



Transfer of Patients and their Records

This procedural document supersedes: PAT/PA 24 v.4 – Transfer of Patients and their Records

Major changes have been made throughout and it is recommended that you read this document in full.



Did you print this document yourself?

The Trust discourages the retention of hard copies of policies and can only guarantee that the policy on the Trust website is the most up-to-date version. **If, for exceptional reasons, you need to print a policy off, it is only valid for 24 hours.**

Executive Sponsor(s):	David Purdue – Director of Nursing, Midwifery and Allied Professionals
Author/reviewer: (this version)	Kate Carville – Associate Director of Medicine
Date written/revised:	May 2019
Approved by:	Policy Approval and Compliance Group
Date of approval:	18 June 2019
Date issued:	24 November 2020
Next review date:	May 2022
Target audience:	Trust-wide

Amendment Form

Please record brief details of the changes made alongside the next version number. If the procedural document has been reviewed **without change**, this information will still need to be recorded although the version number will remain the same.

Version	Date Issued	Brief Summary of Changes	Author
Version 5	24 November 2020	<u>Amendment</u> <ul style="list-style-type: none"> Additional section (4.3) on transfer and movement of patients with cognitive impairment Additional bullet points on Appendix 4 referring to movement of patients with cognitive impairment 	Bethany Cotton
Version 4	22 July 2019	<ul style="list-style-type: none"> Revision of process for transfer of CPAP and BiPAP Revision of patient escort protocol (Appendix 1) Revision of SBAR handover proforma (Appendix 2) Update of transferring patient records 	Kate Carville
Version 3 (amended)	31 March 2015	Revision of process for transfer of CPAP Revision of patient escort protocol (Appendix 1) Revision of SBAR handover form (Appendix 2) Amendments approved by Director of Nursing, Midwifery and Quality – 31 March 2015)	Lee Cutler and Yvonne Walley
Version 3	27 November 2014	Major changes have been made throughout and it is recommended that you read this document in full.	Yvonne Walley and Lee Cutler
Version 2	April 2010	<ul style="list-style-type: none"> Amendment form added and page numbers on the contents page amended accordingly Changes/updates have been made to the following sections: introduction, section 1, 2, 3, 4, 5, 6, 9,10, 11, 12, 13 and 14 Definitions updated – DCC, WHO, stable patient Membership of Approval Group updated Appendix 1, 2, 3 and 4 updated Addition of Appendix 5 – WHO checklist 	Yvonne Walley

Contents

	Page No.
1 INTRODUCTION	4
2 PURPOSE.....	4
3 DUTIES AND RESPONSIBILITIES	4
4 TRANSFER IN SPECIFIC CIRCUMSTANCES	5
4.1 Transfer of deceased patient (see PAT/T 60 – Care after death and bereavement policy)	5
4.2 Transfer of Infants, Children and Young People	5
4.3 Patients with cognitive impairment (including dementia, delirium, Learning disabilities)	6
4.4 Inter-hospital transfers (see appendix 4).....	6
4.5 Transfer of the critically ill adult patient.....	7
4.6 Transfer of patients requiring Bilevel Positive Airway Pressure (BiPAP) or Continuous Positive Airway Pressure (CPAP)	8
5 MOVING AND HANDLING.....	10
6 TRANSFER OF PATIENT RECORDS.....	10
7 TRAINING & SUPPORT	11
8 COMPLIANCE WITH THE PROCEDURAL DOCUMENT	11
9 DEFINITIONS	11
10 EQUALITY IMPACT ASSESSMENT.....	11
11 ASSOCIATED TRUST PROCEDURAL DOCUMENTS CITED	12
12 REFERENCES	12
13 DATA PROTECTION.....	12
APPENDIX 1 – PATIENT ESCORT PROTOCOL.....	13
APPENDIX 2 – SBAR HANDOVER PROFORMA FOR NON-RN ESCORT.....	14
APPENDIX 3 – INTERHOSPITAL TRANSFER AMBULANCE PROTOCOL.....	15
APPENDIX 4 - FLOW CHART FOR TRANSFER OF PATIENTS BETWEEN DEPARTMENTS	17
APPENDIX 5 - THEATRE CHECKLIST.....	18
APPENDIX 6 – EQUALITY IMPACT ASSESSMENT PART 1 INITIAL SCREENING	20

1 INTRODUCTION

Safe transfer of patients requires consideration of: risk assessment, planning, monitoring, transport, escorting personnel and communication.

