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| **DEPARTMENT OF HEALTH SERVICES**Division of Quality AssuranceF-02400B (01/2019) | **STATE OF WISCONSIN** |
| **CLIENT TRANSFER LABELS****Assisted Living Facility and Hospital Interface** |
| * See DQA publication [P-02067, *Assisted Living Facility and Hospital Interface,*](https://www.dhs.wisconsin.gov/publications/p02067.pdf) *and instructions below.\**
* **NOTE: This form contains protected personal identifying and personal health information.**
 |
| **ALF Transfer to Hospital**(To be completed by ALF staff) |  | **Hospital Discharge to ALF**(To be completed by hospital staff) |
| **Client Name:** |  | **Admitting Client to Hospital***If discharging, skip to next section.* |
| **Reason for Transfer to Hospital:** |  | [ ]  Call facility; notify of patient status (inpatient vs. observation). |
|  |  | [ ]  Provide diagnosis and reason for admission. |
| **Facility Name:** |  | [ ]  Send ALF admission “blue” packet to unit. |
| **Level of Care:** [ ]  SNF [ ]  ALF [ ]  Independent Living | [ ]  Ensure belongings go with client to unit. |
|  [ ]  Other: |  | **Discharging Client Back to ALF** |
| **Client’s Wing/Unit:** |  | [ ]  Call ALF to notify of client’s expected return. |
| **Direct Phone No.:** |  | [ ]  Provide POC to determine if ALF has capability to acceptclient back (IV abx, dressing changes, etc.). |
|  |  |  |
| **CODE STATUS: [ ]  DNR [ ]  DNI [ ]  Full Code** | [ ]  HCPOA and/or family have been notified or [ ]  N/A |
| **Baseline Behavior:**  [ ]  Cooperative [ ]  Withdrawn | [ ]  Exact location to transport client (building, wing, door, room): |
|  [ ]  Disruptive [ ]  Agitated [ ]  Wanders |  |  |
|  [ ]  Other: |  |  |  |
| **USUAL Mental Status:** |  [ ]  Preferred transport method: |  |
|  [ ]  Alert / Oriented to: |  |  [ ]  Arrange transportation. |
|  [ ]  Alert / Disoriented; can follow instructions | [ ]  Prepare discharge packet contents; send in blue envelope: |
|  [ ]  Alert / Disoriented; cannot follow instructions |  [ ]  Hospital D/C Transfer (AVS) Report |
| **USUAL Transfer:**  [ ]  Independent [ ]  Needs assistance |  | [ ]  Physician note (if available) |
|  [ ]  Unable – Transfers with: |  |  | [ ]  Signed medication prescriptions |
| **HCPOA Paperwork:** [ ]  Activated [ ]  Not act. [ ]  Not on file |  | [ ]  Signed prescription for DME orders |
| **Client’s Emergency/Legal Representative Contact:** |  | [ ]  Signed ambulance transfer form |
|  Name: |  | [ ]  Ensure belongings return with client. |
|  Phone No.: |  | \* There are two transfer labels provided on this form; one for ALF staff to complete and one for hospital staff to complete after a client has been seen in the hospital.ALF staff should preprint and attach to the front of a blue envelope packet. It is recommended that ALF staff prepare a blue envelope packet for each client so that it is readily available whenever a transfer to a hospital becomes necessary.Participating hospitals should complete the hospital portion when the client returns to the ALF. The hospital staff should also call the ALF and provide a verbal report prior to the client’s return.**Because of the need to protect the confidential information included in this form and the packet**, these materials are intended to be handed directly from one caregiver to another. If there are concerns about maintaining confidentiality, the transfer label can be attached to a blue sheet of paper and included in a sealed envelope to be given to hospital staff. |
|  Notified of Transfer to Hospital: [ ]  Yes [ ]  No |
| **Preferred Transportation Option Upon Return to Facility:** |
|  [ ]  Family [ ]  Taxi [ ]  Ambulance [ ]  Facility vehicle |
| **Medications:** [ ]  Manages own meds [ ]  MAR |
| **Belongings:** [ ]  Glasses [ ]  Hearing aids [ ]  Dentures |
|  [ ]  Other: |  |
| **Pharmacy Name/Phone:** |  |
|  **Documents to Include in Transfer Packet:** |
|  [ ]  ALF Client Face Sheet [ ]  Progress notes (past 48 hrs.) |
|  [ ]  MAR [ ]  ALF capability form [ ]  Code status |
|  [ ]  POA Paperwork [ ]  H&P |