

## **GUIDELINE FOR THE TRANSFER OF PATIENTS FROM WARD 1 AND THEATRES AT KIDDERMINSTER TO OTHER HOSPITALS**

This guidance does not override the individual responsibility of health professionals to make appropriate decision according to the circumstances of the individual patient in consultation with the patient and /or carer. Health care professionals must be prepared to justify any deviation from this guidance.

### **INTRODUCTION**

There will be times when patients being treated at Ward 1 will need to be transferred to another health care facility, usually Worcester Royal Hospital or the Alexandra Hospital.

Reasons for transfer will fall into the following categories:-

- Cardiac / Respiratory Arrest
- Deterioration in condition requiring urgent medical opinion or intervention
- Post treatment / operation complication which cannot be managed at the Kidderminster Hospital
- Joint surgery patients for rehabilitation

### **THIS GUIDELINE IS FOR USE BY THE FOLLOWING STAFF GROUPS:**

All clinical staff involved in transfer of patients at the Treatment Centre.

#### **Lead Clinician(s)**

Lead Clinician

Dr Ghobriel

Approved by SCSD Governance meeting on 29<sup>th</sup> December 2021

Review date: 29<sup>th</sup> December 2024

This is the most current document and is to be used until a revised version is available

**Key amendments to this guideline**

<b>Date</b>	<b>Amendment</b>	<b>By:</b>
16/06/2004	Approved by Clinical Management Board at WRH	
06/06/2004	Approved by Clinical Effectiveness Committee	
05/08/2004	Approved by Treatment Centre Management Board	
Sept 2006	Reviewed by Tracy Baldwin and minor amendments made agreed for a further 2 years	T Baldwin
19/03/2009	Reviewed by Tracy Baldwin and agreed to continue for a further period with minor amendment	T Baldwin
21/11/2011	Reviewed by Assistant Medical Director and agreed to continue for a further period with minor amendment	R Johnson
5 <sup>th</sup> Sept 2012	Guideline reviewed at Hospital Management Committee. No amendments required.	
June 2013	Reviewed by Sister Tracey Baldwin and Matron Moore Amanda Moore	T Baldwin A Moore
July 2015	Document extended as requested by the division whilst review is in process	A Moore
July 2015	Monitoring section amended to reflect current Trust processes	A Moore
21/10/2015	Document extended for 12 months as per TMC paper approved on 22 <sup>n</sup> July 2015	TMC
5 <sup>th</sup> December 2016	Further extension as per TMC paper approved on 22 <sup>nd</sup> July 2015	TMC
November 2017	Document extended whilst under review	TLG
December 2017	Sentence added in at the request of the Coroner	
March 2018	Document extended for 3 months as approved by TLG	TLG
June 2018	Document extended for 3 months as approved by TLG	TLG
July 2019	Amendments to bullet points of skills required and changes to Urgent advice/transfers. Document approved at Pre-Op day case and TAU governance meeting	Tammie Mason
November 2021	Guideline review and update. Inter-Facility Transfer Levels updated. Addition of appendices. Approved at SCSD governance.	JL & JH
May 2023	Appendix 2 added to policy. Amendment on page 6 regarding 'Transfer of non-emergency surgical patients that have not met Day Case Nurse Led Discharge over the weekend.'	Tammie Mason

## **GUIDELINE FOR THE TRANSFER OF PATIENTS FROM WARD 1 AND THEATRES AT KIDDERMINSTER TO OTHER HOSPITALS**

### **Introduction**

There will be times when patients being treated at Ward 1 at Kidderminster Hospital will need to be transferred to another health care facility, usually Worcestershire Royal Hospital or the Alexandra Hospital.

Reasons for transfer will fall into the following categories: -

- Cardiac / Respiratory Arrest
- Deterioration in condition requiring urgent medical opinion or intervention. Post treatment / operation complication which cannot be managed at Kidderminster Treatment Centre e.g. patient requires HDU/ICU level care
- Patients with complex needs, e.g Learning Disabilities, challenging behaviours that cannot be safely managed on a satellite site.

The following guideline describes the process which should be followed and staff skills required for the safe transfer of adult patients in each of the above eventualities. The management of paediatric patients and specialty specific complications are described in separate transfer guidelines. Appendix 1 describes the processes involved in the emergency transfer of a level 3 (intubated, ventilated and sedated patient) from KTC theatres or post anaesthetic care unit (PACU).

This guideline will be reviewed as necessary when there is a change in activity and/or out of hours' medical cover at the Treatment Centre.

