North West
Critical Care Networks

Emergency Critical Care Transfers

from Independent Hospitals to NHS Care

Version	May 2018
Status	Final
Originally Created	June 2003 Lancashire & S Cumbria Critical Care Network
Review date	May 2020
Author / Changes	Andrea Baldwin andrea.baldwin@lthtr.nhs.uk
Owner	NW Critical Care Networks

CONTENTS

1.0 Introduction

These guidelines should be read together with the documents ***Guidance on Comprehensive Critical Care for Adults in Independent Sector Acute Hospitals***[1], the position paper '***Critical Care Transfer for Patients Treated in the Independent Sector***[2], and the ***Intensive Care Society Guidelines for the Transport of the Critically Ill Adult***[3]***.***

The following document sets out guidelines for the safe transfer of adult patients who have become critically ill whilst in the care of an independent healthcare provider and requires a level of critical care that is unavailable at the residing hospital.

The National Care Standards Act[4] and Independent Health Care – National Minimum Standards Regulation[5] require that,

> *'where level 2 or 3 critical care is not provided within the hospital, contingency emergency transfer arrangements are in place that are documented and agreed in advance with each of the appropriate specialised units to which patients may be transferred'*
>
> (Department of Health, 2000 - Standard A29.10)

Non NHS patients from the Independent Health Care sector requiring **emergency** transfer to a critical care facility within the NHS are entitled to receive transportation, transfer and Intensive or High Dependency Care interventions free of charge.

The National Framework Document (Comprehensive Critical Care: A Review of Adult Critical Care Services) describes critical care as a spectrum, with care at four levels:

Level 0	Patients whose needs can be met through normal ward care in an acute hospital
Level 1	Patients at risk of their condition deteriorating. Or those recently relocated from higher levels of care whose needs can be met on an acute ward with additional advice and support from the critical care team.
Level 2	Patients requiring more detailed observation of intervention including support for single failing organ system or post-operative care and those 'stepping down' from higher levels of care.
Level 3	Patients requiring advanced respiratory support alone or monitoring and support for two or more organ systems. This level includes all complex patients requiring support for multi-organ failure.

Intensive Care Society[6]

2.0 Scope

This is a collaborative policy between all parties within each of the 3 North West (NW) Critical Care Operational Delivery Network (ODN) regions and the Independent Sector (IS) hospitals listed below. It should be received by all parties and form part of an IS organisations operational policy in caring for the deteriorating patient requiring emergency transfer to an acute NHS site for critical care support.

2.1 Cheshire and Mersey Critical Care ODN:

TRUST	HOSPITALS
Aintree University Hospitals NHSFT	University Hospital Aintree
Countess of Chester NHSFT	Countess of Chester Hospital
East Cheshire NHST	Macclesfield DGH
Liverpool Heart & Chest Hospital NHST	Liverpool Heart & Chest Hospital
Liverpool Women's NHSFT	Liverpool Women's Hospital
Mid Cheshire Hospitals NHSFT	Leighton Hospital
Warrington & Halton Hospitals NHSFT	Warrington Hospital
Royal Liverpool & Broadgreen University	Royal Liverpool University Hospital
Southport & Ormskirk Hospitals NHST	Southport & Formby DGH
St Helens & Knowsley Hospitals NHST	Whiston Hospital
The Walton Centre NHSFT	Walton Centre for Neurology & Neurosurgery
Wirral University Teaching Hospital NHSFT	Arrowe Park Hospital

IS ORGANISATION	HOSPITAL
Ramsay Health Care	Renacres Hospital
Spire Healthcare	Cheshire Hospital
Spire Healthcare	Murrayfield Hospital, Wirral
Spire Healthcare	Liverpool Hospital
Spire Healthcare	Regency Hospital

2.2 Greater Manchester Critical Care ODN:

TRUST	HOSPITALS
Royal Bolton hospital NHS Foundation Trust	Royal Bolton Hospital
Central Manchester and Manchester Children's Hospitals NHS Foundation Trust	Manchester Royal Infirmary
	Trafford General Hospital
	St Mary's Hospital
	Royal Manchester Children's Hospital (RMCH)
The Christie Hospital Foundation NHS Trust	Christie Hospital
Pennine Acute Trust	North Manchester General Hospital
	Royal Oldham Royal Infirmary
	Fairfield General Hospital
Salford Royal Hospitals NHS Foundation Trust	Salford Royal Hospital
South Manchester University Hospitals	Wythenshawe Hospital
Stockport NHS Foundation Trust	Stepping Hill Hospital
Tameside and Glossop Acute Services	Tameside General Hospital
Wrightington, Wigan and Leigh NHS Trust	Royal Albert Edward Infirmary
	Wrightington Hospital & Leigh General Infirmary

