

# CP05

## Transfer of patients between wards, departments, specialist Units and Other Hospitals

### Contents

1.0	Policy Statement	Page 2
2.0	Definitions	Page 3
3.0	Accountabilities	Page 4
4.0	Policy Detail	Page 5
5.0	Financial Risk Assessment	Page 6
6.0	Equality Impact Assessment	Page 7
7.0	Maintenance	Page 7
8.0	Communication and Training	Page 7
9.0	Audit Process	Page 8
10.0	References	Page 8

### Appendices

Appendix 1	<a href="#">The Operational Procedure for the Inter/Intra hospital transfer of a patient</a>
Appendix 2	<a href="#">SBART Checklist</a>
Appendix 3	<a href="#">Criteria Led Handover</a>
Appendix 4.1	<a href="#">Critical Care Unit (Discharge Summary) for Patients Being Transferred to Wards</a>
Appendix 4.2	<a href="#">Transfer Checklist from Critical Care Unit following Cardiothoracic surgery</a>
Appendix 4.3	<a href="#">Black Country Critical Care Network Transfer Form</a>
Appendix 5	<a href="#">The Unscheduled transfer of sick person from Cannock Chase hospital to another hospital</a>
Appendix 6	<a href="#">Theatre Checklist</a>

## 1.0 Policy Statement (Purpose / Objectives of the policy)

This policy identifies the Trust's expectations for the safe transfer of patients internally to other departments and externally to specialist units or other hospitals. It applies to all Royal Wolverhampton NHS Trust staff employed on a substantive or temporary contract, including Bank and Agency staff, who may be required at any time to undertake patient transfers internally and externally.

It also specifies how The Royal Wolverhampton NHS Trust will undertake these transfers. The principle of safe transfer relies upon high quality communication, therefore the tools used within this policy are SBARD based to standardise handover processes.

This policy covers the transfer of all patients across the Trust apart from those outlined below. Those not included have their own transfer form and standard operational policy relevant to their patients group's needs.

The procedure for the movement of sick patients from Cannock Chase Hospital to another hospital is detailed in [Appendix 5](#)

**Paediatric Patients:** Please refer to the Operational Policy for the Transfer of Children

**Critical Care Unit:** (Appendix [4.1](#), [4.2](#) & [4.3](#) )

Internal transfers to base medical/surgical wards

Internal transfers to Cardiothoracic ward Level 3 Critical Care patients to another CCU

**Theatres** [Appendix 6](#)

## 1.1 Introduction

The Royal Wolverhampton NHS Trust is committed to providing high quality care to all patients. We have a duty to ensure that we secure safe transfer of patients between wards, departments, specialist units and other hospitals.

This will be undertaken safely and effectively with the minimum disruption to the patient and their family. An essential element of this is the communication within and between teams dealing with the transfer of patients and the coordination of various elements of care between professional staff, patients and relatives / carers and external care providers. Communication tools within the policy are SBARD based to ensure that communication is standardised and of the highest quality.

There are two categories of patient transfer within the Trust:

- Internal transfers: involves the movement of patients between departments and Trust sites which includes transfers to West Park Hospital and Cannock Chase Hospital.
- External transfers: involves patient movement to or from an external organisation.

Patients may move for a variety of reasons and they can be categorised as clinical or non-clinical.

Actions taken will depend on the level of care that the patient requires. Staff involved in all transfers will manage any risk to ensure patient safety, minimise personal disruption to the patient, and ensure the continuity of care.

The operational procedure for decision making and the process for transfer patients can be found in [Appendix 1](#)

In adhering to this Policy, all applicable aspects of the Conflicts of Interest Policy must be considered and addressed. In the case of any inconsistency, the Conflict-of-Interest Policy is to be considered the primary and overriding Policy.

## 2.0 Definitions

### Clinical Transfer

It may be necessary for patients to be transferred from one hospital to another or between wards / departments within The Royal Wolverhampton NHS Trust for a number of clinical reasons including the following.

- The patient needs to move due to a change in their clinical management or the requirement of a dedicated speciality
- Clinical need due to an increased level of care requiring moving to a Critical Care area.
- Clinical need for rehabilitation services i.e. West Park Hospital or Cannock Chase Hospital.
- When a single bed side room is required due to the patient's condition.
- When there is a requirement to create a cohort area/ward due to an infection outbreak
- For transfer to an in-patient area following a day case or routine procedure.
- External transfer due to repatriation.

**Discharge** Conclusion of a patient care spell (see [CP04 Discharge Policy](#))

**Intra-hospital transfer** Movement of patients between departments within the Trust site including transfer to the West Park and Cannock Hospital sites.

**Inter-hospital transfer** Movement of patients to or from an external organisation.

**Out of Hours Transfers** The transfer of patients between wards or other organisations (between 2000 and 0800)

**Outlying (Non-Clinical Transfer)** It may be necessary at times to move patients to be outlied into another speciality to create capacity in a specific speciality or ward.

**Repatriation** The transfer to a patient's local hospital or nearest facility which can meet their needs closest to their originating locality

**SBARD** is an easy to remember communication tool utilizing the acronym:

- S** situation
- B** background
- A** assessment
- R** recommendation
- D** decision

**SBART** for the purposes of this policy the acronym SBARD has been modified to SBART to indicate the decision to transfer.

- S** situation
- B** background
- A** assessment
- R** recommendation
- T** transfer

**Teletracking** The electronic bed management system utilised by the Trust

**The Trust** The Royal Wolverhampton NHS Trust

**Twinned Ward** Identified non-medical wards are 'twinned' with a specified medical ward in order to have specific medical team cover.

### **3.0 Accountabilities**

#### **Chief Executive**

The Chief Executive has overall responsibility for the implementation, monitoring and renewal of this policy. This responsibility is delegated to the Chief Nurse.

#### **Chief Medical Officers**

It is the responsibility of the Medical Directors to oversee the monitoring and application of this policy, and to report as necessary to Trust Board, via Trust Management Team Meeting.

#### **Clinical Directors**

Clinical Directors are responsible for ensuring that Consultants within their directorates understand the policy and ensure that it is applied within their practice.

#### **Directorate Management Teams**

The Directorate Management Teams are responsible for implementing and communicating the Patient Transfer Policy in their directorate areas.

## Matrons

Matrons are responsible for ensuring that all nursing staff within their remit adhere to the Patient Transfer Policy. They are also responsible for ensuring that nursing staff are competent to undertake patient transfer, appropriate to their roles and responsibilities. Matrons may delegate day to day responsibility of competency assessment to the individual healthcare workers line manager.

## Senior Sister / Charge Nurse

The Senior Sister/Charge Nurse of a ward/department is responsible for the following.

- Ensuring that the policy is understood and implemented by nursing staff in their area.
- Ensuring members of staff conducting transfers from their department are competent to do so.
- Identifying appropriate training opportunities for staff to support the development of competence in relation to transfers.
- Ensuring that any temporary nursing staff, including bank and agency staff, are competent to undertake and respond appropriately during inter and intra hospital transfers.
- The auditing of practice and policy compliance within their own clinical area using the transfer checklist.
- Ensuring that appropriate processes are in place to ensure the safe and effective transfer of patients from the department/ward ensuring there is full communication with the receiving area including information which will inform and safeguard patients protected characteristics to ensure a comfortable and safe arrival.
- Ensuring the accurate completion of the SBART based transfer checklist at time of transfer.
- Ensuring patients are transferred with the appropriate level of escort (if required) in accordance with the [Adult Patient Escort Policy OP67](#).

### 3.1 Individual Responsibility

Nurses, Midwives, Doctors and Allied Health Professionals must follow the policy and report any incidents that occur where policy has not been followed.

### 4.0 Policy Detail

It is the policy of this Trust to ensure the safe transfer of patients between wards, departments, specialist units and other hospitals, to maintain patient safety and the quality of patient care.

The Operational Procedure for the Inter/Intra hospital transfer of a patient is in [Appendix 1](#).

The unscheduled transfer of a sick person from Cannock Chase Hospital to another hospital is in [Appendix 5](#).

#### 4.1 Decision to Transfer

The decision to transfer a patient to another ward, unit, department or externally must be made considering the potential risks and benefits to the patient (see appendices, outlier matrix and transfer protocol).

The decision to transfer to another hospital must be made by the Consultant in Charge, or, in their absence, the on-call consultant for that speciality. The rationale for the transfer to another hospital must be documented in the patient's case notes.

#### 4.2 Out of Hours Transfers

Out of Hours transfers (between 2000 and 0800 hours) must be undertaken only when absolutely necessary to ensure sufficient capacity within the Trust or if required due to the patient's clinical condition. Out of hours transfers will be monitored by the Capacity Team.

