

## **TRANSFER OF PATIENTS POLICY**

Approved by: **Trust Executive Committee**

On: **24 October 2017**

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Corporate / Directorate **Corporate**

Clinical / Non Clinical **Clinical**

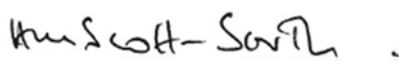
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Distribution:

- Essential Reading for: **All Clinical Staff**
- Information for: **All staff involved in the transfer of patients**

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# Burton Hospitals NHS Foundation Trust

## POLICY INDEX SHEET

<b>Title:</b>	<b>Transfer of Patients Policy</b>
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<b>Responsible Group / Committee</b>	<b>None</b>
<b>Consulted</b>	<b>Medical Director Divisional Directors Divisional Nurse Directors Professional Forum Head of Capacity Safeguarding Leads Facilities Manager</b>

## REVIEW AND AMENDMENT LOG

Version	Type of change	Date	Description of Change
5		13 April 2015	Revised the Policy in light of changes within the Trust and all the appendices in light of checklists applicable.
6		29 <sup>th</sup> May 2015	Added in wording re cognitively impaired patients and transfer arrangements to community hospitals.
7		30 July 2015	Included wording regarding trauma to a child / infant who present at MIUs.
8	Policy review	17 <sup>th</sup> February 2017	Removal of GHW transfers. Boarding now in policy.

# TRANSFER OF PATIENTS POLICY

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# Burton Hospitals NHS Foundation Trust

## TRANSFER OF PATIENTS POLICY

### 1. INTRODUCTION

This Policy is designed to clarify the requirements of all patients who may need to be transferred from wards and departments within or external to the Trust.

The trend towards shorter stays in acute care has the potential to increase the number of dependent patients within wards and departments, with a proportional rise in the number of patients requiring a transfer.

There is a need to secure the safety and dignity of dependent patients during their movement between departments or to another healthcare setting. Identified intra-hospital areas are within Queen's Hospital, Community Hospitals and the Treatment Centre.

The risk of untoward incidents occurring during this time should be minimised by the provision of appropriately skilled escorts and written and verbal communication of the patient's needs for monitoring and care.

### 2. OBJECTIVES

- To promote patient safety and minimise risk.
- To ensure appropriate personnel and equipment are involved in the transfer.
- To assist staff in preparing for, assessing and transferring patients.
- To ensure complete and accurate communication between the sending ward and the receiving ward or department or unit.
- To ensure minimum loss of patient belongings and records.
- To ensure accurate documentation of patient discharge information.

### 3. SCOPE OF THIS POLICY

This Policy applies to staff employed by Burton Hospitals NHS Foundation Trust who transfer adult patients to another department within the Trust or to another healthcare setting. Identified intra-hospital areas are within Queen's Hospital, Community Hospitals and the Treatment Centre.

### 4. VULNERABLE ADULT OR CHILD

If the patient is an adult at risk with care or support needs and there are safeguarding issues, the nurse has a responsibility to ensure that these issues are communicated as appropriate.

If the patient has enquiries being made in regard to abuse or neglect or an investigation in progress it would not be appropriate to transfer to another ward unless there is a clinical need. If the patient is transferred for this reason the ward nurse must liaise with the social worker or investigating worker involved.

In the interests of patients with dementia and learning disabilities, they should only be moved if it is for reasons essential to their care and treatment. It should

be considered if it would be in the patients best interests to remain in the clinical area and the specialist team to visit them rather than moving the patient to the specialist team. Any move should take place during the day and relatives and carers should be kept informed of any move and given adequate notice.

Consideration however must be given to the impact that the ward transfer may have on the patient as any change in setting may be detrimental to their recovery and safety.

## **5. TRANSFER OF PATIENTS TO AND FROM THE TREATMENT CENTRE**

The decision regarding patient transfer will be made by the Theatre co-ordinator on duty, depending on clinical need. The decision to transfer to the main site following a procedure will be discussed and agreed with the on call team for that clinical speciality. Prior to transfer the bed manager on the main site must be contacted in order for them to arrange a bed. Please refer to Appendix 4 for details of the protocol to be referred to in the event of patients requiring transfer to and from the TC.

## **6. THEATRE TRANSFER**

The Elective Admissions Lounge Operational Policy must be adhered to for the transfer of patients to theatre from the Elective Admissions Lounge. For all other patients following the theatre team brief and local nursing assessment, patients must be transferred to theatre according to their individual needs and clinical condition. Handover must be given when transferring a patient from the ward to the theatre utilising the pre-op checklist and from theatre to the ward utilising the anaesthetic record and peri-operative care theatre documentation.

Assistant Practitioners who have been trained and assessed as competent may collect patients from theatre in line with the agreed Trust protocol.

## **7. OUTPATIENTS**

If a patient requires admitting they should be alerted to bed management at the soonest possible opportunity. The patient should be monitored by outpatient staff and escalated to the Matron or Duty Sister if there is a delay in a bed becoming available.