IS ORGANISATION	HOSPITAL
BMI Healthcare	The Alexandria Hospital
BMI Healthcare	Highfield Hospital
BMI Healthcare	Beaumont Hospital
BMI Healthcare	Manchester Lifestyle Hospital
Spire Healthcare	Manchester Hospital
Ramsay Healthcare	Oakland's Hospital
	Bridgewater Hospital (Independent)

2.3 Lancashire and South Cumbria Critical Care ODN:

TRUST	HOSPITALS
East Lancashire Hospitals NHS Trust	Royal Blackburn Hospital
	Burnley DGH
Blackpool Teaching Hospitals NHS Foundation Trust	Blackpool Victoria Hospital
University Hospitals of Morecambe Bay NHS Foundation Trust	Furness General Hospital
	Royal Lancaster Infirmary
Lancashire Teaching Hospitals NHS Foundation Trust	Chorley & South Ribble DGH
	Royal Preston Hospital

IS ORGANISATION	HOSPITALS
BMI Healthcare	Gisburne Park, Clitheroe
BMI Healthcare	Beardwood Hospital, Blackburn
BMI Healthcare	Lancaster Hospital, Lancaster
First Trust	First Trust Hospital Preston
Ramsay Health Care	Euxton Hall Hospital
Ramsay Health Care	Fulwood Hall Hospital
Spire Healthcare	Fylde Coast Hospital, Blackpool

3.0 Aim

To ensure that effective emergency transfer processes are in place, in the event of a patient's condition deteriorating and necessitating their transfer into an appropriately specialised NHS unit for level 2 or 3 critical care support, which is unable to be provided at the residing independent hospital site.

4.0 Responsibilities

a) The responsibility for the patient remains with the residing Independent provider hospital until the patient is handed over at the receiving NHS hospital.

b) Surgical patients – it is the responsibility of the Anaesthetist in charge of the patient to make the decision that the transfer is required to a critical care facility, and to oversee appropriate arrangements to stabilise the patient's condition prior to transfer

c) Medical patients – an appropriately qualified physician may oversee the stabilisation of medical patients requiring transfer. Anaesthetic assistance may be required from colleagues on site.

d) It is the responsibility of the 'Head of Nursing' to ensure that a local policy is in place to ensure the full implementation of this policy

e) It is the responsibility of the Lancashire & South Cumbria Critical Care Operational Delivery Network to ensure that all NHS Critical Care Units are aware of this transfer policy.

5.0 Procedure

a) The initial decision to transfer a patient from the Independent healthcare setting to a critical care bed within the NHS will, in all cases, be undertaken by the Anaesthetist or admitting Consultant (or in their absence the Consultant who has been designated to manage the patient's care).

b) Patient transfer arrangements will not progress until communications between independent hospital clinicians have been made with an Intensivist and speciality Consultant from the NHS organisation.

c) The Anaesthetist at the independent hospital will confirm availability of a bed in a critical care facility, through:

i. Login to www.pathwaysdos.nhs.uk
ii. Telephoning the NHS critical care unit to confirm availability and to commence clinical discussions before patient transfer processes are actioned.
iii. If no critical care bed is available within the Lancashire & South Cumbria region, extend capacity search to include other areas within the NW, i.e. Greater Manchester and Cheshire & Mersey.
iv. ICBIS (Intensive Care Bed Information Service) may be able to assist in locating the nearest critical care bed by telephoning: 0161 720 2420

d) The appropriate transfer documentation **must** be completed, specifically an ICBIS transfer form for **ALL** patient transfers.

e) Once the destination has been identified and the patient is prepared and ready for transfer, an emergency ambulance can be organised using the 999 services.

f) Patient transfer must not be undertaken unless the patients' condition is stable, appropriate staffing is available and appropriate monitoring instituted.

