

MODEL UNIVERSAL TRANSFER FORM
For Use in Transfers Between Nursing Facility and Emergency Department/Hospital

In August 2007, the Virginia Health Care Association (VHCA) and the Virginia Hospital and Healthcare Association (VHHA) jointly initiated a project to develop a user-friendly "universal transfer form" to facilitate information sharing when individuals move between hospitals and nursing facilities. A statewide task force, including the Virginia Association of Nonprofit Homes for the Aging (VANHA) and the Virginia Health Quality Center (VHQC), was convened along with representatives from nursing facilities, hospitals, home health and hospice providers, Virginia Department of Health, Virginia Department of Social Services, and attorneys.

As a first step, both associations solicited interest from members and collected forms in currently in use from stakeholders and other available sources. The mission was to develop a Virginia-specific pilot form to provide essential information at transfer, to identify the critical elements on existing forms that worked well and could be replicated, to present a "picture" of the individual and reason for transfer, and to capture the necessary information to treat the individual quickly in the Emergency Department. A major goal was to provide immediate feedback to the nursing facility upon the patient's return from the hospital on the hospital's treatment/diagnosis of the patient's condition. Stakeholders developed a list of specific recommendations on how to enhance communication during transfers.

Initially in the development of the form, consideration was given to usefulness for assisted living residents, home health and hospice patients, in addition to nursing facility residents and Hospital Emergency Departments. Stakeholders ultimately determined that the initial phase of a pilot would be to use the one-page form to transfer nursing facility residents to and from Emergency Departments and to eventually broaden it to other settings, e.g., assisted living, home health, etc.

Following extensive input from a variety of sources and users of the document and multiple revisions to the form, the pilot was launched on June 16, 2008. Periodic conference calls were held during the pilot phase to assess the status and use of the forms and to obtain feedback on the content of the form. Input from pilot participants was very positive, and the pilot project was deemed successful after evaluating use of the form and incorporating resulting suggestions into the final draft.

PARTICIPATING NURSING FACILITIES AND HOSPITALS

Lewis Gale Hospital
Prince William Hospital
Riverside Regional Medical Center
Martha Jefferson Hospital
Carilion Roanoke Memorial Hospital
MCV Hospitals of VCU Medical Center

Radford Nursing & Rehabilitation Center
Manassas Nursing and Rehabilitation Center
The Gardens of Warwick Forrest
Martha Jefferson House
Friendship Health & Rehab Center
Berkshire Health & Rehabilitation Center Salem Health
and Rehab Center
Raleigh Court Health & Rehabilitation Center
Richfield Recovery & Care Center

The model form provides a single page for the nursing facility to enter information useful to the hospital upon transfer of the resident/patient to the hospital and a single page on which the hospital will enter treatment and contact information for use by the nursing facility upon the

resident's/patient's transfer back to the nursing facility. While this summary refers to use of the form by nursing facilities, the form can be used for transfers to and from other settings, including assisted living facilities. The model transfer form is now available online to all nursing facilities and hospitals on the websites of the [Virginia Hospital and Healthcare Association](#), [Virginia Health Care Association](#), [Virginia Association of Nonprofit Homes for the Aging](#), [the Virginia Department of Health, Office of Licensure and Certification](#), [Virginia Department of Social Services](#) and the [Virginia Department of Medical Assistance Services](#). Pilot participants recommend that the form be reproduced in a bright color to bring it to the attention of providers.

The downloadable PDF transfer form is interactive. To use the interactive form follow these instructions:

1. Download the form from the Internet.
2. Choose Save As and save to local or network drive of computer.
3. Fill out the form and then save the file as another name (probably with a title including patient's name or other appropriate means of patient identification) so that the original file that was downloaded remains blank for future use.
4. Print the form or forward the Saved copy.

Alternatively, the form can be downloaded, saved, printed and manually completed as needed.

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