## **8. MATERNITY**

**Internal transfers** within the maternity wards would not normally include the bed management team, unless it involved transferring patients to or from the Gynaecology ward due to bed pressures.

**HISS** – All maternity patients admitted to the Delivery Suite are admitted on the bed roster to either ward 15 or 16 on HISS. Therefore, any inter ward transfer would not need to be done on HISS.

A high proportion of women are able to walk during transfer, unless they are unwell or immediately post delivery.

**Transfers from delivery suite:** This includes transfer of the baby, which is usually held by the mother during her transfer (either on a wheelchair or bed). The delivery documentation may not be complete at the time of transfer; in this case a telephone summary of the delivery events will be provided by the midwife responsible for the delivery, to the midwife in charge of the ward.

Relatives are not routinely informed of any inter-ward transfer as, if the woman is in labour her birthing partner(s) are usually with her. If they are not present then relatives will be contacted if the patient wishes (in most cases the patient is able to phone them herself). If patients are moved in order to merge wards 11 and 12, relatives are not routinely informed but a notice is posted at the entrance to ward 11/12 corridor.

## **9. CRITICAL CARE INTRA HOSPITAL TRANSFER GUIDELINES**

### **9.1 Indication for intra-hospital transfers**

The patient may require further investigations and/or treatments from a higher level care area for example, Intensive Care or High Dependency.

### **9.2 Definition**

An acutely/critically ill patient in this context is defined as one who is at risk of, or is showing signs of, deterioration and who requires transfer to an area providing higher levels of care for single or multiple organ support. These may be categorised as level 2 or level 3 patients.

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

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

All inter hospital transfers from Critical Care follow the Mid-Trent Critical Care Network Operational Policy.

### **9.3 The role of the Outreach Team**

The Outreach Team will facilitate the safe and timely transfer of the patient from the ward to a higher level of care as part of the multi-disciplinary team (8.00 - 18.30 hrs Monday to Friday). Outside of these hours the Clinical Site Practitioner (CSP) can assist as necessary. It is not always necessary for the Outreach Team to intervene in all transfers. Critical Care Outreach/CSP will offer support/advice and address any educational issues that may arise.

All transfers to Critical Care must be discussed with the responsible referring consultant prior to transfer other than in immediately life threatening situations where the referring consultant must be informed at the earliest opportunity. The on call Anaesthetic Consultant does not have involvement with Critical Care admissions, only the Critical Care duty consultant.

Any intra-hospital transfer to the Critical Care area must involve the Consultant and Shift leader responsible for Critical Care

#### **9.4 Transfer of critically ill patients**

Please contact Critical Care for assistance and support. The Mid-Trent Critical Care Network Admission and Operational Policy (July2017) will be utilised to support the transfer.

#### **9.5 Transfer of the critically ill child**

Please refer to Retrieval or Transfer of Seriously Ill and Critically Injured Babies, Children and Young People to Other Hospitals protocol.

### **10. BOOKING OF TRANSPORT**

For transferring patients to other hospitals that are not emergencies the staff must book via our local contracted service provider. Staffordshire- E-Zec, Derbyshire- NSL and Leicestershire- Arriva. For a paramedic crew this transport has to be approved by the Nurse in Charge in hours and the Clinical Site Practitioner out of hours.

For non-emergency transfers to other care providers check location of the patient's GP and contact the relevant transport provider for that area (Staffordshire, Leicestershire, Derbyshire).

For patients deemed to be potentially unstable and require a paramedic crew, this must be booked through WMAS out of hours. In hours for Leicestershire and Staffordshire patients are serviced by E-Zec who provides a paramedic service. E-Zec need a 4hours response time so if patients are critically ill WMAS should be used. Derbyshire patients will require the service of WMAS.

### **11. COMMUNITY HOSPITALS**

**For transferring patients from Queens to the Community Hospitals please refer to the referral form appendix 6.**

**No patient who has been diagnosed with cognitive impairment should be transferred to the Community Hospital's after 7pm on any day.**

Under the Mental Capacity Act (2005) an individual should be presumed to have capacity unless it is proved otherwise. Patients should be advised of the potential to transfer them to the Community Hospitals and should be given the relevant information regarding the location they are being transferred to. If following this the patient does not give consent to be transferred, that wish should be respected. If the patient is deemed not to have capacity in respect of this decision then a decision may be made in the patient's best interest. If this is the case it should be documented using the Mental Capacity Act significant decision form.

## Emergency Transfer from the inpatient wards at the Community Hospitals

The transfer of a patient to an acute hospital may be required if the patient becomes medically unstable. Transfer via 999 ambulance. If the transfer is due to an inpatient experiencing a fall or a serious untoward incident, staff are to inform the Matron,

### **11.1 Out Of Hours Transfers**

The transfer of a patient to an acute setting may be necessary during out of hours. The relevant checklists must be completed as identified above. If the transfer is due to an inpatient experiencing a fall, or a serious untoward incident has occurred, then the appropriate manager on call must be informed.

