Mid Essex Hospital Services NHS Trust

ADULT PATIENT TRANSFER POLICY	**Type: Policy** **Register No: 11042** **Status: Public**

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1.0	S Moon, M Deane - Amendment to 5.8.3 to update action taken in Maternity	7th September 2011
1.1	Fiona Jameson updated transfer checklist	November 2011
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2.0	Sarah Lincoln	7 October 2014
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3.0	Sarah Moon Specialist Midwife for Guidelines and Audit	30 January 2018
3.1	Andrea Francis – Amendment to 6.14.2 and updated appendix 5	1st July 2019

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1.0   Purpose

1.1   The Trust recognises that there is frequently a requirement to transfer patients internally and externally and to other health care providers for the purpose of the provision of clinical care, undertaking investigations and to facilitate patient flow. This policy aims to facilitate the safe, timely and comfortable transfer of patients, by stipulating the types of transfer and escort required. Evidence suggests that the transfer of patients either within, or outside, the hospital environment can pose risks to safety which may adversely influence their morbidity and mortality.

1.2   The purpose of the policy is to provide direction, guidance and the underlying principles for staff to support safe and appropriate transfer of adult patients. The key to safety is through risk assessment and communication.

1.3   For safe transfer to occur, the multi professional team must be aware of their role in planning transfers, have access to appropriate tools and guidance, and be supported by relevant education and training provision. All patients undergoing transfer must be risk assessed for clinical need during the transfer by a registered nurse/midwife who must take responsibility for providing the verbal handover of the patient to the receiving area.

1.4   The policy sets out the process requirements and clarifies the clinical accountability of the nursing staff, medical team and support staff who are responsible for the patient's care to ensure that safe appropriate transfer of patients does occur and their care continues with minimal interruption. National guidance is that patients should not be transferred between 23.00 hours and 06.00 and the number of patient transfers should be minimised to facilitate safe care.

1.5   This policy also sets out the level of escort necessary for the effective management and care of the patient when they are required to attend other wards or departments. The policy supports the delegation of this task, giving clear guidance to staff who are making decisions with regard to transfers or provision of escorts.

1.6   The Trust will ensure that privacy and dignity is maintained at all times of patient transfer. Patients will only be transported through public areas if no other route exists.

2.0   Scope

2.1   This policy applies to all adult inpatients requiring transfer either internally or externally and to all staff who are involved in those transfers.

There are other protocols, policies and guidelines that apply to maternity, paediatrics, ITU etc. that should be referred to as appropriate but the general principles are in keeping with this overall policy framework.

2.2   This policy should be used in conjunction with the:

- 11037 Discharge Policy
- 05117 Adult Admissions Policy 16+
- 11038 Direction of Choice Policy
- 04090 Moving and Handling Policy
- 08029 Patient Isolation Policy
- 10067 General ICU Clinical Operating Policy

- 07003 Patients' Valuables Policy
- 09005 Transferring Children
- 10120 Dignity in Care Policy
- 06029 Transfer of Mothers and Babies to Different Care Settings
- 04232 Guideline to Assist Midwifery and Medical Staff in the Provision of High Dependency Care and Arrangements for Safe and Timely Transfer to ITU
- 10001 Management and Communication for Handover of Care

2.3   This policy describes the overarching framework for effective patient transfers. The transfer and documentation requirements of specific patient groups are outlined in appendix 3. This policy presents evidence based principles required to achieve safe and effective transfer of patients. However, it is beyond the scope of the policy to dictate detailed guidance for the wide range of transfer circumstances seen within individual specialties.

2.4   This policy should be adhered to by all permanent, locum, agency, bank and voluntary staff of the trust, acknowledging that for staff other than those directly employed by the Trust the appropriate line management or chain of command will be taken into account.

2.5   All patients within the Trust that require transfer from one area to another either internally or externally must have the appropriate documentation completed to ensure that patient care is not compromised as a result of the transfer.

2.6   In the event of an infection outbreak, flu pandemic or major incident, the Trust recognises that it may not be possible to adhere to all aspects of this document. In such circumstances, staff should take advice from the infection prevention team and all possible action must be taken to maintain ongoing patient and staff safety.

3.0   Definitions

3.1   **Diagnostic/Treatment Transfer** is the movement of a patient from one service to another within the Trust for an assessment/diagnostic procedure or treatment

3.2   **Escort** is any member of staff who is involved with escorting patients and who has the relevant knowledge and skills to provide a high standard of care during the transfer; to ensure patient safety is not compromised. An escort can be:

- Registered professionals, doctors, registered nurses and midwives, operating department practitioners
- Non registered professional, healthcare assistants and other clinical support workers, porters, managers.

3.3   **Internal transfer** is the movement of a patient from one ward/department to another, within the Trust clinical areas

3.4   **External transfer** is the movement of a patient to another appropriate care environment service outside the Trust, where the duty of care is handed over to another acute care environment. This should not be confused with a discharge, where the duty of care is discharged to a non acute environment, although the principals are similar.

3.5   **Out of Hours transfer** is a transfer that occurs between and 23.00 and 0600

4.0   Responsibilities

4.1   **Managing Director**

4.1.1   The Managing Director is the Accountable Officer of the Trust and as such has overall accountability and responsibility for ensuring safe and effective systems are in place for patient transfer and that staff are fully informed and skilled to carry out their responsibilities.

