



June 2013

## **PATIENT TRANSFERS**

# **Principles for the safe transfer and handover of patients from acute medical units**

By Liz Lees

### **Executive Summary:**

This document is written for Health Care Assistants (HCA) working in acute medical units (AMU) or in similar areas where the regular transfer of patients represents a significant proportion of HCA activities.

The document offers a definition of 'patient transfer' and a framework of best practice principles to address the requirements for the safe transfer of patients from AMU.

This document is intended also to be of use in the development of job descriptions for HCAs, local Hospital policies and for the development and evaluation of HCA training programmes.

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June 2013



## **Introduction**

Patient transfer is a deceptively complex process, with three distinct phases in the hospital setting: preparation for transfer (before); the physical transport of the patient (during) and the handover of the patient to receiving staff (handover). This document considers the role of the HCA in each phase and addresses the difference between 'transferring' and 'escorting' patients. The underlying assumption is that the health care assistant will receive duties delegated by a registered practitioner, predominantly the registered nurse (RCN, 2011).

The framework for best practice (Appendix 1) developed will be applicable to clinical areas other than the AMU where large numbers of patient transfers occur, such as surgical admission units, emergency departments and discharge lounges. Moreover, it is suggested that the framework is adaptable and may assist in the development of local policy to guide the safe transfer of patients in any part of the hospital setting.

The key message of the document is that patient transfer is a process, which is planned and requires adequate preparation and handover.

## **Background**

The role of the health care assistant is extremely varied and involves different elements according to the clinical setting where they are based. However it is thought one of the most common aspects of the role, regardless of setting, is assisting with the safe transfer of patients. Hence, the safe transfer of patients is a highly transferrable, generic skill for HCAs. Despite transfer being a key task for HCAs, little attention has been paid to the education and training required to support HCAs in safely transferring patients in comparison with that received by registered staff, particularly nurses (Skills for Health, 2011).

The Royal College of Nursing recognised this gap with regard to HCAs and safe transfer, suggesting in a position statement in 2012 that HCAs should be familiar with the potential risks associated with patient transfer and called for the development of a national framework of best practice for patient transfer. At the same time the Vision for Nursing 'Compassion in Care' (Department of health (DH) 2012) was launched which embraces the 6 C's for Nursing, namely Commitment, Compassion, Communication, Care, Courage and Competence. These 6 Cs have been integrated within the principles for the transfer of patients.

## **Reducing identifiable harm**

NHS Trusts in the UK are obliged to report incidents related to patient transfer where harm occurred to the patient. In a conglomerated category of admissions, discharges and transfers data from 2010, 8% of incidents reported by a large NHS Foundation Trust to the National Reporting and Learning Service (NRLS, 2009) were related to admission, transfer or discharge of patients. Incidents of harm



were reported in the following categories,: 75% no harm occurred; 15.6% low harm; 8% moderate harm; in the remainder 1.4% of incidents serious harm occurred. In order to protect patients, each year inspections are carried out to assess the adequacy of risk management strategies in place.

To ensure safety during transfer NHS Trusts may carry out a review of their transfer policy to ensure compliance with NHS Litigation Authority (NHSLA) regulations, which help to protect patients from harm during transfer. Part of Hospital Policy guidance comprises a set of Standard Operating Procedures (SOPs) pertinent to each clinical area. Ensuring practice adheres to the Hospital Policy when transferring patients is essential for the trust to maintain good standards for patient safety. The healthcare assistant's role in the safe transfers is a crucial part of this. A failure to comply with Policy not only means harm may have occurred, but also that the Trust may be sued and significant financial penalties occur.

To further reduce the possibility of incidents of harm, the communication and documentation of patient transfers within the NHS Trusts has also been improved by the introduction of transfer checklists, which contains information about the patient, in order to prepare the ward or department who is expecting the patient and maintain patient safety upon transfer (Hindmarsh and Lees, 2012). For example, this information usually contains details of the patient's current clinical condition and whether or not the patient requires close observation on arrival to the new area. Nevertheless the completion of relevant documentation and communication of patient details requires constant vigilance and the healthcare assistant has an essential part to play in this as a member of the team. Healthcare assistants must communicate with their patients and staff before, during and upon handover of the patient.

## **Aim**

To highlight the core areas of potential risk associated with transferring patients between hospital areas and enhance knowledge and understanding of patient transfer to ensure patient safety and prevent untoward incidents. In addition, it is anticipated this document will raise awareness of the subject and highlight the central role of the HCA in patient transfer.

