Quality Improvement Toolkit for Emergency Department Transfer Communication Measures

Section 3: Sample Checklists, Logs, and Transfer Forms

Stratis Health, based in Bloomington, Minnesota, is a nonprofit organization that leads collaboration and innovation in health care quality and safety, and serves as a trusted expert in facilitating improvement for people and communities.

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Section 3: Sample Checklists, Logs, and Transfer Forms

One component to emergency department transfer communications is documenting the flow of information between the emergency department and the entities receiving the patient. Tools such as checklists and transfer forms can be used both internally and externally to support the flow of patient information and to better understand where information sharing gaps are occurring. They can guide process improvement but also serve as a visual reminder of the documentation required to support communications and the quality of patient care.

3.1 Sample Checklist

While some aspects of emergency department transfer communication may be unique, many of the communications concepts and ideas that have been developed for transitions of care or handoffs between settings along the continuum of care also apply. Below is a series of sample checklists that can be used, adapted, or provide suggestions on how to meet your hospital’s and community’s unique needs.

Safer Handoff: Patient Handoff Checklist. Emergency Nurses Association (ENA). Developed to highlight information that should be transferred to and from emergency departments and Long Term Care facilities/agencies.

Transfer Checklist and Feedback Form. Northeast Health Care Quality Foundation. Checklist and feedback form for interfacility transfers. Allows receiving facility to provide feedback and suggestions if information was not received or is incomplete.

Acute Care Transfer Document Checklist. Interact. Florida Atlantic University. Designed for long term care facilities to ensure appropriate documentation is sent with a resident to the Emergency Department. Could be adapted to address communication from the emergency department to other settings of care.

3.2 Sample Transfer Forms

Transfer forms are another tool used to improve transfer communications. In some states, minimum data standards have been set for all care transitions/transfers. Examples of what is required within the standard data sets established for all care transitions include:

- Principle diagnosis and problem list
- Reconciled medication list including over the counter/herbals, allergies and drug interactions
- Clearly identified medical home/transferring coordinating physician/provider/institution and their contact information
- Patient’s cognitive status
- Test results/pending results
- Pertinent discharge instructions
- Follow up appointments
- Prognosis and goals of care
- Advance directives, power of attorney, consent
- Preferences, priorities, goals and values, including care limiting treatment orders (e.g., DNR) or other end-of-life or palliative care plans
In addition, the “ideal” transfer record would also include:

- Emergency plan and contact number and person
- Treatment and diagnostic plan
- Planned interventions, durable medical equipment, wound care, etc.
- Assessment of caregiver status
- Patients and/or their family/caregivers must receive, understand and be encouraged to participate in the development of their transitions record which should take into consideration the patient’s health literacy, insurance status and be culturally sensitive

Following are sample transfer forms that can be adapted to meet your hospital emergency department and community needs, including:

**Safer Handoff: Patient Handoff/Transfer Form**, Emerency Nurses Association (ENA).

**Universal Transfer Form**, New Jersey Department of Health.

**Interact Hospital to Post Acute Care Transfer Form**, Florida Atlantic University. Designed for acute care discharges to post-acute facilities. Could be adapted for emergency department use.

**Model Transfer Form: Nursing Facility to Emergency Department/Hospital**, Virginia Department of Health. Designed for nursing facility use, could be adapted or used as a tool with local nursing home partners.