4.2   **Director of Nursing**

4.2.1   The Director of Nursing has responsibility for ensuring that appropriate transfer processes are place and support patient safety at all times

4.3   **Medical Staff**

4.3.1   Must determine whether the patient is medically fit for transfer and that the benefits of the transfer outweigh the risks. They are responsible for following the guidance set out in this policy to ensure the safe transfer of patients in the Trust.

4.4   **Associate Directors of Nursing**

4.4.1   Associate Directors of Nursing have overall responsibility to ensure that their teams are aware of and adhere to this policy.

4.5   **Matrons**

4.5.1   If there are any issues with the transfer of patients, and support is required, this should be escalated to the Matron for that area. As a senior member of the team, the Matron should be able to resolve any issues or escalate to the Associate Director of Nursing as appropriate.

4.6   **Ward/Departmental Managers**

4.6.1   Have responsibility for ensuring that this policy is publicised within their area of control and that all staff are aware of their responsibilities with regards to the safe transfer of patients. They are responsible for ensuring that the policy and guidance is used effectively by all appropriate staff in their area.

4.6.2   Have responsibility for ensuring that the patients' dignity and privacy is maintained during the transfer.

4.7   **Nursing Staff**

4.7.1   Are responsible for following the guidance set out in this policy to ensure the safe transfer of patients in the Trust. This responsibility may be delegated to others based on an assessment of clinical needs by medical and/or nursing staff however the nurse-in –charge remains responsible at all times. Level 1, 2 and 3 patients must be escorted by registered professional staff.

4.7.2   The ward teams are responsible for ensuring that patients are moved on Lorenzo and any ward based documentation systems are suitably updated.

4.7.3 A nurse escort, regardless of status or seniority has the following duties when designated as the transfer nurse:

- Positively identifying the patient to be transferred
- Ensuring all relevant documentation is transferred with the patient, including medical records and the transfer form.
- Confirming the correct destination for the transfer
- Monitoring the status of the patient during the transfer, using the appropriate monitoring devices
- Taking all appropriate action, should the patient's condition change

4.8 **Clinical Site Team**

4.8.1 The Clinical Site Team are responsible for operational co-ordination of transfers through the assigning of beds and co-ordination of moves within, to and outside of the hospital.

4.8.2 The Clinical Site Team are responsible for resolving any conflicting operational issues relating to the transfer of patients as escalated by the clinical team. They are also responsible for the repatriation of patients to the Trust.

5.0 Intensive Care Transfers

5.1 Clinical Site Team will include the Intensive Care Units within their rounds, liaising closely with the shift leader. The Clinical Site Team, in conjunction with clinical staff, will prioritise patients for transfer to ward areas.

5.2 Intensive Care patients will be prioritised according to clinical need and the overarching pressures within the Trust. Ideally discharge from the unit should be within 4 hours of being deemed not to require this facility.

5.3 Intensive care transfers will be done in accordance with the Operating policy for critical care and any critical care transfers out of the unit will be completed in accordance with the agreed Essex Critical Care network documentation. (Refer to appendix 1)

6.0 Internal Transfers

6.1 An Internal transfer takes place when a patient remains under the care of trust health professionals and who is not removed from the electronic patient record (EPR). Patients who may require transfer within the trust include:

- Transfers to departments for investigation
- Transfers from the Emergency Department
- Transfers between wards
- Transfers between sites

6.2 The principal responsibility of all staff is to maintain patient wellbeing, provide optimal care during the period away from the principal care area/ward, report and document outcomes and actions taken.

6.3 **Transfer end times**

6.3.1 Transfers for procedures and investigations will occur 24 hours a day and will always be based on the clinical needs of the patient.

6.3.2 Standard intra-ward transfers will not usually take place between the hours of 11.00 p.m. (23:00) and 6.00 a.m. (06:00). If transfers take place outside of these hours a datix form should be completed and investigated by the COMS team.

6.3.3 Transfers from ED and AMU will occur 24 hours a day as part of the emergency pathway.

6.3.4 Transfers from ESS will cease at 11.00 p.m. (23.00) unless not transfering would result in a risk to the safety of the Emergency Department. If transfers take place outside of these hours a datix form should be completed and investigated by the COMS team

6.3.5 Repatriations from other hospitals are required to be on site by 6.00 p.m. (18.00) with the exception of patients requiring treatment within the Regional Specialist Services

6.3.6 Repatriations from other hospitals of patients with a tracheostomy should usually occur within normal working hours. Transfers outside of these times should only occur with the agreement of a Consultant

6.3.7 Step-downs from ITU or MHDU, will only occur within normal working hours unless (18.00) there is a need to admit a deteriorating or critically ill patient under the instruction of a Consultant

6.4 **Guidance for internal transfers**

6.4.1 All relevant documentation must accompany the patient.

6.4.2 The need for an escort must be assessed and appropriate level of staff allocated to escort the patient.
(Refer to Appendix 2)

6.4.3 The need for any equipment to accompany the patient must be assessed e.g. oxygen, intravenous infusion, pressure relieving aids.

6.4.4 All medicine and personal property must accompany the patient.

6.4.5 The receiving ward must be made aware of any infection risk.

6.4.6 Patients must be welcomed and handed over to the receiving ward using the SBAR approach and supporting documentation.
(Refer to Appendix 3)

6.4.7 There must be adequate, appropriate and timely communication between transferring and receiving staff and with the patient, relative or carer.

