

Client Information Transfer Sheet

Coventry Residential / Nursing Homes and Housing with Care

Purpose and use of form

Information sharing regarding individuals between a care establishment and the hospital, this will enable the hospital to quickly understand more about the individual so that care and/or treatment can be provided in a manner that takes into account that individual.

A 'Client Information Transfer Sheet' is to be used in all circumstances when an individual living in a residential, nursing or Housing with Care scheme is transferred to hospital and when individuals are transferred back to a care establishment.

Process

The responsibilities of each stakeholder in this process are as follows:

Residential, Nursing or Housing with Care scheme

- ❖ The 'Client Information Transfer Sheet' should be completed in as much detail as possible by the care establishment for all residents / tenants and placed on a file in the establishment.
- ❖ The care establishment is required to complete any outstanding detail immediately prior to transfer to hospital.
- ❖ Once completed, the 'Client Information Transfer Sheet' should be marked **Restricted – Sensitive Personal Data** and placed in an appropriately sealed and labelled envelope with the sender's return details on the back.
- ❖ The 'Client Information Transfer Sheet' should then be passed to the Ambulance Service, a file disclosure form should be signed by the receiving person as proof supplied
- ❖ As an exception to the above process, should the form not be passed to the Ambulance Service when they are at the care establishment then it should be faxed to the Accident & Emergency Reception Team at University Hospital Coventry and Warwickshire on **02476 966219** no more than thirty (30) minutes after leaving the care establishment (this is manned 24/7)
- ❖ Each care establishment must have appropriate controls in place to ensure any faxing of such documents is done in a safe and secure manner, guidance should be sought from the Information Commissioners Office <http://www.ico.gov.uk/>
http://www.ico.gov.uk/about-us/~media/documents/library/Corporate/Notices/faxing_policy.ashx.

RESTRICTED: SENSITIVE PERSONAL DATA

Data and information are key corporate assets. All users have a responsibility for the management and protection of these assets from deliberate, unintentional or unauthorised access, modification, destruction or disclosure



West Midlands Ambulance Service

The Ambulance Service who transfers the individual to hospital should pass the 'Client Information Transfer Sheet' to the person receiving them at the hospital. When receiving this form, the care establishment will require a file disclosure form to be signed by the receiving person as proof supplied.

University Hospital Coventry and Warwickshire Hospital (NHS Trust)

Should the patient be admitted the 'Client Information Transfer Sheet' should be passed to the relevant ward manager.

* On discharge from the hospital, whether that is from Accident and Emergency or the main hospital, the 'Hospital Discharge Form' will be completed and the information will be provided over the telephone by nursing staff/REACT/discharge team to the care establishment.

Confidentiality

This form contains sensitive personal information relating to an individual. It has been provided for the purpose of the individual and should not be used for any other purpose without the permission of the data owner. The information must be kept safe and secure and only disclosed to those who are authorised to know it.

If the information is lost, stolen, damaged or disclosed to anyone who does not have a right to know it, you must immediately inform the data owner (care establishment / UHCW).

Information

The owner of this form is: NHS Coventry & Warwickshire / University Hospital Coventry & Warwickshire / Coventry City Council

Date Created: September 2012

Date of next review: September 2013

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To be completed in full and accompanied with the patient to hospital please hand to West Midlands Ambulance Service, with file disclosure form for the receiving person's signature as proof of receipt. As an exception, fax on the number above. Once completed the form should be marked RESTRICTED – PERSONAL DATA

Client's First Name:		D.O.B:	
Client's Last Name:			
Residential / Nursing or Housing with Care Address:		G.P. (Inc. last date seen by GP)	
Telephone No:	Name of Next of Kin:		
Fax No:	Relationship of Next of Kin:		
Manager / Person in charge :		Next of Kin's Phone Number:	
		Aware of transfer: Y / N	
Ethnicity:		First Language:	
Religion:		Language of choice:	
Social Worker:	<u>Name</u>	<u>Phone</u>	Presenting Problems:
CPN:			
DN:			
Medical History		Medication (Inc recent changes) (Attach sep sheet if necessary)	
		Allergies:	
		Tetanus Status:	
Copy of both medication administration chart and tissue viability (see attached)			

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Transfer Status / assistance needed	Pre-admission
Independent	
With 1	
With 2	
Immobile	
AIDS (State)	

Mobility	Pre-admission
Independent	
With Assistance	
Frame	
Wheelchair	
Immobile	
History of Falls	

Cognitive Status	Pre-admission
No Confusion	
Occasional Confusion	
Longstanding Confusion	
Diagnosed Dementia	

Tissue Viability (see body map - page 7 information**)	Pre-admission
Intact	
Red Area	
Broken (State Areas)	
Dressings	
Pressure Relieving Aids	

Elimination	Pre-admission
Continent	
Incontinent: Urine / Faeces / Both (delete as appropriate)	
Pads (State size)	

Dentures	Pre-admission
Top	
Bottom	
Both	
Sent In	

Glasses	Pre-admission
Yes	
No	
Sent In	

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Falls	Pre-admission
Less than Monthly	
More than Monthly	
Weekly	
Daily	

Personal Hygiene	Pre-admission
No Assistance Needed	
Minimal Assistance Needed	
Full Assistance Needed	

Communication	Pre-admission
Hearing problem	
Uses hearing aid	
Hearing aid present	
Uses sign language	
Speech difficulties (with detail)	

Nutrition	Pre-admission
Normal diet	
Soft foods	
Pureed foods	
Thickened Fluids (please state stage of thickened fluids)	
Vegetarian	
Diabetic	
Food preference i.e. Halal	
History of Dehydration	

Current Infections	Pre-admission
Stomach bug	
MRSA	
C-Diff	
Urinal	
Chest	
Other (please state)	

Additional Information / Areas of Concern:

Signature:

Date:

Time:

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Getting to know me form

This form has been designed to find out about the patient before coming into hospital. Ask family, and carers in residential settings for information.

