

## Receiving Patient from ED

### Patient Transfers from the Emergency Department to Inpatient Units

Starting on September 26<sup>th</sup>, nurses working in ED will transition to use of electronic tools in addition to a verbal handover for patient transfers

Island Health's [Information Transfer at Care Transitions Policy](#) indicates:

#### 1.2 General Principles For Information Transfer at Care Transitions

Information transfer and communication at handovers must occur at the following care transitions:

- Change in accountability between team members (e.g. handover at shift-to-shift, rest periods, change of provider care, etc.)
- Patient transfer (e.g. patient transfer points within hospitals, facility and/or services inclusive of Acute, Long Term Care, Facility and/or Community settings)

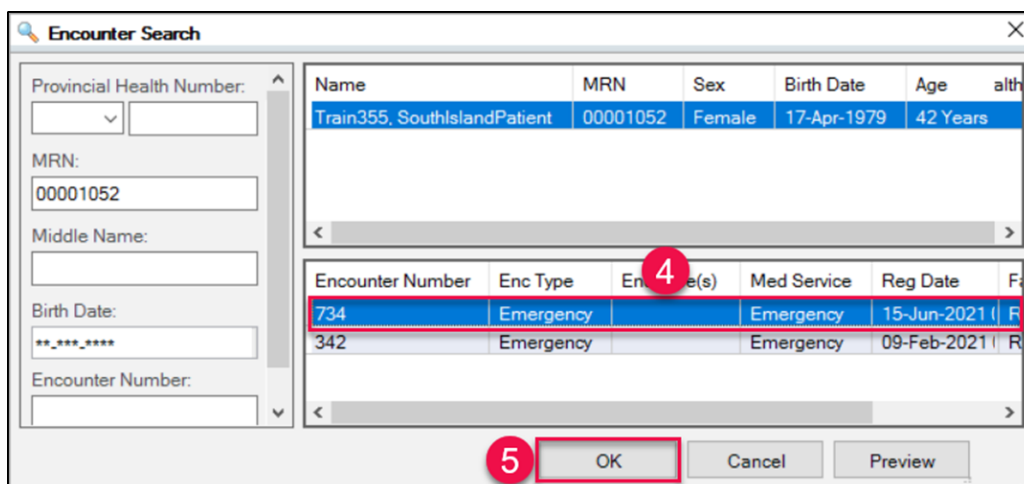
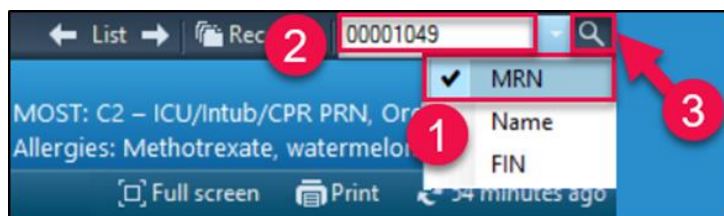
#### 1.4 Sharing urgent vs. non-urgent information

- Best practice supports the sharing of all information verbally (e.g. face-to-face or phone) by the care team, with clear documentation of care team conversations captured in the EHR.

### Inpatient Unit Receiving Patient from ED:

To review documented information ahead of the patient's arrival, you will need to use the search function.

1. From the drop down menu select MRN.
2. Enter the patients MRN.
3. Click the search icon.
4. Verify the correct patient and encounter.
5. Click OK.



### Handoff and Patient Transfer

- Handoff and Patient Transfer are the two tools within the EHR that are used for documentation of transitions in care and Handoff. They serve two different purposes

**Handoff Communication:** Is used to document a high-level summary using IDRAW. This includes key information about recent and anticipated changes and what the team needs to be aware of and watching for

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- This documentation will display in Results Review and in the Handoff Communication component on the workflow pages for all care team members.

### Handoff Tab

**Handoff**

Informal Team Communication

Clinical Handoff Communication(2)

Date/Time	Recent Changes	Anticipated Changes	What to Watch for	Author
29-Oct-2021 12:48	Rhinorocket to L Nare after hemorrhage	1 unit PRBC given, needs second	hx CHF watch for SOB and light headedness when mobilizing	Nurse MedSurg17 ClinDoc, TRAIN

### Results Review

Results Review

Tuesday, October 26, 2021 12:54 PDT - October 30, 2021 12:54 PDT (Clinical Range)

Navigator

- Chart Annotations
- Handoff Communication
- Measurements

Clinical Info	29-Oct-2021 12:48 PDT
Recent Changes	Rhinorocket to L Nare after hemorrhage
Anticipated Changes	1 unit PRBC given, needs second
What to Watch for	hx CHF watch for SOB and light headedness when mobilizing

### Patient Transfer/Transport:

- Is used to document a patient transport including unit to unit transfer.
- Information documented in this section will display in Results Review.

Results Review

Last 48 Hours | Lab - Recent | Lab - Extended | Microbiology | Diagnostics | Vitals - Recent | Vitals - Extended | **Clinical Information** | Document

Tuesday, October 26, 2021 12:54 PDT - Saturday, October 30, 2021 12:54

Navigator

- Chart Annotations
- Clinician Transfer/Handoff
- Handoff Communication
- Measurements
- Vital Signs
- Oxygen Therapy & Oxygen
- Gastrointestinal Assessment

Clinical Info	29-Oct-2021 12:48 PDT
<b>Clinician Transfer/Handoff Communication</b>	
Transfer Communication	Advance directives/MOST, Allergies, Patient/Family concerns, P
Equipment Accompanying Patient	Walker
Clinician Giving Report	Jane
Transfer From	ED
Transfer To	4 south
Patient Belongings Reconciled	Yes
Clinician Receiving Report	John