6.4.8 Decisions to outlie patients must be made by the Clinical Operations Site Team. The key factor for outlying patients from their base ward being when the speciality bed numbers falls below the minimum number required for managing emergency admissions as per the Trust's Escalation Plan. When outlying a patient, the COMS team must consider the patient mix and skill mix on the intended destination ward to ensure patient safety.

6.5 **Internal transfer requirements**

6.5.1 It is essential that patient transfers are well co-ordinated and that they occur in a timely manner so that capacity within the Trust is appropriately managed. In addition, safer transfers must:

- Ensure all patients are accounted for i.e. their location within the patient journey is known at all times
- Ensure patients receive appropriate care in an appropriate environment in a timely manner and that beds are accessed within an acceptable and appropriate time frame within the appropriate specialty
- Prevent the avoidable cancellation of elective surgery
- Prevent any avoidable delays of patients requiring emergency admission to intensive care
- Prevent any avoidable delays of patient transfers from the Emergency Department/EAU
- Prevent any avoidable delay in transferring patients who develop clinical complications following admission
- Reduce the number of patients transferred to general wards overnight
- Prevent the avoidable non clinical transfer of critically ill patients

6.5.2 Patients admitted under the care of one Consultant who then require intervention by a different specialty will be referred on by the admitting team.
- The decision to accept the transfer of care will be documented in the patient's medical notes by the accepting Consultant (or their deputy in their absence).
- The nurse responsible for the patient's care will notify the Clinical Operational Manager of the request.
- The COMS Office will document the request on the Internal Transfer List.
- The Clinical Operational Manager will arrange transfer to a bed within the appropriate ward, as soon as possible, taking into account the clinical condition of the patient.
- If a patient's clinical condition allows and the referring / accepting Consultant teams agree, the patient will remain in their hospital bed until the Clinical Operational Manager is able to facilitate a safe transfer.

6.5.3 Exclusion Criteria for non-clinical transfers (this does not apply to the Emergency pathway through ED, AMU and ESS)

- Patients with dementia or demonstrating signs of confusion
- Patients triggering on NEWS score unless documented in the management plan that the patient is not for escalation in treatment OR it is a clinical priority to transfer the patient to a critical care area.
- Patients with complex social needs likely to remain in hospital longer than 48 hours.
- Patients with Learning Difficulties or Autism

- Patients on the end of life pathway
- Patients who have had a fall since admission
- Patients with suspected Norovirus or any other infection that may contribute to an outbreak
- Note should be taken of the number of times a patient has already been transferred and the number of moves must be kept to the absolute minimum.

6.6 **Staffing**

6.6.1 Porters will support the transfer process with requests submitted for the assistance of porter with a nurse to move/ transfer a patient. Urgent transfers must be requested as such clearly designating the urgency of the transfer and a response time of 5 minutes from portering services is required.

6.6.2 All staff involved in the transfer process are required to follow infection prevention practice related to personal protective equipment, hand hygiene and decontamination of equipment and environment.

6.6.3 Ward staff are responsible for ensuring patients are suitably dressed and blankets provided if necessary, to ensure comfort and maintain privacy and dignity. The receiving ward/department must ensure that a member of staff is available to receive the patient and take handover from escort if necessary.

6.6.4 The nurse-in-charge of the patient's care must ensure the patient has a patient identification wristband prior to transfer.

6.7 **Escorts**

6.7.1 The nurse-in-charge of the patient's care will assess if an escort is required and record any such requirement in the patient's health record. The nurse-in-charge will remain accountable for the patient's care at all times. The staff member acting as an escort must be competent to use any equipment that is being transferred with the patient and ensure it has sufficient battery life for the period of the transfer.
(Refer to Appendix 2)

6.7.2 All patients categorised as level 1, 2 and 3 require a registered professional escort
(Refer to Appendix 2)

- **Level 1** Patients at risk of their condition deteriorating, or those recently relocated from higher levels of care, whose needs can be met on an acute ward with additional advice and support from the critical care team

- **Level 2** Patients requiring more detailed observation or intervention including support from a single failing organ system or post–operative care and those "stepping down" from higher levels of care

- **Level 3** Patients requiring advanced respiratory support alone or basic respiratory support together with support of at least two organ systems. The level includes all complex patients requiring support for a multi – organ failure

6.7.3 Escorts are required to ensure that the patient's wellbeing is considered at all times and must actively engage with the patient during the whole transfer process.

6.7.4 The Nurse escorting the patient must always be walking in a position that ensures they have full visibility of the patient at all times during transfer and there must not be any en-route stops.

6.8 Communication

6.8.1 There must be adequate and effective communication between the transferring ward/department and receiving ward/department. Ward to ward transfers between specialties will be facilitated by the nurses-in-charge of the ward/department, the COM's team and those staff constituting the Transfer Team.

6.8.2 The nurse-in-charge of the patient's care on the transferring ward must provide a verbal telephone handover to the receiving ward/nurse if not accompanying the patient. This must include communicating any known or suspected infections and the need for isolation if necessary. In addition, the nurse-in-charge will hand over to the Transfer Team who will in turn hand over to the nurse on the receiving ward.

6.8.3 Patients will be informed at the earliest opportunity of the need for a transfer, with explanation of purposes of the transfer provided. Consent must be obtained from the patient/carer/significant other prior to transfer and reasonable adjustments must be considered where communication may be difficult, e.g. in case of cognitive issues or learning difficulties. Furthermore, the patient's relatives should be informed of the transfer and the name of the receiving ward.

