

OREGON STATE HOSPITAL

PORTLAND – SALEM

POLICIES AND PROCEDURES

SECTION 6: Patient Care

POLICY: 6.001

SUBJECT: Transfers within OSH and to Outside Hospitals

POINT PERSON: HEIDI SCOTT
HARBORS PROGRAM DIRECTOR

APPROVED: GREGORY P. ROBERTS
SUPERINTENDENT

DATE: June 11, 2012

I. POLICY

It is the policy of Oregon State Hospital (OSH) to treat patients in the most appropriate and least restrictive setting. As patient's treatment needs change, they are transferred to the most appropriate units within OSH. When a patient is transferred on an emergency basis to a more restrictive setting, the units shall work together to return the individual to a less restrictive setting that is more appropriate for the patient as soon as possible, without compromising safety and security. These transfers should be a last resort, and issues leading to the transfer should be addressed in the patient's Treatment Care Plan (TCP). Planned transfers should be part of the patient's TCP and discharge planning.

To facilitate this process, procedures to determine the manner and timeliness of transfers within OSH are established. This policy also establishes procedures for the transfer of patients to the medical unit and to outside hospitals for medical care.

II. DEFINITIONS

- A. "Emergency Transfer" means any transfer that occurs due to significant safety and security concerns that cannot wait to be a referral transfer. These transfers usually occur outside of normal work hours.
- B. "High Risk" means significant history of aggressive, suicidal, self-harm, or predatory behaviors within the last 12 months, or identified as medium to high risk in the Risk Estimation of the START or Suicide Risk Estimation Tool.
- C. "Interdisciplinary Treatment Team (IDT)" per OSH Policy 6.011, *Interdisciplinary Treatment Team*, means "a group consisting of the patient,

professional clinical staff, direct care staff, and others, that have the responsibility for planning the care and treatment of an individual patient.”

- D. “OSH Programs” includes Harbors, Trails, Bridges, Springs, and the Portland Campus
- E. “Referral Transfer” means any transfer that occurs when one unit makes a referral for a patient to live on another unit/program.
- F. “Reverse Transfer” means any transfer in which a patient moves from a less-restrictive program unit to a more-restrictive program unit.
- G. “START” per OSH Policy 6.042, “The Short-Term Assessment of Risk and Treatability (START) is a risk assessment tool used to assess risk and inform treatment planning for patients at Oregon State Hospital.”
- H. “Transfer” means any movement where the patient changes living units.
- I. “Provider” means any psychiatrist or PMH nurse practitioner providing patient care at Oregon State Hospital.

III. PROCEDURE

- A. General Procedures for Patient Referrals and Transfers
 - 1. All transfers in Harbors, Trails, Bridges, and Transitional Cottages shall be managed by the Transfer Manager. Except in the case of an emergency transfer, transfers shall be facilitated by the referral process (see Attachment 1).
 - 2. It is the responsibility of the IDTs to identify patients ready to transfer, and to make referrals.
 - 3. Patients referred to Springs:
 - b. The referring unit shall submit a referral packet (see Attachment 1) to the Program Director of Springs.
 - c. The packet shall be reviewed by the Program Director designee and the decision regarding a transfer shall be communicated with the referring team.
 - d. If patient is appropriate for transfer, the team is required to present the patient to Risk Review to obtain appropriate privileges.

