

SAFE TRANSFER OF THEATRE PATIENTS

Department / Service:	SCSD Theatres, Ambulatory Care, Critical Care, Outpatients & Surgery
Originator:	Senior Theatre Matron
Accountable Director:	Clinical Director SCSD
Approved by:	Theatres Directorate Governance Meeting
Date of approval:	26 th May 2022
Review Date:	26 th May 2025
	This is the most current document and should be used until a revised version is in place
Target Organisation(s)	Worcestershire Acute Hospitals NHS Trust
Target Departments	Theatres, Admissions units, Wards, A&E, ITU
Target staff categories	All clinical staff conveying theatre patients

Plan Overview:

The aim of this document is to guide staff with appropriate escort requirements to theatres and treatment rooms and does not replace the clinical judgement and ultimate decision of the registered practitioner

Key amendments to this Document:

Date	Amendment	By:
May 2019	Document extended for 3 months whilst review completed and taken to governance	Mat Trotman
July 2019	Document approved for 3 years at governance meeting	SCSD governance Meeting
May 2022	Document approved for 3 years at governance meeting	Theatres Directorate Governance Meeting

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1. Summary

This procedure sets out expected practice and minimum standards for the safe transfer of adult and paediatric patients between admissions units, wards and theatres.

2. Introduction

The purpose of this procedure is to ensure that every patient has a safe, planned and co-ordinated transfer. The aim is to:-

- a) Clarify the responsibilities of staff to ensure that safe appropriate transfer of patients does occur and patient care continues with minimal interruption and risk
- b) Ensure staff are aware of the importance of clear and effective communication between all personnel involved in the patient transfer
- c) Consideration is made to the moving and handling, dignity and wellbeing of the patient and the assessment of clinical condition in order to ensure the delivery of a quality service
- d) All incidents, deviation or errors arising from non-compliance with the procedure are investigated and remedied according to the Incident Reporting Policy (09/2016).

3. Scope

This procedure applies to patients being conveyed to and from theatres. Singh(2016) confirms all transfers should ensure continuity of care is maintained at all times

It is relevant to all staff working in the Trust, in whatever capacity.

A failure to follow the requirements of the procedure may result in investigation and management action being taken as considered appropriate. This may include formal action in line with the Trust's disciplinary or capability procedures for Trust employees; and other action in relation to other workers, which may result in the termination of an assignment, placement, secondment or honorary arrangement.

4. Roles and Responsibilities

Senior Theatre Managers are responsible for overseeing all aspects of transfer. They should ensure that relevant trust procedures and policies are implemented and that any deviation or errors arising from non-compliance with the policy are investigated and remedied.

Healthcare Professional in charge of the originating ward/department must ensure that the risks of transfer are fully considered before arrangements are made. Where appropriate, responsibility for this assessment may be delegated to the person most directly caring for the patient. If the patient has complex needs, other clinicians, e.g. an anaesthetist, may need to be involved.

4.1. Nurse in charge of the patient, ward, critical care area, A&E, endoscopy & TAU (sending) or Recovery (returning) is responsible for:

The patient until they arrive at their destination and ensuring that the receiving team is aware of the transfer.

The decision of whether the patient requires an escort on transfer and whether that escort should be a qualified/registered member of staff (in liaison with the medical team if required).

Assessing their suitability to move and deciding to transfer method (i.e. walking, chair or trolley)

In the case of patients with a BMI >40, or with other mobility considerations (i.e. paraplegia), to minimise or eliminate foreseeable handling risks to staff and patients, staff must ensure that specialist advice, equipment and aids for the bariatric patient are available. Communication of individual patient needs/requirements must be relayed to all areas caring for the patient.

Ensuring a set of clinical observations (weight, height, bmi, temperature, pulse, blood pressure, respiratory rate and oxygen saturation levels) are recorded as well as the escort requirements

Ensuring that correct documentation is completed and handled in a confidential manner. This must include: consent form, patients demographic details, clinical history sheets, prescription charts; observation charts, risk assessments and care plans, indwelling devices record, completed theatre checklist and any other supporting information to ensure the patient is cared for safely.

Ensuring that relevant infection control status is communicated to the receiving team.

Checking the identification of the patient as per the Trust policy WAHT-CG-019.

Maintaining the privacy and dignity of the patient at all times

Ensuring that patient belongings, notes and only essential items are sent with the patient to theatre (i.e. hearing aid, walking stick)

Ensuring the patient is ready to be moved within a short as time as possible based upon clinical need.

4.2. A registered healthcare professional escort should always be provided for patients who are:

- a) Under the age of eighteen
- b) Requiring ongoing monitoring is at cardiovascular risk or is bleeding.
- c) Is oxygen dependant, receiving medication via infusions, or is dependent on other equipment, e.g. a tracheostomy
- d) Has an acute altered level of consciousness, is under a section of the Mental Health Act (1983).
- e) Any intubated patient must be transferred with at least; an anaesthetist or an (adult or paediatric) intensivist or a neonatologist (as applicable) and an appropriately qualified nurse.
- f) Being transferred from the Emergency Department to theatres

The decision about who will escort an acutely ill (not yet intubated) patient requiring transfer to the intensive care unit (including pregnant or post-delivery women) will be the decision of the anaesthetist reviewing the patient on the ward.