6.9 Documentation

6.9.1 The nurse-in-charge is responsible for ensuring that all appropriate records including any infection prevention documentation and relevant laboratory results accompany the patient. All patients must have a documented, up to date, manual handling assessment prior to transfer to another area.

6.9.2 The registered nurse should ensure that all the required information is recorded in the Manual Handling Plan. All patients must have a documented, up to date, Waterlow Assessment and a body map completed prior to transfer.

6.9.3 The transfer sheet (SBAR) is incorporated into admission booklet and should be completed by the nurse responsible for the patient's care at the time of transfer. (Refer to Appendix 3)

6.9.4 Once handover is complete on the receiving ward the transfer checklist must be filed in the nursing notes within the medical health care records.

6.10 Infection Prevention Risk

6.10.1 The escort and the ward / department where the patient is visiting or being transferred to, must be aware of any current infection risk prior to the patient leaving the ward area, respecting confidentiality and dignity at all times

6.11 Intravenous Infusions

6.11.1 All infusions containing drugs, including Potassium or TPN must be on an infusion pump with appropriate battery life for the transfer and the registered professional must have been trained and competent to use the equipment.

6.11.2 If the patient requires a continuous infusion or the infusion cannot be stopped during the transfer (advice sought from a doctor) the registered nurse responsible for the assessment must clearly state, on the Transfer Checklist (located within the nursing record), the action required for any on-going intravenous infusion.

6.11.3 If close observation of the patient is required, or if drug administration is required, a registered professional must always act as the escort for the patient. It is acceptable for a non – registered member of staff to escort a patient connected to an IVAC infusion pump but ONLY when 0.9% saline or 5% Glucose/Dextrose Saline or Hartmanns is being administered. Non-registered staff are not allowed to transfer patients receiving intravenous drug therapies and they are not allowed to touch or use any infusion device. If a patient has been assessed as competent to self administer medication by a registered professional and is using an ambulatory infusion device then it is acceptable for a non–professional to act as an escort. However, the device must have been checked by a registered professional prior to commencement of the transfer, to ensure there is sufficient battery life and medication for the duration of the escort.

6.12 Oxygen Therapy

6.12.1 If the patient's respiratory or cardiovascular status is unstable a registered nurse must always act as the escort for the patient. The registered nurse making the assessment is responsible for ensuring that all required information is given to the patient's escort.

6.12.2 Prior to commencement of the transfer, the registered nurse must check and ensure there is sufficient oxygen in the cylinder required for the full duration of the transfer.

6.13 Tissue Viability

6.13.1 All patients must have a documented, up to date Waterlow Assessment and body map prior to transfer.

6.13.2 The registered nurse is responsible for deciding if the patient requires pressure-relieving equipment during transfer and must have communicated this on going

need if there is one to the nurse in charge of the receiving area where the patient is being transferred to.

6.14 Moving and handling plan

6.14.1 All patients must have a documented Moving and Handling Plan completed which accompanies the patient on transfer.
(Refer to Moving and Handling Policy; register no: 04090)

6.14.2 Where an in-patient is transferred to Radiology, the appropriate radiology transfer form must be completed. All patients transferred to CT out of hours must be escorted.
(Refer to Appendix 5)

6.15 Pharmacy

6.15.1 All medications dispensed for the patient must accompany them on transfer.

6.15.2 The following locations should be checked to ensure that all medications follow the patient
- Check patient locker
- Check treatment room for drugs that have arrived from pharmacy
- Check the fridge in the treatment room for any fridge items
- Check the Controlled Drugs cupboard for any patients own controlled drugs. If Controlled Drugs do need to be transferred, a registered nurse should transfer them to the new ward.
- Check for patient specific IV antibiotics or other IV medications or feeds that are kept in the treatment room.

6.15.3 If medications have been ordered from pharmacy and not yet arrived, ask pharmacy to send to new ward.

6.16 Patient Property

6.16.1 All patient property must accompany patient together with a completed property form. Also refer to Sections 4 and 5 of the 07003 Patients Valuables Policy

6.17 Same Sex Accommodation

6.17.1 Every effort must be made to accommodate patients into a single sex area or bay. Breaches of Single Sex Accommodation can only be authorised by the Executive On-Call

6.17.2 The clinical need associated with admission to a high intensity clinical area such as ICU or the medical high dependency unit outweighs the need for same sex accommodation (refer to Mixed Sex Wards Policy)

6.18 Patients with cognitive impairment / dementia

6.18.1 Ideally the patients with cognitive impairment / dementia should remain on one ward for their episode of care. Internal transfer of patients with cognitive impairment /

dementia may worsen cognition resulting in unnecessary distress and an increased length of stay. Decisions must be based upon clinical need.

6.18.2 Appropriate consent must be obtained from patients/carers/significant others and any reasonable adjustments made to ensure

7.0 Out of Hours Transfers

7.1 Patients should not, under normal circumstances, be transferred between inpatient areas, for non-clinical reasons, between 23:00hrs and 06:00hrs.

7.2 Out of hours transfers are far from ideal and should be avoided unless:

- Patients require transfer from A&E, Access and Assessment Team (AAU) and I.T.U. Transfers from these areas may take place as required in order that appropriate capacity is maintained.

- The patient's condition changes, necessitating a transfer out of hours.