### **11.2 Minor Injury Units Community Hospitals**

Many patients attending the Minor Injuries Unit (M.I.U.) will sometimes need further treatment at an acute hospital. Due to the complex needs of the individual and with respect to patient choice the following can only be considered as guidelines. Sir Robert Peel M.I.U. nearest E.D. referral source is at Good Hope Hospital. Samuel Johnson nearest E.D. referral source is Queen's Hospital.

### **11.3 Head Injury – Adults**

Patients over the age of 16 who have significant clinical signs following a head injury to warrant Emergency Dept (E.D.) admission should be transferred by emergency ambulance to the nearest E.D.

### **11.4 Maxilla/Facial Injuries**

Patients with suspected facial fractures should be sent to the nearest E.D. by ambulance transfer if significant head injury symptoms or airway obstruction in the case of a fracture to the lower jaw. Stable patients should be transferred to the Derby Royal Hospital following consultation with the maxilla/facial team. Transfer by ambulance is based solely on clinical need.

### **11.5 Ear Nose and Throat conditions**

ENT conditions warrant immediate transfer. Transport by Ambulance is based on clinical need; i.e. potential airway compromise, excessive uncontrollable bleeding from epistaxis, head injury symptoms following a fractured nose. Patients with ENT conditions should be referred to Queen's Hospital, Burton upon Trent.

### **11.6 Eyes**

Referrals are made to the Ophthalmology unit at Queen's Hospital, Burton upon Trent. Patients who have suffered significant eye trauma with serious visual impairment should be transferred immediately via an ambulance. This includes blunt trauma, penetrating eye injuries and significant chemical burns. Any

patient being transferred to the eye department must not be allowed to drive themselves.

Patient referrals to the Ophthalmology Department, Queen's Hospital, are accepted 9am-5pm Monday to Friday and 8am-12 midday on a Saturday. Anything outside of these hours would need to be referred to Royal Derby Hospital, as appropriate.

## **11.7 Paediatric Emergencies**

### **Care of the seriously ill and injured child attending the MIUs at Samuel Johnson Hospital, Lichfield or Sir Robert Peel Hospital, Tamworth (see below)**

Children who require transfer for further treatment should be assessed for an ambulance transfer on the basis of clinical need: i.e. fitting child or wheezy child /baby and if a non accidental injury is suspected.

Children with fractures which may need surgical intervention who are under 5yrs should be transferred to either Birmingham Children's Hospital or if accepted by the on-call paediatrician at Queen's Hospital, Burton upon Trent. The same applies to possible surgical emergencies.

### **Trauma**

Any child or infant who has been involved in high impact trauma i.e. vehicle collision or vehicle roll over will need referral to either the nearest children's trauma unit or emergency department. If clinical signs indicate head / spinal injury, c-spine immobilisation must be instigated and managed in line with trauma guidelines. Transfer via 999 paramedic crew should be initiated as soon as is safe.

## **11.8 Head Injury – Children over 5yrs**

Dependant on the child's GCS and overall clinical condition, a transfer to the nearest appropriate specialist Children's Hospital may be appropriate. However, the nearest E.D. should be contacted for advice prior to arranging ambulance transfer.

## **11.9 Head Injury – Children under 5yrs**

If the clinical condition, mechanism of injury, or a suspected NAI of a child under 5yrs then transfer to a Paediatric specialist unit should be considered. Discussion with the paediatrician-on-call at Good Hope Hospital or Queen's Hospital is advised. (Good Hope Hospital has no facilities to anaesthetise under fives).

## **11.10 Orthopaedic Conditions**

Patients who require further orthopaedic involvement may be transferred to Good Hope Hospital or Queen's Hospital. The Orthopaedic Registrar is contacted for advice prior to transfer. If the patient has been x-rayed in M.I.U. a copy of PACS must be copied onto a disc and must be sent with the patient. Those patients in significant pain and limited mobility should be transferred by

ambulance; if there is possible neuro-vascular compromise then this should be via a 999 ambulance.

### **11.11 Gynaecological conditions including women in labour**

If the woman is at home in labour she may come in via her own transport or call an ambulance. The ambulance takes them to the nearest place of safety if it is an acute emergency but usually it is their booked unit. For Inter hospital transfers refer to Operational Policy Transfer of the Obstetric Patient.

### **11.12 Surgical Conditions**

Adults with suspected surgical emergencies should be transferred to the nearest acute hospital. Transfer by ambulance is based on clinical need.