#### 4.3 Repatriations

Where the Trust has admitted a patient from out of area or where a patient from out of area has been receiving care in a tertiary speciality /centre it may be appropriate for ongoing care to be delivered within their locality with a referral to be made to the patient's local hospital or nearest facility which can meet their clinical needs.

Patients in a tertiary speciality can have complex needs and may be waiting onward specialist support. If deemed clinically safe these patients should return to their local hospital to ensure the tertiary centre is able to continue to function ensuring that a complete clinical and social handover including any onward referrals deemed appropriate by the tertiary clinical team to ensure continuity for the patient.

#### 5.0 Financial Risk Assessment

1	Does the implementation of this policy require any additional Capital resources	No
2	Does the implementation of this policy require any additional revenue resources	No
3	Does the implementation of this policy require any additional manpower	No
4	Does the implementation of this policy release any manpower costs through a change in practice	No
5	Are there additional staff training costs associated with implementing this policy which cannot be delivered through current training programmes or allocated training times for staff.	No

## 6.0 Equality Impact Assessment

The screening checklist has been completed. Reasonable efforts have been made to eliminate any possible equality and diversity discrimination occurring.

An equality analysis has been carried out and it indicates that:

Tick	Options
X	A. There is no impact in relation to Personal Protected Characteristics as defined by the Equality Act 2010.
	B. There is some likely impact as identified in the equality analysis. Examples of issues identified, and the proposed actions include:

## 7.0 Maintenance

This policy will be the responsibility of the Matron lead for the safe admission, transfer, discharge creating best practice group and the Patient Safety Improvement Group. It will be reviewed in line with Trust Policy OP01 every 3 years or following any significant changes to the way patients are transferred.

## 8.0 Communication and Training

- An electronic copy of this policy will be available on the Trust intranet.
- Hyperlinks to the policy will be available on relevant intranet sites e.g. Nursing websites and Critical care.
- All staff will be notified of a new or renewed policy

The document will be included in The Royal Wolverhampton NHS Trust publication scheme in compliance with the Freedom of Information Act 2000.

Staff will receive appropriate training and education on patient transfer as part of local induction. All internal training programmes will reflect the new policy.

## 9.0 Audit Process

<b>Criterion</b>	<b>Lead</b>	<b>Monitoring method</b>	<b>Frequency</b>	<b>Committee / Group</b>
<u>Handover</u> requirements between all care settings, to include both giving and receiving of information	Matrons	Audit of checklist/patient case notes	Annual	Quality and Safety Intelligence Group
How <u>handover</u> is recorded	Matrons	Audit of checklist/patient case notes	Annual	Quality and Safety Intelligence Group
Out of hours <u>handover</u> process/ outlier matrix	Matrons	Audit of checklist/patient case notes	Annual	Quality and Safety Intelligence Group

## 10.0 References

Midlands Inter- Hospital Transfer Procedure (2023) NHS England: Midlands Region

Intensive Care Society (2002) Guidelines for the transport of the adult critically ill patient

Standards (Clinical Care Standards) Intensive Care Standards (2001)

West Midlands Strategic Commissioning Group: Standards for Care of the Critically Ill and Critically Injured Child in the West Midlands (2004).



<b>Policy number and Policy version:</b>  <b>CP05 Version 8.0</b>	<b>Policy Title</b>  <b>Transfer of patients between wards, departments, specialist Units and Other Hospitals</b>	<b>Status:</b>  <b>Final</b>		<b>Author: Senior Matron for Capacity and Patient Flow</b>  <b>Chief Officer Sponsor: Chief Nursing Officer</b>
<b>Version / Amendment History</b>	<b>Version</b>	<b>Date</b>	<b>Author</b>	<b>Reason</b>
	8	July 2024	Senior Matron for Capacity and Patient Flow	Full Review
	7.2	January 2023	Matron for Capacity and Patient Flow	Removal of Appendices 5.0 and 5.1. Author updated.
	7.1	December 2021	Matron Group	Appendix 2 updated and replaced.
	7	August 2021	Matron Group	Full review of policy
	6.3	June 2021	Matron Group	Amendments to Appendix 5.1, 5.2, 5.3, 8,
	6.2	August 19	Matron group	Appendix 3 updated and replaced as well as Appendix 6.
	6.1	June 2019	Matron for respiratory and Diabetes	Adult In-patient SBART within Appendix 9 replaced
	6	July 2018	Matron for Respiratory, Sexual Health, Endoscopy and Dermatology	Full Review
	5.4	March 2018	Divisional Medical Director Div 1	Re-written Appendix 9 regarding RCA documented delays in transferring the critically ill patient.
5.3	July 2017	Matron for Respiratory, Sexual Health, Endoscopy and Dermatology	Update of Appendix 2 to include information on falls and confusion, and format changed to bring in line with ED Transfer Checklist (Appendix 6.1)	

5.2	May 2017	CD Critical Care	Update of App 9 – ( <i>Unscheduled transfer of the sick patient from CCH to another hospital</i> ) regarding the final disaggregation of transition arrangement with UHNM.
5.1	Oct 2016	Matron Respiratory & Sexual Health	Update of Adult In Patient SBART Transfer Checklist
5.0	Jan 2015	Capacity Manager	Review
4.2	Oct 2014	Capacity Manager	Cannock Addendum
4.1	April & Sept 2013	Capacity Manager  Capacity Manager	Review of content  Review of content and reporting of audit updated
4	Sept 2012	Capacity Manager	Review and update of checklist
3	March 12	Capacity Manager	Review
2	Sept 2009	Capacity Manager	Review
1	May 96	Capacity Manager	Development
<b>Intended Recipients: Consultants, Senior Registrars, Matrons, Ward Managers</b>			
<b>Consultation Group / Role Titles and Date: Heads of Nursing, Matrons, Safe &amp; Effective Discharge Group –</b>			
<b>Name and date of Trust level group where reviewed</b>		<b>Trust Policy Group – October 2024</b>	
<b>Name and date of final approval committee</b>		<b>Trust Management Committee – November 2024</b>	
<b>Review Date and Frequency</b> (standard review frequency is 3 yearly unless otherwise indicated)		October 2027	
<b>Training and Dissemination:</b> As and when required by staff involved in transfer of patients. This will be disseminated via Heads of Nursing, Matrons and All Users Bulletin			
<b>Publishing Requirements: Can this document be published on the Trust’s public page:</b> Yes			

<b>To be read in conjunction with:</b>	
1 <a href="#">Safeguarding Adults Strategy</a>	
2 <a href="#">Safeguarding Children CP41</a>	
3 The Operational Policy for the Transfer of Children	
4 <a href="#">Policy for the prevention and management of pressure ulcers OP96</a>	
5 <a href="#">Discharge Policy CP04</a>	
6 <a href="#">Capacity Policy OP65</a>	
7 <a href="#">Booking non urgent patient transfers OP29</a>	
8 <a href="#">Adult Patient Escort Policy OP67</a>	
9 <a href="#">Volunteer OP68</a>	
10 <a href="#">Health and Safety Section</a>	
11 <a href="#">Patient property OP18</a> 10 <a href="#">Medicines Policies</a>	
11 <a href="#">Medical Devices HS11</a>	
12 <a href="#">Infection Prevention and Control Section</a>	
13 Birmingham and Black Country Critical Care Network Policy for Transfer of Level 3 Patients	
14 Birmingham and Black Country Critical Care Network Policy for Repatriation of Level 2 Patients	
<b>Initial Equality Impact Assessment (all policies):</b> <b>Completed Yes Full Equality impact assessment (as required):</b> <b>Completed NA</b>	
If you require this document in an alternative format e.g., larger print please contact Policy Administrator8904	
<b>Monitoring arrangements and Committee</b>	Quality and Safety Intelligence Group
<b>Document summary/key issues covered.</b> Inter hospital transfer of patients Intra hospital transfer of patients All referrals to West Park/ Cannock chase Hospital need to classified as transfers	
<b>Key words for intranet searching purposes</b> Transfer, Inter hospital transfer, intra hospital transfers	
<b>High Risk Policy?</b>	<b>No</b>



## Appendix 1

### **Operational Procedure for the Inter /Intra Hospital Transfer of a patient**

#### **11.0 Decision to Transfer**

The decision to transfer a patient to another ward, unit, department or externally must be made considering the potential risks and benefits to the patient (see appendices and transfer protocol).

There may be occasions where patients may have to be transferred (outlied) from one specialty to another within the Trust to create capacity within a specific specialty. (Refer to the [Capacity Policy OP65](#) for the criteria and management of outlying patients.

The decision to transfer to another hospital must be made by the Consultant in Charge, or in their absence the On-call Consultant. The rationale for the transfer to another hospital must be documented in the patient's case notes.