- Operational demands of the organisation necessitate such a transfer. For example where the hospital receives a higher than usual number of admissions over and above the number of discharges due to the acuity of the patients in the hospital, it may be necessary to open additional clinical areas within the hospital to accommodate all patients in a safe environment. Some patients may need to be moved to ensure patient safety across the hospital is maintained. This will be explained to the patient at the time, but the patient will not be in a position to refuse to move if they are deemed as suitable by the on call clinical teams.

- Movement of a patient to an empty specialty bed will improve their quality of care and outcome of treatment but is not clinically urgent. In these circumstances, the clinician will decide if a transfer out of hours is appropriate or not. It is the clinician's responsibility to balance the risks of moving the patient out of hours against waiting until the transfer can be carried out 'in hours' i.e. between 06:00 and 23:00.

7.3 If an out of hours transfer is necessary, the conditions and arrangements described in section 6 apply to all transfers including those out of hours. In addition:

- The nurse-in-charge of the transferring ward must risk assess the patients, to determine which patient is in the most favourable clinical condition for transfer

- The nurse-in-charge must inform the Clinical Operational Manager who will support the transfer

- The relatives will be informed in hours that the transfer has taken place, unless the patient requests otherwise or there is an overriding clinical reason for doing so. The latter will be decided by the clinician responsible for the patient's care. The Nurse in Charge is responsible for ensuring relatives/ Carers are informed of the patients' move.

7.4   If a patient is transferred out of the Department of Critical Care, the staff from the Department will facilitate the transfer and an adverse incident reporting form will be completed.

8.0   External Transfers

8.1   External referrals (i.e. patients from other NHS Trusts) will be accepted by the appropriate Consultant (or their deputy in their absence).

8.2   It is the responsibility of the accepting team to inform the Bed Management Office of the need to transfer the patient.

8.3   Arrangements for the transfer will be made by the Clinical Operational Manager who will take into account the patient's medical condition, bed availability and the Isolation Policy relating to the acceptance of patients from other NHS Trusts.

8.4   It is the responsibility of the consultant team to inform the bed bureau of any patients requiring transfer to another Trust, the operation centre administrators must liaise with the accepting Trust on a daily basis until a bed becomes available.

8.5   The conditions and arrangements described in section 6 apply to all external transfers. In addition:

- If the patient is being transferred to another organisation, a copy of the health record must accompany the patient and the original retained in the Trust.

- If an escort is to accompany the patient, confirmation of the return journey arrangements for the escort must be made by the nurse-in-charge of the transferring ward

- The principles for discharging a patient are similar but please refer to the Trust's Discharge Policy

- Patients should not be transferred out of hours. We will aim to ensure that transfers to other providers do not happen after 20:00, unless it is for clinical need and in the best interest of the patient, or it supports other patient safety issues in other parts of the hospital.

- It is the responsibility of each clinical area to book the appropriate mode of transport, in accordance with the trusts patient transport policy. Please refer to patient transport policy for booking criteria.

8.6   As a regional specialty, ENT (and indeed max fax and plastics) do not usually inform the bed management office of all our referrals from the other 3 Trusts we cover. Until a patient arrives for assessment we do not know what the bed requirement will be. They are managed within the plastics bed base and their transfer is usually from an A and E Department to come over for a specialist review with a view to admission.

9.0   Training and Education

9.1   The Trust is committed to raising awareness of effective transfer planning by the provision of training for all staff within the Trust as follows. Ward Sisters, Matrons, Associate Directors of Nursing, Managers, Consultants and Clinical

Directors will ensure that all staff have access to training and education to maintain up to date knowledge of local and national policies relating to transfers.

9.2   All staff must be made aware of this policy at local induction.

10.0   Privacy and Dignity

10.1   It is essential that the privacy and dignity of a patient being transferred is maintained. Patients should have clothing and blankets in order that they are appropriately covered. Efforts must, before transfer, to ensure that the patient is as comfortable as possible i.e. free from pain and nausea and vomiting, and does not want to go to the toilet.

11.0   Confidentiality

11.1   During transfer, it is the responsibility of any staff involved in the transfer to ensure that confidentiality of the patient's records is maintained; any communication with the patient must respect their confidentiality

12.0   Equality and Diversity

12.1   Mid Essex Hospital Services NHS Trust is committed to the provision of a service that is fair, accessible and meets the needs of all individuals.

13.0   Audit and Monitoring

13.1   Incident Monitoring: any untoward incidents or near misses that occur with regard to the transfer of patients between wards and departments should be recorded on the Datix system and will be investigated on a case by case basis by the Senior Sister/Charge Nurse for the area.

13.2   Any complaints that arise from transfers will also be investigated by the Senior Sister/Charge Nurse on a case by case basis by. The learning from incidents and complaints will be shared through local governance arrangements and amendments made to the policy as appropriate.

13.3   Compliance with this policy will be monitored annually as a minimum to establish:

- Whether the requirements for specific patient groups have been met
- Whether documentation to accompany the patient at transfer was available and completed appropriately.

13.4   This audit will be undertaken by a nominated lead from within Corporate Nursing with the support of Clinical Audit and reported to the Chief Nurse, Directorate Governance Meetings and the Patient Safety Group.

13.5   The Chief Nurse will be responsible for developing action to address any identified deficiencies and progress with implementation will be monitored at subsequent operational and/or governance meetings depending on agreements made and recorded in the minutes of the meeting receiving the first audit report.

