



# QUALITY IMPROVEMENT TOOL

## For Review of Acute Care Transfers

(Updated September, 2009)

Use this tool to review transfers of residents to an emergency department or for direct admission to the hospital. **The goal is to understand the reasons for the transfer and identify potential opportunities to improve identification and management of changes in resident status and reduce avoidable acute care transfers. PLEASE COMPLETE EACH SECTION**

### Section 1: BACKGROUND INFORMATION

Resident's Last Name      First Name      Age      Unit/Room #  
\_\_\_\_\_

Date of most recent admission to nursing home: \_\_\_\_/\_\_\_\_/\_\_\_\_

Resident hospitalized in the past year?     No     Yes    **If yes**, list dates and reasons below:

Resident status at time of transfer:     Long stay(LTC)     Short stay(SNF)

Payer was:     Medicaid     Private Pay     Medicare Part A     Evercare     Other managed care

### Section 2: TRANSFER INFORMATION

Date of transfer: \_\_\_\_/\_\_\_\_/\_\_\_\_ Day of week \_\_\_\_\_ Time of transfer \_\_\_\_:\_\_\_\_ AM/PM

Nurse involved in transfer: \_\_\_\_\_ Sent by 911?     Yes     No

MD/NP authorizing transfer: \_\_\_\_\_     Resident's Primary     Covering Provider

**What symptoms or signs prompted the transfer?**

**Was the resident admitted to the hospital?**     No    Yes

**If yes** – what was the admitting diagnosis: \_\_\_\_\_

**What happened on the day of the transfer?**

(Briefly describe the clinical scenario **ON THE DAY of the transfer - use SBAR for reference**)

**What was the resident's code status at the time of transfer?**     Full code     DNR     Other

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**Section 3: WHAT HAPPENED BEFORE THE TRANSFER?**

Based on review the nurse's notes, progress notes, and talking to staff that cared for resident in the few days prior to the transfer, **CHECK YES OR NO FOR EACH ITEM:**

	YES	NO
Change in condition or new symptoms?		
Change in behavior?		
Change in mental status?		
Change in vital signs?		
Change in overall functional status or mobility?		
Change in continence?		
Change in appetite/po intake?		
Was there one or more falls?		
Change in participation in rehab (if applicable)		
Did family mention a concern about a change in condition?		
Any medication changes?		
Abnormal lab values reported?		

**Was there anything else that you noted on review of this transfer? Please describe:**

**What actions were taken before the transfer? (CHECK ALL THAT APPLY)**

- Stop & Watch tool completed by nursing assistant
- SBAR completed (MD or NP: \_\_\_\_\_ Called \_\_\_\_\_ Not Called)
- Care Path used (Which one? \_\_\_\_\_)
- Physician onsite evaluation       Nurse Practitioner onsite evaluation
- Discussion with family about change in condition
- Intravenous fluids initiated
- Lab tests done     Xrays     EKG/rhythm strip     Other tests (describe) \_\_\_\_\_
- Medications given (describe) \_\_\_\_\_
- Other (please describe) \_\_\_\_\_

**What factors affected the transfer decision? (CHECK ALL THAT APPLY)**

- Medical instability (e.g. unstable vital signs, change in mental status, etc.) Describe: \_\_\_\_\_
- MD/NP/PA insisted (authorized transfer before or regardless of data provided)
- MD/NP/PA unavailable/did not return call       MD/NP/PA was unfamiliar with resident
- Advance directives (eg. DNR, DNH not documented or not complete)
- Family issues (e.g., family insisted or family in conflict)
- Stat test or Xray not available in facility (specify) \_\_\_\_\_
- Treatment option/equipment not available in facility (specify) \_\_\_\_\_
- Nurse not familiar with resident (new to resident or unit, agency nurse)
- Other (specify): \_\_\_\_\_

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**Section 4: CONSIDER - COULD THIS TRANSFER HAVE BEEN AVOIDED?**

**In reviewing the events that occurred up to a few days before the transfer, were there opportunities to prevent or anticipate the immediate reason for the transfer? For example:**

- The resident was transferred due to an infection (e.g. pneumonia or UTI). **Consider:** Did the resident have a change in functional status or appetite that could have provided a clue to earlier diagnosis?
- The resident fell and had a head laceration that led to the transfer. **Consider:** Were there signs of gait or balance changes that may have increased his risk for falls? Could fall precautions or some other intervention have possibly prevented the fall?
- Could the evaluation or treatment provided in the emergency room or hospital have been safely provided in your nursing home? **Consider:** were there other circumstances that contributed to the transfer that might have been addressed earlier, prior to the onset of an acute situation? (for example, resident or family preferences about hospital transfers or advance directives; family insistence on transfer)

**BASED ON YOUR REVIEW OF THE DATA ABOUT THIS TRANSFER, COULD THIS TRANSFER HAVE BEEN AVOIDED? Please check one option:**

\_\_\_ **Yes** \_\_\_ **Possibly** \_\_\_ **No**

**If yes or possibly, what were your major reasons for this determination (CHECK ALL THAT APPLY)**

- There were opportunities to prevent or anticipate the immediate reason for the transfer by earlier identification and management of a change in status
- The resident could have been cared for here if the provider had been available or returned calls earlier
- The MD may have kept the resident here with further discussion or additional information.
- The resident might have chosen to stay here with an earlier discussion about advance directives or the possibility of need to be transferred to the hospital
- Family members might have chosen for the resident to stay here with an earlier discussion about the possibility of need to be transferred to the hospital.
- The resident could have been cared for safely if the necessary tests or procedures (e.g. continuous IV) were available to be done here (Specify): \_\_\_\_\_
- Other (Please write in) \_\_\_\_\_

**ACTION PLAN TO ADDRESS REASON(S) FOR POTENTIALLY AVOIDABLE TRANSFER**

What actions might be taken in your facility to improve the identification and management of changes in resident status based on this transfer?

Review tool completed by: Name \_\_\_\_\_ Position \_\_\_\_\_