2 PURPOSE

To articulate the standards expected of clinical staff within the Trust so that patients can be transferred safely and effectively within the hospital and between hospitals.

3 DUTIES AND RESPONSIBILITIES

Action	Doctor*	Nurse*
Decision to transfer	Establish need for transfer and assess risks (see Appendix 1) & communicate with patient	Establish need for transfer and assess risks (see Appendix 1)& communicate with patient
	Communicate with receiving medical team.	Communicate with receiving nursing team, agree time & complete SBAR transfer form if transferring without a nurse escort (see Appendix 2)
	Determine the urgency of the transfer (see Appendix 3)	Communicate with Ambulance liaison (see Appendix 3)
		Inform patient's family of transfer
Preparation for transfer	Agree & co-ordinate appropriate escort (see to Appendix 1)	Agree & co-ordinate appropriate escort (see Appendix 1).Complete SBAR transfer tool if patient is not to be escorted (see appendix 2)
	Prepare and check equipment required for safe transfer (see Appendix 1)**	Prepare and check equipment required for safe transfer (see Appendix 1)**
Managing the Transfer	Escort patient if required (see Appendix 1)	Escort patient if required (see Appendix 1)
		Transfer property and valuables (see APD PAT/PA 12)
Completing the Transfer	Give appropriate structured handover to receiving medical staff.	Give appropriate structured handover to receiving nursing staff
		Handover patient's property and medical records to nursing staff in receiving area.

*Additional healthcare professionals may be required to assist with safe transfer. The roles described in this table are a minimum standard.

** If blood products are required for patient in transit, refer to Blood Transfusion Policy PAT/T 2

PATIENTS LACKING CAPACITY

Sometimes it will be necessary to provide care and treatment to patients who lack the capacity to make decisions related to the content of this policy. In these instances staff must treat the patient in accordance with the Mental Capacity Act 2005 (MCA 2005).

- A person lacking capacity should not be treated in a manner which can be seen as discriminatory.
- Any act done for, or any decision made on behalf of a patient who lacks capacity must be done, or made, in the persons Best Interest.
- Further information can be found in the MCA policy, and the Code of Practice, both available on the intranet.

There is no single definition of Best Interest. Best Interest is *determined on an individual basis. All factors relevant to the decision must be taken into account, family and friends should be consulted, and the decision should be in the Best interest of the individual. Please see S5 of the MCA code of practice for further information.*

4 TRANSFER IN SPECIFIC CIRCUMSTANCES

4.1 Transfer of deceased patient (see PAT/T 60 – Care after death and bereavement policy)

4.2 Transfer of Infants, Children and Young People

The purpose of this section is to recognise the specific requirements for the safe transfer of Infants, Children and Young People. It must be recognised that this section does not form a separate policy. Staff must adhere to the principles laid out in the main text of this document, whilst also referring to other policies and procedures when appropriate and relevant to the care of patients.

The Parent/Guardian of patients requiring transfer (both inter-hospital and intra-hospital) must be fully informed of the need for transfer and the plan of care should be explained. Where the Parent/Guardian are not present, they should be contacted as soon as possible and given the appropriate information.

Patients requiring transfer to NNU/SCBU

Refer to: Policy for transfer of Neonates/ Infants requiring ventilation/ CPAP support from Children's HDU to NNU and A3 to SCBU. (Neonatal/General No.1)

Guidelines for transfer of the sick new born from maternity services to NNU/SCBU. (MSG 157 PN)

Transfer of patients from Children's Surgical Unit (CSU) to Wards

Post-operative patients transferred from CSU to the Wards should be escorted by a registered nurse, whilst also adhering to the procedures laid out in the main text of this document.

Critical care children transfers (inter-hospital)

Refer to Embrace Yorkshire & Humber Infant & Children's Transport Service. Embrace Referrals 08451472472. General enquiries 01142 3053005

www.ntccn.org.uk/network/network-policies

Use of car seats for external transfer

Car seats/booster seats must not be provided by wards/departments for the transfer of patients. The patient's own car seat/booster seat may be used but staff do not take responsibility for the fixing of these seats into the vehicle used for transfer, this should be the responsibility of the parent/guardian who is familiar with the use of the seat. When seats are provided by ambulance liaison, these will be fixed into the vehicle by the transport provider.