14.0 Communication and Implementation

14.1 The policy will be uploaded to the intranet and website and notified to staff via Focus.

14.2 The Corporate Office will ensure that all wards and appropriate departments receive copies by email.

15.0 Review

15.1 This policy will be reviewed at three yearly intervals or sooner in response to local or national initiatives.

16.0 References

Acute Neonatal Transport Services East of England (2004) ANTS Information Folder
http://www.ants-neonatal.org/

National Audit Office (2016) Discharging older patients from hospital. Report by the Comptroller and auditor general. HC 18 SESSION 2016-17 26 MAY 2016. London: The Stationery Office
https://www.nao.org.uk/wp-content/uploads/2015/12/Discharging-older-patients-from-hospital.pdf

Essex Critical Care Network

INTER HOSPITAL PATIENT TRANSFER PROTOCOL

This document refers to only Level 3 critically ill adult patients i.e. those who require advanced respiratory support alone or those who require support of at least two organ systems.

1 DEFINITIONS

Patients will be transferred for one of two reasons.

1.1 Non-clinical transfer. Performed when demand exceeds local critical care capacity. This is classed as a critical incident and the necessary organisational paperwork should be raised.

1.2 Clinical transfer. Performed when the patient needs specialist care not available locally.

2 PATIENT SELECTION

2.1 The decision to transfer a patient must be made at consultant level. In the case of non-clinical transfers the Critical Care consultant will decide which patient to transfer. This must be acceptable to the receiving critical care unit consultant.

2.2 All referrals will be consultant to consultant.

2.3 It may not always be appropriate for the referring hospital to transfer their new patient, e.g. due to clinical instability. The patient for transfer should be stable with acceptable physiological parameters prior to starting the journey.

Non-clinical transfers must not occur because critical care capacity is reduced through the delayed discharge of Level 1 or 2 patients in the Critical Care Unit to wards. Trusts must monitor such delays and make all efforts to eliminate them. Transfers for capacity reasons should occur only as a last resort.

2.4 Patients not expected to survive will not be transferred.

2.5 If there is a medical or surgical problem with the patient for transfer the relevant team from the referring hospital must ensure continuity of care with their colleagues at the receiving hospital.

2.6 Occasionally, a consultant physician or surgeon may make the referral. The process of patient selection and management of transfer should be made with senior help from their own Critical Care Unit.

2.7 All transfers will be made to the nearest suitable unit

3   THE REFERRAL MECHANISM

3.1   Patient transfer is potentially hazardous. The decision to transfer should be undertaken after all alternatives have been explored.

3.2   Referral should be consultant to consultant. It is expected that the referring consultant would have personally assessed the patient prior to arranging transfer.

4   WHO SHOULD GO?

4.1   The Consultant responsible for Critical Care must assess the level of anticipated risk for each individual transfer. A risk assessment should be completed to determine the suitability of the patient for transfer taking into consideration the nature of the underlying illness, co-morbidity, level of dependency and risk of deterioration during transfer.   Based on a risk assessment, the competencies of staff required to accompany the patient can be determined. All level 3 patients will require a competent nurse (or ODP) and medical escort with the appropriate experience and/or training, with the medical practitioner being from an anaesthetic or critical care background

4.3   Patients with an intra-aortic balloon pump in situ are covered in a separate policy

4.4   Network Trusts should encourage transfer personnel to join the Association of Anaesthetists or the Intensive Care Society in order to receive decent levels of personal injury insurance cover.

4.5   Reliance on the paramedic service to provide the doctor's assistant is not acceptable.

5   HOSPITAL ARRANGEMENTS

5.1   Each Trust should have a nominated lead Consultant for transfer of the critically ill with responsibility for guidelines, training and equipment provision

5.2   In the case of non-clinical transfers, the national Capacity Management System should be used to identify the nearest available critical care bed

5.3   Pre-departure check lists should be used to help to ensure that all necessary preparations have been completed.

6   TRAINING

6.1   Trusts should ensure that there is a training programme for those expected to perform transfer duties or arrange for staff to have access to one of the courses provided by other providers. Training should encompass theory and the practical aspects of transfers. Staff should be competent in the use of monitoring & equipment required during a transfer.

7   SAFETY STANDARDS

7.1   The airway should be assessed and if necessary secured and protected. Intubated patients should normally be sedated (and sometimes paralysed), and mechanically

ventilated. Inspired oxygen should be guided by oxygen saturation (SaO2) and ventilation by end tidal carbon dioxide (EtCO2). Following stabilisation on the transport ventilator, at least one arterial blood gas analysis should normally be performed prior to departure to ensure adequate gas exchange. Inspired gases should be humidified using a disposable heat and moisture exchanging (HME) filter.

7.2   Patients should be transferred in a land ambulance on a transfer trolley compliant with CEN regulations. Trolleys should be configured to carry monitor, ventilator, syringe pumps and oxygen cylinders mounted below the level of the patient

7.3   Emergency ambulances should carry a minimum of 2000 litres of oxygen. Most vehicles are now being equipped with 2 F size cylinders (total 2720 litres). In addition a national specification for new emergency vehicles has been agreed, which will include DC / AC power inverters, making them ideal for critical care transfers. They should also carry small cylinders to facilitate ward to ambulance transfer. Currently in Essex a Mercedes ambulance should be requested by Critical Care teams as these include the DC / AC power inverters

7..4   The welfare of patients, staff, other road users and pedestrians must be considered. A blue light and siren transfer may be advantageous for travelling through traffic, but high speed transfers are not always required and should only be used if absolutely necessary.

