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| <b>Title:</b> Referred In-Patients, Coordination of Care (URGENT and EMERGENT)                      | <input type="checkbox"/> Policy <input type="checkbox"/> Procedure <input checked="" type="checkbox"/> SOP             |
| <b>Category:</b> Unit Specific<br><b>Dept/Prog/Service:</b> Diagnostic Imaging                      | <b>Distribution:</b> Diagnostic Imaging, Emergency Dept<br>Regional Hospitals  |
| <b>Approved:</b> EVP, Regional Programs, Clinical Supports and Medical Affairs<br><b>Signature:</b> | <b>Approval Date:</b> Jan 5, 2011<br><b>Reviewed/Revised Date:</b> June 20, 2019<br><b>Next Review Date:</b> June 2023 |

**CROSS REFERENCE:** PAT-5-162 - Stranded Patient Protocol for Admitted Patients from Regional Hospitals; MS-23 - Clinical Consultation for Most Responsible Physician, Alert 99 EMER-120 or Code Blue EMER-140

#### POLICY:

All patients from regional hospitals (admitted and non-admitted) that are referred in to Diagnostic Imaging (DI) at Thunder Bay Regional Health Sciences Centre for **urgent and emergent** (emergent - potentially life/limb threatening) imaging studies, will have their studies interpreted and the result communicated back to the Most Responsible Physician (MRP) before the patient is transferred back to the sending institution.

#### PURPOSE:

To provide the best possible care for patients and avoid delays in treatment.

#### PROCEDURE:

1. All requests for urgent (Non CritiCall) Diagnostic Imaging studies for regional hospital patients must be approved by the Radiologist on call.
2. When a patient has been referred in to the Diagnostic Imaging Department at Thunder Bay Regional Health Sciences Centre from a regional hospital for urgent (Non CritiCall) imaging tests, Diagnostic Imaging can directly receive these patients between the hours of 0800 and 2300. Patients can be brought to the Diagnostic Imaging registration desk and the clerk will register them. Upon registration, the most responsible technologist will expedite the examination.
3. If a test is emergent (Life or Limb threatening) enough to be considered outside the hours of 0800 to 2300, the referring physician must follow the CritiCall consult/transfer process by calling 1-800-668-4357. CritiCall resource materials are available at <http://www.criticalcall.org/>.
4. All patients must be accompanied by a Nurse or Physician. All pertinent medical information not contained in the EMR or PACS must also accompany the patient. If the patient may require medication in the time they are expected to be at TBRHSC, the sending hospital must send an adequate supply with the patient. Medication is to be administered by the accompanying health care provider. Delays in transfer should be considered when determining medications that should accompany patient.
5. Upon completion of the examination, the technologist will ensure all images are in PACS, or in the case of Nuclear Medicine or Echocardiography, that the study is at the relevant reporting station. The Technologist will "red dot" the case in PACS (for tests not reported in PACS, the Technologist will indicate on the requisition that the exam is STAT) and notify the reading physician that a priority report is needed before the patient can be considered for return to the sending institution.
6. The reading Physician will dictate the report in PowerScribe in priority sequence.

7. The reading Physician will discuss the findings with the MRP from the sending institution prior to the patient leaving TBRHSC.
8. If the exam is positive and an urgent consultation is required with a specialist, the MRP from the sending facility will be responsible for arranging the referral with the relevant on-call Consultant and communicating these arrangements to the DI staff.
9. The location of the consultation will occur in the Diagnostic Imaging (DI) up until 2100 hrs, if consult is delayed after this time, Nurse escort to contact Admin Coordinator and refer to process outlined in Appendix A. **If patient condition becomes unstable while in DI, Alert 99 EMER-120 or Code Blue EMER-140 policy to be implemented.**
10. Specialist consultation will occur within two hours as per the Clinical Consultation for Most Responsible Physician MS-23 policy.
11. If the need for consultation is non-urgent, a future date will be considered either by return visit or telemedicine.
12. If the MRP determines that the patient can return to the sending institution, the reading Physician will advise the Technologist who will inform the Regional Nurse Escort they may make arrangements to return. For patients waiting in DI, if transportation is delayed, the patient and Regional Nurse Escort will be transferred to the DI General Radiology stretcher bay, where a telephone and washroom facilities are in proximity. Staff transferring the patient to the stretcher bay will inform General Radiology. If transportation is delayed but expected to occur before 2100 hours, patients will continue to wait in DI Radiology area and are not considered stranded.
13. General Radiology/DI staff will check in periodically with the Regional Nurse Escort and provide assistance if they are available. Food/drinks can be purchased at Robins or in the hospital cafeteria. An algorithm with hospital assistance and key contact information will be available to the regional nurse escort and located beside the phone in the stretcher bay. Refer to Appendix A.
14. If transportation is cancelled, transfer delay is expected to extend past 2100 hours or past the time EMS is available in the region, Regional Nurse Escort to contact Administrative Coordinator and their Manager to discuss plan. If the patient is considered stranded refer to Policy PAT-5-162 Stranded Protocol for Admitted Patients from Regional Hospitals.
15. The MRP from the sending regional facility will remain the MRP until such time as care has been either transferred to the consulting specialist, or the clinical condition of the patient merits a formal transfer through the Alert 99 or Code Blue process.
16. The Regional Nurse Escort will be discharged from their duties once a full transfer of care, including nursing report, has been provided to an accepting Nurse as per stranded protocol, Alert 99 or Code Blue management process.
17. In some instances the Regional Nurse Escort may be requested to remain in Thunder Bay to accompany the patient back to the region. This decision will be made in collaboration with the regional hospital.
18. All Regional Nurse transportation costs and expenses will be assumed by the sending Hospital.