Ambulance: Ambulance liaison will provide car seats/booster seats for use in ambulances when transferring infants and children. Ambulance Liaison must be informed at time of booking that a car seat/booster seat will be required, along with the age of the patient so that an appropriately sized seat is provided.

In the event of an infant requiring ambulance transfer in a supine position, the 'Octopus' transfer mat should be used (located in HDU on Children's Ward DRI, Children's Assessment Unit (CAU) at Bassetlaw).

Older children and young people should be appropriately restrained in the ambulance, using seat or stretcher restraints as appropriate.

Medicar: Ambulance liaison will provide car seats/booster seats for use in medicars when transferring infants and children. Ambulance Liaison must be informed at time of booking that a car seat/booster seat will be required, along with the age of the patient so that an appropriately sized seat is provided.

Taxi: Taxis are exempt from the legal requirement for children to be restrained in a car seat/booster seat. Parents/Guardians can be advised of this but encouraged to use their own seats wherever possible.

4.3 Patients with cognitive impairment (including dementia, delirium, Learning disabilities)

Moving and transferring patients with cognitive impairment is highly likely to increase confusion; therefore, the move must be a last resort. Should it be necessary for a patient with cognitive impairment be transferred to another ward it is strongly advised to do so within daylight hours and with a family member present to aid with communication, familiarity and comfort.

4.4 Inter-hospital transfers (see appendix 4)

4.5 Transfer of the critically ill adult patient

Patients may be transferred between Critical Care facilities for three reasons, all will be co-ordinated by the Department of Critical Care:

- 1 The Critical Care Departments are full (Non-clinical transfer)
- 2 The patient requires specialist treatment at a tertiary referral centre (Clinical transfer)
- 3 Return of a patient to their home base (Repatriation)

For options 2 and 3 the destination is usually easy to identify and further arrangements can be made after discussion with the clinicians at the receiving unit.

The Critical Care live bed state system is accessible and gives reasonably current bed states for all the ICUs in the Yorkshire and Humber region. If all the beds appear full and you need to transfer a patient, it is a good idea to ring all of the units to ensure that they are not about to discharge a patient or withdraw treatment on one in the near future. Avoid an out of network transfer if at all possible.

If an out of network transfer is unavoidable then The NHS Emergency Bed Service (EBS) should be contacted to locate the nearest bed.

Organising an inter-hospital Critical Care transfer:

The following steps should be followed:

- The patient to be transferred should be identified.
- The patient must be informed (if conscious).
- The patient's next of kin must be informed.
- There must be direct communication between the ICU medical staff of both units.

The Critical Care department have developed their own specialised guidelines and equipment using the following references and advisory documents:

- DCC critical care handbook for local transfer guidelines – <http://dbhftportal/dcchandover/Shared%20Documents/Current%20Handbook/Handbook%2018.1.pdf>
- The Intensive Care Society: Guidelines for the transport of the critically ill adult (3rd Edition 2011). <http://www.ics.ac.uk/ics-homepage/guidelines-standards/>.
- 'Recommendations for the Safe Transfer of Patients with Brain Injury' Published by The Association of Anaesthetists of Great Britain and Ireland May 2006. <http://www.aagbi.org/sites/default/files/braininjury.pdf>
- AAGBI Safety Guideline: Inter-hospital Transfers 2009 <http://www.aagbi.org/sites/default/files/interhospital09.pdf>

4.6 Transfer of patients requiring Bilevel Positive Airway Pressure (BiPAP) or Continuous Positive Airway Pressure (CPAP)

Transfer of patients receiving these therapies pose a significant risk. Therefore it is essential that staff are sufficiently skilled and experienced and that a structured approach to the transfer is adopted according to the checklists below.

