

# Interfacility Transfer e-Form guide

The Statewide Interfacility Transfer (SIFT) e-Form is located at [this link](#) or use the QR code



## Interfacility Transfer Form

This form has been developed in consultation with clinicians for the Statewide Interfacility Transfers (SIFT) Project for SA Health. It facilitates clinical documentation of requests for transfer to another facility, and provides a structured approach for accepting and sending clinicians during a referral. Additionally it ensures that hospital patient flow teams, and system partners (including ambulance) have real-time visibility of patients accepted for inpatient admission in another facility.

PLEASE NOTE: at this time completion of this form is in addition to existing transfer processes used by your clinical service. If you do not wish to use this form there will be no change to your patient care.

### Patient Information

\* Patient First Name

First Name

\* Patient Last Name

Last Name

\* Patient MRN (Sending Site)

Sending Site Medical Record number

\* Date of Birth

DD/MM/YYYY

Use the calendar to select DOB or type directly into the field

### Sending Site Information

\* Sending Site - Network

Select Network

\* Sending Site - Facility

Select Facility

\* Sending Clinician Name

Clinician Name

\* Sending Site Contact Number

Please replace the default number with the number of the patient's current location where possible.

e.g. 08xxxxxxxx, 04xxxxxxxx

Select the sending LHN from the dropdown list

Select the sending facility, linked to selected LHN, from the dropdown list

### Accepting Site Information

\* Accepting Site - Facility

Select Facility

\* Accepting Clinician Name

Clinician Name

\* Accepting Consultant Name

Consultant Name

\* Admitting Unit

Admitting Unit

\* Are there any local factors impacting on transfer urgency?

Yes  No

\* Clinical Urgency

Within 1 hour Not applicable to patients accepted for transfer

Within 2 hours

Within 4 hours

Within 12 hours

Within 24 hours

Within 72 hours

Within 5 days

\* Diagnosis or Clinical Reason for Transfer

Select the accepting facility from the dropdown list

Add in the name of the clinician who accepted the patient and their unit (avoid putting 'Ortho Reg')

Local factors impacting the clinical urgency e.g. No doctor on site, complex nursing care needs

The urgency reflects the patient's clinical care requirements and the ability of the sending facility to provide the required care within the available resources

This displays on the SIFT dashboard

\* Does the Patient Have any Special Requirements?

Select one or more options

\* Requires ED Assessment on Arrival

Yes  No

\* What Transport will the Patient Require?

Ambulance/RFDS

Private Transport

\* Precautions/Isolation Requirements

Yes  No

Submit

Requirement for ED Assessment - Decision discussed with accepting clinician

For more information

Email [health.shcc@sa.gov.au](mailto:health.shcc@sa.gov.au)

© Department for Health and Wellbeing, Government of South Australia. All rights reserved.