Nursing Assistants may act as escorts providing they have the necessary skills for any care that is required during the transfer.

Student healthcare professionals may escort a patient as a learning opportunity or to observe a procedure, if the person in charge of the ward/department deems them to have the skills to provide any care required.

4.3. Those escorting the patient (includes porters, support workers, student nurses) are responsible for:

- a) Ensuring the patient has been informed of the forthcoming move and destination
- b) Ensuring that the correct patient is checked with a member of staff as per the Trust's Patient identification policy
- c) Maintaining the privacy and dignity of the patients and that they are warm and comfortable at all times
- d) Ensuring along with the nurse in charge of the patient that all documentary requirements are completed and present and carried in a manner which will maintain patient confidentiality
- e) Ensuring that the patient's property accompanies them when being transferred between departments (ie dentures, glasses hearing aid)

- f) Ensuring the necessary equipment such as oxygen, drip stands or wheelchair is available to transfer the patient. Oxygen therapy remains the responsibility of the Nurse / Theatre Practitioner for the transfer

On arrival at the receiving department/ward they must hand over the care of the patient to an appropriate healthcare professional (ie anaesthetic team) and give relevant handover information.

4.4. Ward Nurse / Theatre Practitioner, receiving the patient is responsible for:

- a) Ensuring area is ready to receive the patient
- b) Checking the identification of the patient as per the Trust's Patient Identification Policy WAHT-CG-019
- c) Welcoming and orientating the patient to the area and reconnecting the oxygen where appropriate
- d) Ensuring documentation is complete
- e) Maintaining the privacy and dignity of the patient at all times
- f) Ensuring the patient's belongings (dentures, glasses hearing aid) are stored safely
- g) Post-operative patients must have met the Recovery discharge criteria prior to leaving the recovery department.

5. Escalation of concerns

If there is uncertainty concerning the safest way to transfer a patient, the registered nurse in charge of the ward/department must seek advice from the Consultant/Matron/Clinical Manager as appropriate.

6. Documentation

Minimum documentation to accompany the patient to theatre:

A completed surgical site safety theatre checklist including documentation to support confirmation of the patients identity

Consent form (if not in electronic format)

Relevant documentation associated with the patients episode of care or treatment. (prescription chart, pvd record, vte record, fluid chart, pain documentation and any other case specific documentation)

Minimum documentation to accompany the patient on transfer:

Operation note

Theatre care plan (primarily in an electronic format, via bluespier.
Or paper care plan during bluespier downtime and for AGH where bluespier functionality is not yet reliable).

Relevant documentation associated with the patients episode of care (prescription chart, pvd record, vte record, fluid chart, pain documentation and any other case specific documentation)

Exemption may be acceptable during mitigating circumstances i.e. for the transfer of a patient requiring emergency surgery. The rationale for any deviation must be clearly documented within the patients notes.

7. Training and Awareness

All staff to be made aware of the Training Needs analysis held with the Training and Development Manager and a record maintained of competencies achieved in accordance with the trust training needs analysis.

All staff involved in the process of theatre patient conveyance should be trained during their induction to the department.

The Trust recognises that the provision of education and training to support the delivery of this Procedure will be key to its success

8. Review

This procedure will be reviewed bi – annually or earlier in light of new national guidance or other significant change in circumstances.

9. References

Inter-hospital and intra-hospital patient transfer: Recent concepts. Kulshrestha A, Singh J. Indian J Anaesth. 2016 Jul;60(7):451-7. doi: 10.4103/0019-5049.186012.PMID: 27512159 Free PMC article. Review.

National Reporting and Learning Service (2009) NRLS: Oxygen Safety in Hospitals, Rapid Response Report (RRR 006). London: NPSA.

Legislation.gov.uk. 2015. Mental Health Act 1983. [online] Available at: <http://www.legislation.gov.uk/ukpga/1983/20/contents> [Accessed 13 January 2019].

Monitoring Tool

This should include realistic goals, timeframes and measurable outcomes.

How will monitoring be carried out?

Who will monitor compliance with the guideline?

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: <i>(Responsible for also ensuring actions are developed to address any areas of non-compliance)</i>	Frequency of reporting:
	WHAT?	HOW?	WHEN?	WHO?	WHERE?	WHEN?
	That any adverse event related to the transfer of a theatre patient is reported using the Trusts incident reporting system	Review of incidents related to transfer	3 times a month	Senior Theatre Team	Directorate and Divisional Governance Meetings.	

Contribution List

This key document has been circulated to the following individuals for consultation;

Designation
All Matrons

This key document has been circulated to the chair(s) of the following committee's / groups for comments;

Committee
Theatres Directorate Governance Meeting

Supporting Document 1 - Equality Impact Assessment Tool

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:		
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender	No	
	• Culture	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	No	
4.	Is the impact of the policy/guidance likely to be negative?	No	
5.	If so can the impact be avoided?	No	
6.	What alternatives are there to achieving the policy/guidance without the impact?	No	
7.	Can we reduce the impact by taking different action?	No	

If you have identified a potential discriminatory impact of this key document, please refer it to Assistant Manager of Human Resources, together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact Assistant Manager of Human Resources.

Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	

If the response to any of the above is yes, please complete a business case which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval