

The New Jersey Universal Transfer Form

**Department of Health & Senior
Services**

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Governor

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The Universal Transfer Form

- **Transitions of Care –Overview**
- **History of the UTF**
- **Review of the Regulations for the Universal Transfer Form**
- **Directions for the use of the UTF**

The Partnership for Patients

- **A Federal initiative, launched by CMS in April of 2011**
- **Two primary Goals:**
 - Prevent patients from getting injured or sicker**
 - Help patients heal without complication**

Rehospitalizations

From Home:

- **1 in 5 Medicare Beneficiaries are readmitted to hospital in 30 days**
- **National cost of over \$17 billion**

From Skilled Nursing Facilities:

- **~25% of Medicare Beneficiaries discharged from hospital to a SNF are readmitted to the hospital within 30 days at a cost of \$4.3 b in 2006**



Partnership for Patients

Patients are often at their most vulnerable when leaving the hospital to continue healing at home, in an assisted living facility, or in other care settings.

The initiative seeks to improve continuity and effectiveness of care during transitions from one care setting to another and thereby reducing preventable hospital readmissions within 30 days of discharge.

Not just saving \$\$\$\$ - better care for our residents and patients

Department of Health and Senior Services

Transitional Care

Definition:

A set of actions designed to ensure the coordination and continuity of health care as patients transfer between different locations. Transitional care encompasses both the sending and the receiving aspects of the transfer.

With acknowledgement to Eric E. Coleman, MD, MPH, this and later information

- Transitions occur between many facility types
- Addresses needs of ‘patients’ and ‘residents’ to experience a safe and effective transfer from one facility to another
- The UTF is not merely another form, it is a unique tool, the use of which fulfils a previously unmet healthcare need

- 2007 – Task Force
- NJHA, HCANJ, Leading Age, DHSS, NJ HHA, NJ Hospice and Palliative Care Association, HQSI, facility and provider representatives.
- Rutgers, the State University of New Jersey – pilot
- 2009 – Final report
- Workgroup reassembled to refine the tool
- 2011 Final Rule

Key Elements

- **Capture the essence of Transitional Care**
- **This is a healthcare *system* issue**
- **Reinforce and drive safe and high quality care**
- **Community level of agreement on the data elements**
- **Foster a culture of cooperation**
- **Sending and receiving teams communicate and coordinate care**
- **Assist the receiving team to effectively address the resident's/patient's need**

The Universal Transfer Form

- **A minimal set of standardized data elements that should always be part of the form**
- **Comprehensive and complete**
- **Documents a clear picture of the resident/patient**

The Universal Transfer Form

- **Take time to train your staff**
- **Talk about the underlying concepts**
- **Emphasize care in completing the form**
- **Errors negatively impact those for whom we care**



Universal Transfer Form (UTF)

- **Proposed July 19, 2010 in the New Jersey Register at 42 N.J.R. 1462(a)**
- **Adopted August 1, 2011 in the New Jersey Register at 43 N.J.R. 1875(a)**
- **Operative Date, i.e., the date use is required by healthcare facilities or programs, is October 30, 2011**



N.J.A.C. 8:43E-13.1 Scope

UTF is required for all health care facilities or programs licensed by the Department of Health and Senior Services when transferring a patient to another facility or program

Provide pertinent, accurate clinical patient care information at the time of a transfer between healthcare facilities or programs

Include information that a physician and/or nurse needs to begin caring for a patient upon the patient's arrival at a facility or program

"Patient" means patient, resident, client or the terminology used by a specific licensed healthcare facility or program to refer to the individuals to whom a licensed healthcare facility or program is providing care.



8:43E-13.4 Mandatory use of Universal Transfer Form

(a) A licensed healthcare facility or program shall use the Universal Transfer Form, HFEL-7, provided as N.J.A.C. 8:43E-13 Appendix, incorporated herein by reference, and available on the Department's website at <http://web.doh.state.nj.us/apps2/forms/>, in either paper or electronic version, whenever a patient is transferred to another licensed healthcare facility or program.

1. Emergency departments are exempt from mandatory use of the Universal Transfer Form, but shall follow hospital procedures regarding documentation.

(b) A licensed healthcare facility or program shall complete all sections of the Universal Transfer Form, to the best of the licensed healthcare facility or program's ability.

1. The Universal Transfer Form is not complete if medication information is not attached.

(c) A licensed healthcare facility or program shall send a completed, paper copy of the Universal Transfer Form with a patient when a patient is transferred.

(d) A licensed healthcare facility or program shall retain a completed copy of the Universal Transfer Form sent with a patient when a patient is transferred as part of the patient's medical record.



8:43E-13.5 Policies and procedures regarding the use of the Universal Transfer Form

A licensed healthcare facility or program shall develop and implement written policies and procedures addressing the required use of the Universal Transfer Form by a licensed healthcare facility or program's staff, method of transportation, procedures for security of the resident and all personal belongings or other items that accompany or immediately follow a transferred resident.

- **Section 1 – 8:**
 - **Demographic Information**
 - **Code Status**
 - **Physician Information**
 - **Contact Information**
 - **Reason for Transfer**
 - **5 Vital signs**

- **Sections 9 – 14**
 - **Diagnoses**
 - **Restraints**
 - **Respiratory needs**
 - **Isolation/Precaution**
 - **Allergies**
 - **Sensory**



The Universal Transfer Form

- **Sections 15 – 19**
 - **Skin Condition**
 - **Diet**
 - **IV Access**
 - **Personal Items Sent with Patient**
 - **Attached Documents**

- **Sections 20 – 26**
 - At Risk Alerts
 - Mental Status
 - PASRR Level 1 Completed
 - Function
 - Immunization/Screening
 - Bowel
 - Bladder



The Universal Transfer Form

- **Sections 27 – 29**
 - **Sending Facility Contact/Receiving facility Contact**
 - **Form Prefilled By**
 - **Form Completed By**