Patients Requiring Care within 4 hours (excluding internal processes)

Referring hospital physician needs to potentially transfer emergent/urgent patient

Is this pt “critically ill” and requires consult and/or transfer within 4 hrs?

Yes

Physician or delegate calls CritiCall and designates status as “STAT”

CritiCall connects referring physician to specialist physician. CritiCall and “One Number” stay on line.

Patient to be sent to appropriate bed or service

On Call Physician advised of “STAT” nature of call. Connection to be made within 15 minutes.

“One Number” refers to the phone number or department or person at each hospital that is consistently able to respond to calls, knows the current bed situation, and knows how to connect the incoming request with the consulting or specialist physician.

For Urgent patients follow transfer process 24-48 hrs, or for emergent patients follow transfer process 4-24 hrs

No

Referring Physician calls “One Number” at nearest hospital offering service, or CritiCall if patient requires care within 24 hrs

“Critically ill” also refers to “life or limb” patients

Does patient need care here?

Yes

Process continues

No

Patient is repatriated back to referring hospital at first available opportunity, if appropriate

Referring hospital sends demographic and clinical information to area via Fax and with patient

Standardized form used for demographic and clinical information

CritiCall advises referring physician to specialist physician. CritiCall and “One Number” stay on line.

Patient arrives at bed or service

Patient assessed by physician

Does patient need care here?

Yes

Process continues

No

"One Number" refers to the phone number or department or person at each hospital that is consistently able to respond to calls, knows the current bed situation, and knows how to connect the incoming request with the consulting or specialist physician.

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Patients Requiring Care within 4 - 24 hours (excluding internal processes)

Referring hospital
Physician needs to potentially transfer emergent/urgent patient

Is this an "emergent" patient who requires consult and/or transfer within 4-24 hrs?

Yes

Physician or delegate calls CritiCall

No

Referring Physician calls "One Number" at nearest hospital offering service, or CritiCall (if patient is Critically ill)

For Urgent patients follow transfer process 24-48 hrs, or for Critically Ill patients follow transfer process <4hrs

CritiCall calls "One Number" at specialized hospital

"One Number" identifies resource availability

Yes

Physician or delegate calls CritiCall

No

CritiCall connects referring physician to specialist physician. CritiCall and "One Number" stay on line.

Yes

Referring Physician calls "One Number" at nearest hospital offering service, or CritiCall (if patient is Critically ill)

No

CritiCall calls another hospital

Based on clinical discussion, should the patient go to specialized hospital regardless of resource availability?

Yes

CritiCall calls another hospital

No

Does patient need admission?

Yes

"One Number" liaises with referring hospital to arrange transfer - referring hospital arranges transportation

No

Patien,arrives at bed or service

Does the patient need to come for assessment or tests?

Yes

Patient assessed by physician

No

Process continues

"One Number" refers to the phone number or department or person at each hospital that is consistently able to respond to calls, knows the current bed situation, and knows how to connect the incoming request with the consulting or specialist physician

"One Number" identifies resource availability

Does patient need care here?

Yes

Patient is repatriated back to referring hospital at first available opportunity if appropriate

No

Patient enters at bed or service

Physician or delegate calls CritiCall

"One Number" identifies resource availability

Physician or delegate calls CritiCall

Referring hospital sends demographic and clinical information to area via Fax and with patient

Standardized form used for demographic and clinical information

Process continues
Patients Requiring Care within 24 - 48 hours (excludes internal processes)

Referring hospital Physician needs to potentially transfer patient within 48 hours

Is this an "urgent" patient who requires consult and/or transfer within 24 to 48 hrs?

Yes

Referring Physician or delegate calls "One Number" at nearest hospital offering service

Process for requirements (consultation/admission/diagnostic assessment/urgency/resources etc) and bed availability

"One Number" refers to the phone number or department or person that is consistently able to respond to calls, knows the current bed situation, and knows how to connect the incoming request with the consulting or specialist physician

Consultant or Senior Resident

No

For critically ill and emergent patients, Physician or delegate calls CritiCall

For Emergent patients follow transfer process 4-24hrs, or for Critically ill patients follow transfer process >48hrs

Does the patient need admission?