8   TRANSFER EQUIPMENT

8.1   This should conform to published standards of monitoring for transfer: pulse oximetry, ECG, invasive and non-invasive BP, and capnography should be used continuously during transfer. The transfer ventilator should be of appropriate standard. Battery life must be adequate for the trip.

8.2   The transfer bag should contain all items required to deal with potential emergencies including intubation, respiratory and cardiovascular support. Drugs and fluids needed for the trip should be adequate. It is the responsibility of the transfer anaesthetist to personally check that they have all the necessary equipment, drugs and fluids prior to departure. Spare batteries should be taken.

8.3   High visibility jackets and a mobile phone will be made available for the transfer by the Trust. Use of the ECCN observation chart for the trip is essential: a patient record is vital for both medico-legal and audit purposes. Copies are to be kept by the receiving and referring hospitals with a copy to be kept in the original patient notes.

8.4   Following completion of transfer disposables, drugs and fluids should be re-stocked. A written checklist for this purpose is useful. Monitoring and electrical equipment should be re-charged and made ready for use.

9   CONDUCT OF TRANSFER

9.1   The practicalities of transfer demand that all tubes and lines be secured in advance of moving the patient. IV access should be immediately available & working throughout. Staff are expected to wear seat belts and remain seated for the journey. If the patient requires attention that involves removal of the staff seatbelt,

the ambulance should stop in a safe place to facilitate this. A plan for patient sedation with or without paralysis should be made in advance and the drugs drawn up ready for use.

9.2   The transfer doctor will phone the receiving Critical Care Unit before starting the journey. On arrival a thorough medical and nursing handover is mandatory.

10   NOTES AND X-RAYS

10.1   All notes relating to the current admission should be photocopied and provided for the receiving hospital. Further patient management may only be possible with the complete set of old notes and if requested should be provided in their entirety.

10.2   All imaging including x-rays, CT and MRI scans should have been seen by the receiving hospital in advance of the transfer or accompany the patient on CD.

11   TRANSFER BACK TO THE POINT OF REFERRAL

11.1   The referring hospital has a duty to take back their patient at the earliest opportunity. This will take priority over referring hospital elective admissions and major elective surgery. The condition and recovery of the patient should not be compromised by repatriation.

11.2   If the patient is well enough for discharge from the Critical Care Unit to the ward, delay of discharge from the receiving Critical Care Unit to a ward bed at the original hospital should not happen. This will take precedence over elective hospital admissions. It is the responsibility of the original hospital to ensure that this happens.

11.3   See separate Policy for repatriation of neurosurgical patients.

12   FAMILY

12.1   The family of the patient should be informed of all decisions regarding the transfer. They should be made aware that transfer decisions are the responsibility of the medical staff operating within the policy of the Trust.

13   THE CRITICAL CARE NETWORK

13.1   The medical lead for the network will monitor the development of referral pathways and, transfer policies.

13.2   Information from completed transfer forms is to be recorded on a database and a quarterly audit is to be presented to the network board.

13.3   The network should have mechanisms in place to liaise with local ambulance services.

Essex Critical Care Network
Updated in accordance with the Intensive Care Society; Guidelines for the transport of the critically ill adult (3rd edition 2011)
Reviewed November 2012

Guidance for level of Escort

Criteria	Level of Escort
Patient is being moved to MHDU	Registered Nurse (Level 1, 2)
Patient is being stepped down from ITU or MHDU to a general ward area	Registered nurse (Level 1, 2)
Patient is being stepped down from ITU to MHDU	Registered Nurse (Level 1, 2)
Patient is being stepped up from any area ITU	Doctor (Level 1, 2, 3)
Patient is intubated and having ventilation	Doctor (Level 1, 2, 3)
Patients is on oxygen of any percentage	Registered Nurse (Level 1)
Patients with a NEWS of 0 is being transferred from and emergency area to a general ward	Health Care Support Worker
Patient has a NEWS of 1 or more	Assessment of reason for NEWS Default person is Registered Nurse (Level 1)
Patient has a Tracheostomy	Registered Nurse (Level 1, 2)
Patient is going to the Discharge Lounge and does not require oxygen	None
Patient going to another hospital for routine appointment	Health Care Support Worker
Patient going to another hospital for specialist assessment or review	Registered Nurse (Level 1)
Intubated patient from ITU, MHDU or a ward area leaving site for any reason	Doctor (Level 1, 2, 3)
Patient being transferred to another hospital who will be taking over their inpatient acute care.	Registered Nurse (Level 1)

Transfer Sheet (SBAR)

S	**Situation** Give a verbal handover of diagnosis/reason for admission Under care of Consultant _____ Admitted on (date) _____ **Observations immediately prior to transfer of patient** BP _____Pulse _____ Resps _____ Sp02_____Temp _____ Blood glucose _____ AVPU _____ Early Warning Score _____ Pain score __ Site/Duration _____analgesia given _____ Patient reviewed and transfer agreed by FY2 Dr: _____ Time: _____

B	**Infection status** MRSA	Y N NK	**Background** Verbal handover of relevant medical history Outline of treatment and nursing care so far
	Diarrhoea & / or Vomiting	Y N	Family / carer involvement _____
	Other potentially infectious diseases	Y N	Family aware of transfer and provided with ward tel. no. Y ▫ N ▫ Initial……………….. Date…………………..
	Isolation required?	Y N	Risk of Falls Y ▫ N ▫ Cognitive impairment Y ▫ N ▫ MCA/DOLS in place Y ▫ N ▫
	Discussed with receiving ward	Y N	**The patient's resuscitation status is** For Resus/Not For Resus / Not discussed (delete)

