CLINICAL ALERT

Quality and Safety

Information-sharing at patient transfer

8 January 2013 **Alert No: 13**

The transfer of mental health patients, whether internal or external, brings specific risks and issues that require careful consideration and planning in order to minimise and manage risks effectively and ensure continuity of care. General principles relating to communication, planning and implementation of care apply to transfers across a wide variety of care settings.

An audit in December 2012 found minimal documented evidence in healthcare records of information that had accompanied patients when transferred out-of-hours.

Minimum documentation to accompany mental health patients on transfer	Minimum documentation to accompany Community Health Newham patients on transfer	Out-of-hours transfers
➢ Assessment of current health & social care needs ➢ Up to date clinical risk assessment ➢ Up to date care plan which includes crisis & contingency arrangements ➢ Current medication ➢ Legal status and CPA status ➢ For those detained under the Mental Health Act, relevant section papers for long-term transfer under Section 19.	➢ Healthcare records ➢ Drug charts ➢ Care plan X-rays or other diagnostic records as appropriate	Transfer of patients out of hours is sometimes necessary but where possible transfer should happen during normal office hours. Any out of hours transfers should pay special regards to safe escort arrangements, prior risk assessment and adequate supporting documentation to accompany the transfer.

ACTION

All staff are asked to:

1) Ensure all appropriate documentation accompanies patients when they are transferred internally or externally.

2) Complete the Internal Transfer Checklist (see Appendix) to ensure all appropriate documentation is provided at transfer, and then file in paper-light notes

3) Document in the clinical notes that the Internal Transfer Checklist has been completed

For further information, please see the Transfer and Discharge protocol.

East London NHS Foundation Trust

Internal Transfer Checklist

Name of patient _____

Wards FROM _____ **TO** _____

Handover FROM nurse _____ **TO nurse** _____

Handover FROM Dr _____ **TO Dr** _____

Information to be handed over	Tick if provided	List information provided	If not provided, why not & action to be taken
Diagnosis			
Risk assessment and management plan			
Care plans			
CPA details (latest CPA form)			
Physical Health needs (diagnoses, monitoring)			
Medication (including allergies, side effects and sensitivities)			
Medication compliance history			
Legal status and current leave status			
Level of Observations		Level of observations	

Allocation of Primary Nurse	Primary nurse on old ward	Allocated primary nurse on receiving ward

Signature of staff accepting transfer (receiving ward) ……...

Date ……...