



Information Transfer Acute Care Audit for Interfacility Transfers

Annually, complete 10 chart audits that capture interfacility transfers.

Facility: _____

Medical Record Chart																					Totals		
Desired response: Yes (Y) or Not Applicable (NA)	Y/ NA	No	Y/ NA	No	Y/ NA	No	Y/ NA	No	Y/ NA	No	Y/ NA	No	Y/ NA	No	Y/ NA	No	Y/ NA	No	Y/ NA	No	Y/ NA	No	
1. Reason for accessing care, and care and monitoring needs were present.																							
2. <i>Manitoba Interfacility Transfer Referral Form</i> was completed.																							
3. The Nurse Escort Interfacility Transfer Record was used and captured monitoring and care needs during transport for interfacility transfers requiring a																							
4. For all transfers, the checkbox on the <i>Manitoba Interfacility Transfer Referral Form</i> is checked, identifying that a verbal nurse-to-nurse report occurred between the sending and receiving unit.																							
5. For all transfers, there is documentation that the patient/designate has received communication about the transfer.																							
6. Program specific referral forms were completed.																							
Total number of responses:																							

Formula: $\frac{\text{Total \# of Yes/ NA responses}}{\text{Total \# of charts audited X 6 total possible responses}} = \text{_____} \times 100 = \text{_____} \%$ rate of meeting the indicator

Comments:

- Quality Improvement Plan is completed
- Quality Improvement Plan is submitted along with Audit Results

Date: _____ Audit completed by: _____