g) Critical care transfers should be logged within Independent hospital incident records.

h) The Consultant Anaesthetist, if present, will determine the decision as to who will escort the patient to the receiving NHS hospital. If no Anaesthetist is present appropriate advice should be sought from an Anaesthetist who attends the hospital, or from the receiving critical care units Intensivist as to the need for intubation, sedation and ventilation prior to transfer. Appropriate staffing levels for transfer and requisite skills are outlined in Appendix 1 (Source: IHA 2002)

i) The Independent transferring hospital must provide the following equipment for safe transfer:
- ✓ Portable ventilator
- ✓ Portable monitoring to include: ECG, pulse oximetry, invasive blood pressure, temperature, end tidal carbon dioxide monitoring (if ventilated)
- ✓ Airway management: – laryngoscope, endotracheal tubes, aids for intubation (e.g. gum elastic bougie), in consultation with anaesthetist
- ✓ Intravenous fluids, in consultation with Anaesthetist
- ✓ Necessary drugs, in consultation with Anaesthetist

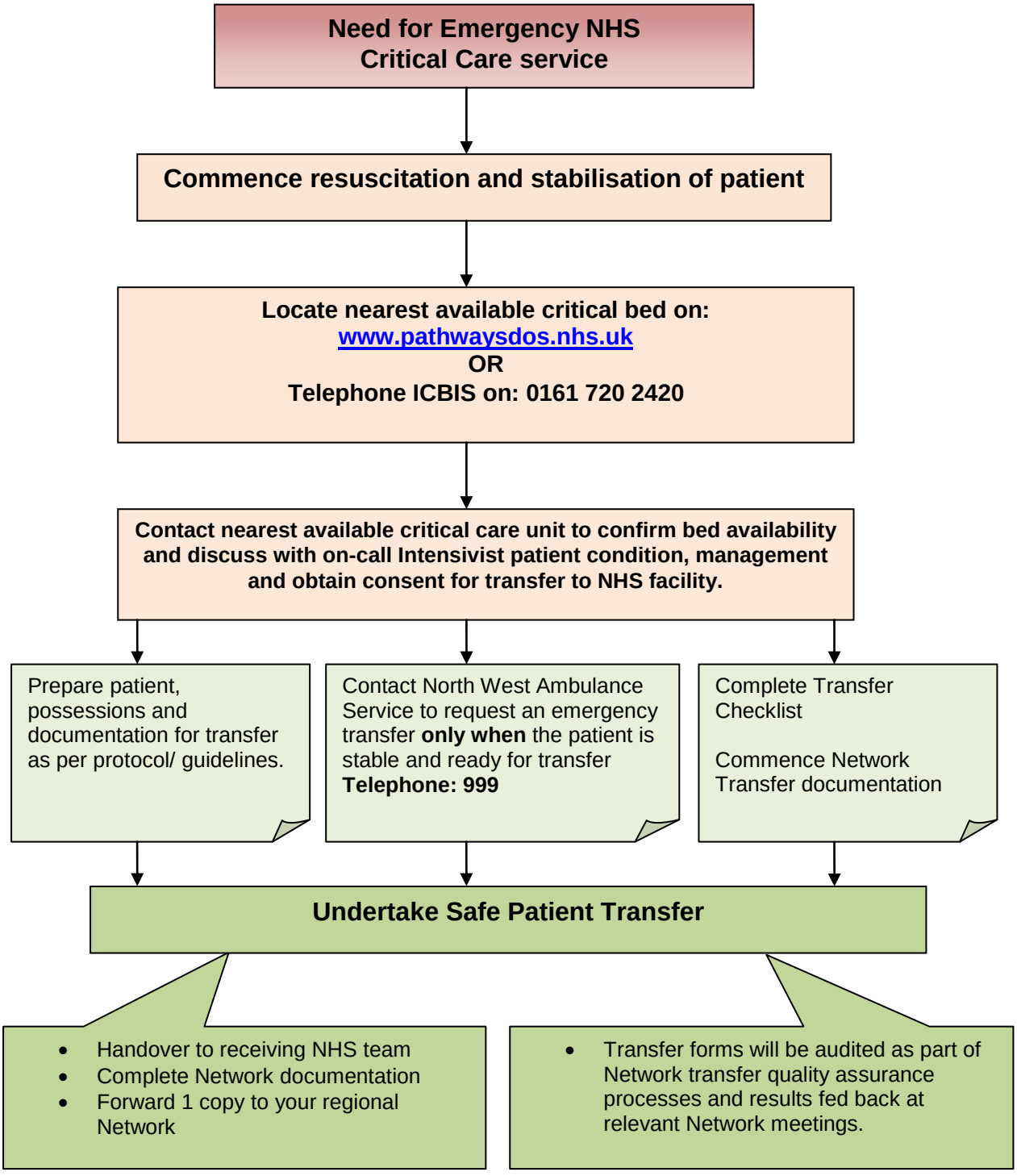
NB. Transfer kit should be regularly checked and restocked after use. The ambulance service must not be relied upon to provide the relevant equipment.

