

# Long-Term Care Handoff Communication Form Guideline

## Purpose

- consistently and accurately provide EMS, emergency department and hospital staff with important information about nursing center residents
- ensure continuity of care and improve handoff communication
- facilitate an efficient, safe transfer
- ensure that a resident's aids and appliances sent during the transfer are returned upon the resident's return to the LTC facility
- provide immediate baseline information to health care and emergency personnel in the event of an evacuation of nursing facility residents
- provide temporary staff with baseline information about residents

## Responsibility

nursing staff

## Resident Population

all residents of skilled, intermediate and assisted living centers

## Placement of Form

When the transfer form is completed, a copy should be placed in the resident's chart because it provides documentation of the transfer.

## General Instructions

1. The form should be completed whenever a resident is transferred to a hospital for emergency evaluation or planned admission. Whenever possible, complete the form before transfer and send a copy with EMS personnel or family. In an emergency, it may be necessary to complete the form after the resident has left the facility.
2. Send the documents listed on the transfer form with EMS personnel or fax to the receiving hospital.
3. After the resident has been transported, fax the form to the receiving hospital. If you are unsure of the receiving hospital, instruct EMS personnel to call the nursing center when the destination is known and then fax the report.
4. Call the receiving hospital to give a nurse-to-nurse report.
5. Place a copy of the LTC transfer form in the resident's chart.

## Instructions for Completion

1. Enter the center's name, address, phone and fax number or affix label with contact information.
2. Record the resident's attending physician and phone number. This should be the physician responsible for the resident's care in an intermediate or skilled facility or the assisted living resident's primary care physician. Check the "Notified" box to indicate that the physician was notified of the transfer.
3. Document the resident's name, birth date, sex and Social Security number.
4. Enter the reason(s) for the transfer and the date and time of onset of the illness or injury.
5. Enter whether the resident is a full, limited or a do-not-resuscitate under "Code Status." Another option is to mark the "See DNR Form" box if a form was included with the records sent with the resident.
6. Enter all allergies and drug reactions, including food, drug and environmental sources such as latex allergy. If allergies are listed on the MAR to be sent with the resident, check "See MAR."
7. If applicable, enter the resident's durable power of attorney for health care or legal guardian's name and phone number.

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8. Enter the resident's primary health care decision maker's name, phone number and if notified of transfer.
9. Indicate if the resident has an advance directive and if he or she is able to make their own decisions.
10. Indicate if the resident speaks English. If not, specify the language spoken.
11. Under "**Literacy/Religious Concerns**," list important concerns, such as inability to read or write, Jehovah's Witness, etc.
12. List any previous admissions to hospitals or other LTC centers in the past month.
13. List the resident's primary diagnoses and chronic conditions.
14. Under "**Immunizations**" indicate date (month/year) of immunizations administered in past year.
15. Under "**CHECK ALL THAT APPLY**," check all applicable boxes and describe or supply dates or additional information when indicated.
  - a. Under "**Impairments and Disabilities**," mark all that apply. Briefly describe the impairment or disability.
  - b. Under "**Falls in Last 30 Days**," list date(s) and whether an injury occurred.
  - c. Under "**Infection**," indicate if the resident has an active infection or is colonized with methicillin resistant Staphylococcus aureus (MRSA) or vancomycin resistant enterococcus (VRE) and list site(s). Indicate if the patient has Clostridium difficile or a urinary tract infection.
  - d. Under "**Elimination**," mark if resident had a urinary catheter in the past month, the date inserted or changed and, if applicable, the date discontinued.
16. Check all records sent with resident and fax all requested records, if necessary.
17. Document aids and appliances sent with the resident. It is not necessary to document clothing and other personal items.
18. Under "**Skin and Body Assessment**," indicate if skin is intact. If not, use numbers to identify all abrasions, bruises, skin tears and decubitus ulcers on the body diagram. Describe site and care conditions in space provided. Include wound vac settings, if applicable.
19. Indicate transfer date and time, hospital and mode of transportation.
20. Record most recent vital signs, height and weight.
21. Document that the receiving hospital was called, as well as the date, time and name and title of the individuals giving and receiving the report.
22. The person completing the form should sign and date the form.

### **Records to Be Sent with Resident or Faxed to Receiving Facility**

1. face sheet
2. medication administration record that is currently in use, with recorded time of most recent doses
3. most recent complete nursing assessment. This provides a baseline for the hospital to identify normal functional and mental status of the patient.
4. most recent LTC history and physical or, if unavailable, a copy of the hospital admission history and physical
5. most recent physician orders; pertinent lab reports, especially PT/INR levels and drug levels; radiology reports and, if available, advance directive, durable power of attorney for health care and Do Not Resuscitate documentation

Form Reviewed and Approved

Date: \_\_\_\_\_

Director of Nursing: \_\_\_\_\_

Form Reviewed and Approved

Date: \_\_\_\_\_

Director of Nursing: \_\_\_\_\_