Process for transfer of patients receiving CPAP

The checklist below must be used when patients are being transferred whilst receiving CPAP

Before transfer – ensure that the following have been confirmed	Y	N
The transfer is essential (for treatment or essential investigations that justify the risks)		
The escort team includes: 1. Physiotherapist or Critical care outreach nurse or Dr; 2. Registered Nurse; 3. Porter		
The receiving area has piped oxygen		
Staff in the receiving area are competent to manage CPAP		

Preparation for transfer – ensure that the following been confirmed	Y	N
A person is allocated to lead and co-ordinate the transfer		
The patient has been made as stable as possible prior to transfer		
A time for the transfer has been agreed by the escorting and receiving teams		
The resuscitation & escalation status of the patient is known by the escorting team		
There is sufficient oxygen to last the duration of the transfer. Use a full F4C sized cylinder located on the respiratory unit. If Boussignac CPAP device use D or E-sized cylinders.		
Equipment to monitor SpO ₂ & pulse during transfer is available and functioning		
A flow meter + reservoir mask is available for transfer		
A self-inflating bag-valve-mask is available for transfer		
Undertake a full set of observations and NEWS2 prior to leaving the ward/department		

During transfer – ensure that the following been confirmed	Y	N
Monitor the patients SpO ₂ and pulse continuously throughout		
The transfer lead must ensure that all members of the team express any concerns		
The team must travel at the pace set by the person moving the oxygen cylinder		
Any failures of CPAP / Oxygen from the F4C-sized cylinder must result in administration of 15L/min of oxygen via reservoir mask		

On arrival in receiving area - ensure that the following been confirmed	Y	N
On arrival the CPAP flow generator is immediately attached to the piped oxygen supply		
Undertake a full set of observations and NEWS2		
Medical and nursing handover to staff in the receiving area		

NB: Do not transfer the patient if you have any concerns about patient safety. Contact a Senior Respiratory Physiotherapist / On-call Physiotherapist for advice.

Process for the transfer of patients receiving BiPAP

The checklist below must be used when patients are being transferred whilst receiving BiPAP

Before transfer – ensure that the following have been confirmed	Y	N
The transfer is essential (for treatment or essential investigations that justify the risks)		
The escort team includes: 1. Physiotherapist or Critical care outreach nurse or Dr; 2. Registered Nurse; 3. Porter		
The receiving area has piped oxygen		
Staff in the receiving area are competent to manage BiPAP		

Preparation for transfer – ensure that the following been confirmed	Y	N
A person is allocated to lead and co-ordinate the transfer		
The patient has been made as stable as possible prior to transfer		
A time for the transfer has been agreed by the escorting and receiving teams		
The resuscitation & escalation status of the patient is known by the escorting team		
Safe target oxygen saturations range have been agreed (88-92% or >94%)		
There is sufficient oxygen to last the duration of the transfer		
The BiPAP machine has a functioning and fully charged battery		
Equipment to monitor SpO ₂ & pulse during transfer is available and functioning		
A full F4C oxygen cylinder with flow meter + appropriate face mask is available for transfer		
A self-inflating bag-valve-mask is available for transfer		
Undertake a full set of observations and NEWS2 prior to leaving the ward/department		

During transfer – ensure that the following been confirmed	Y	N
Monitor the patients SpO ₂ and pulse continuously throughout		
The transfer lead must ensure that all members of the team express any concerns		
Any failures of BiPAP must result administration of oxygen via face mask to maintain target oxygen saturations		

On arrival in receiving area - ensure that the following been confirmed	Y	N
On arrival the BiPAP must be immediately attached to the piped oxygen supply and mains power		
Undertake a full set of observations and NEWS2		
Medical and nursing handover to staff in the receiving area		

NB Do not transfer the patient if you have any concerns about patient safety. Contact a Senior Respiratory Physiotherapist /On-call Physiotherapist for advice.

NB: Inter-hospital transfer of patients on BiPAP must be discussed with the patient's Consultant and Senior Respiratory Physiotherapist /On-call Physiotherapist.

5 MOVING AND HANDLING

The moving and handling of any patient during inter hospital and intra hospital transfer is detailed please in the Manual Handling Policy – incorporating Guidelines for Handling the Bariatric (Extremely Obese) Patient/Client (CORP/**HSFS 4**).

6 TRANSFER OF PATIENT RECORDS

Normally, original patient records should not leave the Trust. Where practical, copy records will usually be released but in an emergency situation, the transfer of a patient to another Trust must not be delayed until the records have been copied. In this instance, the original records should accompany the patient and the transfer recorded on the iFIT Tracker System, if you do not have access to this system please contact DRI medical records on 644320 and leave a message with the patients District number and the destination of the case notes.

The iFIT booking code 'OHOS' should be used, with the name of the receiving hospital recorded in the Comment field and, if known, the Ward and Consultant's name.