All patient healthcare records and appropriate x-rays must accompany the patient. The original set of notes must be photocopied and the copy sent to the receiving NHS hospital. Any NHS notes or x-rays should also accompany the patient.

A transfer letter summarising the patients care/treatment and sequence of events leading to the critical care transfer must be completed by the Anaesthetist or Lead Clinician and qualified nurse caring for the patient; this should be sent along with other relevant documents.

The senior nurse in charge of the Independent hospital will be informed immediately of the proposed transfer and the data included in the clinical governance report.

6.0 Safe Transfer Algorithm



7.0 Agreement of Parties

This policy has been endorsed by the 3 NW Adult Critical Care ODNs and covers the following NHS organisations and Independent Sector hospitals.

7.1 Cheshire and Mersey Critical Care ODN: on behalf of its stakeholder NHS organisations.

Name (please print)	Sarah Clarke
Position	Network Director
Date	December 2016

7.1.1. Independent Organisations:
Ramsay: Renacres Hospital
Spire Healthcare: Cheshire Hospital
Spire Healthcare: Murrayfield Hospital
Spire Healthcare: Liverpool Hospital
Spire Healthcare: Regency Hospital

7.2 Greater Manchester Critical Care ODN: on behalf of its stakeholder NHS organisations.

Name (please print)	Victoria Parr
Position	Network Director
Date	December 2016

7.2.1. Independent Organisations:

Ramsay: Oaklands Hospital
Spire Healthcare: Manchester Hospital
BMI: Alexandria Hospital
BMI: Highfield Hospital
BMI: Beaumont Hospital
BMI: Manchester Lifestyle Hospital

7.3 Lancashire and South Cumbria Critical Care ODN: on behalf of its stakeholder NHS organisations.

Name (please print)	Andrea Baldwin
Position	Network Director
Date	23rd October 2016

7.3.1 Independent Organisations:

BMI: The Beardwood Hospital, Blackburn
BMI: Gisburne Park Hospital, Clitheroe
BMI: The Lancaster Hospital, Lancaster
Ramsay Healthcare: Euxton Hall Hospital, Chorley
Ramsay Healthcare: Fulwood Hall Hospital, Preston
Spire Healthcare: Fylde Coast, Blackpool
First Trust Hospital: Durton Lane, Preston

8.0 References

1. Guidance on Comprehensive Critical Care for Adults in Independent Sector Acute Hospitals, 2002. Independent Healthcare Association.

2. Critical Care Transfer for Patients Treated in the Independent Sector, 2009. Independent Healthcare Advisory Services.

3. Intensive care Society, 2011. Guidelines for the transport of the critically ill adult (3rd Ed), 2011. Intensive care Society.

4. Department of Health (2000). Care Standards Act. London HMSO. Available at http://www.legislation.gov.uk/ukpga/2000/14/pdfs/ukpga_20000014_en.pdf