A	**Assessment:** Escort required Y ▫ N ▫ Oxygen & Suction required Y ▫ N ▫ Immediate concerns: _____ Summarise all current nursing needs: _____ _____ _____ Frequency of observations _____ Neurological observations required Y ▫ N ▫ Special equipment / Mattress required _____ Ward aware? Y ▫ N

R	**Recommendations** Any tests / care needs outstanding? _____- _____ Drug chart checked? Y ▫ N ▫ Referrals required? _____ Continuous IV infusion Y ▫ N ▫ IVI regime discussed Y ▫ N ▫ Clear plan in hospital notes? Y ▫ N ▫ Discussed with patient/carer Y ▫ N ▫ Planned discharge date:

Does the patient have **all** their property with them for this transfer   Y ▫ N ▫ Has all the patient's own medication been collected and ready for transfer Y ▫ N ▫ If No please give details _____
Verbal handover: face to face / telephone (delete) Initial   Date Nurse receiving handover: Print _____ Sign _____ Designation_____

Appendix 4
External Transfer Checklist

Patient's Surname: Patient's First Name: Date of Birth: Hospital number: Date of Admission: *Use label where possible*	

Original Ward	
New Ward	
Date of Transfer	

Active Problems	
Cognitive impairment?	
Known Allergies	
Past Medical/Surgical History	

Next of Kin Aware of Transfer	Yes/No
NEW score	
Is oxygen/suction required?	Yes/No
Escort required & provided?	Yes/No
Patient property & form	Yes/No/NA

Infection Control

MRSA Positive or unknown	Yes/No
If Yes - patient only to be transferred in to cubicle.	
Diarrhoea/ Vomiting	Yes/No
Discharging Wound	Yes/No
Infectious Diseases/Scabies	Yes/No
If yes to any above- patient only to be transferred in to cubicle until confirmation of virus/ bacteria etc	

Continence

Urinary:

Bowels:

Date Bowels last opened: ___/____/____

Discharge Plans

Expected discharge date: ____/____/____
To Home/ Residential/ Nursing home   Yes/No:
Previous Physiotherapy   Yes/No:
Occupational therapy referral   Yes/No:
completed
Social Worker referral completed   Yes/No:

Specific Nursing Needs:
(Including ongoing IV infusion)

**Nutritional MUST score to be completed
Tissue Viability- Waterlow and body map to be completed.**

Mobility	
Moving and Handling Plan	Yes/No
Mobility Aid/ Special bed required	Yes/No
History of Falls	Yes/No

Pharmacy	
Checked patient locker.	Yes/No
Checked treatment room for drugs that have arrived from pharmacy.	Yes/No
Checked the fridge in the treatment room for any fridge items.	Yes/No
Checked the controlled drugs cupboard for any patients own controlled drugs.	Yes/No
Checked for patient specific IV antibiotics or other IV medications or feeds that are kept in the treatment room.	Yes/No

Documentation	
XRAYS	Yes/No
Blood and Sample Request Forms	Yes/No
Drug Charts	Yes/No
Observation Charts	Yes/No
Personal Belongings	Yes/No

External transfer	
Photocopy of health record	Yes/No/NA
Return journey arrangement for escort made	Yes/No/NA
Drug Charts	Yes/No
Observation Charts	Yes/No
Personal Belongings	Yes/No

Name of transferring nurse	
Name of accepting nurse	
Other Comments:	

INPATIENT TRANSFER FORM TO RADIOLOGY
To be completed by a qualified nurse / doctor
for ALL Inpatients requiring transfer to the Radiology Department

Patient Name: _____ Date/Time: _____ Hosp no:

Situation	**Relevant PMH/comorbidities :** **Known allergies :** **Is there a current DNR form in place?** **Yes ☐** **No ☐** If yes, please ensure DNR form accompanies to the patient to radiology.
Background	**The patient's mental status as they leave the ward:** ☐ Confused - has an MCA2 been completed? If yes, please ensure MCA2 form accompanies to the patient to radiology. ☐ Alert ☐ Voice (respond to verbal stimuli only) ☐ Pain (responds to painful stimuli only) ☐ Unresponsive **Are there any additional infection prevention measures required?** **Yes ☐** **No ☐** **If yes, please give details :** **Is the patient on oxygen?** **Yes ☐** **No ☐** **If yes, does the patient require an escort as per Trust transfer policy?** **Yes ☐** **N/A ☐** **Is there sufficient oxygen in the cylinder?** **Yes ☐** **N/A ☐**
Assessment	**I have just assessed the patient personally; Observations are:** BP _____ Pulse _____ Resps _____ Temp _____ O2 Sats _____ I confirm an identification wrist band is in situ **Yes ☐** Is patient independent of movement? **Yes ☐ No ☐** Is patient weight bearing? **Yes ☐ No ☐** If not, how many staff are required to assist ? Is a hoist required? **Yes ☐ No ☐** Are hoist slings / slide sheets with patient? **Yes ☐ No ☐** Patient fit to travel to the Radiology Department – **with escort ☐ without escort ☐** --- Name of person completing form (PRINT) Designation (Print) Signed