#### **12.0 The process of requesting and allocation of a bed for transfer**

##### **12.1 Internal Transfer**

The transferring ward is to create a 'bed request' via the Teletracking system indicating which ward /specialty the patient requires. If the request for transfer is urgent the request must be followed with a call to the Capacity Team. Once a bed in the required specialty / ward is available the bed will be allocated by the Capacity Team via the Teletracking system.

##### **12.2 Transfer to West Park Hospital or Cannock Hospital for Rehabilitation**

Patients requiring rehabilitation must have therapy goals documented in their case notes. Patients with a Wolverhampton or Cannock GP will have rehabilitation at either West Park or Cannock Hospital: a request for a bed must be made via the Trust Huddle Tool. The Capacity Team will manage the list and allocate the bed. The Capacity Team will inform the ward once a bed is available.

Patients with GPs from other areas or patients requiring specialist rehabilitation please contact the Capacity Team who will advise and assist with the referral pathway.

##### **12.3 Transfer / repatriation to another Trust**

- A Consultant to Consultant referral is to be made to the receiving Trust and name of the accepting Consultant taken.
- The referring ward is to call the Capacity Team providing the demographic details of the patient, the accepting Consultant, specialty, and name of accepting Trust along with clinical details of the patient and reason for transfer.
- The Capacity Team will contact the Bed Management /Capacity Team at the

receiving Trust, providing details of the accepting Consultant, specialty, clinical details of the patient and reason for transfer.

- The Capacity Team will contact the receiving Trust daily to progress chase the availability of the bed.
- If a bed is not allocated to the patient at 48 hours or more the Capacity Team will escalate to the Chief Operating Officer (COO) who will make contact with their counterpart at the receiving hospital.

### **13.0 Clinical Handover of patient**

The verbal handover of the patient to the receiving ward/department will occur prior to the transfer utilising the SBART based transfer checklist as a communication tool ([Appendix 2](#)) If the patient is escorted confirmation of the handover will be obtained by the escorting nurse and clarification provided if necessary.

This verbal handover must follow the format guided by the SBART based transfer checklist. This includes the following information:

- The recent diagnosis and medical history of the patient
- Assessment of the patient including vital signs and NEWS score
- Safety risks for the patient (falls, allergies, psychological state, high risk medication, tissue viability, nutrition etc.)
- Infection prevention status and isolation requirements
- Carer and, or relatives have been informed of the transfer
- The plan of care going forward, include any outstanding investigations

There is a defined criteria of patients who do not require a verbal handover between departments; please refer to the Criteria Led Handover Checklist ([Appendix 3](#)) All patients however will require the SBART checklist to be completed.

## **14.0 Patient Preparation for Transfer**

- 14.1** The nurse must ensure that the patient is aware of the reason for transfer. The patient's next of kin and, or carer must be made aware of the transfer as soon as possible to avoid any distress.
- 14.2** The SBART based transfer checklist must be fully completed and attached to the front of the patient's case notes if the patient is to be transferred to a ward or department within the Trust or transferred to West Park Hospital or Cannock Chase Hospital. Ensure that all patient records are collected in preparation for the transfer.
- 14.3** If the patient is to be transferred to another Trust, the case notes will not be sent with the patient. The Consultant or Registrar in charge of the patient's care must provide a letter to the receiving area providing a summary of the patient's condition, diagnosis, treatment plan and medications. It must be documented in the case notes that a letter has been sent with the patient. The nurse in charge of the patient transfer must complete the transfer checklist and a copy of this should be placed in a sealed envelope along with the doctors' letter in readiness for transfer.
- 14.4** Ensure that all of the necessary transportation equipment is present, in full working order, and with batteries fully charged. If the patient requires oxygen, ensure that the cylinder has enough supply to last during the transfer. (Refer to the Oxygen Cylinder Run Time Chart in [OP67 Escort of Adult Patient Policy](#))
- 14.5** Intravenous fluids or infusions must not be discontinued or disconnected for the convenience of transfer.
- 14.6** Collect and check all of the patient's medications required for transfer. All medications must be stored appropriately as per hospital policy.
- 14.7** If the patient is being transferred to a ward (within RWT) that does not use electronic prescribing a copy of the patients current treatment sheet is to be printed off and transferred with the patient
- 14.8** Check that the patient is adequately dressed and covered prior to transfer.
- 14.9** Ensure that all of the patient's property is packed securely in hospital property bags or in the patient's own luggage. All valuables must be documented using the Trust property book and correctly signed for in line with the [Patient's Property Policy OP18](#).
- 14.10** Document any care required during the transfer. Carry out any required observations.

## **15.0 Arranging transport for transfer**

- 15.1** Internal transportation to other wards and departments can be arranged by requesting portering using the Teletracking system. The nurse in charge of the ward or department must decide on the required level of portering assistance and mode of transportation and ensure that they are informed if the patient requires oxygen or any specialist equipment.
- 15.2** Transfer to onsite departments which cannot be accessed using internal corridors must be done using the Trust Internal Ambulance, this request is to be made via the charge hand porter (via Switchboard)
- 15.3** Transportation to Trust departments which are based off site (e.g. West Park

Hospital) will be provided by the Patient Transport Service. Requests are to be made by telephone to the booking office giving information regarding the patient's level of mobility and clinical needs to ensure that the correct level of support is provided by the service.

- 15.4** Transportation to other Trusts will depend on the clinical condition of the patient and the urgency of the transfer. Non urgent transfer transportation must be arranged via the Patient Transport Service. If the patient requires an urgent transfer to another hospital or Trust due to their clinical condition, transportation is to be requested via the Emergency Ambulance service stating the level of urgency and the level of support required for the transfer. For booking of transportation after 1700 hours or at weekends contact switchboard to direct you to ambulance control for both non-urgent and urgent ambulance service
- 15.5** If the patient has a known infection and requires a level of isolation, this information must be provided at the time of request in accordance with the [Trust Isolation Policy IP10](#)
- 15.6** The Infection Prevention Team can be contacted for advice on the transport of patients with infectious conditions.
- 15.7** If the patient has a Do Not Attempt Resuscitation order or RESPECT document, a letter must be provided for the Ambulance crew upon collection stating this and the original document is to accompany the patient.
- 15.8** Prior to the patient leaving the ward the patients identification and transfer destination must be confirmed by a RGN with the porters or ambulance crew that have arrived to transfer the patient.

## **16.0 Patient Escort**

- 16.1** The selection of the level of medical escort (if required) must be made by the Consultant in charge, or in their absence, the Registrar. This selection may need to be discussed with the appropriate Matron, Head of Department or Duty Manager before a decision is made. The choice of escort is the Trust's decision and responsibility.
- 16.2** The selection of the level of nursing escort required must be made by the nurse in charge of the ward/department following assessment of the patient (refer to the [Escort of Adult Patient Policy OP67](#))
- 16.3** The identified escort needs to be aware of any action needed in the event of a change of condition of the patient during the transfer.
- 16.4** In the event that the ward does not have sufficient staffing resources to allow staff to be released for escort, the relevant manager during daytime hours or manager on-call during out of hours must be contacted and wherever possible, cover from another area provided.
- 16.5** In the event of accompanying patients for radioactive procedures, it must be ensured that the escort is not pregnant.
- 16.6** The escort nurse should contact the Directorate Management Team or On Call Manager to arrange a return journey following an external transfer if required.



### **17.0 The Transfer Checklist**

All elements of the checklist must be completed. The checklist must be filed in the 'nursing process' section of the patients case notes following patient transfer.

### **18.0 Patient Information System**

As soon as possible following the patient transfer the electronic patient information system e.g. PAS must be updated ensuring that the accurate time of the transfer and destination is entered.

### **19.0 Out of hours transfers**

The procedure for the transfer of patients after 2000 hours will be the same apart from the following.

- The requesting of patient transport for transfers out of the hospital must be made directly to either the non-urgent or urgent ambulance service control depending on the patient's clinical need.
- In the event that the Ward does not have sufficient staffing resources to allow staff to be released for escort, the manager on-call during out of hours must be contacted and wherever possible, cover from another area provided.

# Adult Inpatient SBART Transfer Checklist

To be completed by transferring ward/department and transferred on the front of the medical notes then filed.

S	<b>Situation</b>	Surname	Unit No
	Date:..... Time of Transfer:.....	Forename	NHS No
	Speciality / Consultant:.....	Address	DOB
	Provisional diagnosis:.....	Postcode	(or affix patient label)
	Transferring ward / dept:.....		
	Registered nurse handing over: .....		
	Receiving ward / dept: .....		
Registered nurse receiving handover: .....			