5. Department of Health, 2002. Independent Health Care National Minimum Standard Regulations. London HMSO

6. Intensive Care Standards, 2009. Levels of Critical Care for Adult Patients. Intensive Care Society.

Appendix 1

Core Transfer Competencies

5a. Core competencies required of all staff (levels required appropriate to role)	
Knowledge	Knowledge of Local / Network / National transport guidelines Understands the principles of safe transfer of patients Knowledge of ambulance / transfer environment and associated health and safety issues and relevant legislation Knowledge of Advanced Life Support guidelines
Skills	Use of oxygen, respiratory therapies and portable ventilator Use of basic monitoring (ECG, NIBP, Pulse oximetry) Use of transport equipment Competent to carry out advanced life support
Attitudes and Behaviour	Evidence of good team working Evidence that plans for and prevents problems during transfer Understands the benefit of pre-transfer check lists and uses these in clinical practice. Understands the need for good communication with referring & receiving institutions & teams and evidence of this in practice. Completes all required documentation including clinical notes / observations charts / audit forms. Seeks support from senior / more experienced colleagues appropriately

Intensive Care Society, 2011

Checklist for Level 2 & 3 Critical Care & Trauma Transfers

1.Preparation

Patient fit for transfer	
Transfer trained medical and qualified nursing or ODP staff available	
Bed confirmed at destination	
Named accepting specialty consultant and critical care consultant identified	
Case notes and investigations photocopied or printed	
Patient and/or relatives informed	
Patient valuables secured	
Ambulance service contacted, appropriate personnel and vehicle for transfer trolley en-route	
Destination hospital and department location confirmed	

2.Patient Checks

Airway		**Disability**	
Safe and secure		Seizures controlled	
ETT / Tracheostomy position confirmed		ICP managed	
NGT in position		Sedation +/- Paralysis	
Breathing		**Exposure / Metabolic**	
Ventilation established		Temperature maintained	
Arterial blood gas checked		Urinary catheter checked	
Capnography in use		Glucose > 4 mmol/l	
Bilateral breath sounds		Potassium < 6, Ionised calcium > 1mmol/l	
Chest drains secure			
HMEF		**Monitoring**	
		ECG, BP, Sa02, ETC02	
Circulation		Indwelling lines, tubes, secure/accessible	
CVS stable		**Trauma**	
Hb adequate		C-Spine stable/ protected	
Minimum two routes of IV access		Pneumothoraces drained	
A-Line + CVC working and zeroed		Thoracic /Abdominal bleeding controlled	
Blood for transfer checked		Long bone/pelvic fractures stabilised	

3.**Immediate Pre-Departure Time Out** *Read aloud with all transfer team members present, including paramedics*

Introductions of staff completed	
Patient stable on transfer trolley and monitoring in place	
Emergency airway equipment available	
Oxygen & batteries adequate (use ambulance oxygen and electrics)	
Intra-venous access established and checked	
Infusions running and secure	
Spare sedatives / vasopressors / inotropes / fluids available as required	
Blankets / heat-loss measures in place	
Pressure points protected	
Mobile telephone available	
Transferring & receiving unit phone numbers available	
Receiving unit informed of departure	
Directions to destination department at receiving hospital known	

TRANSFER CHECKLIST: At Receiving Hospital

Transfer of Care / Handover for patient coming from another hospital/unit

1. INTRODUCTIONS

All staff to introduce themselves (accepting and receiving teams)	
Introductions complete.	
Who will control airway and supervise transfer?	

2. PROCEDURES

Handover procedures	
ALL Lines free and tubing will reach. Patient transferred onto receiving unit bed	
Patient established on ventilator with capnography in place	
Infusions transferred to receiving units pumps	
Monitoring transferred	
Patient belongings off-loaded (After handover)	
Transfer equipment re-loaded (After handover)	

3. HANDOVERS (All staff to listen to both handovers)

Medical handover	
History current problem and mechanism of injury	
Ventilator Settings/ airway problems	
Interventions during resuscitation and transfer and any problems	
Current medications	
Tubes and lines	
Wounds and drains	
Past medical history as known	
Allergies and previous medications as known	
Other problems/ issues for handover	
Nursing handover	
Pressure areas/ tissue viability	
Property handed over	
Religious/ spiritual needs	
Relative information handed over	
Documentation & case notes handed over	
Infection control issues/HCAIs	

INFORMATION ABOUT LEVEL 2 & 3 TRANSFERS

Transferring unit to ensure email is sent to your relevant Critical Care Network to inform of date, and unit destination BEFORE transfer team leave unit.	
Ensure use of the check list has been recorded in tick box on transfer form.	
Check all equipment is re-loaded.	
White form stays with patient's new hospital notes, Yellow form should be posted to the relevant network by the transferring team.	