

WORKFLOW GUIDANCE: ORDERS AT TIME OF PLANNED PATIENT TRANSFER

HIGHLIGHT

- ▶ Timely signing of Transfer Reconciliation and initiation of PowerPlans by providers/medical staff ensures patient orders best reflect patient's status and care needs. This is supported by effective communication with receiving service around expected transfer time and time of patient's arrival on unit. Minimizing the time between patient arrival on unit and these actions is ideal.
- ▶ During a patient transfer, while awaiting transfer reconciliations signing, all active orders are valid orders.
- ▶ The ability for a nurse to competently or safely proceed with an order may vary; review of individual(s) skills, appropriate/available patient monitoring and supports is expected.



KEY POINTS:

Ideal steps for the majority of transfers are below. Unique situations may exist – review with area leadership as needed.

Prior to transfer by transferring nurse:

- Complete **Orders Hygiene** (i.e. [Chart Check](#))
- Verify planned Transfer Reconciliation (with or without planned PowerPlans/ad hoc orders) is completed by receiving MD
- Verify placement of communication orders that include the accepting service and physician name

Order review between transferring and receiving nurse during handover:

- Review the **Active Orders** as these are valid, active, patient-specific orders that will be used until receiving provider signs Transfer Reconciliation and initiates any additional planned PowerPlans
- Review **Reconciliation History** for consistency of orders with patient status (i.e. advanced diet, activity level, or duplicated care orders/diagnostics due to time lapse between Transfer Reconciliation and patient transfer)

Key components of **Transfer Reconciliation** to understand plan regarding patient orders:

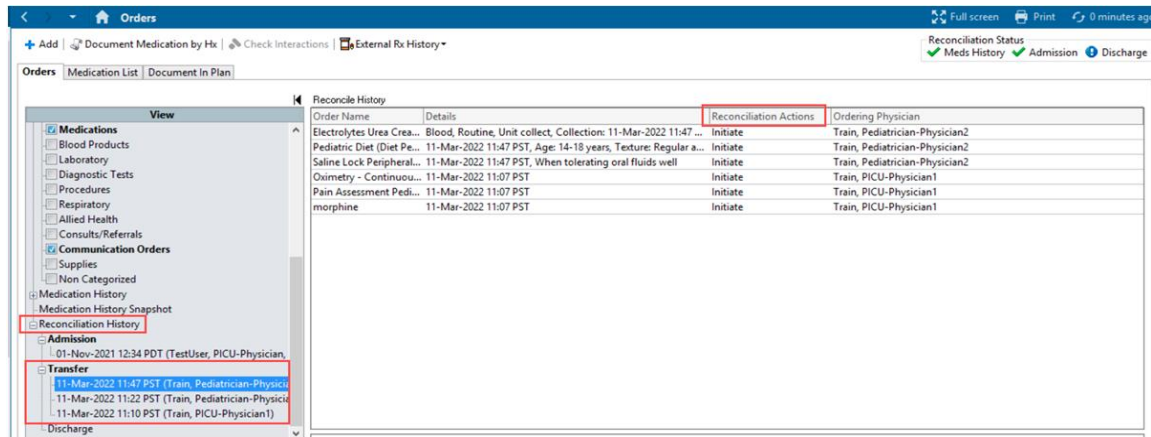
- The most updated **Transfer Reconciliation** is located at the top of the list, but it is recommended to review the full list of the **Reconciliation History**
- Pay attention to the **Reconciliation Actions** displayed for each order:
 - **Pending** (e.g. Pending Cancel/Discontinue) will remain inactive until the **Transfer Reconciliation** is signed by the Receiving Provider.
 - **Continue** means that these orders remain active *before and after* transfer.
 - **Initiate** means that these orders will be active *after* the **Transfer Reconciliation** is signed.

Provider Role:

- ❖ The receiving provider is responsible to sign the Transfer Reconciliation when patient arrives on receiving unit
- ❖ Receiving provider is notified with approx. transfer time and confirms who will be available to sign reconciliation
- ❖ Upon arrival to the unit, the receiving nurse calls the provider and asks them to sign the transfer reconciliation, perform order hygiene/merge view, and initiate or order any additional PowerPlans and ad hoc orders

CST PRACTICE POINTER

POINTING YOU IN THE RIGHT DIRECTION



Order Name	Details	Reconciliation Actions	Ordering Physician
Electrolytes Urea Crea...	Blood, Routine, Unit collect, Collection: 11-Mar-2022 11:47 ...	Initiate	Train, Pediatrician-Physician2
Pediatric Diet (Diet Pe...	11-Mar-2022 11:47 PST, Age: 14-18 years, Texture: Regular a...	Initiate	Train, Pediatrician-Physician2
Saline Lock Peripheral...	11-Mar-2022 11:47 PST, When tolerating oral fluids well	Initiate	Train, Pediatrician-Physician2
Oximetry - Continuou...	11-Mar-2022 11:07 PST	Initiate	Train, PICU-Physician1
Pain Assessment Pedi...	11-Mar-2022 11:07 PST	Initiate	Train, PICU-Physician1
morphine	11-Mar-2022 11:07 PST	Initiate	Train, PICU-Physician1

SUPPORTING DOCUMENTS

- [CST Cerner Help: PICU to Inpatient Unit Transfer Workflow \(BCH\)](#)
- [CST Cerner Help: Transfer – Internal Transfer Process \(Provider\)](#)
- [CST Cerner Help: NICU to PICU Admission Workflow \(BCW and BCH\)](#)
- [CST Cerner Help: PICU to NICU Admission Workflow \(BCH and BCW\)](#)
- Transfer Checklist - Coming Soon
- Handover Guidelines - Under Development