B	<b>Background</b>	Confirm ID wristband in situ: <input type="checkbox"/> Yes
	Relevant past medical history:.....	If patient has an allergy only red wristband in situ: <input type="checkbox"/> Yes <input type="checkbox"/> N/A
	.....	Safe hands Badge in situ (please circle): Yes / No
	Allergies:.....	ReSPECT form in place (please circle): Yes / No

A	<b>Assessment</b>	<b>Infection risk:</b> <input type="checkbox"/> None <input type="checkbox"/> COVID-19 <input type="checkbox"/> Flu <input type="checkbox"/> Known CPE <input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhoea <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Known MRSA <input type="checkbox"/> MRSA Screen Details:.....
	<b>Airway:</b> <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Laryngectomy	
	<b>Devices in situ:</b> <input type="checkbox"/> Wound drain <input type="checkbox"/> NG/NJ tube insitu <input type="checkbox"/> PVC <input type="checkbox"/> CVAD <input type="checkbox"/> Urinary Catheter <input type="checkbox"/> Chest Drain <input type="checkbox"/> Other (specify):.....	
	<b>Nutrition and Hydration:</b> New dysphagia risk Yes / No, known dysphagia Yes / No IDDSI level diet: ..... IDDSI level fluids: ..... NBM <input type="checkbox"/>	
	Fallen this admission: Yes / No <input type="checkbox"/> Increased observation required Specify observation: ..... Delirium / agitated: Yes / No (If 'yes' give details): .....	
	<b>Wound / pressure ulcer (please circle):</b> Yes / No (Specify area):..... Category:..... DATIX ref no: ..... Purpose T Assessment:..... Mattress:.....	
	Photograph of pressure ulcer taken: Yes / No / N/A	

R	<b>Recommendation</b>	Diagnosis still outstanding: .....
	Management / discharge plan:.....	
	Special instructions (e.g. neuro obs, cardiac monitoring): .....	
	Referrals made (please circle): Safeguarding / Domestic violence / Alcohol / Dementia / Learning disabilities / Social work Other:.....	

T	<b>Transfer</b> (Observations must be taken and recorded within 30 minutes prior to transfer) If not required please tick <input type="checkbox"/>
	<b>Observations</b> Current NEWS 2 Score: ..... Neuro obs: .....
	NEWS2 escalation been followed: Yes / No Does the patient have sepsis? Yes / No Has the Sepsis Six been followed: Yes / No
	<b>Oxygen:</b> Oxygen required (please circle) 2 litres / 4 litres / Other (detail): ..... Target Sats: .....
	<input type="checkbox"/> Oxygen cylinder sufficient for transfer <input type="checkbox"/> Oxygen valve turned to on position
	<b>Medication:</b> IV Drugs / infusion / IV Insulin <input type="checkbox"/> No medication <input type="checkbox"/> Medication sent home <input type="checkbox"/> Medication with the patient <input type="checkbox"/> Patient medication locker emptied <input type="checkbox"/> Enteral feed in progress
	<b>Pain:</b> Pain Score: ..... <input type="checkbox"/> Analgesia prescribed if pain score indicates Time analgesia last given if patient has pain: .....
	<input type="checkbox"/> <b>Diabetes Mellitus</b> <input type="checkbox"/> Capillary blood glucose monitoring required Capillary blood glucose: ..... mmol/L
	<b>Valuables:</b> <input type="checkbox"/> No property <input type="checkbox"/> Cash <input type="checkbox"/> Valuables checked <input type="checkbox"/> Disclaimer signed
	<input type="checkbox"/> Relative informed of transfer by transferring areas <input type="checkbox"/> Escort required Level of escort: ..... <input type="checkbox"/> Repeat escort required

Signature: .....	Name: .....	Date: .....	Time: .....
Designation / Stamp:			

# Oxygen cylinder run times

## Full Oxygen Cylinder Run Times (BOC)

Size Flow	D (340 ltrs)	PD (300 ltrs)	CD/DD (460 ltrs)	E (680 ltrs)	F/AF (1360 ltrs)	HX (2300 ltrs)	ZX (3040 ltrs)	G (3400 ltrs)	J (6800 ltrs)
0.25	22hrs 16min	20hrs	30hrs 36mins	45hrs 18mins	90hrs 36mins	153hrs 18mins	202hrs 36mins	226hrs 36mins	453hrs 18mins
0.5	11hrs 18mins	10hrs	15hrs 18 mins	22hrs 36mins	45hrs 18mins	76hrs 36mins	101hrs 18mins	113hrs 18mins	226hrs 36mins
0.75	7hrs 30mins	6hrs 36hrs	10hrs 12mins	15hrs 6mins	30hrs 12mins	51hrs 6mins	67hrs 30mins	75hrs 30mins	151hrs 6mins
1	5hrs 36mins	5hrs	7hrs 36mins	11hrs 18mins	22hrs 36mins	38hrs 18mins	50hrs 36mins	56hrs 36mins	113hrs 18mins
2	2hrs 48mins	2hrs 30mins	3hrs 48mins	5hrs 36mins	11hrs 18mins	19hrs 6mins	25hrs 18mins	28hrs 18mins	56hrs 36mins
3	1hr 54mins	1hr 36mins	2hrs 30mins	3hrs 42mins	7hrs 30mins	12hrs 42mins	16hrs 48mins	18hrs 48mins	37hrs 42mins
4	1hr 24mins	1hr 12mins	1hr 54mins	2hrs 48mins	5hrs 36mins	9hrs 30mins	12hrs 36mins	14hrs 6mins	28hrs 18mins
5	1hr 6mins	1hr	1hr 30mins	2hrs 12mins	4hrs 30mins	7hrs 36mins	10hrs 6mins	11hrs 18mins	22hrs 36mins
6	54mins	48mins	1hr 12mins	1hr 48mins	3hrs 42mins	6hrs 18mins	8hrs 24mins	9hrs 24mins	18hrs 48mins
7	48mins	42mins	1hr	1hr 36mins	3hrs 12mins	5hrs 24mins	7hrs 12mins	8hrs	16hrs 6mins
8	42mins	36mins	54mins	1hr 24mins	2hrs 48mins	4hrs 42mins	6hrs 18mins	7hrs	14hrs 6mins
9	36mins	30mins	48mins	1hr 12mins	2hrs 30mins	4hrs 12mins	5hrs 36mins	6hrs 12mins	12hrs 30mins
10	30mins	30mins	42mins	1hr 6mins	2hrs 12mins	3hrs 48mins	5hrs	5hrs 36mins	11hrs 18mins
12	30mins	24mins	36mins	54mins	1hr 48mins	3hrs 6mins	4hrs 12mins	4hrs 42mins	9hrs 24mins
15	24mins	18mins	30mins	42mins	1hr 30mins	2hrs 30mins	3hrs 18mins	3hrs 42mins	7hrs 30mins

Time = hours/minutes

Cylinder size CD/DD is the most frequently used cylinder size.

# Medical Criteria Led Handover

The nurse preparing the patient for transfer out of the department must complete the following criteria questions once a patient has had a 'decision to admit' (DTA) assigned or has a confirmed assigned bed on Teletracking; any **Red Risks** identified will require a verbal handover to Acute Medical Unit or receiving base ward. If all criteria are identified as **Green Risks**, then the patient does not need a verbal handover prior to transfer.

Patients meeting these criteria can be transferred to AMU without a verbal handover once first line treatment has been given and patients are deemed clinically ready to move.

SBARD transfer sheets **MUST** be fully completed by nursing staff and patients who meet the criteria for an escort will be required to be escorted as per policy from the department.

This does not replace your clinical judgment!

Date	Time		Location
Criteria	Risk		
Mental Health Concerns	Known mental health condition. Admission unrelated to MH concerns	TICK	Known suicidal ideation, high risk of self-harm, absconding or known aggression
Falls Risk	Known falls risk, ECS 0-7*		Needs tagging or 1:1 ECS 8-15*. New delirium
Clinical Status	Stable NEWS 1-4		New NEWS >5 or a single parameter 3, specific treatment pathway ie DKA, SCC, GTN infusions
Patient End of Life	RESPECT form in place, on SWAN individual plan of care**.		Patient in the last few hours of life, poor pain control, complex family/social elements

\*/\*\* AMU/Ward only

Ortid Number: .....

Outreach Discharge date: .....



