

Transfer Call Tools

REFERRING PROVIDER – TRANSFER CENTER NURSE CALL

SCRIPT

This script is meant as a guide only. Transfer center nurses are encouraged to use their clinical judgment to ask additional questions and/or provide additional information to the referring provider.

TCN: Hi, this is [TCN name]. To get your call triaged as quickly as possible, I'd like to ask you a few questions. What is your name, specialty, qualifications (Physician/Nurse Practitioner/Physician Assistant), and facility?

RP: [Name, specialty, qualifications, facility]

TCN: Where is the patient located [ED vs inpatient vs other], and what is the call back number?

RP: [Location, call back number]

TCN: Can you tell me the patient's name, date of birth, and sex?

RP: [Name, date of birth, sex]

TCN: Are you looking to transfer or is this a case discussion?

RP: [Transfer or case discussion]

TCN: (If transfer) Now please tell me briefly about the patient's diagnosis, hemodynamics, and why you are calling for a transfer.

RP:	[Diagnosis, hemodynamics, reason for transfer]
TCN:	(If RP gives a broad reason for transfer, TCN may ask more specific questions such as: To make sure that I'm triaging the call to the most appropriate provider, what resources or services are not available at your facility that the patient requires?)
TCN:	I see [X-ray/CT/MRI/US] in [name of shared radiology system] <ul style="list-style-type: none"> ● If imaging is not there: Is there imaging to push? ● If imaging is there: Is there any additional imaging we should look for?
RP:	[Imaging information]
TCN:	Is there anything else you think I should know before I page our provider?
RP:	[Yes/no]
TCN:	Okay, let me page Dr. [XXX].

TCN may also consider asking about or sharing information related to:

- Additional details to expedite triage
- History of present illness
- Medical/surgical history, particularly related to surgeries at accepting hospital
- Pertinent labs
- Bed availability at accepting facility
- Anticipated accepting provider response time, if known (e.g., in OR)

CHECKLIST

Referring information

- Referring provider name, specialty, and qualifications (Physician/Nurse Practitioner/Physician Assistant)
- Referring provider call-back number
- Facility name
- Location of patient
- Transfer or case discussion

Patient information

- Name
- Date of birth
- Sex
- Working diagnosis
- Hemodynamic status
- Imaging
 - Significant findings
 - If all images have been “pushed” to the shared radiology system (e.g., PACS)

Reason for transfer

- Services not available at referring facility (e.g., ICU, dialysis, imaging, ERCP/MRCP, surgical services)
- Patient complexity exceeds referring facility capabilities (e.g., nursing, multi-specialty care)
- Other reasons: Patient request, continuity of care, insurance

Other information as appropriate

- Bed availability at accepting facility
- Anticipated accepting provider response time, if known (e.g., in OR)
- History of present illness
- Medical/surgical history (and where surgery was performed)
- Pertinent labs

TRANSFER CENTER NURSE – ACCEPTING PROVIDER CALL

SCRIPT

This script is meant as a guide only. Transfer center nurses are encouraged to use their clinical judgment when presenting information to the accepting provider.

TCN: Hi Dr. [accepting provider name],

1. I have [referring provider name],
2. a [specialty and qualifications] [on the phone/waiting for a call back]
3. from [facility name]
4. with a patient in/on the [ER/ICU/floor] who is hemodynamically [stable/unstable]
5. with a diagnosis of [XXX].
6. They want to transfer because of [reason for transfer].
7. There [are/are not] images in [name of shared radiology system].
8. Is it okay if I connect you?

TCNs and APs may also discuss the following if needed based on their judgment:

- Additional details about patient situation (e.g., pertinent medical/surgical history)
- Bed availability at accepting hospital
- Contextual factors related to referring hospital (e.g., bed size, critical access hospital, ICU availability, etc.)
- Anticipated timing of transfer
 - Transportation difficulties (e.g., MedFlight not flying)
 - Referring facility location

CHECKLIST

Referring information

- Referring provider name, qualifications, and specialty
- Referring facility name
- Location of patient

Patient information

- Hemodynamic status
- Working diagnosis
- What, if any, imaging has been performed and “pushed” to the shared radiology system

Reason for transfer

- Services not available at referring facility (e.g., ICU, dialysis, imaging, ERCP/MRCP, surgical services)
- Patient complexity exceeds referring facility capabilities (e.g., nursing, multi-specialty care)
- Other reasons: Patient request, continuity of care, insurance

Other information as appropriate

- Medical/surgical history, particularly related to surgeries at accepting hospital
- Bed availability at accepting facility
- Contextual factors related to referring hospital (e.g., bed size, critical access hospital, etc.)
- Anticipated timing of transfer
 - Transportation difficulties (e.g., MedFlight not flying)
 - Referring facility location