern.
- A student nurse should not be used in replacement of a registered professional.

3.3 Responsibilities

- **Non-clinical staff** – porters will support the transfer process with requests submitted for the assistance of porter with/without a nurse to transfer a patient.
- If a porter is sent to collect, the patient must not be removed from the base ward without the knowledge and consent of the responsible nurse.
- Porters should not manipulate or administer oxygen therapy.
- **Clinical staff** – registered nurses are responsible for following the guidance set out in this policy to ensure the safe transfer of patients in the trust. This responsibility may be delegated to others based on an assessment of clinical needs by the clinical team, however the nurse in charge always remains responsible.

3.4 Appropriate escorts

- Appendix 1 provides a quick reference guide to support the clinical judgement of the registered professional in identifying the skills and experience required to ensure a safe transfer.
- The staff member acting as an escort must be competent in basic life support and the use of any equipment that may be required during transfer.
- Any patient with a moderate or high-risk assessment (Appendix 1) **must** be accompanied by at least one registered healthcare professional.
- The escort must always be walking in a position that ensures they have full visibility of the patient and there should not be any enroute stops or detours.

Any registered professional escorting a patient, regardless of status or seniority has the following duties when designated as the transfer nurse:

- Locate the correct patient to be transferred ensuring identification wristband present
- Confirming the correct destination for the transfer.

- Monitoring the status of the patient during the transfer, using the appropriate monitoring devices.
- Taking all appropriate action, should the patient's condition change.

3.5 Night shift and weekend transfers (out of hours)

- All transfers regardless of time should follow the same process as set out in this guidance.
- Additional consideration should be taken during nights and weekends as staffing levels in some departments will be reduced when a transfer is taking place. Patient safety should be prioritised.
- Temporary transfers for procedures and investigations will occur 24 hours a day and will always be based on the clinical need of the patient.
- Routine ward to ward transfers should not take place after 22:00 or before 07:00 unless there is an identified clinical need.
- Pregnant women may be transferred from one maternity ward to another during all hours.

3.6 Privacy, dignity and respect

- The base ward staff are responsible for ensuring patients are suitably dressed and blankets are provided, if necessary, to ensure comfort and maintain privacy and dignity prior to the patient leaving their department.
- Patients and their relatives (where possible) should be informed of the reason for transfer prior to the transfer occurring.
- On arrival to a new location, the patient should be greeted and introduced to the staff taking over their care and orientated to the space.
- Patients will only be transported through public areas if no other route is available.

3.7 Specific patient groups at higher risk

- **Maternity** - when pregnant women outside of maternity are being transferred, the labour ward co-ordinator should be informed. Maternal observations should be plotted on a MEOWS chart.
- **Neurological observations** - any patient requiring neurological observations should have a complete set of observations taken in the presence of the transferring and receiving healthcare professional to ensure continuity.
- **Blood transfusion** - patients with blood transfusions running should only be transferred for urgent reasons such as going to endoscopy for treatment of a massive haemorrhage. The registered practitioner escorting the patient must hold a current blood transfusion competency. Urgent transfer of patients during blood transfusion should be avoided where possible. If unavoidable baseline and 15 minutes observations must be completed prior to transfer and the patient should be escorted by a trained and competent practitioner as above.
- **Deprivation of Liberty Safeguards (DoLS)** – patients with a DoLS in place, under a mental health section and/or have safeguarding issues identified should be moved between wards as a last resort. Full handover including risk assessments and protection plans must be completed in every case of transferring to another area.
- **Learning difficulties and cognitive impairment** – patients with learning difficulties or cognitive impairment including dementia should remain on one ward for their episode of care. Permanent transfer to a new base ward must only be for clinical need

as it may worsen cognition resulting in unnecessary distress and increased length of stay. Where transfers are necessary staff should aim to transfer patients with cognitive impairment/dementia during daylight hours to reduce disorientation.

- **Prisoners and police detention** - prior to transfer security should be informed of the patient movement and destination. Particular consideration to patient safety should be taken if the patient is handcuffed or otherwise restrained.
- **External Critical Care transfer** - specific guidance and auditable documentation is required at a network level for the transfer of level 3 patients. Within Frimley Health Nursing/ODP escorts for a level 3 patient should have undertaken and passed Tricky Trips (the transfer of Critical Care patients study day).

3.8 Infection Control

- All staff involved in the transfer process are required to follow infection control practice relating to personal protective equipment (use and disposal), hand hygiene and decontamination of equipment and environment
- A patient isolated in a single room for infection control reasons should only be transferred between wards (excluding ED) for clinical need and on the advice of the infection prevention and control team (or on call medical microbiologist out of hours who can be contact via hospital switchboard).
- Ensure that the patient flow team and receiving ward/department are informed of the individuals' infection control status and related care/treatment needs prior to transfer
- Further advice should be sought from the Transfer of Infections Patients Section of the Infection Control Manual.