What I like to be known as? _____

What types of things make me happy? _____

What helps me to walk? _____

What helps me to eat and drink? _____

Important events in my life _____

People and pets closest to me (start with those closest and describe relationship).

People _____

Pet's _____

What helps me manage through the day? _____

What helps me manage during the night? _____

What helps me to feel calm? _____

What can make me anxious and triggers agitation? _____

ANY OTHER INFORMATION THAT YOU FEEL WOULD BE USEFUL FOR STAFF

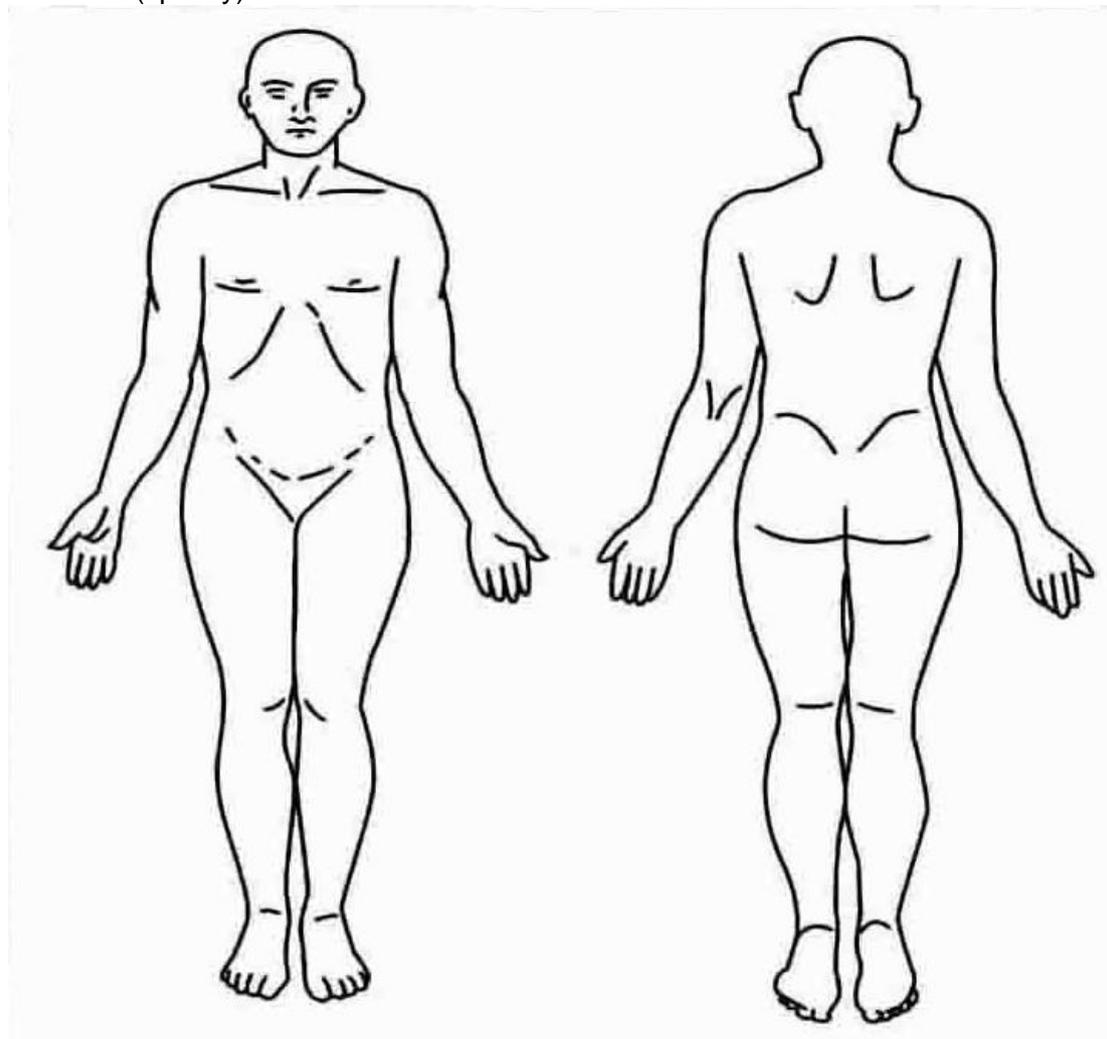
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**** Body Maps**

Please draw on the body map in black ink, using the following key to indicate the different types of injury (shading or alphabetic code), and provide brief details for each injury, e.g. measurements of wound, colour of bruise, etc using arrows

- A - Pressure ulcers
- B - Bruising
- C - Cuts, wounds
- D - Excoriation, red areas (not broken down)
- E - Scalds, burns
- F - Other (specify)



For the attention of UHCW *

It is expected that the hospital, once the patient is ready to be discharged, liaises with the person's home / scheme provider to ensure that appropriate information using the client discharge form is given to support a smooth transition back home for the individual

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