


Interfacility Transfer e-Form guide

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



 **Government of South Australia**
SA Health

Inter Facility Transfer

This form is currently in testing and development for the Interfacility Transfers (IFT) Project as part of the State Health Coordination Centre. One of our key objectives is to implement a standardised process in collaboration with all LHNs and system partners to have visibility of patients requiring a transfer in care and via various modes of transport (including ambulance).


PLEASE NOTE: completion of this form is in addition to existing transfer processes used by your clinical service. If you cannot complete non-mandatory fields, or do not wish to use this form there will be no change to your patient care.


*Required


* Patient First Name
Enter your answer

* Patient Last Name
Enter your answer

* Patient MRN (Sending Site)
Enter your answer

* Date of Birth
Please input date(dd/MM/yyyy) 


* Sending Site - Network
Select network 


* Sending Site - Facility
Select facility 

* Sending Clinician Name
Enter your answer

Sending Clinician HAD ID (Sunrise/EMR Username)
Enter your answer

* Sending Site Contact Number
The value must be number

* Accepting Site - Network
Select network 

* Accepting Site - Facility
Select facility 

* Accepting Clinician Name
Enter your answer

Accepting Clinician HAD ID
Enter your answer

Use the calendar to select DOB or type directly into

Select the sending LHN from the

Select the sending facility, linked to selected LHN. from the

Not compulsory – will be used in the future to provide ..

Select the accepting LHN from the

Select the accepting facility, linked to selected LHN. from the

Not compulsory – will be used in the future to provide confirmation

For more information

Email health.shcc@sa.gov.au



* Accepting Site Contact Number

The value must be number

* Admitting Unit

Enter your answer

Are there any local factors impacting on transfer urgency?

- Yes
- No

* Clinical Urgency

- Within 1 hour
- Within 4 hours
- Within 12 hours
- Within 24 hours
- Within 72 hours
- Within 5 days

* Reason for Transfer

Enter your answer

* Requires ED Assessment on Arrival

- Yes
- No

* Does the Patient Have any Special Requirements?

- None
- Multi Resistant Organism
- Mental Health Legal Orders
- Requires ICU Referral
- Cardiac Monitoring
- COVID +ve
- Palliative
- Other



* What Transport will the Patient Require?

- Ambulance/RFDS
- Private Transport

* Precautions/Isolation Requirements

- Yes
- No

Submit

Local factors impacting the clinical urgency need to be recorded 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

Decision is based on discussion with the accepting clinician

Select option on the left and use the arrow to move to the right column. As it is a mandatory field select 'None' if there are no special requirements. 'Other' displays an additional text field to enter details.

All patients being transferred require completion of this IFT eForm so the accepting hospital is aware of their transfer, even if transport is not by ambulance or RFDS.

Precautions/isolation requirements are important for transfer (SAAS/RFDS) and accepting hospital