Transfer of patients to Level 2 Coronary Care Unit
Standard Operating Procedure

The operating procedure set out below must comply with the Data Quality Standards set out within Trust Data Quality Policy

1. Overview

This policy sets out for staff across the Trust what is required to ensure a safe and effective internal transfer for any adult patient who requires moving to level 2 Coronary Care Unit or at University Hospitals of Derby and Burton.

It includes an outline of the roles and responsibilities of trust staff, key principles fundamental to transfer and handover and the range of factors that need to be considered with patients and their carers before and during transfer.

The standards in this policy should be adhered to by all trust staff regardless of the type of transfer or the time of day in which the transfer is taking place. A safe transfer of a patient between clinical areas will always be accompanied by the efficient transfer of timely, high-quality clinical information when the responsibility for a patient is transferred from one clinician to another.

2. SOP Governance

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3. Key indicators, output or purpose from this procedure

The transfer and clinical handover of patient care is a core task for all members of the healthcare team but will particularly apply to those with a direct role in patient care where they need to hand over to another team effectively and efficiently. This policy specifically applies to the transfer of patients from all areas transferring patients to Coronary Care Unit and all level 2/3 areas and to all staff providing care that are involved in the transfer of patients.

4. Data Source(s)

Multiple incidents with no harm have led the team to complete a standard operating procedure to formalise process while the transfer policy is fully reviewed.

5. Process

1. All patients must be verbally handed over to Coronary Care Unit prior to transfer and full confirmation that there is a bed available need to be given by the Nurse in Charge of Coronary Care Unit.

2. PPCI patients in normal working hours should always be sent directly to the Catheter Suite. Coronary Care Units bed capacity will not impact this. Weekend and Night PPCI patients will need to wait for the on-call team to arrive as Coronary Care does not have medical cover during these hours.

3. Clear instructions to Coronary Care Unit must be given regarding infection precautions, additional equipment (e.g. portable oxygen) and when porter have been booked. The following guidance should be used in conjunction with other patient-related information at the time.

4. Vital signs should be recorded thirty minutes before transfer and recorded on the electronic Extramed SBAR handover or hospital paper transfer forms. If the recorded vital signs trigger early warnings, do not transfer and request medical review before transfer.

5. All patients being transferred to Coronary Care Unit need to be escorted by a registered nurse or Doctor, dependent on the Consultant or Registrar assessment of the patient pre-transfer. All patients should be attached to cardiac monitoring, with a defibrillator and pads to hand.

6. All patients prior to transfer will need to be stabilised as much as practicable and appropriate medications commenced by the transferring area.

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7. Coronary Care Unit has a manual defibrillator which monitors heart rhythms, areas can loan the manual defibrillator in order to ensure safe transfer from their area, as long as this is only used as monitor and not as a defibrillator. Staff using this equipment as manual defibrillator will require further training

8. Any person involved in the transfer of a patient should have the necessary knowledge, skills and experience to be able to achieve a safe transfer. (e.g. student nurses and/or porters are not allowed to transfer patients independently to level 2 Coronary Care Unit without the presence of registered members of staff)

9. An appropriate escort for the patient should be identified by the nurse in charge of the transferring ward.

10. Before the transfer of patients within University Hospitals of Derby and Burton, an assessment of potential risk, using clinical judgement and this policy guide, must be undertaken to ensure the patient is escorted and transferred safely avoiding potential harm.

11. When patients are transferred to Coronary Care Unit, it is the responsibility of the transferring ward to notify the patients' next of kin of their new location and to inform the receiving ward if the patient has any valuables stored in the hospital safe.

12. The transferring ward must ensure all patients clothing and belongings accompanies them to their new location and are recorded in the property book.

13. Patients' medications: When the patient has been deemed appropriate for transfer, any required medication will be administered and any named patient medication transferred with the patient. It is the responsibility of the transferring member of staff to hand over medications to the registered nurse on the receiving ward for safe storage.

14. Medical case notes: Medical case notes must accompany patients on transfer unless otherwise indicated.

6. Validation Checks

Failure to adhere to this Standard Operating Procedure could highly result in harm to the patient due to deterioration or cardiac arrest on route.

7. Sign off (separation, supervision, authorisation)

Stage/ purpose	Name and role	Date (how/ where evidenced)
Peer review:	XXX	XXX
Supervisor/ Lead review:	XXX	XXX
Information Asset Owner/ Trust Lead:	XXX	XXX

8. Information Governance

The transfer will follow the Information Governance guidelines around transfer of medical notes and patient's sensitive information.

9. Export/ use of data

Recipient(s)	When	How	responsibility
All Trust Staff	April 2022	Communications Team, NETI	Information Governance
All Senior Leaders	April 2022	Senior Sisters Meetings, Matrons	Matrons

10. Detailed Instructions

ⓘ **1 – How to xxx**

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Flowchart for transfer of patients to Coronary Care Unit

Patient identified as needing transfer to CCU and accepted by Cardiology Consultant / Cardiology Registrar / Medical Registrar on-call (OOH)

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Verbal hand over of patient to Nurse-in-charge CCU & seek confirmation of bed availability. Verbal handover to include infection precautions and any O2 requirement.

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Vital signs to be logged on ExtraMed SBAR / paper SBAR form within 30mins of expected transfer along with all other pertinent information. Any EWS >3 in any one field or >6 total – verify patient stable enough for safe transfer.

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Transfer to CCU for level 2 care requires **– escorting RN / Doctor & cardiac monitoring (ideally a defibrillator with pads to hand) –** CCU defib can be loaned for this purpose.

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On transfer the origin ward will inform next of kin of transfer, inform CCU of valuables/CDs stored in locker/safe & send belongings, medications and notes where able.

ED PPCI

In normal working hours will liaise and send directly to catheter suite.

OOH the patient will remain in ED until on-call team has arrived. CCU will inform ED when on-call staff ready to receive patient.

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