During transfer, the case notes should be securely wrapped in a plain brown envelope sealed and labelled. This is the responsibility of the person who will give the handover.

For patients transferring between wards on any hospital site within the Trust, original case notes must always accompany the patient. Refer to Safeguarding Patient Records held Separately from Medical Records Libraries and in Transit (CORP/**REC 2**).

In order to ensure that all relevant information is communicated from one hospital/facility to another it is essential that the following documentation/information be transferred with the patient:

- Patients medical records/or copy **AND** summary clinical note. Patient's medicine drug sheet and prescription – (it should be noted that transcription is a significant source of error).
- Relevant other documentation which will assist the receiving hospital/facility in planning and delivering safe, effective care to the patient i.e. x-rays, results of diagnostic tests/assessments, patient transfer form etc. X-rays may not have been reported at the referring hospital and the receiving hospital will need to ensure that relevant findings are taken account of. If patients are being transferred to hospitals with an electronic link, the department can provide hard copies of digital x-rays on demand, usually within 10-15 minutes so that they would be ready to travel with the patients and their case notes. If patients have film x-rays, originals can go with the patient but the department should be notified so that they can be booked out on their system. They need the same information as for case notes.

NB: X-rays may be transferred via PACs system to hospitals where suitable electronic links exist. This should be checked and if not possible to send images electronically, send the hard copy.

7 TRAINING & SUPPORT

It is the responsibility of the ward manager to ensure staff are competent to escort patients and in so doing provide safe monitoring and care in accordance with this document.

The training requirements of staff will be identified through a training needs analysis. Role specific education will be delivered by the service lead or nominated person.

8 COMPLIANCE WITH THE PROCEDURAL DOCUMENT

What is being Monitored	Who will carry out the Monitoring	How often	How Reviewed/ Where Reported to
Adverse incidents associated with transfer	Ward / department managers	Continuously	Clinical governance group
Compliance with this policy and use of SBAR transfer tool	Matrons	Annually	Relevant clinical governance groups and Patient safety review group
Complaints associated with transfer	Ward / department managers & PALS	Continuously	Clinical governance group & PALS

9 DEFINITIONS

Intra-hospital Transfer - within the hospital

Inter-hospital Transfer – between hospitals

Stable Patient Any patient who has normal vital signs (NEWS2=0), and the absence of any immediate threat to life, limb or vision.

WHO – World Health Organisation

ODP - Operating Department Practitioner

NEWS2 – Early Warning Score

10 EQUALITY IMPACT ASSESSMENT

This procedural document has been assessed for equality and diversity as described in CORP/EMP 27 and the Fair Treatment for All Policy (CORP/EMP 4). See Appendix 6.

The Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are disadvantaged over others. Our objectives and responsibilities relating to equality and diversity are outlined within our equality schemes. When considering the needs and assessing the impact of a procedural document any discriminatory factors must be identified.

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the Equality Analysis Policy (CORP/EMP 27) and the Fair Treatment For All Policy (CORP/EMP 4).

The purpose of the EIA is to minimise and if possible remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious belief. No detriment was identified. (See Appendix 6).

11 ASSOCIATED TRUST PROCEDURAL DOCUMENTS CITED

- Patients' Property and Valuables - PAT/PA 12
- Blood Transfusion Policy - PAT/T 2
- Care after Death and Bereavement Policy - PAT/T 60
- Manual Handling Policy - CORP/HSFS 4
- Safeguarding Patient Records held Separately from Medical Records Libraries and in Transit - CORP/REC 2
- Care of the Larger Person Policy – CORP/HSFS 23
- Patient Falls – Prevention and Management Policy - PAT/PS 11
- Equality Analysis Policy - CORP/EMP 27
- Fair Treatment for All - CORP/EMP 4
- Safe and Secure Handling of Medicines Policy – Part A - PAT/MM 1 A
- Safe and Secure Handling of Medicines Policy – Part B - Controlled Drugs - PAT/MM 1 B
- Mental Capacity Act 2005 Policy and Guidance including Deprivation of Liberty Safeguards (DoLS) – PAT/PA 19
- **Interfacility Transfer Policy V2. Yorkshire Ambulance Service, July 2012.**

12 REFERENCES

Department of Constitutional Affairs

Mental Capacity Act (2005): Code of Practice, 2007

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/497253/Mental-capacity-act-code-of-practice.pdf

Guidelines for transfer of the sick new born from maternity services to NNU/SCBU. (MSG 157 PN)

13 DATA PROTECTION

Any personal data processing associated with this policy will be carried out under 'Current data protection legislation' as in the Data Protection Act 2018 and the General Data Protection Regulation (GDPR) 2016.