- e. The sending and receiving Nurse Managers shall coordinate the transfer.
4. Except for necessary emergency transfers, all transfers shall be accomplished within normal working hours to allow for continuity of care, as well as necessary transfer meetings and paperwork. It is preferred that all transfers occur Monday through Thursday. Other arrangements shall be made in collaboration with the Program Directors of each sending and receiving program and the Transfer Manager.
5. Time of transfer shall be made between the unit RN Managers or designees, with the sending unit initiating the communication. In Portland, the Program Nurse Supervisor shall coordinate the transfer.
6. All transfers require a Provider-to-Provider discussion of clinical needs, with the sending unit initiating the communication. The sending Provider shall write an order transferring the patient to the new unit.
7. The IDTs from both units shall work together when transfers occur to ensure a smooth transition for the patient. Teams shall consider the impact on the patient's treatment when considering a transfer. Both teams shall hand off clinical information to the corresponding discipline (social worker to social worker, psychologist to psychologist, etc.). This is best accomplished by a joined team meeting.
8. Any transfer of a high-risk patient shall include a meeting between both IDTs with all available members to hand-off relevant clinical and behavioral information. The transferring IDT shall document the meeting in the medical record, which shall include a risk mitigation strategy.
9. All transfers shall follow the appropriate documentation standards and guidelines as specified in OSH Polices 6.045 (*Clinical Documentation*) and 6.011 (*Interdisciplinary Teams*), and OSH Nursing Procedures "*Intra-Unit Transfer Policy*."
10. Patients referred to Bridges, the Transition Cottages, and Springs must obtain the required privileges before transfer.
11. Emergency transfers require the approval of the Transfer Manager in Harbors, Bridges, Transition Cottages, and Trails in collaboration with the Program's Supervising Psychiatrist, Program Nurse Manager and Program Director. Emergency Transfers in Portland and Springs require the approval of the Program Director, Supervising Psychiatrist, and Nurse

Manager from both units. The Chief Medical Officer (CMO) may authorize emergency transfers at any time if deemed clinically necessary.

12. After-hours emergent transfers shall be arranged by the Transfer Manager in consultation with the Program Directors of the programs affected.
13. If the Transfer Manager meets resistance regarding a transfer, he/she shall contact the Program Director of that program. The Supervising Psychiatrist in collaboration with the Program Director and Program Nurse Director of the programs shall mediate any transfer disagreements. If an agreement cannot be reached, the CMO or designee is consulted to continue the mediation.
14. If the disagreement continues, the CMO makes the final transfer determination.

B. Roles and Responsibilities

1. Interdisciplinary Treatment Team (IDT)

- a. **Emergent Transfer:** The IDT determines that a change in a patient's clinical presentation, a requirement to change unit census, or other clinical concern may require that a patient receive care on another unit/program. During weekends, holidays, or evenings the unit nurse consults with the Psychiatrist on Duty (POD) and the Program Director about the identified need. The Program Directors in Harbors, Bridges, Trails, and the Transition Cottages shall consult with the Transfer Manager before the patient is transferred.
- b. **Referral Transfer:** The IDT determines that progress with the Treatment Care Plan has occurred and that the patient would benefit from services in another program. They then shall decide which unit they believe best meets the patient's current clinical needs and make a referral to the Transfer Manager or Program Director.
- c. **Reverse-Transfer:** The IDT submits the "Questions We Will Ask" (see Attachment 2). Concerns that led to the transfer must be clearly addressed in the TCP.
- d. **The IDTs in Harbors, Trails, and Bridges:**
 - i. Maintains a list of potential transfers and submits this list to the Transfer Manager weekly.

- ii. Submits appropriate referral forms to the Transfer Manager.
 - iii. Ensures that any required documentation and assessments are up-to-date, including the START (exclusive of .370 patients).
 - iv. If a patient needs Risk Review privileges, the IDT submits appropriate paperwork for Risk Review before approval for transfer.
 - v. The sending IDT shall assure the patient has been fully informed to the level of their understanding regarding the reasons why the transfer is being implemented. This shall be documented in the medical record.
 - vi. The Providers and Nurse Managers on the sending and receiving IDTs shall collaborate with the Transfer Manager and receiving IDT to meet regarding any significant clinical concerns.
 - vii. The receiving IDT shall meet with the patient to review the TCP the day after the transfer, if the transfer occurred Monday through Thursday. The receiving IDT shall review the patient's TCP within 72 hours of transfer if the transfer was completed on the weekend. Any changes to the TCP shall be implemented at this review meeting.
2. Transfer Manager in Harbors, Bridges, Trails, and the Transitional Cottages
- a. Receives referrals and maintains a Transfer Referral List.
 - b. Communicates regularly with teams regarding referrals and patient movement between programs.
 - c. Collaborates with teams to facilitate best care placements. Assigns and recommends which unit and/or program patients shall transfer. Sends referral form for the patient to the assigned unit IDT team.
 - d. Communicates with both sending and receiving units, program director(s), and program supervising psychiatrist(s) regarding final transfer plans.
 - e. Collaborates with teams to problem-solve transfer issues.

- f. Meets with the Admit Manager, Program Directors, Unit Managers, Supervising Psychiatrists, and CMO as needed to manage transfer processes and census.