### **DETAILS OF GUIDELINE**

#### **Competencies required for assessment and recognition of need to transfer**

All registered nursing staff will be trained and competent to recognise symptoms requiring transfer of a patient. Skills will be gained through training.

Skills required;

- Mandatory ILS training
- ABCDE Assessment and Approach
- Principles and Management of Haemostasis
- Basic Post-Operative Care
- Specialty / procedure specific care
- NEWS 2 (National Early Warning Score)
- Management of deteriorating patient

Competency will be described and assessed via a competency framework and workbooks which will form part of the individual nurse's evidence of Continuing Professional Development and Competency.

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Patients requiring transfer will be identified as follows:

<b>Inter-Facility Transfer Levels</b>	<b>Description</b>	<b>Examples</b>
Level 1	Reserved for exceptional circumstances when a facility is unable to provide an immediate life-saving clinical intervention such as resuscitation and requires the clinical assistance of the ambulance trust in addition to a transport resource	Cardiac / Respiratory Arrest Uncontrolled major haemorrhage
Level 2	Situations which require immediate further treatment and management in another healthcare facility	Deteriorating symptoms, e.g Unstable angina Arrhythmias Cardiac chest pain Reduced consciousness Excessive bleeding
Level 3	Do not require immediate life or limb saving interventions but require an increase in their level of care as an emergency	Patients with complex needs or challenging behaviours e.g Learning Disabilities, mental health crisis which cannot be managed at KTC
Level 4	All other patients who do not fit the above IFT level 1-3 definitions and require urgent transport for ongoing care but do not need to be managed as an emergency transfer	Joint replacement patient requiring ongoing rehabilitation

In certain cases, patients with immediately life threatening conditions may not be ready for transfer within the IFT1 or 2 time frame and require further on site stabilisation before being clinically suitable for transfer. A lower IFT response may be allocated by the ambulance service to reflect the time delay until the patient is ready for transfer.

**Patients covered**

All adult patients receiving day surgery treatment at Kidderminster.

**TRANSFER PROCESS**

The RMO on site 24 hours a day for KTC Ward 1 and/or trained member of staff will recognise and document the need to transfer a patient and determine the urgency of transport according to the Ambulance Service Guide to ordering ambulance transport (please refer to the IFT levels in the table above).

## Emergency Transfer

In the case of an emergency a member of staff will dial 2222 and ask for a 999 Emergency Ambulance. Speak to ambulance control and request a paramedic ambulance within an IFT level 1 or 2 timeframe as clinical situation dictates. Give location and department and stating "Kidderminster Treatment Centre Site". The ambulance service will request patient's name, age and condition and will confirm location. Having dialled 2222 the member of staff must also advise switchboard of the emergency and request assistance from the on site emergency team until the ambulance crew arrives. The ambulance will usually take the patient to the normal base of the patient's consultant unless specific treatments are required at a different healthcare facility e.g. interventional radiology.

The registered member of staff will monitor the condition of the patient and continue resuscitation with the resuscitation team until the paramedic crew arrive. On arrival of the crew a handover will be given to the crew along with the patient notes containing up to date documentation. A transfer form is to be completed by the nurse and should accompany the patient. No nurse escort will be required. All patients transferred from the Intervention Suite to another hospital should be entered in the transfer log in the unit folder.

Relatives / Carers should be informed of the reason for transfer, location and contact number as soon as possible once the decision to transfer the patient has been made.

The nurse in charge must ring the receiving ward / unit when the ambulance leaves the Treatment Centre. The Consultant will be informed of the patients transfer.

## Urgent Advice/Transfer

Please consider the following actions prior to urgent transfer to avoid transferring patients unnecessarily:

1. In normal working hours where a member of medical staff from the relevant specialty is on site, it may be possible to ask them to review the patient.
2. Where appropriate, seek telephone advice from the registrar or consultant on-call for the specialty under which the patient has been admitted.

The clinician may be able to provide an assessment and telephone advice which negates the need for transfer or alternatively may decide that it is more appropriate to arrange urgent review of the patient on site at Kidderminster. Where this is necessary and appropriate, the on-call registrar or consultant from the relevant site may arrange to attend Kidderminster hospital to review the patient. Interim arrangements may need to be put in place to provide cover on the base site where this arrangement requires the registrar to be absent from his on-call duties.

In the event of an urgent transfer where the RMO or registered member of nursing staff has identified that the patient is unsuitable for further intervention at Kidderminster the patient will be transferred following discussion with the relevant specialty at the receiving site.

The nurse in charge will make a collaborative decision with the RMO and responsible Consultant to identify the appropriate site for transfer. The nurse in charge will contact the bed manager of the nominated site and inform of patient transfer to site and get information of which ward to send the patient too. Patients should be transferred bed to bed and not to ED unless assessed as requiring urgent emergency treatment that can only be delivered in ED at that time

The RMO will contact the required on call team for specific speciality and advise of transfer.