## **Definition of transfer for health care assistants**

The role of the HCA is *'to accompany the patient/family/carer specifically to ensure the safe, comfortable and dignified transfer of patients to and from a variety of settings'*.

All hospital patients will be transferred between wards or departments, for either investigation or treatment, at some point during their stay. For example, patients may need to be transferred for X-rays or ultrasound scans. In some areas of a hospital, the transfer of patients can make up the majority of the health care assistant role, e.g. theatres, emergency departments, admission/assessment wards, day case units and any type of ambulatory care unit. In the majority of



cases, patient transfers will be uneventful and be undertaken without adverse incident or harm to the patient.

### **Types of transfer**

There are many different types of patient transfer that occur every day in a hospital setting, most commonly these are:

- Patients who are being admitted to hospital wards from emergency care settings
- Patients who are being transferred to departments for investigations or treatment
- Patients who are being transferred from one inpatient area to another to continue their care
- Patients who are being transferred to intermediate care settings.
- Patients who are being discharged and transferred to the discharge lounge

### **Accepting delegated responsibility**

Once the HCA has accepted the handover of a patient awaiting transfer they are responsible for the safety of the patient during transfer. The delegation of the duty to transfer a patient must only be undertaken in accordance with Hospital Policy. Specifically, he/she must be aware of the patient's condition and understand any action(s) that maybe required in the event of deterioration or change in the condition of the patient, during their transfer from a ward or clinical area (Mulryan, 2009). Hence by accepting responsibility for patient transfer means that the HCA has a duty of care to complete the task and must be competent to do so (RCN, 2011). Any HCA unsure of whether they are able to safely transfer the patient must discuss the matter with the registered nurse responsible for the patient.

### **Principles for transfer:**

The following five principles must be embraced when accepting the task of transferring a patient. The principles embody specific areas within developing the culture of compassionate care (DH, 2012) - HCAs should be sure that they:

- (a) **Competence:** Are competent to undertake the transfer of the patient
- (b) **Compassion:** Are aware of the patient's physical and emotional needs during transfer
- (c) **Care:** Provide effective care in line with patients current needs during transit
- (d) **Communication:** Have received a good handover of the patients' condition and care required



(e) **Commitment:** Always handover to a registered member of staff before leaving the patient at the new ward or department.

(f) **Courage:** Report any issues of concern with the transfer & handover process on return to their ward to participate in the continual review of service provision for patients.

### **Handovers**

Structured patient handovers of clinical information are the responsibility of registered nursing or medical staff and the patient information required to do this effectively is contained in the medical notes, which should accompany the patient during transfer. It is this information that will be used prior to transfer to complete the patients' transfer checklist or handed over verbally on the telephone. The HCA must ensure the patient transfer checklist accompanies the patient on transfer and that this is given to the registered nurse accepting the patient (Hindmarsh and Lees, 2012). In collaboration with the registered nurse role, the duty of a HCA in patient handover should not involve the handover of clinical information. The HCA role in handover is complimentary and ensures the process is completed fully.

The risk in busy areas where there is a fast turnover of patients is that the HCA may be asked to transfer a patient they do not know or are given insufficient time or information to be adequately familiar with the patient prior to the transfer. It is thoroughly recommended for safety that the HCA should NOT transfer a patient they have not been handed over.

Custom and practice of many departments is to use HCAs for transfer of patients with the risk of harm during transfer being informally assessed by a registered nurse. Intuition and informal assessment are reliant upon the experience of the registered nurse; however it should be possible to assess patient risks (of deterioration) against the National Early Warning Score to guide safe patient transfers.

### **Specific role – guidance for the transfer process**

Patient transfer is a deceptively complex process, with three distinct phases in the hospital setting: preparation for transfer (before); the physical transport of the patient (during) and the handover of the patient to receiving staff (handover). Each stage of the process must be completed to ensure a safe transfer.

#### **1. Before Transfer**

In preparation for transfer, the packing of property and communicating the transfer details to the patient are key parts of the transfer process in a hospital setting. In some cases, transfer may also involve contacting relatives or giving the patient the visiting times of the new ward area to ensure good communications and care for the patient. Equipment used for transfer should be checked, in particular oxygen and air Cylinders that they have adequate supply for transit of patient (NRLS,



2009). The medical, nursing and observational charts should always accompany the patient and it is the responsibility of the HCA to ensure they do not undertake a patient transfer without these. In some situations the patient may also have a do not attempt resuscitation form (DNAR), this must also be transferred within the medical notes.