3. Patient Provider Psychiatrist or PMH Nurse Practitioner

- a. Referring and receiving Providers shall consult via phone prior to final transfer to discuss any pertinent clinical concerns and reasons for transfer. Information shared should include, but is not limited to: aggression, suicidal ideation or behaviors, and medical problems.
- b. If the Provider consultation reveals good cause that the proposed transfer should not occur, the reasons shall be reviewed with the Transfer Manager or Program Directors and Supervising Psychiatrist.
- c. The sending Provider shall write a transfer note including a brief synopsis of relevant history, current status, and reason for transfer. This may include the most- and least-successful treatment options already tried, recent or significant history of aggressive or suicidal behaviors or other unsafe conduct, labs or medical problems being addressed, and mental status. AIMS, START, Suicide Risk Estimation Tool, and Medication Consents shall be current prior to transfer (see OSH Policy and Procedure 6.045, *Clinical Documentation Attachment 2* for .370 patients). If the patient is transferred emergently, this note shall be written as soon as possible after the transfer and forwarded to the receiving Provider.
- d. An order shall be written to transfer the patient to the receiving unit.
- e. Medication Reconciliation on Transfer: Upon transfer from one unit to another, the Provider of the receiving unit shall review high risk medications within four (4) hours. High risk medications (as defined in OSH Policy 6.035 "Medication Reconciliation") shall be carefully reviewed and new orders shall be written if there are any changes required. A full medication review shall be completed by the Provider within 72 hours of transfer. The Provider shall write a note in their progress note that the medications have been reconciled. Transfer order with "continue previous meds" shall not be accepted. The Provider of the receiving unit may use the medication review on transfer (reconciliation) as replacement of the required monthly medication review.

4. Nursing

- a. Nursing Service staff shall follow the Nursing Services Policy & Procedure, *Transfer, Inter-Unit*, which shall include all essential transfer requirements: Nursing Assessment (sending and receiving) and coordination of patient and property movement between units.
- b. Hand-off communication shall occur directly between sending and receiving RNs. Hand-off communication shall specifically review the Nursing Assessment Inter-Unit Transfer form including: patient status risk and safety concerns, brief mental status, treatment requirements (both psychiatric and physical, and success strategies for working with the patient. If the same Provider is covering both sending and receiving units, and the patient is attending the same meal or work as on the previous unit a thorough team review from IDT to IDT is required to review all issues including meal and work schedule.
- c. The RNs from the referring and receiving units shall collaborate and arrange the transfer details, assigning and completing nursing-specific tasks on the Transfer Checklist. A MHT shall be assigned to inventory patient property.
- d. The sending unit OS2 shall complete the Program Transfer Option in the EHR. If the transfer occurs on off-hours, or if backup is needed, the Nurse Manager or Program Nursing Supervisor shall complete the option.

The receiving unit OS2 shall verify completion of the Program Transfer Option by reviewing the Current Unit Census Report. The receiving unit OS2 shall also update the Attending Practitioner Option and Other Practitioner Assignments in the EHR. If the transfer occurs on off-hours, or if backup is needed, the Nurse Manager or Program Nursing Supervisor shall complete these tasks.

5. Clinical Team Members

- a. The Social Worker on the sending unit shall write a brief note describing discharge planning efforts and status and contact the receiving social worker by phone or e-mail regarding commitment status, discharge plan and other pertinent information.
- b. If authorized by the patient to do so, the Social Worker informs patient's family of the transfer and gives them the name of an

identified receiving IDT member to contact, the receiving unit phone number, and the receiving unit's patient phone numbers. All attempts shall be made to ensure family members and/or guardians are aware of the transfer before it occurs.

- c. Family, guardian, and community providers are informed of the transfer by the sending Social Worker.
- d. The treating Psychologist(s), Treatment Mall Staff, and other providers involved in the patient's treatment shall write notes regarding pertinent information to facilitate continuity of care.