3.9 Equipment

- The need for any equipment to accompany the patient must be assessed. Battery provision of equipment and the competency of escorting healthcare professionals to undertake safe use of the equipment required should be considered.

3.10 Manual handling

- Staff should consider their abilities and training before moving a patient
- Manual handling procedures requiring multiple personnel should be anticipated prior to leaving the ward and accounted for.
- Any patient specific devices required should be taken (slide sheets, hoist slings, banana boards).

3.11 Property and medication

- All patients' property must accompany them for permanent transfers. If the patient is unconscious, confused, unable to sign the disclaimer or has a significant volume of property, a property list / cash and valuables form should also be completed
- If any patient property is being removed and stored in the Cashiers Office a receipt should be issued to the patient.
- Special attention should be taken in ensuring all patients medication are transferred with them including items from their Patient Own Drugs (POD) cabinet, fridge and controlled drug cupboard.
- If medication has been ordered but has not yet arrived from pharmacy the transferring ward should update the pharmacy department.

3.12 Oxygen therapy

- Prior to the commencement of the transfer, the healthcare professional must check the oxygen is full, **side valve opened** and ensure (by calculating O2 requirement) that there is sufficient portable oxygen in the cylinder for the duration of the transfer
- A spare full canister should be taken in case of device failure.
- The expiry date of the oxygen cylinder can be found on the collar of the cylinders and should be checked before administration.
- Patients' oxygen prescription and target range should be checked and included in the handover.

Oxygen Cylinder Duration Chart

The cylinder duration times are approximate and are to be used as guidance. The cylinder contents gauge should be checked prior to use to ensure that there is sufficient gas available.

Gauge Contents		Full (100%)		Half (50%)		Low (25%)	
Cylinder size	Flowrate (L/min)	Duration (hours)	Duration (minutes)	Duration (hours)	Duration (minutes)	Duration (hours)	Duration (minutes)
CD Oxygen canister 460L (3.5kg when full)	15	0 hr 30 min	30 min	0 hr 15 min	15 min	0 hr 7 min	7 min
	12	0 hr 38 min	38 min	0 hr 23 min	23 min	0 hr 9 min	9 min
	10	0 hr 46 min	46 min	0 hr 23 min	23 min	0 hr 11 min	11 min
	9	0 hr 51 min	51 min	0 hr 25 min	25 min	0 hr 12 min	12 min
	8	0 hr 57 min	57 min	0 hr 28 min	28 min	0 hr 14 min	14 min
	7	1 hr 5 min	65 min	0 hr 32 min	32 min	0 hr 16 min	16 min
	6	1 hr 16 min	76 min	0 hr 38 min	38 min	0 hr 19 min	19 min
	5	1 hr 32 min	92 min	0 hr 46 min	46 min	0 hr 23 min	23 min
	4	1 hr 55 min	115 min	0 hr 57 min	57 min	0 hr 28 min	28 min
	3	2 hr 33 min	153 min	1 hr 16 min	76 min	0 hr 38 min	38 min
	2	3 hr 50 min	230 min	1 hr 55 min	115 min	0 hr 57 min	57 min
	1	7 hr 40 min	460 min	3 hr 50 min	230 min	1 hr 55 min	115 min
	0.5	15 hr 20 min	920 min	7 hr 40 min	460 min	3 hr 50 min	230 min

3.13 Communication and handover

- Patients should be informed, at the earliest opportunity, of the purpose and need for a transfer. Next of kin must be informed of a permanent transfer.
- The information needing to be communicated will vary with the type of transfer, and needs of the patient, but [SBAR \(Situation, Background, Assessment and Recommendation\)](#) should be the default communication tool.
- For patients where the transfer means a change in their base ward a full and comprehensive handover should be performed.
- Where there is a change in clinician as well as base ward the accepting Consultant should be clearly documented in the medical records and the team contacted prior to transfer.
- It is best practice for a face-to-face handover between the transferring and accepting healthcare professionals. If this is not possible then a telephone handover may be considered depending on the patient's specific risk factors.

- Patients should be welcomed and orientated on to receiving wards. Staff introductions should be made and facilities identified.

3.14 Documentation

- All permanent transfers should be documented in the patients' records on Epic EPR including reason for transfer, destination, escort details and clinical justification for any deviation from this guidance.
- For permanent transfers patient location should be updated on the electronic systems as soon as possible.
- Specific areas may require further checklists, e.g., MRI safety questionnaire, theatre checklist.
- All relevant records and documentation must accompany the patient.