Ambulance Control will be contacted and transport booked. They will be advised of name, age and condition of patient and location / department.

If a technician crew is sent a nurse escort may be required and the nurse in charge should arrange cover for the ward if needed.

On arrival a handover will be given to the crew along with patient notes containing up to date documentation. A transfer form is to be completed by the nurse and should accompany the patient. All patients transferred from the Intervention Suite to another hospital should be entered in the transfer log in the unit folder.

Relatives / Carers should be informed of the reason for transfer, location and contact number as soon as possible once the decision to transfer the patient has been made.

**Transfer of non-emergency surgical patients that have not met Day Case Nurse Led Discharge over the weekend.**

Due to no overnight facility at Kidderminster Treatment Centre, any patient having surgery over the weekend (i.e insourcing Contractor or WHAT team) that does not meet the Nurse Led Criteria for Discharge will be transferred to Alexandra Hospital via EZec transport company (See Appendix II).

**MONITORING AND EVALUATION OF PROCESS**

All emergency transfers will be recorded onto the Trust's Risks Management System, Datix. Learning from incidents will be discussed and disseminated at the Divisional Quality Governance Committee.

**REFERENCES**

Resuscitation Policy – Kidderminster Hospital.

**CONTRIBUTION LIST**

**Key individuals involved in developing the document**

Name	Designation
Dr E Ghobrial	Consultant Anaesthetist
Tracey Baldwin	Deputy Divisional Director of Nursing
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Name	Designation
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Tracey Baldwin	Deputy Divisional Director of Nursing

**Amended November 2011**

Name	Designation
Ms R A Johnson	Asst Med Director

**Amended May 2109**

Name	Designation
Tammie Mason	Acting Ward Manager Ward One, KTC

**Amended November 2021**

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Dr J Leedham	Consultant Anaesthetist
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**Circulated to the following CD's/Heads of dept for comments from their directorates / departments**

Name	Directorate / Department
Dr David Whitelock	Clinical Director for Anaesthetics
Dr James Hutchinson	Clinical Director for Pre Op Assessment

**Circulated to the chair of the following committee's / Groups for comments**

Name	Committee / group



## Appendix 1: Transferring adult anaesthetised patients from Kidderminster Treatment Centre in an emergency

### Aims and scope of this guideline appendix

This appendix covers the specific situation of needing to transfer a patient from the Kidderminster Treatment Centre to another site where the patient is sufficiently unwell to require transfer by a doctor (typically an anaesthetist).

Specific aims are:

1. Provide an aide memoir for the actions needed to undertake a safe transfer
2. Provide printable checklists and documentation to facilitate transfer
3. Provide key information on contact details and location of unusual essential equipment

It does not replace the need for the transferring doctor to have the skills and experience necessary to perform such a transfer.

Please use the transfer checklist and transfer record included in this document. Copies are kept in the PACU Key Documents folder and can be printed from this .pdf.

### Bibliography

1. The Faculty of Intensive Care Medicine & The Intensive Care Society. *Guidance On: The Transfer of the Critically Ill Adult*. 2019. Available from: [https://www.ficm.ac.uk/sites/default/files/transfer\\_critically\\_ill\\_adult\\_2019.pdf](https://www.ficm.ac.uk/sites/default/files/transfer_critically_ill_adult_2019.pdf) [accessed 24th October 2021]
2. The Association of Anaesthetists of Great Britain and Ireland (AAGBI). *AAGBI Safety Guideline: Interhospital Transfer*. February 2009. Available from: [https://anaesthetists.org/Portals/0/PDFs/Guidelines%20PDFs/Guideline\\_interhospital\\_transfer\\_2009\\_final.pdf?ver=2018-07-11-163754-600&ver=2018-07-11-163754-600](https://anaesthetists.org/Portals/0/PDFs/Guidelines%20PDFs/Guideline_interhospital_transfer_2009_final.pdf?ver=2018-07-11-163754-600&ver=2018-07-11-163754-600) [accessed 24th October 2021]
3. National Institute for Health and Care Excellence (NICE). *Chapter 34 Standardised systems of care for intra- and inter-hospital transfers (CG 94)*. March 2018. Available from: <https://www.nice.org.uk/guidance/ng94/evidence/34standardised-systems-of-care-for-intra-and-interhospital-transfers-pdf-172397464673> [accessed 24th October 2021]
4. Bourn S, Wijesingha S, Nordmann G. *Transfer of the critically ill adult patient*. BJA Educ. 2018 Mar;18(3):63-68. doi: 10.1016/j.bjae.2017.11.008. Epub 2017 Dec 6. PMID: 33456812; PMCID: PMC7807912.
5. Midlands Critical Care & Trauma Networks. *Adult Critical Care Transfer Service*. Available from: <https://www.mcctn.org.uk/transfer-service.html> [accessed 24th October 2021]

