**Documentation for Sending Facility for Patient’s**

**Health Record**

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| This patient was transferred to an alternate hospital as necessary to respond to a major surge event. The attending clinician has confirmed **(check that all have been completed):** |
| ☐ Yes Initial \_\_\_\_\_\_\_☐ Yes Initial \_\_\_\_\_\_\_☐ Yes Initial \_\_\_\_\_\_\_ | * The types of care required for the patient are delivered at the receiving site
* The transfer can be effected without compromising the patient’s medical condition
* The receiving attending clinician is prepared to issue an order to admit the patient to the hospital
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**Name of Transfer Facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Transfer Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Patient/SDM Engagement and Communication**

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| --- | --- |
| ☐ Yes Initial \_\_\_\_\_\_\_  | Efforts, as circumstances allow, have been made to offer a dialogue with the patient/SDM re:* Nature of transfer
* Risks and benefits
* Alternatives, if any
* Plan
 |
| 🞎Yes 🞎No Initial \_\_\_\_\_\_\_ | The patient/SDM has received a copy of the “Patient Move Letter with Checklist” and they are aware of the transfer.If SDM could not be reached. A message was left:Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and Time\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 🞎Yes 🞎No 🞎NA Initial \_\_\_\_\_\_\_ | The contact information of the SDM has been relayed to the Receiving Facility, in the event the SDM was not notified. |
| **Other Notes:**Please outline any Patient/SDM/Family Caregiver concerns identified that will be provided to the Receiving Facility to help address where possible: |

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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