

GUIDELINE FOR THE TRANSFER OF PATIENTS FROM THE ENDOSCOPY UNIT AT MALVERN COMMUNITY HOSPITAL TO THE WORCESTERSHIRE ROYAL 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.

THIS GUIDELINE IS FOR USE BY THE FOLLOWING STAFF GROUPS :

All clinical staff involved in transfer of patients from the Endoscopy Unit at Malvern Hospital.

Lead Clinician(s)

Lead Clinician Mr Stephen Lake

Approved by Endoscopy Governance Meeting on: 12th August 2020

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

Review date: 12th August 2023

Key amendments to this guideline

| Date | Amendment | By: |
|------------------------------|-----------------------|------------------------------|
| 12 th August 2020 | New document approved | Endoscopy Governance Meeting |

GUIDELINE FOR THE TRANSFER OF PATIENTS FROM THE ENDOSCOPY UNIT AT MALVERN COMMUNITY HOSPITAL TO THE WORCESTERSHIRE ROYAL HOSPITAL

Introduction

There will be times when patients undergoing an endoscopic procedure may need to be transferred from the Endoscopy Unit at Malvern Community Hospital to the Worcester Royal Hospital.

Reasons for transfer will fall into 3 categories:-

- Cardiac / Respiratory Arrest
- Deterioration in condition requiring urgent medical opinion or intervention
- Post procedure complication which cannot be managed within the Unit

The **following** guideline describes the process which should be followed and the staff skills required for a safe patient transfer in each of the above eventualities.

This guideline will be reviewed as necessary when there is any changes in the activity at the Malvern Community Hospital.

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 (Senior nursing staff)
- Principles and Management of Haemostasis
- Specialty / procedure specific care
- NEWS 2 (National Early Warning Score)
- Management of perforation

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 |
| <ul style="list-style-type: none"> • Deteriorating Symptoms, eg <ul style="list-style-type: none"> Unstable Angina Arrhythmias / Tachycardia Chest Pain Reduced Consciousness Excessive Bleeding |

Patients covered

Any adult patient having an endoscopic procedure in the Endoscopy Unit at Malvern Community Hospital.

Transfer Process

The Endoscopist under taking the procedure will recognise and document the need to transfer a patient and determine the urgency of transport.

In the case of an emergency a member of staff will dial 999 requesting an Emergency Ambulance, giving location/department and stating "Malvern Community Hospital". 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 onsite team until the ambulance crew arrives. The ambulance will be requested to take the patient to the Worcestershire Royal hospital.

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 will be completed by the nurse and should accompany the patient. No nurse escort will be required.

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 Endoscopy Unit. The Emergency Duty Team at the Worcestershire Royal Hospital will be informed of the patients transfer.

Emergency equipment trolley is stocked and maintained by the Endoscopy Unit.

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

CONTRIBUTION LIST

Key individuals involved in developing the document

| Name | Designation |
|--------------|--|
| Stephen Lake | Clinical Director Bowel Cancer Screening Programme |
| Emma Duggan | Bowel Cancer Screening Programme Manager |
| | |

Circulated to the following individuals for comments

| Name | Designation |
|------------------|-----------------------|
| Lorraine Mahachi | JAG/Governance Sister |
| Suzanne Chalmers | Sister Endoscopy |

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

| Name | Directorate / Department |
|-----------------|-------------------------------|
| Aireen Jalipa | Endoscopy Unit Manager |
| Lynne Mazzocchi | Endoscopy Directorate Manager |
| Lydia Watkins | Endoscopy Matron |

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

| Name | Committee / group |
|-------------------|---------------------------------|
| Richard Lovegrove | Endoscopy/BCSP Governance 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