

GUIDELINE FOR THE TRANSFER OF PATIENTS FROM WARD 1 AT KIDDERMINSTER TO OTHER HOSPITALS

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

INTRODUCTION

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

Reasons for transfer will fall into 3 categories:-

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

THIS GUIDELINE IS FOR USE BY THE FOLLOWING STAFF GROUPS :

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

Lead Clinician(s)

Lead Clinician

Dr David Whitelock

Approved by Pre-Op, TAU & Day Case Governance Meeting on:

1st July 2019

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

Review date:

1sy July 2022

Key amendments to this guideline

Date	Amendment	By:
16/06/2004	Approved by Clinical Management Board at WRH	
06/06/2004	Approved by Clinical Effectiveness Committee	
05/08/2004	Approved by Treatment Centre Management Board	
Sept 2006	Reviewed by Tracy Baldwin and minor amendments made agreed for a further 2 years	T Baldwin
19/03/2009	Reviewed by Tracy Baldwin and agreed to continue for a further period with minor amendment	T Baldwin
21/11/2011	Reviewed by Assistant Medical Director and agreed to continue for a further period with minor amendment	R Johnson
5 th Sept 2012	Guideline reviewed at Hospital Management Committee. No amendments required.	
June 2013	Reviewed by Sister Tracey Baldwin and Matron Moore Amanda Moore	T Baldwin A Moore
July 2015	Document extended as requested by the division whilst review is in process	A Moore
July 2015	Monitoring section amended to reflect current Trust processes	A Moore
21/10/2015	Document extended for 12 months as per TMC paper approved on 22 ⁿ July 2015	TMC
5 th December 2016	Further extension as per TMC paper approved on 22 nd July 2015	TMC
November 2017	Document extended whilst under review	TLG
December 2017	Sentence added in at the request of the Coroner	
March 2018	Document extended for 3 months as approved by TLG	TLG
June 2018	Document extended for 3 months as approved by TLG	TLG
July 2019	Amendments to bullet points of skills required and changes to Urgent advice/transfers. Document approved at Pre-Op day case and TAU governance meeting	Tammie Mason

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Introduction

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

Reasons for transfer will fall into 3 categories:-

- Cardiac / Respiratory Arrest
- Deterioration in condition requiring urgent medical opinion or intervention
- Post treatment / operation complication which cannot be managed at the Treatment Centre

The **following** guideline describes the process which should be followed and staff skills required for a safe patient transfer in each of the above eventualities. Specialty specific complications are described in specialty transfer guidelines.

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

DETAILS OF GUIDELINE

Competencies required for assessment and recognition of need to transfer

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

Skills required;

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

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

Patients requiring transfer will be identified as follows:

<ul style="list-style-type: none"> • Cardiac / Respiratory Arrest 	Emergency Transfer
<ul style="list-style-type: none"> • Deteriorating Symptoms, eg Unstable Angina Arrhythmias / Tachycardia Chest Pain Reduced Consciousness Excessive Bleeding 	Emergency Transfer
<ul style="list-style-type: none"> • Specialty specific complications requiring medical intervention which cannot be managed at Kidderminster Hospital 	Urgent Transfer

Patients covered

All adult patients receiving treatment on Ward 1, Kidderminster.

TRANSFER PROCESS

The RMO on site 24 hours a day for Ward 1, Kidderminster and/or trained member of staff will recognise and document the need to transfer a patient and determine the urgency of transport (Emergency or Urgent) according to the Ambulance Service Guide to ordering ambulance transport.

Emergency Transfer

In the case of an emergency a member of staff will dial 999 requesting an Emergency Ambulance, giving location/department and stating “Kidderminster Site”. The ambulance service will request patient’s name, age and condition and will confirm location. The member of staff should also dial 2222, advise switchboard of the emergency and request assistance from the on site team until the ambulance crew arrives. The ambulance will be requested to take the patient to the normal base of the patient’s consultant.

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

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

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

Urgent Advice/Transfer

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

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

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

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

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

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

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

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

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

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

MONITORING AND EVALUATION OF PROCESS

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

REFERENCES

Resuscitation Policy – Kidderminster Hospital.

CONTRIBUTION LIST

Key individuals involved in developing the document

Name	Designation
Dr E Ghobrial	Consultant Anaesthetist
Tracey Baldwin	Deputy Divisional Director of Nursing
Julie Webb	Matron for surgical division.

Circulated to the following individuals for comments

Name	Designation
Amanda Moore	Divisional Director of Nursing
Tracey Baldwin	Deputy Divisional Director of Nursing

Amended November 2011

Name	Designation
Ms R A Johnson	Asst Med Director

Amended May 2019

Name	Designation
Tammie Mason	Acting Ward Manager Ward One, KTC

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

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

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

Name	Committee / group

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

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

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

Supporting Document 2 – Financial Impact Assessment

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

	Title of document:	Yes/No
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