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## Pre-transfer checklists

*Affix patient label, or:*

Full name: \_\_\_\_\_  
Hospital number: \_\_\_\_\_  
Date of birth: \_\_\_\_\_

<p><b>(1) ORGANISE A TRANSFER</b></p> <p>Contact the receiving ICU consultant ..... <input type="checkbox"/></p> <p>Contact the ambulance desk to request a paramedic ambulance ..... <input type="checkbox"/></p> <p>State urgency (usually IFT level 2)..... <input type="checkbox"/></p> <p>Organise a safe place for the patient to wait ..... <input type="checkbox"/></p> <p><b>IMPORTANT CONTACT NUMBERS</b></p> <p>WRH ICU .....01905 760598</p> <p>ALX ICU.....01527 512090</p> <p><b>LOCATION OF KEY EQUIPMENT</b></p> <p>Portable monitors ..... Theatre recovery</p> <p>Transfer bag ..... Theatre recovery</p> <p>Ventilator ..... Recovery, next to crash trolley</p> <p>Blood gas machine ..... Cardiopulmonary dept.</p>	<p><b>(2) IS THE PATIENT OPTIMISED FOR TRANSFER?</b></p> <p><b>A - Airway:</b></p> <p>Safe, or secured by intubation?..... <input type="checkbox"/></p> <p>Position confirmed by CXR?..... <input type="checkbox"/></p> <p><b>B - Breathing:</b></p> <p>Sedated &amp; ventilated? Consider paralysis ..... <input type="checkbox"/></p> <p>Ventilating well on transfer ventilator..... <input type="checkbox"/></p> <p>Consider ABG ..... <input type="checkbox"/></p> <p><b>C - Circulation:</b></p> <p>Basic obs ok (HR+BP)?..... <input type="checkbox"/></p> <p>Consider perfusion (lactate, CRT, urine)..... <input type="checkbox"/></p> <p>Hypovolaemia controlled + corrected?..... <input type="checkbox"/></p> <p>Canulae x2 (or CVC) + A-line?..... <input type="checkbox"/></p> <p>Urinary catheter draining?..... <input type="checkbox"/></p> <p><b>D – Neurology:</b></p> <p>Glucose checked? ..... <input type="checkbox"/></p> <p>Is neuroprotection indicated?..... <input type="checkbox"/></p> <p><b>E – Systems review:</b></p> <p>Temperature checked &amp; maintained?..... <input type="checkbox"/></p> <p>Basic biochemistry &amp; haematology ok? (consider blood gas)..... <input type="checkbox"/></p> <p><u>Portable</u> essential monitoring?..... <input type="checkbox"/></p> <ul style="list-style-type: none"> <li>- ECG, NIBP, SpO2</li> <li>- Continuous waveform capnography</li> <li>- Arterial cannula</li> <li>- Thermometer</li> </ul>	<p><b>(3) ARE YOU READY FOR DEPARTURE?</b></p> <p><b>Patient:</b></p> <p>Secured to trolley &amp; covered?..... <input type="checkbox"/></p> <p>Infusion(s) running? ..... <input type="checkbox"/></p> <p><b>Staff:</b></p> <p>Who is coming with you?..... <input type="checkbox"/></p> <p><i>(do you know the skills of the ambulance crew?)</i></p> <p>Adequate clothing?..... <input type="checkbox"/></p> <p><i>(consider weather &amp; unplanned stops on the hard-shoulder – consider hi-vis jacket)</i></p> <p>Phone charged? ..... <input type="checkbox"/></p> <p>Wallet + keys + ID badge..... <input type="checkbox"/></p> <p><i>(how are you getting back?)</i></p> <p><b>Equipment:</b></p> <p>Transfer bag located + checked?..... <input type="checkbox"/></p> <p>Batteries/spares/cables for kit?..... <input type="checkbox"/></p> <p>Sufficient oxygen?..... <input type="checkbox"/></p> <p>Portable suction? ..... <input type="checkbox"/></p> <p>Sufficient drugs and IV fluids?..... <input type="checkbox"/></p> <p><b>Logistics:</b></p> <p>Case notes with patient?..... <input type="checkbox"/></p> <p>Patient’s property with patient?..... <input type="checkbox"/></p> <p>Relatives aware of transfer? ..... <input type="checkbox"/></p> <p>Where are you going? ..... <input type="checkbox"/></p> <p><i>(e.g. Redditch vs Worcester)</i></p> <p>Destination aware of departure?..... <input type="checkbox"/></p>
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## Contact numbers