## 2. During Transfer

There are two key aspects of the HCA role during transfer namely, maintaining dignity and safety of the patient.

HCAs must make sure that patients are adequately dressed and that their dignity is maintained throughout transfer. Good communications with the patient must be promoted throughout transfers to put the patient/relatives at ease. For example, they will be anxious about being transferred and what to expect in the new ward area.

HCAs should always accompany the patient during transfer at the head of the bed or chair to ensure that they can directly observe the patient. They must NOT walk on ahead or chat with Porters/family in such a way as to divert their attention away from the patient. If a patient becomes ill during transit it is suggested that the patient is delivered back to the ward or department they were transferred from. It is imperative that all HCAs undertaking the transfer of patients are trained in basic life support. Where transfer involves using a lift, the patient being transferred must be prioritised and not delayed in their transfer by visitors etc. The HCA will be expected to act as the patients advocate in cases where lifts are busy.

## 3. On Handover

On arrival at the receiving ward or department, the HCA should ensure that the registered nurses are made aware of the patient's arrival and that the area is adequately prepared, for example, that the items of equipment likely to be required are ready there, such as a drip stand, that the patient has access to a jug of water and that their property/equipment (walking aids, wash bags etc.) are placed safely in the locker by the bedside. It is good practice is to unpack the patient's property on arrival at the area of transfer. This will help to reassure the patient and/or their relatives that no property has been left behind or lost during transfer.

Of special note; medications belonging to the patient are frequently left in the drugs trolley/cupboard or doctors office during the admission process. This alone has the potential to increase costs and compromise patient safety (Royal Pharmaceutical Society, 2012). Moreover, if the correct medication information is not transferred with the patient this has the potential to compromise patient safety. One of the core principles advocated by the RPS is the 'safe, effective transfer of information regarding medications' and although far reaching beyond the health care



role including many registered practitioners – the HCA does have a vital role in this process (Picton & Heidi, 2012).

### **Escorting patients – drawing a distinction**

The role of escorting the patient involves accompanying the patient over an extended period of possibly several hours, which often includes a return journey. Patients that may fall into this category are:

- Patients who require a specialist investigation or treatment at a distant site within the same Hospital or an investigation undertaken at another hospital.
- Patients who are being transferred to a day care facility, such as Intermediate Care or Nursing Home.
- Home visits with a member of Occupational Therapy staff.
- Patients who are undergoing surgical procedures as a day case

Escorting duties involve assisting patients with their daily activities of living throughout an extended period of time, such as assisting to the toilet/ to eat and drink as required. Escorting duties will involve communicating with the patient, their relatives and the ward to maintain patient safety and dignity throughout the time/activity being undertaken - including return to the original ward area.

### **Summary**

The transfer of patients between wards and departments involves an element of potential risk created by moving patients from a place where staff are familiar with the patient and their individual needs/care to an area where they are unfamiliar. The HCA needs to ensure they are familiar with the patient to reduce risks created by transfer. Good communication skills are fundamental to the process. The transfer of patients should not be undertaken without adequate preparation and involves a process of three things handover, communication/documentation and the actual transfer. Every time a patient is transferred there is the potential to forget to transfer property, to inform relatives or to inform staff adequately. By undertaking patient transfers a healthcare assistant is participating in this process as the patients advocate and represents the patient during and upon transfer.



## Appendix A

### **Framework for Best Practice in Health Care Assistant Transfers**

#### **Before transfer (preparatory):**

Have received adequate handover information prior to accepting the duty to transfer the patient

Communicate with patient/relatives to ensure they are prepared for the transfer

Packed all property, including valuables, medications and equipment such as, walking aids

Checked that the ward is ready to receive the patient

Request a copy of the transfer or handover checklist to take to receiving area

Ensure you have medical and nursing notes including observation charts from the end of bed.

Check that all equipment in use is in good working order (especially wheelchairs)

Check all equipment required for transfer is present & supply available e.g. oxygen or air cylinders

#### **During transfer (in transition):**

Ensure the privacy and dignity of patient is adequately maintained

Accompany the patient at the head of the bed or wheelchair where observation is possible

Communicate and reassure the patient during transit

Act appropriately if the patient suddenly deteriorates in transit

#### **Actual / complete transfer (handover):**

Leave patient with nurse call buzzer, in hand

Unpack property and check all have been transferred (including medications)

Reassure the patient and ensure they are settled in their new surroundings

Handover any 'special' nursing instructions verbally – such as Nil by Mouth



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