Transfer Call Tools

SITe

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

SUGGESTED SCRIPT

Opening: *Hi **[referring provider]**! This is **[accepting provider]**. 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 my checklist to make sure I'm not missing anything.*

Potential question that is less often asked:
Since this patient is older, are they their own decision maker or do they have a surrogate?

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 "<u>must discuss</u>" 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

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