# CGH

## Emergency Department Transfer Communication (EDTC) Checklist

*Must be completed on all transfers from the emergency department to another facility. EDTC-2 through EDTC-7 is documentation that is MANDATORY to be sent with the patient at departure or communicated via fax , phone, or via EHR within 60 minutes of departure. There should be supporting documentation for each measure in the patient's medical record. Reference Guidelines for clarification.*

**Yes NA***: Check box if completed: (Dr. to Dr. report does not have to be given when transferring to NH, select NA.)*

**EDTC-1: Administrative Communication: (Must be completed prior to patient departure from ED.)**

☐  Healthcare Facility to Healthcare Facility Date: _____   Time: _____   Spoke With: _____

☐ ☐  Physician to Physician Communication   Date: _____   Time: _____   Spoke With: _____

**Yes NA***: Check one-(only use NA when info is unable to be determined, unavailable or meets stated criteria):*

**EDTC-2: Patient Information: (Within 60 minutes of patient departure from ED.)**

☐ ☐  Patient Name

☐ ☐  Patient Address

☐ ☐  Patient Age

☐ ☐  Patient Gender

☐ ☐  Patient Contact Information

☐ ☐  Patient Insurance Information

**EDTC-3: Vital Signs: (Within 60 minutes of patient departure from ED.)**

☐  Pulse

☐  Respiratory Rate

☐ ☐  Blood Pressure (ok to select NA if patient ≤ 3 y/o or unable to obtain due to behavior)

☐  Oxygen Saturation

☐ ☐  Temperature (ok to select NA with any diagnosis except suspected infection, hypothermia or heat disorder)

☐ ☐  Neurological Assessment (ok to select NA except in patients with altered consciousness, poss. brain/head injury, trauma, post seizure, stroke or TIA)

**EDTC-4: Medication Information: (Within 60 minutes of patient departure from ED.)**

☐  Medication Given in ED (Select yes even if no meds were given as long as that was documented.)

☐  Allergies/Reactions

☐  Medication History (Select yes even if the patient takes no home meds as long as that is documented.)

**EDTC-5: Physician/Practitioner-Generated Information: (Within 60 minutes of patient departure from ED.)**

☐  History and Physical

☐  Reason for Transfer/Plan of Care (Should be included in the Memorandum of Transfer)

**EDTC-6: Nurse-Generated Information: (Within 60 minutes of patient departure from ED.)**

☐  Nursing Notes

☐  Impairments (Provider doc. ex.: ENT-WNL, oriented, denies numbness. Nursing doc. ex.: hearing aids or glasses.)

☐ ☐  Catheters (Select NA if no catheters were in place.)

☐ ☐  Immobilizations (Select NA if no immobilizers were in place.)

☐ ☐  Respiratory Support (Select NA if no respiratory support was provided.)

☐ ☐  Oral Restrictions (Select NA if no oral restrictions were provided.)

**EDTC-7: Procedures and Tests: (Within 60 minutes of patient departure from ED.)**

☐ ☐  Tests/Procedures Preformed (Select NA if no tests/procedures were performed.)

☐ ☐  Tests/Procedures Results (Select NA if no tests/procedures were performed.)

Receiving facility (*include bed/dept.*):_____   DC Date:_____   DC Time:_____

Nurse Signature: _____   Date:_____   Time:_____

# <u>EDTC (Emergency Department Transfer Communication) Guidelines</u>

**When a patient is transferred from the ER to any facility an EDTC form must be filled out and the required information must be communicated to the receiving facility.**

**Population Criteria:**

**Include transfers to:** nursing home, hospice facility, acute care facility, VA, psychiatric facility, skilled nursing facilities or any other facility with 24 hour nursing care. ER patients that have been admitted to observation status and then are transferred to another hospital or healthcare facility should also be included.

**Do not include discharges/ transfers to:** home, assisted living, hospice at home, home health, swing bed at CGH, acute care at CGH, observation at CGH, jail, expired or AMA

**EDTC-1:** This must be completed before the patient is discharged.

**Healthcare Facility to Healthcare Facility Communication:** This does not have to be performed by a nurse at the receiving facility or the transferring facility. Use the time that receiving hospital is contacted to secure a bed because patients diagnosis/ condition is communicated at that time.

**Physician to Physician Communication:** NA can be selected when patient is transferring to a nursing home.

**EDTC-2-7**: The documentation for this measure is mandatory to be sent with the patient at departure or communicated via fax, phone, or via EHR within 60 minutes of departure except when criteria is met to select NA. There should be supporting documentation for each measure in the patient's medical record.

**EDTC-2:** NA should only be selected in an extenuating circumstance where patient information cannot be obtained from the patient or family member. In normal circumstances this information should be communicated to the receiving facility with all transfers.

**EDTC-3:**

**Blood Pressure:** Select NA if patient ≤ 3 y/o or unable to obtain due to behavior.

**Temperature:** NA can be selected with any diagnosis except suspected infection, hypothermia or heat disorder.

**Neurological Assessment:** NA can be selected except in patients with altered consciousness, poss. brain/head injury, trauma, post seizure, stroke or TIA.

**EDTC-4:**

**Medication Given in ED:** Medication administration information should be communicated to the receiving facility even when no medications were given in the ER. Select yes if you communicated that no medications were given.

**Medication History:** Select yes even if the patient takes no home meds as long as that is documented/ communicated.

**EDTC-5:**

**Reason for Transfer/Plan of care:** This information should be in included in the MOT.

**EDTC-6:**

**Impairments:** This information should be included in provider or nurse's documentation. Provider doc. ex.: ENT-WNL, oriented, denies numbness. Nursing doc. ex.: hearing aids or glasses.

**Catheters:** This includes IV catheters. Select NA if no catheters were in place.

**Immobilizations:** Select NA if no immobilizers were in place.

**Respiratory Support:** Select NA if no respiratory support was provided.

**Oral Restrictions:** Select NA if no oral restrictions were provided.

**EDTC-7:**

**Procedures and Tests:** This includes any lab, xray, EKG, etc. Results must be communicated to receiving facility. Select NA if no tests/procedures were performed.