The Royal Wolverhampton

NHS Trust

### ICCU Patient Discharge Sheet

Date of Hospital Admission:

Date of Admission to ICCU:

Date of Discharge:

Time of Discharge:

Ward Discharged to:

IEWS score on discharge:

Number of days ventilated:

Patient Name:

Hospital Number:

D.O.B.:

Post Code:

Ethnicity:

Consultant:

### Summary of stay: (reason for admission to ICU / HDU, relevant PMH)

#### Equipment / care needed on receiving ward.

Identified with ward staff Y / N

Tracheostomy care bundle Y / N

Waterlow score on discharge:

Mattress requirements Y / N

#### Mattress Score

Patient suitable for transfer: Bed  Chair

Oxygen needed for transfer Y / N

Prescription chart IV - Fluids Prescribed Y / N

Patients medication Y / N

Patients own CD's Y / N

Nursing documentation:

Admission Sheet / Care Plans / Summary Sheet / Y / N

Hospital notes Y / N

Diary of patient (if applicable) Y / N

Have the receiving medical team been informed of the transfer Y / N

Are the relatives aware of the transfer Y / N

Ward information given to the relatives Y / N

Property from unit divider / safe Y / N

Has the patient any property in the unit / hospital safe Y / N

Has a current property disclaimer been signed Y / N

Porters booked Y / N

#### Relevant blood results / investigations

Blood	Results
Na	
K+	
Urea	
Creat	
Glucose	
Hb	
WCC	
Platelets	
INR	

Risk assessments Y / N

Admission book Y / N

Midnight bed return Y / N

Appropriate specialist agencies contacted Y / N

Name of transferring nurse:

Signature:

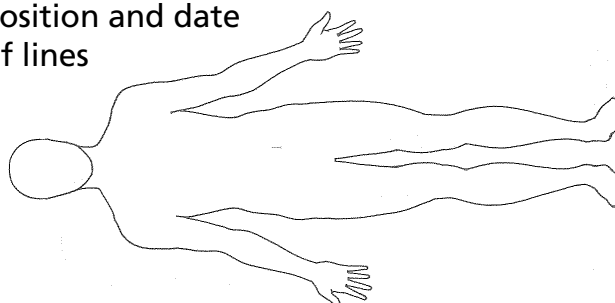
Stamp:

Name of receiving nurse:

Signature:

Stamp:

Position and date of lines



# Cardiothoracic Surgery

## Nurse Transfer Sheet

### Heart & Lung Centre

Surname	Unit No
Forename	
Address	DOB
Postcode	(or affix patient label)

#### Name of Referring Consultant

Mr. M Bhabra <input type="checkbox"/>	Mr. S Billing <input type="checkbox"/>	Date of transfer:
Mr. I Morgan <input type="checkbox"/>		Post Op Day:
Mr. P Yiu <input type="checkbox"/>		Operation:
Mr. W Pugsley <input type="checkbox"/>		Complications following surgery:

#### Checklist of Items to be transferred with patient

A-line removed <input type="checkbox"/> Swan sheath removed <input type="checkbox"/> Central line removed <input type="checkbox"/> Pacing Wires: yes <input type="checkbox"/> no <input type="checkbox"/> Removed <input type="checkbox"/> Chest Drains Removed <input type="checkbox"/> CXR Completed <input type="checkbox"/> Reviewed <input type="checkbox"/> 12 lead ECG completed <input type="checkbox"/> Todays blood results documented <input type="checkbox"/>	Last ABG results: pH: pcO2: <input type="checkbox"/> pO2: Hb: Ca+: Lactate: BE: HcO3: Na+: K+: Glucose: Insulin infusion <input type="checkbox"/> Regime:
--	---

#### Checklist of Items to be transferred with patient

Current Drug Chart <input type="checkbox"/>
Integrated Care Pathway <input type="checkbox"/>
Medical Documentation <input type="checkbox"/>
Blood Results chart <input type="checkbox"/>
Microbiology chart <input type="checkbox"/>
Waterlow Score <input type="checkbox"/>
VIP score completed <input type="checkbox"/>
MUST score completed <input type="checkbox"/>
Risk of falls completed <input type="checkbox"/>
Manual Handling form completed <input type="checkbox"/>
Property and Clothing and own Drugs returned <input type="checkbox"/>
Surgical Site Surveillance <input type="checkbox"/>
MRSA Screen Result: ..... Last Screened .....

Activities of Living on Day of Transfer	
Full wash/shave given      Yes <input type="checkbox"/> No <input type="checkbox"/> Toiletries/Clothing/Footwear      Yes <input type="checkbox"/> No <input type="checkbox"/> Dentures with patient      Yes <input type="checkbox"/> No <input type="checkbox"/> Glasses      Yes <input type="checkbox"/> No <input type="checkbox"/> Hearing aids      Yes <input type="checkbox"/> No <input type="checkbox"/> Patient sat out in chair      Yes <input type="checkbox"/> No <input type="checkbox"/> Time sat out:	TED Stockings applied      Yes <input type="checkbox"/> No <input type="checkbox"/> If no please state reason  Physiotherapy assessment completed Yes <input type="checkbox"/> No <input type="checkbox"/>  Patient coughing and expectorating Yes <input type="checkbox"/> No <input type="checkbox"/>
Pain	
Pain relief given      Yes <input type="checkbox"/> No <input type="checkbox"/> Drug given:      Time: Pain Score on transfer:	Wound intact      Yes <input type="checkbox"/> No <input type="checkbox"/>  If no please detail below wound care to be administered Details:
Elimination	
Urine output >1/2ml/kg      Yes <input type="checkbox"/> No <input type="checkbox"/> Total output for last 4hours:  Bowels opened since surgery      Yes <input type="checkbox"/> No <input type="checkbox"/>	Details:  Pressure areas intact      Yes <input type="checkbox"/> No <input type="checkbox"/> Details:  Dressings to wounds intact/redressed Yes <input type="checkbox"/> No <input type="checkbox"/>
Infusions	
Infusions in situ  1.      Rate:  2.      Rate:  3.      Rate:	<b>Cardiovascular/Respiratory State</b>  HR .....      BP .....  Rhythm .....      Sao2 .....  Temp.....      CVP.....  FiO2 .....      Route .....
	Details of nurse completing form
	Nurse completing form and transferring pt:  Name: Signature: Time ready for transfer: Transferred at:  Nurse receiving pt and handover: Time:      Signature:



Date of Hospital Admission: \_\_\_\_\_  
 Date of Transfer: \_\_\_\_\_

Weight (kg): Est  Act  Allergies: \_\_\_\_\_

**Transfer Details**

Hospital Name: \_\_\_\_\_  
 Transferring unit: ICU  HDU  ED  Ward  Other (please specify): \_\_\_\_\_  
 Receiving unit: ICU  HDU  ED  Ward  Other (please specify): \_\_\_\_\_  
 Transfer reason: Management: Neuro  Cardiac  Renal  ECMO  Trauma  PCI  Paeds   
 No critical care bed  Repatriation  Other: \_\_\_\_\_

**Staff Arranging Transfer**

Transferring unit Name/Specialty: \_\_\_\_\_ Cons. in charge: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Receiving unit Name/Specialty: \_\_\_\_\_ Cons. in charge: \_\_\_\_\_ Mobile: \_\_\_\_\_

**Escorting Personnel**

Doctor Name/Grade:	GMC No:	Transfer trained?	Y / N
Nurse Name/Grade:	NMC No:	Transfer trained?	Y / N
ODP Name/Grade:	Reg No:	Transfer trained?	Y / N
ACCP Name/Grade:	Reg No:	Transfer trained?	Y / N

**Timings** (hh:mm (24hrs))

Decision to transfer: \_\_\_\_\_  
 Ready to leave: \_\_\_\_\_  
 Ambulance booked: \_\_\_\_\_  
 Ambulance arrived: \_\_\_\_\_  
 Departed hospital: \_\_\_\_\_  
 Arrived destination: \_\_\_\_\_

**History and Diagnosis**: \_\_\_\_\_  
**Medications normally on**: \_\_\_\_\_ **Infection status**: \_\_\_\_\_

**Ambulance Details & Transfer Category**

Transfer booking ref: \_\_\_\_\_  
 IFT1 - Life saving interventions:   
 IFT2 - Life threatening situations:   
 IFT3 - Additional clinical care (emergency):   
 IFT4 - Non emergency:

**Specialist Precautions**

Pre-sedation GCS: \_\_\_\_\_ / 15 (E= \_\_\_\_\_ V= \_\_\_\_\_ M= \_\_\_\_\_)  
 Neuro protection?   
 Head up  Spinal precautions?   
 Collar  Blocks   
 Tapes  MILS  Defib conn.