### **11.13 Medical Conditions**

All adults with chest pain that is suspected to be cardiac or confirmed to be of cardiac origin should be transferred by 999 ambulance to the most appropriate local ED. Patients who have significant shortage of breath of unknown origin should be transferred by 999 ambulance. Patients suffering from acute anaphylaxis not responding to treatment must be transferred by 999 ambulance. When arranging the transfer of any patient the choice of transportation must be based on the following:

- The clinical condition of the patient
- The patient's age
- The overall mobility of the patient
- The availability of other suitable method of transport and/or chaperone

A completed copy of the patient's Casualty notes and PACS disc if the patient has been x-rayed must be sent with the patient and contain: reason for attendance, condition on arrival including observations and investigations, treatment given and working or suspected diagnosis.

### **11.14 Non Accidental Injuries (NAI)**

All Children who are non mobile or under 6 months of age who present to M.I.U. with bruising and injuries are referred to a Consultant Paediatrician for a full assessment and physical examination who will consider further investigations if appropriate.

All children who are transferred to consultant paediatrician with suspected NAI should be transferred to Queens or Good Hope hospitals by ambulance and not in a car with parent's relatives or carers.

### **11.15 Outpatients Community Hospitals**

If a patient attending the outpatients becomes medically unwell, the staff will monitor the patient's condition and act accordingly as indicated on the flow chart (Appendix 5).

## **11.16 Record Keeping**

As well as verbal communication taking place, written documentation must be sent with the patient, principles of good record keeping must be adhered to. The checklists (Appendices add Trust1 and 4) are to be used by teams transferring patients. They have been developed to ensure relevant aspects of the patient transfer have been addressed and details appropriately documented. The checklists will form part of the patient record.

All documentation including the medical notes is transferred with the patient if the transfer is to Queens Hospital.

A photocopy of the relevant documents is sent with the patient if the transfer is to another Trust. The medical notes should not be sent with the patient.

## **12. COMMUNICATION**

Whether a patient is being transferred for continuation of treatment and care to another ward or for investigations in another department, their needs must be handed over to a suitable member of staff.

The Trust transfer documents (Appendices 1 and 4), GHW Transfer, or Critical Care Transfer form document must be completed when a patient is transferred between wards; staff must ensure the patient's DNAR status is recorded on the handover form.

## **13. GUIDELINES**

- It is the responsibility of the nurse/midwife in charge of caring for the patient to ensure the patient is transported safely and is provided with equipment for monitoring or treatment required for their condition, for example, oxygen, suction and intravenous therapy equipment. Patients who are transferred from one area to another must have clear documentation of their on-going oxygen requirements and documentation of their oxygen saturation.
- Patients receiving 35% oxygen or more should be transferred by a registered nurse. On transfer or escort from one clinical area to another by an unregistered member of staff if the oxygen therapy is transferred to the receiving department's supply it must be initiated, disconnected and re-connected by a registered healthcare professional.
- An escort is required when a patient is transferred from the Emergency Department for an investigation or transfer to a ward.
- It is essential that adequate oxygen is available to meet the patient's individual requirements throughout the transfer period.
- The registered nurse is accountable if delegating the transfer to an unregistered colleague; however the unregistered member of staff has a responsibility to only undertake the task if they are competent to do so.

For patients transferred out of the Trust, overall clinical responsibility remains with the Consultant or General Practitioner in charge of their care until they are received by the new team.

All patients must have an accurate patient identification name band in place. The nurse in charge of caring for the patient must check the patient's identity, checking name verbally, if possible, and checking details on the identification band with the patient's health record, as per Trust Patient Identification Policy.

A member of ward staff must inform the patient where they are being transferred to and why the transfer is necessary.

The nurse responsible for the care of the patient should ensure relatives are informed as required and that this is documented in the nursing notes. If relatives have not been able to be contacted, the receiving ward must be notified.

Patients should be suitably prepared for transfer, including the use of appropriate night/day wear, blankets and footwear etc.

Catheter bags and drains should be positioned to maintain patient comfort, dignity and clinical safety.

If a patient has a slide sheet it must be transferred with the patient on transfer to another ward or if attending another department such as CT for a procedure or investigation.

It is essential that the nurse responsible for the delivery of care to the individual patient ensures that the patient is suitably escorted.

During the transfer the patient's total wellbeing is to be considered at all times, i.e. engage the patient in appropriate conversation, and ensure the patient's comfort and dignity during the transfer.

Bed rails must be used where appropriate and linked to the Adult Policy for the Safe Use of Bed Rails. All patients transferred to and from theatre must have bed rails in situ.

Approximate timings of the length of time the patient may be away from the ward should be passed on to relevant persons, e.g. Allied Health Professionals, relatives, to avoid unnecessary waits.

The receiving ward/department must ensure that a member of staff is available to receive the patient and instructions for on-going care/assessment relevant to the procedure or investigation are followed.

The staff member accepting the patient must ensure that they have all the necessary information to care for the patient safely and correctly and have a clear understanding of the proposed treatment plan. This may include the following: patient notes, observation charts/fluid balance charts, care plans. The patient should, if being transferred to another ward, have their HISS record amended on transfer in order that they can be admitted to a new ward on HISS. This MUST not be done prior to transfer to the new ward.