C. Transfer to the OSH Medical Unit

1. The referring Provider shall contact the Medical Unit Provider or covering medical physician regarding the patient's need for medical treatment.
2. The Medical Unit Provider or covering medical physician shall determine whether or not the patient will be transferred to a medical bed.
3. When the decision for transfer has been made, the Providers shall agree on the conditions needed for the patient to return to the sending unit. Arrangements for the transfer shall be coordinated through Nursing Services. The sending unit shall inform the Transfer Manager in Harbors, Bridges, Trails, and the Transitional Cottages of the transfer.
4. The patient's significant others, when appropriate, and guardian shall be notified of transfers to and from the Medical Unit by the sending unit's Provider. If the transfer occurs during off hours, the RN on the sending unit shall notify the significant other after consultations with the POD or medical OD. The guardian must be notified of the transfer.
5. Patients who transfer from Blue Mountain Recovery Center are treated as new admissions.
6. When the patient is from Harbors, Trails, Bridges, or the Transitional Cottages, the staff from these programs shall provide staffing on the medical unit. Any decision to change staffing shall be made through an assessment of the patient's condition, behavior, and need for supervision by the IDTs of both units. In cases of disagreement, the Program Directors shall make the decision.
7. All professional services shall continue to be provided to the patient by the staff from the unit of origin including assessments, service delivery, and maintenance of documentation timelines for CMS and The Joint

Commission Accreditation. Provider documentation, nursing documentation, Emergent care Addendum, and Treatment Care Planning shall be completed by the Medical Unit. The Medical Unit shall arrange IDT meetings to occur at least weekly between the unit of origin's IDT and the Medical Unit's IDT to coordinate care.

D. Transfer from the OSH Medical Unit

1. When a patient has met the agreed-upon conditions of return, the Medical Unit Provider or covering medical physician shall contact the unit Provider to alert him/her that the patient is ready to return.
2. Transfer arrangements shall be coordinated through Nursing Services.
3. If the patient is returning to a unit other than the unit of origin in Harbors, Trails, Bridges, or the Transitional Cottages, this must be facilitated by the Transfer Manager, arranged between the two Providers (i.e., the unit of origin and the new unit), and communicated to the Medical Unit Physician.
4. Requests for permanent transfer of patients with medical conditions to Springs are made through the Springs Program Director.

E. Patient transfer to an acute care hospital

See Nursing Services Department Manual Policy 3/T-3, *Transfer of Patient to Acute Care Hospital*,

V. ATTACHMENTS

- Attachment 1
- Attachment 2
- Attachment 3

IV. REFERENCES

- OSH Policy and Procedure 6.011 Interdisciplinary Treatment Team Processes
- OSH Policy and Procedure 6.029 Forensic Risk Review Panel
- OSH Policy and Procedure 6.035 Medication Reconciliation
- OSH Policy and Procedure 6.042 Short-Term Assessment of Risk and Treatability (START)
- OSH Policy and Procedure 6.045 Clinical Documentation
- Nursing Procedure T-2
- Medical Department Policy 3.004, Suicide Risk Assessment Policy

**SUBJECT: Transfers within OSH and to Outside
Hospitals**

POLICY NUMBER 6.001

DATE: June 11, 2012

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Replaces Oregon State Hospital Policy and Procedure 6.001, *Intraprogram and Interprogram Patient Transfers*, dated 4/27/2012.

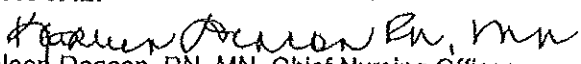
OSH TRANSFER REFERRAL FORM

- 1) Name/Number
- 2) Unit
- 3) MRN and Provider
- 4) Diagnoses
- 5) Medications and data of last informed consent
- 6) Significant medical illnesses
- 7) Medication and treatment mall adherence
- 8) Privilege level and use
- 9) Recent safety record
- 10) Any known conflicts with other patients on a potential receiving unit
(e.g., high potential for assault or other severe adverse impact on the milieu)
- 11) Last updated START
- 12) Any known risks for placement on a co-ed unit
- 13) Any long-term behavioral concerns and risk mitigation
- 14) Whether the team has collaborated and the patient agrees to move forward
in treatment
- 15) If the patient is in SOTP, please include a note from them regarding moving
to a less-restrictive setting, as well as if co-ed unit is okay

“Questions We Will Ask” Reverse Transfer Referral

1. Patient name and medical record number?
2. Privileges status (if on a PSRB unit)?
3. Primary psychiatric diagnosis?
4. Secondary psychiatric diagnoses?
5. Medical diagnoses?
6. Current medications, consent status (voluntary or involuntary), and when does their informed consent paperwork expire?
7. Recent medication changes?
8. Current behavioral plans?
9. Treatment mall participation?
10. Behavioral precautions?
11. Why now?
12. What behavioral interventions have been tried?
13. What medical interventions have been tried?
14. How would a transfer help?
15. What is required for this patient to transfer back?
16. What can a higher level of care program offer that you cannot?

