The Shrewsbury and Telford Hospital NHS
NHS Trust

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Referral and Cross Site Transfer Policy from SaTH Emergency Departments to Inpatient Teams

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Contents

1. Policy Statement

Due to configuration of services within the Shrewsbury and Telford NHS Trust (SaTH) there is a requirement to transfer patients from the Emergency Department on site to the other site. This is presently a daily requirement.

The aim of this policy is to provide guidance to allow Health Care Professionals (HCPs) to assess treat and safely transfer all patients, that require transfer, from one hospital site to the other.

This policy is to be read in conjunction with policy CG28: Transfer of patients between hospitals, policy 1577: Shropshire vascular on-call rota operational policy and the policy relating to admissions to Obstetrics and Gynaecology entitled Emergency Department Admissions formally A&E version 5.2 and the ED CDU operational policy

2. Overview

At present both Emergency Departments (ED) in the SaTH NHS Trust provide level 1 facilities. However, due to present configuration of services within the Trust there are different inpatient services on each site (see table 1). The service provision will change with reconfiguration planning.

Table 1:

PRH	RSH
Ear, Nose and Throat	ED CDU
Maxillary-Facial Surgery	General Surgery
	Gynaecology
	Obstetrics
	Urology
	Vascular Surgery

Patients who present to the Emergency Department and are diagnosed with a condition that requires admission into an acute bed or for a same day consultation, require to be transfered to the site which provides that service.

This document outlines the treatment required in the EDs, the referral and acceptance process and assessment for suitability for transfer.

3. Abbreviations

CDU: Clinical Decisions Unit
ED Emergency Department
HCP Health Care Professional
SaTH Shrewsbury and Telford Hospitals

4. Roles and Responsibilities

4.1 Chief Operating Officer

Executive Lead who is accountable to the Trust Board for ensuring compliance with this policy in all parts of the Trust

4.2 Managerial staff, including Clinical Site Managers

Managerial staff including clinical site managers are responsible for organising and prioritising Trust resources to provide an environment in which clinical staff can discharge their responsibilities by;

- Expediting the transfer of urgent inter-site patient transfers by directing total Trust patient flow.
- In discussion with the accepting team Consultant, prioritise the clinical needs of patients when capacity is limited within the Trust.
- Communicate with the referring and accepting team Consultants and ward staff when the transfer process has been delayed for organisational issues. If the Clinical Site Manager is responsible for identifying when the accepting site is able to receive a patient and authorise the movement of a patient from one site to another, it is his/her responsibility to ensure all parties are informed and the accepting hospital and team are aware of the patient.
- All patients must have their transfer completed within 4 hours of referral unless there are exceptional circumstances.

4.3 Referring medical staff

Referring medical staff are responsible for ensuring:

- The patient has a provisional diagnosis that requires inpatient admission has been reached.
- The patient has received all relevant treatment within the ED.
- A named doctor has accepted the transfer of medical care of the patient to the accepting hospital.
- That the accepting hospital has received sufficient information to allow them to prepare a suitable environment to accept the patient.
- The patient is stable enough to transfer and that any continued care or observation required during transfer is identified. (including the need for escort / infusions / monitoring).
- All relevant information for the patient's continuing medical care accompany the patient e.g. photocopies or original notes and results of tests.

4.4 Accepting medical team

It is the responsibility of the accepting medical team to ensure on-call staff are aware of an imminent transfer, the condition, and proposed treatment plan for the patient, if they will no longer be on duty when the patient is transferred.

5. Referral to inpatient specialities

5.1. The doctor who has been involved in the care of the patient will refer the patient to the appropriate speciality doctor following a review by the senior Emergency Medicine Doctor who is present within the department.
5.2. Junior doctors who require advice on a patient should seek advice from the senior Emergency Medicine doctor who is present within the department or if they are not available from the consultant on-call.
5.3. A handover will be given using the SBAR tool. (See appendix 1)
5.4. The accepting doctor will accept the patient or ensure that the patient is reviewed within 1 hour as the Operational Policy for the Review and Treatment of Emergency Medicine Patients.
5.5. Unless results of investigations alter the need for admission or the speciality that the patient requires to be admitted under then the referral will be made prior to results of investigations becoming available.
5.6. The accepting team will accept patient care prior to results of investigations becoming available unless they alter the admission requirement or the speciality that the patient requires to be admitted under.

6. Assessment of suitability for transfer

6.1. Every patient who requires to be transferred must have an assessment of suitability for transfer made and documented in the notes.
6.2. Any patient who meets the Trust critical referral criteria (ViEWS score of 7 or more, GCS <12 or a recent fall of 2 or more points) or a systolic blood pressure <100 mmHg must be assessed by the critical care outreach team (Monday to Friday 9am to 5pm) or the anaesthetic team on call, outside these hours prior to transfer.
6.3. All patients must have had completion of immediate treatment, this includes, oxygen, ventillatory support, IV fluids, inotropic support, medications, and analgesia prior to transfer.
6.4. All patients must have appropriate monitoring prior to transfer.
6.5. Medical escort of the patient must be assessed as per the Trust Transfer Policy (CG28)

7. The unstable patient

7.1. In the event of patient who is deemed to unstable to transfer by either the senior Emergency Doctor or the anaesthetic registrar then the on-call consultant from the speciality team must be contacted. A decision then will be made on a case by case basis if the patient should be transferred to definitive care or whether a team is called into the relevant hospital and stabilisation is carried out prior to transfer.
7.2 In certain circumstances it may be quicker to transfer the patient to definitive care on the other site rather than respond a team to the base site.

8. Transfer destination

8.1. Any patient who is unstable or reaches the Trust's critical referral criteria or has a blood pressure <100 mmHg or deteriorates on route should be transferred to the resuscitation room of the relevant Emergency Department, directly to theatre or directly to ITU.

8.2. All other patients will be transferred directly to the most appropriate assessment area within the Trust.

9. Transfer Process

See Transfer Policy CG28

Appendix 1: SBAR

Situation:
I am (name), (X) a nurse on ward (X)
I am calling about (patient X)
I am calling because I am concerned that…
(e.g. BP is low/high, pulse is XX temperature is XX,
Early Warning Score is XX)

Background:
Patient (X) was admitted on (XX date) with
(e.g. MI/chest infection)
They have had (X operation/procedure/investigation)
Patient (X)'s condition has changed in the last (XX mins)
Their last set of obs were (XX)
Patient (X)'s normal condition is…
(e.g. alert/drowsy/confused, pain free)

Assessment:
I think the problem is (XXX)
and I have…
(e.g. given O2 /analgesia, stopped the infusion)
OR
I am not sure what the problem is but patient (X)
is deteriorating
OR
I don't know what's wrong but I am really worried

Recommendation:
I need you to…
Come to see the patient in the next (XX mins)
AND
Is there anything I need to do in the meantime?
(e.g. stop the fluid/repeat the obs)

The SBAR tool originated from the US Navy and was adapted for use in healthcare by Dr M Leonard and colleagues from Kaiser Permanente, Colorado, USA