

SITe Study Transfer Call Tools



Use for patients 60 or older who have emergency general surgery conditions

SUGGESTED SCRIPT

Opening: *Hi [referring provider]! We're taking part in a study* to hopefully improve communication on calls about older patients. Before you tell me about the patient, if it's okay, I'd like to share what I know about the patient first.*

Summary: *I hear you have a [XX] year old [male/female] with [acute diagnosis]. You've got [labs] and [imaging] which I [have/haven't seen] and need to transfer because [reason for transfer].*

Transition question: *What else do I need to know about the patient?*

- Ask follow-up questions and lead the discussion per your judgment

Wrapping up: *Let me just take a moment to skim through the study checklist to make sure I'm not missing anything.*

- Potential question that is less often asked: *Since this patient is older, are they decisional?*

*Please direct questions about the study to egstransferstudy@surgery.wisc.edu.

CHECKLIST

Must discuss

Nice to discuss

Introductions

- Name
- Specialty and role

- Type of facility patient is at (e.g., free standing ER, critical access center)

Patient information, workup, and treatment

- Acute diagnosis
- Overall acuity
- Hemodynamic status
- Relevant comorbidities
- Anticoagulation status
- Relevant surgical hx (and where)
- Relevant lab and imaging findings
- What treatment has been provided so far?
- Is the patient decisional?

- Cognitive status. Activated healthcare power of attorney?
- Level of independence (e.g., home, assisted living, SNF)
- Patient's support system
- DNR/DNI status
- Was a surgeon consulted? Can they join the call?
- COVID-19 status

Factors affecting transfer decision making

- Reason for transfer (resources, patient/family preference, patient complexity, etc.)
- Bed status at accepting hospital

- Goals of care conversations that have occurred
- Patient/family/surrogate's expectations if transferred
- Care the accepting surgeon anticipates providing if transferred
 - Does it differ from treatment available at referring hospital
- If applicable, alternatives to transfer:
 - Keep patient at referring hospital, with accepting surgeon available as needed
 - If treatment is futile, is hospice an option rather than transfer?

If patient is accepted for transfer

- Point of entry into accepting hospital (ED, inpatient [including level of care])
- Care patient should receive while awaiting transfer

- Contact information of surrogate decision-maker or emergency contact
- Availability and mode of transportation
- Can patient be transferred back to referring hospital after acute issues are resolved?

CHECKLIST

Bold text indicates “must discuss” items.
Non-bolded items are “nice to discuss.”

Introductions

- Name**
- Specialty and role**
- Type of facility patient is at (e.g., free standing ER, critical access center)

Patient information, workup, & treatment

- Acute diagnosis**
- Overall acuity**
- Hemodynamic status**
- Relevant comorbidities**
- Anticoagulation status**
- Relevant surgical hx (and where)**
- Relevant lab and imaging findings**
- What treatment has been provided so far?**
- Is the patient decisional?**
- Cognitive status. Activated healthcare power of attorney?
- Level of independence (e.g., home, assisted living, SNF)
- Patient’s support system
- DNR/DNI status
- Was a surgeon consulted? Can they join the call?
- COVID-19 status

Factors affecting transfer decision making

- Reason for transfer (resources, patient/family preference, patient complexity, etc.)**
- Bed status at accepting hospital**
- Goals of care conversations that have occurred
- Patient/family/surrogate's expectations if transferred
- Care the accepting surgeon anticipates providing if transferred
 - Does it differ from treatment available at the referring hospital?
- If applicable, alternatives to transfer:
 - Keep patient at referring hospital, with accepting surgeon available as needed
 - If treatment is futile, is hospice an option rather than transfer?

If patient is accepted for transfer

- Point of entry into accepting hospital (ED, inpatient [including level of care])**
- Care patient should receive while awaiting transfer**
- Contact information of surrogate decision-maker or emergency contact
- Availability and mode of transportation
- Can patient be transferred back to referring hospital after acute issues are resolved?