**Vascular Access, including Site and Size**

PVC: \_\_\_\_\_  
 PVC: \_\_\_\_\_  
 PVC: \_\_\_\_\_  
 CVC line: \_\_\_\_\_ X-ray'd Y / N  
 Art line: \_\_\_\_\_  
 Other: \_\_\_\_\_

**Other Devices**

Chest drains  Number/Size: \_\_\_\_\_  
 Abdo drains  Number/Size: \_\_\_\_\_  
 Urinary catheter  Balloon pump   
 NG tube  X-ray'd? Y / N  
 Warming  Via: \_\_\_\_\_

**Monitoring**

SpO2  ECG  NIBP  IABP  Temp  ETCO2  CVP  BIS  Other: \_\_\_\_\_

**Airway and Ventilation During Transfer**

ET tube  Size: \_\_\_\_\_ Length at lips: \_\_\_\_\_ Grade of intubation: \_\_\_\_\_ FIO2: \_\_\_\_\_  
 Tracheostomy  Size: \_\_\_\_\_ Ventilator type: \_\_\_\_\_ Mode of ventilation: \_\_\_\_\_ PEEP: \_\_\_\_\_

**Have any adverse / critical incidents occurred during the transfer?** Y / N **Please follow details on reverse**

Medical handover complete  Sig. escorting staff \_\_\_\_\_  
 Nursing handover complete  Name / Sig of receiving staff \_\_\_\_\_

Ventilator Settings		Time	
Peak airway pressure	ETCO2	FI02	
Ti/E ratio			
Tidal volume (mls)			
SpO2			
Respiratory rate			
Product	Unit No.		
Name	Units		
Drugs			
GCS	Eyes: (1-4)		
	Verbal: (1-5)		
	Motor: (1-6)		
	GCS total: (3-15)		
Pupils	Left Size	Right Size	
	Left Reaction	Right Reaction	
Pupil Size (mm)			
1	180		
2	170		
3	160		
4	150		
5	140		
6	130		
7	120		
8	110		
	100		
	90		
	80		
	70		
	60		
	50		
	40		
	30		
	BP		
	Pulse		
	MAP		
	Blood glucose		
	C.V.P		
	Urine output		
	Chest drainage		
	Temperature		
Monitoring			



<b>Procedure to CP05:</b> <b>Unscheduled Transfer of a Patient from Cannock Chase Hospital (CCH) to another Hospital.</b>	<b>Version:</b> <b>3.0 October 2024</b>		<b>Status:</b> <b>FINAL</b>	<b>Author:</b> Clinical Director, Critical Care Services Directorate Division 1 <b>Director Sponsor:</b> <b>Chief Nursing Officer</b>
<b>Version / Amendment History</b>	<b>Version</b>	<b>Date</b>	<b>Author</b>	<b>Reason</b>
	1.0	Oct 2014	CD Critical Care Services Directorate Division 1	Clarification of procedure to be followed in the event of a person becomes acutely unwell whilst at Cannock Chase Hospital.
	2.0	May 2017	CD Critical Care Services Directorate, Division 1	To amend in light of final disaggregation of transition arrangement with UHNM.
	2.1	March 2018	Divisional Medical Director Div. 1	Rewritten regarding RCA documented delays in transferring critically ill patient
	2.2	June 2019	Clinical Director, Critical Care Services Directorate Division 1	Adult In-patient SBART updated (Form 1)
	2.3	May 2021	Divisional Medical Director, Div. 1	Updated re discretionary transfer to a non-New Cross Hospital site.
	3.0	October 2024		CP05 Policy and Appendices full review
<b>Intended Recipients: Nursing &amp; Medical Staff.</b> The document applies to all patients, both inpatients & outpatients, visitors to and staff working on site at CCH.				
<b>Consultation Group / Role Titles and Date:</b>				
<b>Name and date of Trust level committee where reviewed</b>			Trust Policy Group – October 2024	
<b>Name and date of final approval committee</b>			Trust Management Committee – November 2024	

<b>Date of Policy issue</b>	November 2024
<b>Review Date and Frequency</b> [standard review frequency is 3 yearly unless otherwise indicated]	October 2027
<b>Training and Dissemination:</b> This policy will need wide dissemination to all CCH staff. Staff at New Cross Hospital ED will need to be aware of the implications of this policy as will the staff of the Acute Cardiology service.	
<b>To be read in conjunction with:</b> CP05	
<b>Initial Equality Impact Assessment [all policies]:</b> Completed Yes / No / N/A <b>Full Equality Impact assessment [as required]:</b> Completed Yes / No/ N/A <u>If you require this document in an alternative format e.g., larger print please contact Central Governance Department on Ext 5114.</u>	
<b>Contact for Review</b>	Clinical Director, Critical Care Services Directorate, Division 1
<b>Implementation plan / arrangements [Dr Simon Fenner]</b>	Clinical Director, Critical Care Services Directorate, Division 1
<b>Monitoring arrangements and Committee</b>	An annual review/ audit of all admissions and transfers from CCH will be undertaken. The results of this will be presented to and reviewed by the Critical Care Services Directorate Governance committee and will be shared with RWT QSAG.
<b>Document summary / key issues covered:</b> Urgent admission/ Transfer of Patients from CCH to New Cross Hospital or another NHS hospital	

### **VALIDITY STATEMENT**

**This document is due for review on the latest date shown above. After this date, policy and process documents may become invalid. The electronic copy of this document is the only version that is maintained. Printed copies must not be relied upon to contain the latest updates and amendments.**

# Contents

<b>Sections</b>	<b>Page</b>
<b>1.0 Procedure Statement</b>	<b>4</b>
<b>2.0 Accountabilities</b>	<b>4</b>
<b>3.0 Procedure Detail / Actions</b>	<b>4</b>
<b>4.0 Equipment Required</b>	<b>6</b>
<b>5.0 Training</b>	<b>6</b>
<b>6.0 References</b>	<b>6</b>

# Unscheduled Transfer of a Patient from Cannock Chase Hospital

## 1.0 Procedure Statement

This document details the processes that must be followed to ensure the prompt and safe transfer of any patient at Cannock Chase Hospital (CCH) who requires admission to an acute hospital for care that cannot be provided at CCH.

## 2.0 Accountabilities

The Clinical Directors (CD's) of all services that are provided at CCH and the CD for the Critical Care Services Directorate must ensure that the processes described in this document are followed by all staff in their directorates.

The CD for the Emergency Department (ED) is responsible for disseminating the contents of this Procedure to all relevant staff.

Clinical staff at CCH and New Cross Hospital must comply with these processes.

## 3.0 Procedure Detail / Actions

CCH provides limited services for inpatients and outpatients, and any patient may require urgent transfer elsewhere due to the severity and, or nature of their clinical problem. The expected destination of these patients is New Cross Hospital.

### This SOP specifies:

- a) Transfer destination;
- b) Need for escort for transfer;
- c) Essential communication with the destination site;
- d) Transportation of patients;
- e) Completion of a Transfer Check List;
- f) Return of staff and equipment after transfer.

The diagnostic and therapeutic facilities at CCH are limited. Any inpatient whose condition deteriorates such that they need immediate investigation (beyond plain radiology (in working hours) or simple blood tests) or acute medical or surgical care or any level of care greater than level zero must be transferred promptly to New Cross Hospital.

### a) Transfer Destination

#### i) In-patients

If the urgent transfer of an in-patient is required, it is of paramount importance that the transfer is undertaken as soon as possible.

If the patient requires direct admission to the Critical Care Unit at New Cross Hospital, the transfer must be discussed with the Consultant on duty for the Critical Care Unit by the Consultant responsible for the patient at CCH – this may be the patient's own Consultant (during normal working hours) or the Consultant on-call for the relevant specialty. If there is no Critical Care bed available at New Cross Hospital, then the Critical Care Unit Consultant will engage with the Black Country Intensive Care Unit Network to identify the nearest available bed. This process must not delay the transfer of the patient from CCH. The patient should go to the New Cross Hospital ED while a Critical Care Unit bed is identified in another hospital. The ED department staff will arrange the onward transfer of the patient from ED once a Critical Care Unit bed is identified.

In all other than except exceptional perioperative circumstances (\*see below), the patient will be taken by ambulance to the ED. The transfer must be discussed with and approved by the Consultant responsible for the patient at CCH, but transfer must not be delayed by making attempts to refer the patient to an in-patient specialty at New Cross Hospital. The only measures that are needed at this point are those required to secure the patient's clinical condition – there must not be a delay transfer while awaiting investigations that will have no immediate bearing on the patient's condition.

\*In exceptional circumstances, there may be a surgery specific complication which requires urgent management that cannot be delivered at New Cross Hospital. In such cases, after discussion with the responsible consultant, it may be decided that transfer to another NHS hospital would be appropriate, the senior decision maker (this must be Consultant level and not the resident doctor[s] at CCH), must arrange acceptance by the clinical team at the other NHS hospital prior to arranging ambulance transfer.

## **ii) Outpatients**

If an outpatient requires immediate admission to New Cross Hospital, they will go to the ED. The mode of transportation will depend on the patient's condition and circumstances. If it is safe and the facility exists, they can be taken to New Cross Hospital by private transport; otherwise, they will need to be taken by ambulance.