Patients should not be admitted to the ward during protected mealtimes; exceptions will depend on clinical need for example; if the patient is unstable and requires care within the ward environment or the patient requires a hospital bed rather than attention on a trolley.

In accordance with the Nutrition and Hydration Policy patients should not be transferred between wards during Protected Mealtimes unless the clinical need dictates. The nurse in charge of the patient in each area should agree that there is sufficient clinical need to interrupt Protected Mealtimes.

**NOTE** It may be necessary for transfers between hospitals to copy relevant clinical notes, observation records and films to be sent to the receiving ward/department with the patient. A discharge letter detailing care should accompany the patient.

If no escort is deemed necessary, handover of care may be done by telephone. The conversation including names of parties involved must be documented. The relevant transfer documentation should be completed and sent with the patient.

It is the responsibility of the nurse in charge of the shift to ensure that only suitable patients are transferred between wards. Please use the Ward moves Standard Operating Procedure to support this decision (see appendix 7).

## **14. OUT OF HOURS TRANSFERS**

Internal transfers between wards and Critical Care areas must, whenever possible, take place between 07.00 and 22.00 hours in order to co-ordinate any required staff movement, e.g. arranging an escort, and to make any special arrangements relating to the transfer.

If a patient is transferred from ITU/HDU or CCU outside of the above hours a Trust incident form must be completed (NICE guidance: Acutely Ill patient in Hospital, July 2007).

The 369 bleep holder must be informed of all out of hour's transfers.

## **15. ESCORT RESPONSIBILITIES**

The escort reference guide should be consulted prior to transfer in order to select the most appropriate member of staff (Appendix 2 and 3). It is the responsibility of the registered nurse to ensure that the type of escort indicated following these assessments is implemented. If this is not possible then the nurse in charge must escalate to the Matron, Duty Sister or Clinical Site Practitioner.

The role of the escort is to ensure the safe and comfortable transit of patients. He/she must be competent and be aware of any action required in the event of

any change in the condition of the patient during their absence from the ward area.

Unless otherwise stated in this Policy patients requiring a registered professional escort are those patients who:

- Have had pre-medication, sedation or opioids administered in the previous two hours
- Require an emergency CT scan; patients who are stable, for example headache, may not need an escort
- Require emergency surgery
- Are agitated, aggressive (verbally or physically) or disorientated
- Have uncontrollable acute pain
- Have chest drains in situ
- Have altered level of consciousness
- Have artificial airways (except for patients with long term established tracheotomies)
- Require monitoring of vital signs and/or neurological status hourly or less
- Require medical devices e.g. PCA pumps, infusion pumps
- Injuries requiring spinal immobilisation e.g. spinal board

This list is not exhaustive and the nurse in charge of the ward/department should assess if an escort is required as directed above.

For patients on oxygen please refer to the guidance in the Oxygen Therapy – Acute Adult Policy. It is essential that adequate oxygen is available to meet the patient's individual requirements throughout the transfer period. Patients on oxygen must not be transferred by the Porters without an escort.

All patients who require a CT scan out of hours must be escorted.

Effective handover must occur prior to the patient leaving the ward, when the patient has arrived at their destination, and when returned to the ward. To achieve this, the escort must:

- Have knowledge of the patient's medical history and be able to clearly and accurately give this information to the ward/department that the patient is being escorted to and have the relevant documentation.
- Ensure that he/she is aware of the patient's resuscitation status and that it is disseminated where appropriate.
- A competent escort must have adequate handover prior to leaving the ward and be able to initiate any care necessary, i.e. Basic Life Support, control of IV therapy equipment.
- The escort must communicate between all areas and document any appropriate action or comment in the patient's health record.
- If the escort is not required to remain with the patient, an appropriate handover to the receiving ward/department personnel must be given. It is not acceptable to expect the porter to stay with a patient to act as an escort.

- On arrival/exiting the ward and following any patient contact and/or moving and handling activity, staff must decontaminate their hands according to Trust procedure.
- Manual handling procedures must be followed during the movement of the patient.

## 16. EMERGENCY INTER-HOSPITAL TRANSFERS

The West Midlands Ambulance Service requires the Trust to follow their guidelines (detailed below) when requesting emergency inter-hospital ambulance transfers.

- In principle, a patient in a hospital is in the presence of doctors, which implies the presence of advanced life support. Unattended patients outside hospitals have no help at hand at all, and must necessarily be the Ambulance Trust's first responsibility.
- We are, however, aware that there will be cases where, despite the presence of doctors in a hospital, nothing further can be done to save the life of that patient without transfer to another hospital which has more sophisticated clinical facilities.
- West Midlands Ambulance Service would consider undertaking the emergency transfer of a critically ill patient from one hospital to another if, and only if, the hospital of origin cannot provide essential life-saving treatment which is available at the intended destination hospital.

- **In such a case:**

The hospital should contact the West Midlands Ambulance Service **direct** by dialling 999, or by calling any of the other West Midlands Ambulance Service Control Centre telephone numbers:

- i 01785 273373
- ii 01785 253521
- iii 01785 258484

The call should be made by a senior person who is caring for the patient and who knows the clinical history and can therefore relay essential information.

**All such calls will be:**

- Triage according to normal Ambulance Trust procedures.
- Recorded as part of West Midlands Ambulance Service's legal responsibilities and to support any investigation which may follow.

The caller should make it clear that an emergency 999 response is required, using the words '**emergency inter-hospital transfer**' and '**999 response**' in the request.

West Midlands Ambulance Service will upon receipt of the call immediately deploy the closest ED ambulance to the hospital, and will aim to achieve a response time of 19 minutes.

It would be expected that an appropriately trained clinician involved with the patient's care would accompany such an ill patient on the journey to ensure continuity of the level of care during the trip. Often no doctor is required if there is a paramedic crew, i.e. patient transfers to Glenfield are escorted by a nurse.

**Note:** If there is an ambulance at any of that hospital's patient receiving departments waiting to offload its patient, that ambulance will be deployed (as it is closest), and the receiving department will be expected to make immediate arrangements to take over that ambulance crew's patient.

999 calls outside the hospital will always take precedence over emergency inter-hospital transfers. An ambulance which has been dispatched to undertake the emergency inter-hospital transfer may therefore be re-directed to an extant 999 call if it is the closest ambulance to that call. In such a case another ED ambulance will be deployed against the emergency inter-hospital transfer, with the consequence of a lengthened response time.

Patients who are to be taken from hospital to their homes or nursing home will **not** be dealt with as emergencies. The provision of an emergency inter-hospital transfer applies to only those patients described above.

Healthcare staff who escort a patient on an intra-hospital transfer will not be returned to the originating Trust as there is no guarantee that the ambulance will return to their area. The only time this will happen is when there is a large item of equipment such as an incubator to return.

## 17. INFECTION PREVENTION AND CONTROL

In order to meet the standards required by the Health and Social Care Act 2008, Code of Practice (Criterion 4), accurate information about infections must be communicated in a timely fashion to any person concerned with providing further care. Where possible this information should accompany the patient.

Sufficient information is required on the patient's infection status whenever a patient is transferred from one organisation to another, so that any risks to the patient and others from infection may be minimised. If a patient/client being transferred is suspected or confirmed as being infectious, please contact the infection prevention and control team (IPCT) at the receiving facility in normal working hours before the transfer is carried out and before transport is arranged. Out of hours please phone the receiving ward or department.

The inter-healthcare infection control transfer form (please refer to the Corporate Adult Bed Management Policy) should be completed by the transferring ward/department and supplied to the receiving healthcare establishment. Complete the form in full whether a **patient/client presents an infection risk or not**. Use this form for all inter-healthcare facility admissions, transfers and discharges, including:

- all patients/clients being discharged/transferred to hospital or shared-living environment (e.g. a care home);
- all discharges where healthcare may be involved.

## **18. DUTIES AND RESPONSIBILITIES**

### **18.1 Chief Executive**

The Chief Executive has overall accountability for ensuring that the Trust meets its obligations in respect of maintaining appropriate standards of patient transfer. The Chief Executive devolves the responsibility for monitoring and compliance to the Medical Director and Chief Nurse.

### **18.2 Divisional Directors**

Divisional Directors are responsible for ensuring that the requirements of the Trust's Patient Transfer Policy are effectively managed within their Directorate and that staff are aware of, and implement, those requirements. Associate Directors should monitor transfer incidents and include transfer risks in the directorate risk register where deemed necessary.

### **18.3 Divisional Nurse Directors / Medical Directors**

The Chief Nurse and Medical Director are responsible for ensuring that Trust staff uphold the principles of correct patient transfer and that appropriate policies and procedures are developed, maintained, and communicated throughout the organisation in co-ordination with other relevant organisations and stakeholders.

### **18.4 Clinical Directors**

Clinical Directors responsible for the supervision and training of doctors in training should ensure that junior medical staff are aware of their role and competent to undertake this when transferring patients. Any incidents arising from patient transfer should be reported by all medical staff via the incident reporting system.

### **18.5 Divisional Nurse Director**

Must be assured that any investigations are carried out appropriately and that any actions as a result of the investigations are implemented in a timely manner.

### **18.6 Matrons**

Any incidents arising from patient transfer should be investigated and reported to the Matron via the incident reporting system. Any incident arising from the transfer of a patient should be reported through the incident reporting system, investigated at a local level by Matrons and actions taken to prevent reoccurrence and minimise risk. Any recurring / serious patient transfer risks should be escalated by the Matron to the Head Nurses for recording on the Directorate risk register.

### **18.7 Head of Capacity**

The Head of Capacity will monitor patient transfers across the Trust and externally to ensure policy and procedure is followed correctly. Any deviation from policy will be reported appropriately to the matron for the area if unaware of the incident. Any issues with transfers into or out of the Trust must be reported to the Head of Capacity to ensure a safe resolution is sought for the patient with external agencies.

### **18.8 Senior Sister /Departmental Manager**

It is the Ward Manager or Departmental Manager's responsibility to ensure that their staff are made aware of the Trust processes for the safe transfer of

patients. These procedures should be included in the induction of all staff who may be involved in the admission and ongoing care of the patient. Any patient transfer incident should be reported via the Trust incident reporting system and Matron informed.

### **18.9 All Staff**

It is the responsibility of every staff member to ensure that the Transfer Policy is adhered to when transferring a patient. All staff should report any patient incidents arising from transfers via the incident reporting system. The Ward/Departmental Manager should be informed of the incident.

### **18.10 Clinical Risk Management**

All patient transfer incidents will be reported through the incident / risk reporting route. This data will be included in the quarterly directorate performance review reports to the Directorate Board. Any specific incidents of concern will be discussed at the Risk Assessment Committee meeting.

## **19. MONITORING OF COMPLIANCE**

The Trust will monitor compliance to this Policy in the following ways:

- Each Business Unit as part of their annual audit forward programme are required to complete an audit of compliance with this Policy every three years.

<b>HANDOVER CHECKLIST FOR STAFF SENDING/RECEIVING A PATIENT</b> Speciality (Med / Surg / TAO / Gyn / Mat / Paeds MIU )	
<b>Patient ID Label OR Name:</b> <b>DOB:</b> <b>B Number:</b> <b>Address:</b>	Provisional Diagnosis/Presenting Problem
Reason and details of transfer have been explained to the patient. Is the patient fully aware of the transfer / does the patient have cognition issues whereby we would need next of kin or carers to acknowledge with the patient?	
. Next of kin/main carer informed of transfer Name .....	
Contact Number	
Check that the next of kin has been informed (if not gain Patients consent to do so).	
Contact made with on-call Nephrologist / Renal Team / Specialty Team  Name / Designation of person spoken to  .....	
Transport booked.  Ambulance: <ul style="list-style-type: none"> <li>• Booking Number .....</li> <li>• Type .....</li> <li>• Time .....</li> </ul>	
List of current medication including allergies attached.	
<b><i>For Renal Unit:</i></b>  Dialysis Information attached: <ul style="list-style-type: none"> <li>• Progress Chart</li> <li>• Dialysis Profile</li> <li>• Dialysis Prescription</li> <li>• Patient Summary</li> <li>• Blood Results Flow Chart</li> <li>• Hep B &amp; C results</li> <li>• MRSA results</li> </ul>	
<b><i>For Renal Unit:</i></b>	



## QUICK REFERENCE GUIDE: PATIENT ESCORT

My Patient:	Escort Required
<ul style="list-style-type: none"> <li>• Is Post Sedation</li> <li>• Is Post Anaesthetic</li> <li>• Has been administered a Controlled Medicine (e.g. Morphine, Diamorphine) prior to transfer</li> <li>• Has received Dextrose/Insulin prior to transfer</li> </ul>	Registered Practitioner (Nurse or Doctor) If a patient is post-op a trained and competent Assistant Practitioner may collect from theatre in line with Trust protocol.
<ul style="list-style-type: none"> <li>• Has a fluctuating level of consciousness</li> <li>• Is semi-conscious or unconscious</li> <li>• Of uncertain mental state (e.g. possible head injury, hypoxia, toxicity)</li> <li>• <i>Disorientated, confused, anxious</i></li> </ul>	Anaesthetic Escort if for ACTIVE treatment Registered Nurse/ <b>RODP</b> escort may also be required <i>Consider non-Registered practitioner but make sure none of the above apply</i>
Requires on-going treatment/monitoring during transfer <ul style="list-style-type: none"> <li>• E.g.: Regular Observations: B/P, P,R BSugar,</li> <li>• IV Infusions: Fluids and Medicine</li> <li>• Chest Drain</li> <li>• Cardiac Monitor</li> </ul> NB: If unprescribed or acute interventions anticipated - Medical Practitioner required	Registered Practitioner (Nurse and/or Doctor) (Not Paramedic)
<ul style="list-style-type: none"> <li>• Has Potential airway problems</li> <li>• Patient's condition could deteriorate (e.g. CardioVascular instability)</li> <li>• Tracheostomy</li> </ul> <ul style="list-style-type: none"> <li>• <i>Is Ventilated</i></li> </ul> NB: If unprescribed or acute interventions anticipated - Medical Practitioner is required	Ensure fitness to transfer assessment completed: Anaesthetic assessment required Medical Practitioner & Registered Nurse/ <b>RODP</b> <i>Anaesthetist &amp; Registered Nurse</i>
<ul style="list-style-type: none"> <li>• Requires a detailed clinical handover</li> <li>• Has comprehension and/or language difficulties</li> <li>• Requires assistance to transfer between bed/trolley etc</li> </ul>	Registered Practitioner Consider non registered Escort Consider non registered Escort
Is a child under 16yrs of age	Escort : Registered Sick Children's nurse (RSCN) or RN experienced in care of under 16's

**Escalate to Matron or Clinical Site Practitioner if unable to escort patient as identified as above.**

### Guidelines for Internal Escorts for Adults

A trained nurse must always assess and use his/her professional judgement in making a decision regarding the safe escort of the patients.

#### USE THE GUIDE BELOW AND IF THE PATIENT IS:

1. Alert and orientated and clinically stable	Able to send with porter only
2. Alert and orientated and clinically stable but the patient has mobility or elimination problems.	Patient will require a HCA (Trainee HCA or student nurse may also be suitable)
3. Alert and orientated and clinically stable but receiving intensive controlled IV medication therapy	Patient requires a trained nurse
4. Clinically unstable (at risk of sudden deterioration e.g. MI, Head Injury)	Patient requires a trained nurse
5. Altered levels of consciousness	Patient requires a trained nurse and may also require medical staff/anaesthetic assessment

**Note: External escorts must have medical staff involved in making the decision.**

## **Transfer Policy for Treatment Centre Patients**

### **Medical Emergency**

Following a clinical risk assessment by the theatre co-ordinator (or senior nurse on duty) and the consultant responsible for the patient, any patient who is deemed a medical emergency will go directly to A&E by dialling 999.

### **Non Medical emergency**

This situation is normally following a procedure at the TC where a patient requires an admission to main site.

A bed will be requested by the theatre co-ordinator (or senior nurse in charge) via the Trust bed management team. Once a suitable bed has been located and confirmed by the bed management team, transport can be ordered by the Treatment Centre as follows:

- Between 10am-6pm Monday to Friday please contact the Porters for assistance. In the unlikely event the porters cannot help for what ever reason, please discuss an alternative with the porters (i.e. a time they could transfer) or contact PTS
- Before 10am and after 6pm - Please contact PTS for assistance.

If patient transport services are unable to accommodate the request within a suitable timeframe then following a clinical risk assessment undertaken by the senior nurse on duty, consideration will be made that the patient can be transferred using a taxi which can be ordered through the porters lodge.

An escort will always be provided from the Treatment Centre to transfer the patient.

### **Routine patients**

This would be for the transfer of patients to and from the main site to the TC for an appointment such as Ophthalmology or Eye Casualty.

Within 10am-6pm Monday to Friday please contact the Porters for transport assistance.

If the porters cannot assist during these hours, please discuss alternatives with the porters initially (*i.e. a time they could transfer*). In the unforeseen circumstances where an alternative with the porters is not available please contact PTS.

Where possible, appointments for eye casualty or ophthalmology outpatients need to be made within 10am and 6 pm. This is for patients who are currently an inpatient at main site.

V2 11/4/12

Referral to community hospitals

Ward:

Name:

Unit number:

Medworxx status/reason:

Any alerts e.g. safeguarding:

I.Vs:

Comments:

### **SOP FOR PATIENT MOVES**

1. All wards and departments to identify and agree with the responsible clinician on a daily basis the patients that are able to be moved according to the defined criteria (appendix 1).
2. The rating will be displayed against the patient's name on the ward board.
3. The Clinical Site Practitioner (CSP) (out of hours) will ensure that they speak to the senior ward / department nurse on duty to discuss the ratings.
4. If the CSP wishes to overrule the senior nurse on duty, especially around the rated 2 and 3 patients, they need to document the rationale in the HISS notes.
5. The operations room will have the names of the patients that can out-lie according to the rating; however the CSPs need to visit the wards and departments to ensure that these patients can still be moved.

## **RAG Rated Outlying Criteria**

### **Rated - 1**

Patients would be highlighted from SSU and AAC (patients waiting for a SSU bed) and should be:-

- Clinically stable (EWS <2)
- EDD of 5 days or less
- Confirmed date of discharge / package of care start date agreed
- Awaiting a rehabilitation bed (Not Kings Lodge or Coalville as these are very few and far between)
- Patients that could be reviewed and parameters set for Nurse led discharge.

### **Rated - 2**

- EDD greater than 6 days but less than 10 days
- DST completed and at broker
- Patients from speciality wards agreed by consultant, two patients should be highlighted at all times.
- To consider how many moves the patient has already had out of their normal pathway. I.e. Already been moved twice outside of normal pathway

### **Rated - 3**

- Dementia patients
- Those with a high risk of falls
- Does the patient have documented existing pressure ulcers of grade 3 or 4?
- Undergoing active speciality treatment / investigations
- Any patient with loose stools / vomiting
- EWS greater than 2
- Patients waiting Crisis / CPN review as they are no longer high priority once moved from AAC.
- Patient receiving specialist treatment such as NIV or telemetry for Medicine

The Rationale for patients not being moved has to be explored with relevant senior staff.

These criteria will be applied for all wards and departments when capacity is tight.