Yes

A bed and other resources available?

Yes

Are bed and other resources available?

Yes

Is patient to be placed on waiting list for bed for admission within 48hrs?

Yes

Interim care plan provided to referring physician by specialized physician while waiting for bed

Consultant or Senior Resident

No

Will patient actually get bed within 48 hrs?

Yes

Interim care plan provided to referring physician by specialized physician while waiting for bed

Consultant or Senior Resident

No

Patient transferred to specialized hospital when bed is available

Referring hospital checks with "One Number" periodically to update patient condition and check transfer status

If condition deteriorates, "One Number" notified immediately. If no resources available, may require CritiCall activation

Referring hospital sends demographic and clinical information to area via Fax and with patient

Monitoring of non-acceptance rate will be required to inform process improvement

Negotiation may take place to facilitate repatriation of patients to home hospital to allow for admission

Referring hospital calls another hospital offering service, or CritiCall for tertiary care needs.

Will patient actually get bed within 48 hrs?

No

Referring hospital calls another hospital offering service, or CritiCall for tertiary care needs.

Monitoring of non-acceptance rate will be required to inform process improvement

Is patient to be placed on waiting list for bed for admission within 48hrs?

No

Will patient actually get bed within 48 hrs?

No

Referring hospital sends demographic and clinical information to area via Fax and with patient

Does patient need care here?

Yes

Process continues

Yes

Referring hospital sends demographic and clinical information to area via Fax and with patient

Yes

Referring hospital sends demographic and clinical information to area via Fax and with patient

Monitoring of non-acceptance rate will be required to inform process improvement

Does patient need care here?

No

Patient transferred to appropriate bed or service

"One Number" liaises with referring hospital to arrange transport

Referring hospital sends demographic and clinical information to area via Fax and with patient

Monitoring of non-acceptance rate will be required to inform process improvement

Test Version
Hospital Patient Transfer and Access Process - SW LHIN

Repatriation to Originating/Community* Hospital Process (excludes internal processes)

"Community" refers to the patient’s home hospital or the hospital closest to their home and applies to situations where a patient was not originally transferred directly from the same hospital.

"One Number" refers to the phone number or department or person at each hospital that is consistently able to respond to calls, knows the current bed situation, and knows how to connect the incoming request with the consulting or specialist physician.

Specialized Physician determines patient no longer requires specialized care

1. If CCAC has not been involved to date, do they need to be contacted?
   - Yes
     - Specialized Physician or delegate contacts internal "One Number" to inform of pending transfer
   - No

2. "One Number" calls originating/community hospital and arranges physician to physician discussion

3. Does originating/community hospital have the medical resources to care for the patient?
   - Yes
     - Specialized hospital works with originating/community hospital to arrange admission to the closest available hospital offering appropriate level of care to accept patient
   - No

4. Nursing and Allied Health care needs discussed

5. Is the originating/community hospital able to provide or acquire the nursing and allied health resources needed to care for the patient?
   - Yes
     - Specialized hospital works with originating/community hospital to arrange admission to the closest available hospital offering appropriate level of care to accept patient
   - No

6. Can alternate hospital accept the patient?
   - Yes
     - Patient stays at specialized hospital until bed available in receiving hospital (maximum of 48 hrs)
   - No

7. Receiving hospital informs "One Number" when bed available (maximum of 48 hrs)

8. "One Number" informs unit of date of repatriation

9. Unit arranges for transportation (e.g. EMS, Voyageur etc)

10. Unit and CCAC arrange discharge

11. Has patient deteriorated rapidly after repatriation and needs specialized care?
   - Yes
     - Physician or delegate calls "One Number" at original receiving hospital
   - No

12. Patient transferred back based on clinical need

*Standardized form used for demographic and clinical information

Monitoring of non-acceptance rate will be required to inform process improvement

**Test Version**

"DRAFT - April 22, 2010"