## **b) Need for Escort for Urgent Transfer**

The need for a doctor to escort a patient will be determined by the medical team at CCH in discussion with the on-call middle-grade Anaesthetist and, or Consultant Anaesthetist. A doctor must accompany any patient who is being transferred for level 3 care. Other patients requiring transfer to New Cross Hospital (or another NHS Hospital – see 1 a) i) \* above) will usually be escorted by CCH nursing and, or ambulance staff.

## **c) Essential Communication**

If a patient is being transferred to the Critical Care Unit, there must be a Consultant to Consultant referral (as described above) before the transfer can be made. In all other circumstances (See 1 a) i) \* above) the patient will go to ED. The medical staff caring for the patient at CCH must telephone ED to inform them of the transfer.

When a decision to transfer the patient to New Cross Hospital has been made, it may be obvious which specialty will need to take over the care of the patient at New Cross Hospital. The medical staff at CCH must make contact with the on-call registrar or consultant for that specialty: if an empty bed is available for the patient, the medical staff at CCH should contact ED again so that the patient can be transferred there directly, and the medical staff accepting the patient should contact the destination ward to inform them of the transfer. The nursing staff on the ward at CCH should do a telephone handover to the nursing staff on the destination ward at New Cross Hospital if not accompanying the patient to New Cross Hospital. If there is no bed available, the medical staff at CCH should contact ED to tell them which medical team has accepted the patient.

It may be that the cause for the patient's condition is not known at this stage, so no specialty referral can be made. This must be told to the staff at ED, and they will then undertake essential diagnostic work and make an appropriate referral.

The patient's next of kin should be informed about the transfer (patient's consent should be  
CP05 Appendix 5 Version 3.0 October 2024

obtained if they have capacity).

(See 1 a) i) \* above) – If the patient is being transferred to another NHS Trust, the patient's responsible consultant or the senior decision maker should speak directly with the accepting team at the other hospital. If the patient is NOT being accompanied by nursing staff from CCH, nursing staff should speak with staff on the receiving area of the hospital that has accepted the patient as well as providing appropriate documentation e.g. copy of clinical notes, referral letter and SBART.

#### **d) Transportation of Patients**

If an ambulance is needed to transport the inpatient from CCH to New Cross Hospital ED or to the Critical Care Unit at New Cross Hospital or to another NHS hospital, staff at CCH must contact West Midlands Ambulance Service Control (WMASC) though for transfer of Level 3 patients, it would be quicker to ring 999. WMASC will need to know relevant information about the patient's requirements i.e. oxygen, ventilation requirements, monitoring, infusion requirements and escorting personnel and the receiving area.

All urgent inpatient transfers will be undertaken in a paramedic crewed ambulance. Level 2 urgent transfers must have a minimum of a qualified nurse escort. All Level 3 transfers must be accompanied by a doctor with the necessary transfer (resuscitation/ airway) skills.

A referral letter must be written by medical staff at CCH, using the SBART form (see Form1), for the clinicians at the receiving hospital: it will be taken with the patient to the receiving hospital. All current in-patient notes and charts must also accompany the patient.

#### **e) Transfer Check List to be completed**

A Transfer Checklist (see Form 2) must be completed before the ambulance leaves.

#### **f) Return of Staff and Equipment after Transfer**

Accompanying staff will arrange a taxi (through New Cross Hospital switchboard) to return them and any equipment to CCH.

### **4.0 Equipment Required**

Patients requiring Level 2 transfer or those requiring lesser degrees of care would normally use monitoring equipment supplied by West Midland Ambulance Service in their paramedic ambulances. Equipment for the transfer of Level 3 patients and for the monitoring or support of vital organ functions from CCH is found on Hilton Main SECU (Surgical Enhanced Care Unit) or in Theatre Recovery and may be used instead of or in addition to equipment supplied by West Midland Ambulance Service.

### **5.0 Training**

The synoptic Action Cards for each of the three identified areas will be laminated and held on file in and openly displayed by the relevant clinical areas near to the usual main phone access point, the nursing station and the office.

All staff at CCH will be informed of the new transfer and admission arrangements by their line managers.

## **6.0 References**

- a)** AAGBI SAFETY GUIDELINE - Interhospital Transfer. (2009). AAGBI, London.
- b)** Guidance On: The Transfer Of The Critically Ill Adult. (May 2019). Faculty of Intensive Care Medicine & Intensive Care Society. London.

# ADULT In-patient SBART Transfer Checklist From WPH / CCH to NewCross

S	<b>Situation</b>	Surname	Unit No
	Speciality / Named Consultant .....	Forename	NHS No
	Provisional diagnosis .....	Address	DOB
	Transferring ward .....	Postcode	(or affix patient label)
	Receiving ward .....		
	Clinical reason for transfer:..... ..... ..... .....		

B	<b>Background</b>
	P.M.H .....
	.....
	.....
	.....
	Allergies .....
DNACPR form completed (please tick) Yes <input type="radio"/> No <input type="radio"/> CPE screening required Yes <input type="radio"/> No <input type="radio"/>	
If Yes date screen completed:..... Results of screen: .....	

A	<b>Assessment</b>
	<b>Breathing:</b> Self ventilating <input type="radio"/> Ventilated / intubated <input type="radio"/>
	ETT Size _____ secured at _____ cm at lips O <sub>2</sub> Therapy: - _____ % or _____ lt/min
	If applicable, AGB's: Time of ABG: ____:____ pH: _____ PaCO <sub>2</sub> PaO <sub>2</sub> HCO <sub>3</sub>
	Physiological Observations: -
	BP = ____/____ HR = _____ RR = _____ SpO <sub>2</sub> = _____ %
Temp _____ °C GCS = E @ ____/4 V @ ____/5 M @ ____/6 = Blood sugar _____ mmol/l	

R	<b>Clinical management plan for transfer</b>
	.....
	.....
	.....



**Transfer** (Tick appropriate checkbox and if any **not** ticked, conduct further review/ action)

Identification Band in-situ  Property checked / disclaimer signed

Notes accompanying patient  Relatives informed of transfer: Yes  No  If no give detail

Electronic Notes printed out

Sufficient Transfer drugs available (if applicable):- Sedative  Analgesia  Muscle Relaxant   
 Vasopressors  Resuscitation Drugs/ Box

<b>Airway and Breathing</b> (If any 'NO' boxes ticked, conduct a further review):-	Yes	No
Capnography available and connected (mandatory for all ventilated patients)?		
Portable aspirator + suction catheters available?		
Portable monitor battery charged?		
Sufficient O <sub>2</sub> supply for transfer?		
<b>Circulation:</b> iv ACCESS (≥ 18G) X 2 secure and accessible:-		
Sufficient IV Fluids and any X-matched blood:		

**Transport Team / Organisation**

A minimum of 2 escorts available (including one experienced doctor for level 3 patient)?

<b>Clinical Stability of Patient</b>	Yes	No
Is the airway clinically secure?		
Is ventilation appropriate to clinical condition?		
Have haemodynamics been optimized?		
Has haemostasis been achieved?		
Adequate Sedation / Analgesia / Neuromuscular blockade (if applicable)		
Hypothermia: prevention and anticipation		
Patient monitored: ECG / BP / SpO <sub>2</sub> / ETCO <sub>2</sub> (if applicable)		

Nurse handed over to .....

Name of person completing form

Signature: ..... Designation:.....

Date:..... Time:..... Stamp:

## Form 2 – Transfer Check List

T	<b>Transfer</b> (Tick appropriate checkbox) (If any 'NO' boxes ticked, conduct a further review)		
	Identification Band in-situ	Property checked / disclaimer signed	
	Notes accompanying patient	Relatives informed of transfer	
	Notes scanned	Electronic Notes Printed out	
	Sufficient Transfer drugs available (if applicable): -	Sedative	Analgesia
		Muscle Relaxant	Vasopressors Resuscitation Drugs/ Box
	<b>AIRWAY &amp; BREATHING</b> (If any 'NO' boxes ticked, conduct a further review):-	<b>YES</b>	<b>NO</b>
	Intubation equipment, bag, valve and mask available?		
	Capnography available and connected (mandatory for all ventilated patients)?		
	Portable aspirator + suction catheters available?		
	Portable monitor battery charged?		
	Sufficient O <sub>2</sub> supply for transfer?		
	<b>CIRCULATION:</b> IV access (≥ 18G) x 2 secure and accessible: -		
	Sufficient IV Fluids and any X-matched blood: -		
	<b>TRANSPORT TEAM/ ORGANISATION</b>		
A minimum of 2 escorts available (including one experienced doctor for level 3 patient)?			
Timetable for transfer discussed and confirmed?			
<b>Clinical Stability of Patient</b>			
Is the airway clinically secure?			
Is ventilation appropriate to clinical condition?			
Have haemodynamics been optimized?			
Has haemostasis been achieved?			
Adequate Sedation/ Analgesia/ Neuromuscular blockade (if applicable)			
Hypothermia: prevention and anticipation			
Patient monitored: ECG / BP / SpO <sub>2</sub> / ETCO <sub>2</sub> (if applicable)			