3.15 Non-clinical transfers and escalation areas

- Decision to move patients for non-clinical reasons such as to relieve capacity problems in a specific speciality should be based on clinical judgement.
- Regardless of destination staff should follow the same processes as set out in this guidance.

3.16 Decision to deviate from guidance

- Clinical judgement should always be used.
- There may be occasions that lead to the registered healthcare practitioner actively deciding to act against the guidance in this document. On these occasions the justification and any additional mitigating actions taken must be clearly documented in the patients' records.

References

[Acutely ill adults in hospital: recognising and responding to deterioration, 2007. National Institute for Clinical Excellence.](#)

[Guidelines for oxygen use in healthcare and emergency settings, 2017. British Thoracic Society.](#)

[SBAR communication tool – situation, background, assessment, recommendation. 2018 ACT Academy/NHS Improvement. Online library of Quality, Service Improvement and Redesign tools.](#)

[The transfer of the critically ill adult, 2019. Intensive Care Society.](#)

Appendix: Escort Guidance for the Internal Transfer of Adult Patients

Escort Guidance for the Internal Transfer of Patients

Level 0-1				Level 2	Level 3
Very Low	Low	Complex	Moderate - High	High - Very High	Very High
Clinically stable or medically fit with no cognitive impairment	Clinically stable plus: • dementia or delirium • safeguarding • learning difficulties • mental health section • DOLs	Use your clinical judgement: Is a complex handover required? Is the patient a prisoner or under police custody?	Use your clinical judgement: A & B – is there a significant risk of loss of airway or unable to protect own airway (e.g. tracheostomy/epilepsy)? Is oxygen required during the transfer? C – Is the patient haemodynamically stable? Do they need a cardiac monitor? Has they had a NEWS call in the last 4 hours? D – What is their GCS? What is their blood sugar? E – Is the patient on any infusions? Are they being moved to a higher level of care?	Use your clinical judgement: A & B – Compromised airway C – cardiovascular unstable Massive haemorrhage D – Reduced GCS Refer to critical care guidelines for transfer	Refer to critical care guidelines for transfer
Consider unescorted transfer	Consider care assistant, support worker, nurse or midwife	Consider care assistant, support worker or unescorted	Moderate Registered nurse or midwife or band 4	High Advanced skills practitioner (e.g. ILS)	Very High Crit Care Outreach team ICU nurse/ODP trained in critical care transfers Minimum ILS
		Moderate Registered nurse or midwife		High Advanced skills practitioner (e.g. ILS)	Critical Care Outreach team ICU nurse/ODP trained in critical care transfers Minimum ILS

Clinical judgement is essential, not all patients require an escort

Before transfer - Have you made a visual assessment of your patient and re-checked their obs if necessary, do you have all the equipment you need?

On arrival - Consider your handover location, have you made a visual assessment of your patient and re-checked their obs if necessary?

Students and other learners should not be used in replacement of a registered practitioner

If transfer will be delayed due to safe staffing levels escalate to Senior Sister, Matron or Senior Duty Nurse

Version 1 January 2018 – Clinical Handover
Lead & Senior Resuscitation Practitioner

Full version control record

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Guidelines Lead(s):	Karen Britton, Lead Nurse for Deteriorating Patient, Resuscitation and Outreach; Kim Williamson, Cross Site Matron
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This guideline has been registered with the Trust. However, clinical guidelines are guidelines only. The interpretation and application of clinical guidelines will remain the responsibility of the individual clinician. If in doubt, contact a senior colleague or expert. Caution is advised when using guidelines after the review date.

This guideline is for use in Frimley Health NHS Foundation Trust hospitals only. Any use outside this location will not be supported by the Trust and will be at the risk of the individual using it.

Version History

Version	Date	Guideline Lead(s)	Status	Comment
1.0	01/2018	Victoria Murray Clinical Handover Lead / Charlotte Watts Resuscitation Lead	Final	
2.0	08/2020	Marie-Clare Ratcliffe, Critical Care Outreach Practitioner	Final	
3.0	06/2024	Karen Britton, Lead Nurse for Deteriorating Patient, Resuscitation and Outreach; Kim Williamson, Cross Site Matron	Final	Deteriorating Patient and Resuscitation Committee 9th July 2024

Related Documents

Document Type	Document Name
Guideline	Internal Transfer Guideline Paediatrics
Guideline	The postnatal transfer or discharge of the mother when baby transferred to another hospital

Policy	Management of the Deteriorating Adult Patient Policy (including observations and NEWS)
SOP	Standard Operating Procedure (SOP) Staff skill levels for critical care and acutely unwell intra/inter-hospital transfers