Leamington Mennonite Home
Long Term Care

POLICY AND PROCEDURE

CATEGORY: **Resident Care**	**SUBJECT:** **Transfer Form**	**SECTION:** **T** **POLICY:** **4**
DATE: **February 2007** **REVISION DATES:** February 2008	**Administrator:** _____ **Director of Care:** _____	

TRANSFER FORM

POLICY:

The home will send accurate written information on all pertinent details of resident's condition and treatment when a resident is transferred.

PURPOSE:

To provide receiving physician and facility with:

- Reason for transfer including assessment data
- The most recent data on resident's care needs.

PROCEDURE:

Ensure that the Release of Medical Information form has been completed. Staff will complete the Transfer Form and ensure that the following is accurate, with current information and is completed as follows:

- **(LTC) Section A: Resident Data –** complete all sections
  - Check off if POA requested transfer and if Physician confirmed, and if were able to make contact with POA/NOK(for health) in applicable boxes.
  - **Active communicable diseases** – put a checkmark if active and identify date of vaccine if received.

- **(LTC) Section B: Reason for Transfer –** complete all sections
  - Note if change in LOC (level of consciousness) with a √ if different then normal
  - Ensure RN/RPN signs including name clearly printed with phone # and unit/ext. is provided
  - VITALS- taken at time of incident
  - Under CKD – put level of renal failure in sec: Stage 1,2,3,4,5 circle appropriate level found on mar record (if available)

- **(LTC) Section C: Resident Profile (indicate in the tick boxes all that applies)**
  - Ensure to check off which devices, have been sent with resident if applicable

- **(ER) Section D: Emergency Room Discharge Report**

- Inform LTC when returning, or if being admitted.
- If returning then this section is to be completed by the **Emergency room staff upon discharge from the ER.**

- **(SPECIALTY) Section E: Other Specialty / Clinic Discharge Report**
  - To be filled out by the staff at the specialist/clinic that the resident's appointment was at ie. fracture clinic, dentist, ultrasound etc.
  - Facility staff is to send completed Transfer Form with the resident upon transfer along with copy of MARS, TARS, Advanced Directives and other documents as needed.

- **The hospital, specialist, or other clinic will send transfer form back to facility upon resident's return,** unless admitted, at which time the LTC home will be notified by admitting facility.
  - Place the original copy back in the resident's chart (file with current progress notes).
  - LTC home to fax transfer form with new orders or new DX to pharmacy with re-written orders

Note: DO NOT leave any of your designated areas incomplete.