TRANSFER NOTES or SUPPORTING INFORMATION: -

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**ACTION CARD 1 for RESIDENT MEDICAL STAFF AT CCH**

<b>Title</b>	<b>URGENT TRANSFER OF AN INPATIENT AT CCH (see CP05 Appendix 9)</b>	
<b>Purpose</b>	To provide clear instructions on how to transfer an inpatient to an acute NHS hospital.	
<b>Definitions</b>	CCH	Cannock Chase Hospital
	RWT	Royal Wolverhampton NHS Trust
	WMAS	West Midlands Ambulance Service
	ED	The Emergency Department
	RMO	The non-consultant doctor at CCH on duty to cover the inpatients at CCH.
	<b>RC</b>	<b>Responsible Consultant</b> is the consultant responsible for the patient's care at CCH or the on-call consultant for that specialty or the on-call consultant anaesthetist depending on circumstances.
		To ensure a seamless process of care is understood and followed by medical staff responsible for providing care for inpatients at CCH, and in accordance with RWT Policy relating to the Unscheduled Transfer of the Sick Person from CCH to another Hospital (RWT).
<b>Rationale</b>	To ensure a seamless process of care is understood and followed by medical staff responsible for providing care for inpatients at CCH, and in accordance with RWT Policy relating to the Unscheduled Transfer of the Sick Person from CCH to another Hospital (RWT).	

**Immediate Management**

If an inpatient at CCH needs to be transferred to New Cross Hospital (or another acute NHS hospital), the medical staff must communicate with the RC (responsible consultant) and contact the on-call middle grade anaesthetist to do all that they can to optimize the condition of the patient. The priority is to transfer the patient safely and quickly.

**Transfer Destination**

If the transfer is to the Critical Care Unit, the RC must refer the patient to the New Cross Hospital Critical Care Unit consultant personally. If no Critical Care Unit bed is available at New Cross Hospital, the transfer must be to ED in the first instance and the CCH RMO must contact ED to inform them of the transfer.

If the transfer is not to Critical Care, the patient will go to New Cross Hospital ED: the RMO must contact ED to inform them of the transfer.

If transfer is required to a hospital other than New Cross Hospital for a specific perioperative surgical complication, the senior responsible clinician, usually a consultant, will liaise directly with the receiving clinical team at the other hospital.

West Midlands Ambulance Service Control (WMASC) will then be contacted to arrange the transfer without any further delay.

If it is obvious which specialty will need to take over the care of the patient when they reach New Cross Hospital, the CCH RMO must first contact the on-call registrar or consultant for that specialty and then the ED to tell them which specialty has agreed to admit the patient. If an empty bed can be identified for the patient, the CCH RMO must tell the ED so the patient can be moved there promptly.

## **Essential Communication**

The CCH RMO must inform the RC of a planned transfer. The RC may need to refer the patient to Critical Care or a hospital other than New Cross Hospital. The CCH RMO must inform ED of the transfer if the patient is not going directly to Critical Care.

The nursing staff must phone West Midlands Ambulance Service Control to provide an ambulance to take the patient to New Cross Hospital or a hospital other than New Cross Hospital though for Level 3 transfer it would be quicker to ring 999.

The CCH RMO must inform ED if the patient has been accepted by a specialty team at New Cross Hospital (and if there is an available ward bed).

The CCH ward nurses must do a telephone handover to the receiving ward at New Cross Hospital if known or the receiving team of the hospital other than New Cross Hospital.

The patient's next of kin should be informed of the transfer – if the patient has capacity, their consent should be obtained.

**ACTION CARD 2 for RESIDENT MEDICAL STAFF AT CCH**

<b>Title</b>	<b>URGENT TRANSFER OF AN OUTPATIENT AT CCH (see CP05 Appendix 9)</b>	
<b>Purpose</b>	To provide clear instructions on how to transfer an outpatient from CCH to an acute hospital (NXH).	
<b>Definitions</b>	CCH	Cannock Chase Hospital
	RWT	Royal Wolverhampton NHS Trust
	WMAS	West Midlands Ambulance Service
	ED	The Emergency Department
	RMO	The non-consultant doctor at CCH on duty to cover the inpatients at CCH.
	<b>RC</b>	<b>Responsible Consultant</b> is the consultant responsible for the patient's care at CCH or the on-call consultant for that specialty or the on-call consultant anaesthetist depending on circumstances
		To ensure a seamless process of care is understood and followed by staff responsible for providing care for outpatients at CCH.
<b>Rationale</b>	To ensure a seamless process of care is understood and followed by staff responsible for providing care for outpatients at CCH.	

**Immediate Management**

If an outpatient at CCH needs to be admitted to New Cross Hospital (or another acute hospital), the clinic staff must ensure medical input from clinic staff or from the RMO to try to optimize the condition of the patient. The priority is to transfer the patient safely and quickly.

**Transfer Destination**

All transfers will be to New Cross Hospital ED unless the patient has suffered a cardiac arrest and needs transfer to the Critical Care Unit (in which case there must be a consultant to consultant Critical Care Unit doctor referral; if no Critical Care Unit bed is available, the transfer must be to ED in the first instance – see Action card 1 URGENT TRANSFER OF AN INPATIENT AT CCH).

The mode of transportation will depend on the patient's condition and circumstances – if private transport is not appropriate or available, transfer will be by ambulance. If transfer to level 3 care is needed, a paramedic ambulance will be needed.

If it is obvious which specialty will need to take over the care of the patient when they reach New Cross Hospital, the most senior clinician in the clinic must contact the on-call registrar or consultant for that specialty to get their agreement to admit the patient.

**Essential Communication**

The most senior clinician in the clinic must inform the consultant responsible for the clinic of the transfer (if the transfer is to Critical Care, there must be a consultant referral to the Critical Care Unit consultant).

The most senior clinician in the clinic must inform ED of the transfer if the patient is not going directly to Critical Care.

The clinic nursing staff must phone West Midlands Ambulance Service Control (or 999 for Level 3 transfers) to provide an ambulance to take the patient to New Cross Hospital if necessary.

The most senior clinician in the clinic must inform ED if the patient has been accepted by a specialty team at New Cross Hospital (and if there is an available ward bed).

The patient's next of kin should be informed of the transfer – if the patient has capacity, their consent should be obtained.

## Discharge Summary

<b>Airway</b>	
Self maintaining	
Ventilated	
<b>Breathing</b>	
Rate	
O2	
Air	
<b>Circulation</b>	
Pulse	
Bp	
Arterial Line	
Central Line	
Dressing (Mapped)	
Drains	
Urine Output	
<b>Disability</b>	
AVPU	
Blood glucose	
<b>Exposure</b>	
Waterlow / Braden Q (Paed)	
Marks (Mapped)	
Stoma (Mapped)	

## Theatre recovery patient handover document

Date:..... Time:.....

Surname	Unit No
Forename	
Address	DOB
Postcode	(or affix patient label)

## ISBAR - Recovery Communication Tool

Standardised ISBAR Handover Recovery staff to receiving ward staff

<b>Identify</b>	<ul style="list-style-type: none"> <li>Give patient's name, DOB, Hospital number.</li> <li>Check patient's wristband with receiving nurse.</li> </ul>
<b>Situation</b>	<ul style="list-style-type: none"> <li>Give name of procedure / operation performed.</li> </ul>
<b>Background</b>	<ul style="list-style-type: none"> <li>State any relevant history to surgery performed.</li> <li>State any allergy.</li> <li>Was procedure performed under GA, LA, Regional block or IV sedation?</li> <li>Anything to report during the procedure? e.g. Blood loss, difficult intubation, laryngospasm</li> </ul>
<b>Assessment</b>	<ul style="list-style-type: none"> <li>Give latest clinical assessment of observations.</li> <li>Start from head to toe with O2 requirements, IV lines and fluids, dressings urinary catheter, drains, VTE prophylaxis.</li> <li>Pain score and analgesia given.</li> <li>Any tests performed e.g. X-ray, ECG?</li> <li>Has surgeon / anaesthetist reviewed patient in recovery?</li> </ul>
<b>Recommendations</b>	<ul style="list-style-type: none"> <li>Any post op instruction including routine care following surgery?</li> <li>IV fluids prescribed, medication prescribed, follow up tests, positioning of patient, use of O2 adjuncts, care and removal of drains / catheters, wound care and mobilisation post op.</li> <li>Assign responsibility for any tasks that require undertaking.</li> <li>Ensure receiving staff understand everything discussed.</li> </ul>