### Worcester

ICU.....01905 760598

Consultant on-call ..... Via switch

On-call ICU SpR.....bleep 702

Bleep prefix.....60

### Redditch

ICU.....01527 512090

Consultant on-call ..... Via switch

On-call ICU SpR.....bleep 1933

Bleep prefix.....61

### Kidderminster

Bleep prefix ..... 62

Radiology.....55216, 55207

### Other

ACCOTS.....0300 200 1100

(please also complete online form – see below)

## Where can I find/get X in Kidderminster?

### Organising a chest X-ray

The **main radiology department** (first floor) have a portable X-ray machine – contact them on extension **55216 or 55207**.

There is **no duty radiographer** so you will have to explain the situation and request an available member of staff.

Staff are **available between 0900 – 1700hrs** on weekdays. There is no service outside of these times.

An **Ambuscope** is available in theatre recovery for confirmation of tube position if X-ray is unavailable.

### Blood gas analysis

A machine is available in the **cardiopulmonary department** (first floor).

Staff are **available 0900 – 1700hrs** on weekdays. However, the department is accessible to anyone with a Kidderminster pass.

Lactate and glucose are not available.

### Transfer bag

Store in **main theatre recovery**.

Contains **adult and paediatric** kit including that required for intubation.

### Portable ventilator

Oxylog ventilator available in **main theatre recovery** (next to the crash trolleys).

The circuit fitted is used for **testing** – a new circuit is kept below it on the trolley. Use this.

### Oxygen

x3 full cylinders in KTC recovery. Other cylinders available in dept.

## Oxygen Calculation Formula

$2 \times (\text{duration of transfer in minutes}) \times [(\text{minute volume} \times \text{FiO}_2) + \text{driving gas for ventilator e.g. 1 litre per minute}]$   
TV500mls, RR12, FiO<sub>2</sub> = 0.6 and 1litre per minute driving gas:  $(2 \times 60) \times [6 \times 0.6 + 1] = 552$ litres of oxygen.

Oxygen Cylinders Sizes: CD = 460L, D=340L, E=680L, F=1360L. Note: Always check cylinder gauges – **never assume they are full**

## Organising a transfer

The ACCOTS (Adult Critical Care Co-Ordination Transfer Service) may be able to transfer the patient. They are available on 0300 200 1100 (ask for the West Midlands team) but an electronic referral should be completed when possible using <https://www.referapatient.org/>

## Appendix II: Transfer of Non-Emergency Surgical patients that have not met Day Case Nurse Led Discharge Criteria over the weekend at KTC.

- Patient assessment to be undertaken by Resident Medical Officer (Bleep 3128).
- Any Patient that is medically stable with a NEWS score of 3 or below but has not met Day Case Nurse Led Discharge Criteria (KGH-TC-003) may be transferred to Worcestershire Acute Hospital.
- Contact the Bed manager on bleep 0300 via switchboard or extension 39190 in the Capacity Hub to Inform and Co-Ordinate Transfer of patient to appropriate ward.
- Operating Surgeon to contact Surgical Registrar on Call on Bleep 0557 via switchboard to refer patient for review.
- EZec Transport Company to be contacted on 03000 110017 to organise transport for transfer of patient in a timely manner.
- Contact the designated Ward at WRH to inform of Transfer and hand over patient to Nurse in Charge.
- Inform patient and Next of Kin/Carer of planned transfer and update all documentation as appropriate.
- All transfers to be logged via datix reporting system

## 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
<b>1.</b>	<b>Does the Policy/guidance affect one group less or more favourably than another on the basis of:</b>	NO	
	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	
<b>2.</b>	<b>Is there any evidence that some groups are affected differently?</b>	NO	
<b>3.</b>	<b>If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?</b>	NO	
<b>4.</b>	<b>Is the impact of the Policy/guidance likely to be negative?</b>	NO	
<b>5.</b>	<b>If so can the impact be avoided?</b>	N/A	
<b>6.</b>	<b>What alternatives are there to achieving the Policy/guidance without the impact?</b>	N/A	
<b>7.</b>	<b>Can we reduce the impact by taking different action?</b>	N/A	

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



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It is the responsibility of every individual to check that this is the latest version/copy of this document.

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.

	<b>Title of document:</b>	<b>Yes/No</b>
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 and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval