

## **TRANSPORT GUIDELINE FROM THE MINOR INJURY UNIT AT KIDDERMINSTER HOSPITAL**

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

### **INTRODUCTION**

This guideline is for all patients attending the MIU who are deemed to need a Medical opinion, following a full assessment by the Emergency Nurse Practitioner.

All staff should be aware and follow the Ambulance Service Guidelines for booking Transport

The patient's mode of transport should be decided on clinical need (i.e. 'if the patient requires transport for urgent medical treatment or diagnosis and is medically unfit to travel by any other means')

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

The guideline is to be used by ENP's working within the MIU, all practitioners should be aware of their Code of Professional Conduct (NMC 2008), which clearly requires nurses to act in a manner which safeguards the interests and well being of patients, ensuring no act or omission is detrimental to their safety.

The ENP will have undertaken an appropriate course and are competent to work autonomously following the Clinical Presentation Guidelines (WAHT-AE-002) devised for the MIU at Kidderminster Hospital.

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

Sally Bloomer

Minor Injuries Unit Manager

Approved by Accountable Director on:

23<sup>rd</sup> January 2018

Review Date:

23<sup>rd</sup> January 2020

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

**WAHT-MIU-001**

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

**Key amendments to this guideline**

<b>Date</b>	<b>Amendment</b>	<b>Approved by:</b>
March 2016	Minor updates made to document	
November 2016	Documents extended for 12 months as per TMC paper approved on 22 <sup>nd</sup> July 2015	TMC
December 2016	Update Consultant names	J Powell
December 2017	Change wording of 'expiry date' on front page to the sentence added in at the request of the Coroner	
January 2018	Document reviewed by Divisional Governance with no changes	

## **TRANSPORT GUIDELINE FROM THE MINOR INJURY UNIT AT KIDDERMINSTER HOSPITAL**

### **INTRODUCTION**

Following the reorganisation of the Accident & Emergency Services in Worcestershire in 2000, there was a need to develop a guideline for the Emergency Nurse Practitioners (ENP) to follow when they have the need to transfer a patient to another hospital for a Medical opinion.

The aim of the guideline is to assist the ENP's within Kidderminster Minor Injury Unit (MIU) with decision making, in order to provide safe and appropriate transport for those patients that need to be transferred to another department or hospital

All patients who need to be transferred to another hospital for further assessment or urgent medical care / treatment must be assessed by an ENP prior to transfer. The ENP must ensure that the receiving hospital / unit is aware of pending transfer. Ideally this should be done before the patient leaves the MIU.

**ALL** patients presenting with suspected cardiac chest pains will be transferred via 999 ambulance.

### **GUIDELINE**

- The ENP will carry out a full examination following the Clinical Presentation Guidelines.
- For patients who require ambulance transfer other than 999 – the ENP should contact either the Trust transport office or West Midlands Ambulance Service on 01384 215521, outlining requirements and condition of patient.
- If the patient does not fulfil the criteria for ambulance transport, then every assistance will be given to make alternative arrangements
- The ENP must ensure that the patient will arrive at their destination within a given time and safely by which ever mode of transport is decided.
- At night when there are no alternatives the ENP must use his/her discretion on the use of ambulance transport or taxis paid for by the hospital.

### **Public Transport**

Patient information leaflets and bus timetables are kept at MIU reception, Main Reception of the Treatment Centre and Patient Services (Cashiers Office) C Block reception, open 09:30 – 14:30 Mon – Fri.

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### MONITORING TOOL

#### STANDARDS:

Item	%	Exceptions
The ENP will ensure the correct coding has been inputted on Patient First, this will include:		
i) Patients name and age	100	
ii) Provisional diagnosis	100	
iii) Mode of transport for transfer	100	
iv) ENP's Initials	100	

How will monitoring be carried out?	By use of Patient First
When will monitoring be carried out?	Bi-yearly
Who will monitor compliance with the guideline?	Sally Bloomer

### REFERENCES

Ambulance Service Guidelines for Booking Transport – Nov 2004

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### CONTRIBUTION LIST

#### Key individuals involved in developing the document

Name	Designation
Glenis Adams	Matron Kidderminster
Joy Powell	Senior Sister MIU / ENP
Carolyn Bullock	Sister / ENP
Jackie Powell	Sister / ENP

#### Circulated to the following individuals for comments

Name	Designation
Mr. G O'Byrne	A&E Consultant
Mrs G Adams	Matron Kidderminster

#### Circulated to the following CD's/Heads of dept for comments from their directorates / departments

Name	Directorate / Department
Mrs.C. Bush	Matron A&E WRH
Mr. M.Tarrant	Matron A&E Alexandra
Mrs J Walton	Consultant A&E WRH
Mr J France	Consultant A&E WRH

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### Supporting Document 1 - Equality Impact Assessment Tool

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

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

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

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

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### Supporting Document 2 – Financial Impact Assessment

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

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

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