**Oregon State Hospital
Nursing Service Department**

SECTION / #: 3 / T-3	POLICY: TRANSFER OF PATIENT TO ACUTE CARE HOSPITAL
APPROVAL:  Kathleen Deacon, RN, MN, Chief Nursing Officer	DATE: May 30, 2012

PURPOSE

Describes procedures and expectations relative to transfer of an OSH patient to an acute care facility for medical care

POLICY

- A. With the exception of Code Blue/medical emergency situations, a physician's order is required for transfer of an OSH patient to an acute care facility.

- B. Upon transfer, the patient becomes the responsibility of the accepting facility. In the case of forensics patients, legal custody is retained by OSH.

PROCEDURE

- A. An RN, or designee, will arrange appropriate transportation through the Communication Center.

- B. The number of OSH staff to be assigned will be determined by the Superintendent or his/her designee.

- C. In determining the number of staff to be assigned, the following factors will be considered:
 - History of suicidal or violent behavior
 - Past usage of restraint or seclusion
 - Behaviors that pose a risk of harm to self or others
 - Signs/symptoms of potential danger to self or others
 - Risk of elopement

- D. Staffing coverage will be arranged by the OSH Centralized Staffing Office(Salem), PNS office (Portland), transferring unit RN or designee. Whenever possible, coverage will be provided by staff familiar with the patient.
- E. OSH staff will accompany the patient for purposes of providing emotional support/comfort and to enhance continuity of care and communication between the acute care facility and OSH. OSH staff will not be required provide medical care or services that would otherwise be the responsibility of the accepting facility's staff; such as taking vital signs, administering medications, performing dressing changes or other treatments, documenting in the patient's record, etc. They may, however, assist the patient with routine cares that fall within their scope of practice, such as assistance with meals, grooming, etc.
- F. Acute care facility staff should contact the patient's OSH physician or interdisciplinary team for behavioral consultation as needed.
- G. OSH staff assigned to patients assigned to patients admitted to acute care facilities shall report observations relation to the patient's condition or well-being to that facility's nursing staff.
- H. Meals and breaks for OSH staff should be coordinated with the acute care facility's nursing staff.
- I. The following information should accompany all transferred patients:
- Purchase of Outside Medical Services
 - Documentation of Outside Medical Services
 - Physician's Hospital Transfer Form, completed by physician
 - Emergency Medical Transfer – Template in Nursing Progress Note, completed by RN
 - Emergency Medical Transfer Report
 - Copy of the most recent Medication Review or current Medication Administration Records (MAR)
 - Copy of any pertinent lab work, x-ray, EKG, etc
 - Copy of any advance directives
 - Original POLST (Physicians Orders for Life Sustaining Treatment), a copy should be left in the chart

- Copy of Admission MD Assessment or current physician note indicating a review of patient's medical and physical status
 - * Copy of recent Progress Notes, if pertinent
 - * Copy of most recent Nursing Assessment
 - * Copy of current Problem Listing Report
 - * Copy of current Treatment Care Plan
- * Not required in the case of a medical emergency transfer

J. Enter "Leave" on computer. (If a voluntary patient is admitted to the hospital, refer to OSH Policy and Procedure #6.004, Somatic Medical and Surgical Care of Patients, for instructions.)

K. Complete documentation in the electronic health record.

REFERENCE:

OSH Policy and Procedure #6.004, Somatic Medical and Surgical Care of Patients

Created: April 13, 1988

Revised: 04/13/1988 VE, 02/05/1990 VE, 06/18/1991 VE,
 11/03/1992 VE, 02/28/1995 VE, 09/19/1995 VE,
 06/18/1997 VE, 11/06/2001 VE, 11/19/2002 AS,
 06/06/2006 NFG, 1/29/2008 NFG, 02/17/2012 KD,
 05/30/2012 KD