For further information on data processing carried out by the trust, please refer to our Privacy Notices and other information which you can find on the trust website:

<https://www.dbth.nhs.uk/about-us/our-publications/information-governance/>

APPENDIX 1 – PATIENT ESCORT PROTOCOL

Handover:

1. If transfer is for relocating a patient – use clinical records for handover between Registered Nurses
2. If transfer is temporary – e.g. for a procedure or investigation use SBAR form to record & handover key information

Risk level	Escort	Criteria	Minimum equipment & documentation required
NEWS2 - 0	Service Assistant	Stable ward patient NEWS2 = 0 No oxygen or Stable on oxygen	Bed rails if bed transfer (APD PAT/PS 11) Transfer document completed by RN
Low risk NEWS2 1-4	HCA +Service Assistant (Delegated by an RN who deems this to be safe)	Stable ward patient NEWS2 = 1-4 (stable - not deteriorating) Oxygen (<35%) Oxygen saturations within target range Patient without fluctuating capacity Stable with drains and non-complex infusion	Bed rails if bed transfer (APD PAT/PS 11) Sufficient oxygen for transfer
Moderate risk NEWS2 5-6	RN service assistant	Ward patient at risk of deteriorating. Ward patient being supervised under enhanced care. Routine transfer of patients from theatres and endoscopy Total NEWS2 = 5-6 Essential drug infusions Oxygen 35-40%	Bed rails if bed transfer (APD PAT/PS 11) Sufficient oxygen for transfer Equipment to maintain monitoring established prior to transfer Devices to maintain essential IV drugs and infusions Episode of care folder
High risk NEWS2 7 or higher	RN/ Physiotherapist+ Dr/outreach nurse/ACP service assistant	Deteriorating ward patient/ patient being transferred to DCC NEWS2 = 7 or above Oxygen >40% New tracheostomy (<48h) Vasoactive drugs Transfer on BiPAP/ CPAP/Buzanak	Bed rails if bed transfer (APD PAT/PS 11) Sufficient oxygen for transfer Equipment to maintain monitoring established prior to transfer Devices to maintain essential IV drugs and infusions Bag-valve-mask & Guedel airway Episode of care folder
Critical Care	Critical care Doctor + RN Service assistant	Critical care patients (Level 2 & 3) Moving between critical care units Temporary movement out of critical care (e.g. CT scan. Theatre)	Bed rails if bed transfer (APD PAT/PS 11) Sufficient oxygen for transfer Equipment to maintain monitoring established prior to transfer Devices to maintain essential IV drugs and infusions Critical care transfer bags Episode of care folder

APPENDIX 2 – SBAR HANDOVER PROFORMA FOR NON-RN ESCORT



NHS
Doncaster and Bassetlaw
Teaching Hospitals
 NHS Foundation Trust

SBAR WARD TO DEPARTMENT TRANSFER
This is to be completed by the transferring Department

AFFIX LABEL HERE IF AVAILABLE

NHS Number:
 District Number:
 Surname:
 Forename(s):
 Address:
 D.o.B.:

Name of Nurse Completing Form:

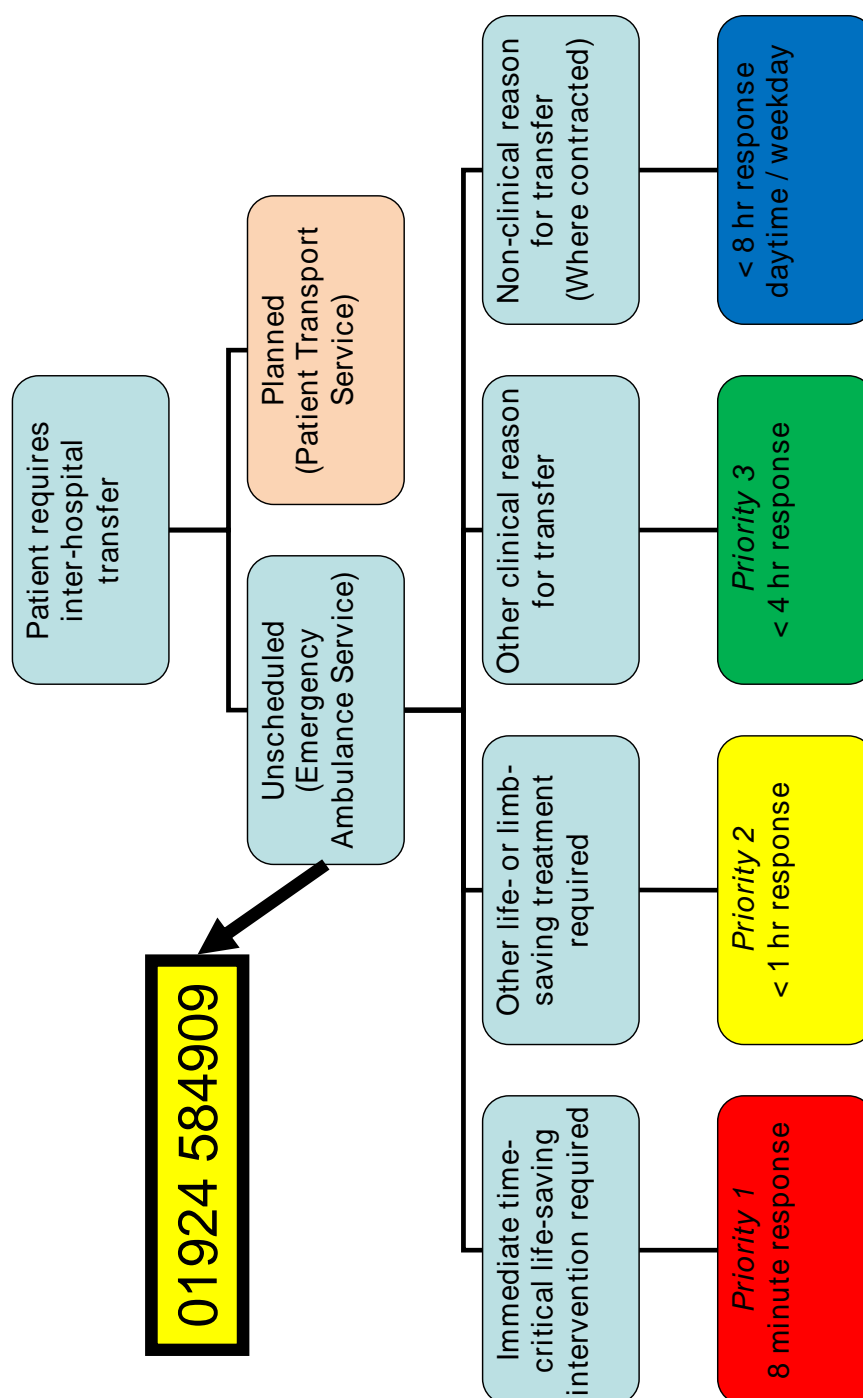
Date of transfer: Time: Transferring Ward: Receiving Dept:

SITUATION	Reason for admission:	Consultant:
	ID/Language Barriers/Allergies:	
	IPC Status: (tick if 'Yes') <input type="checkbox"/> MRSA Positive <input type="checkbox"/> C Diff Positive <input type="checkbox"/> GDHT + Toxin – <input type="checkbox"/> Loose stool <input type="checkbox"/> Other (state):	
BACKGROUND	Relevant Medical History: (tick as applies) <input type="checkbox"/> None <input type="checkbox"/> Dementia <input type="checkbox"/> Learning disability Comments: ReSPECT <input type="checkbox"/> Yes <input type="checkbox"/> No CPR Recommended <input type="checkbox"/> Yes <input type="checkbox"/> No Is the patient aware? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the patient have capacity to make decisions around their care and treatment Has the consent been completed? <input type="checkbox"/> Yes <input type="checkbox"/> No Mobility: (tick as applies) <input type="checkbox"/> Independent <input type="checkbox"/> Walking aids <input type="checkbox"/> Assistance x 1 <input type="checkbox"/> At risk of falls <input type="checkbox"/> Needs bedrails	
	Most Recent Oxygen in use: <input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes' (state litres set at) Patient's O ₂ Target range if set:	
ASSESSMENT		

Date	Time	Releasing Nurse Signature	NEWS	Any Additional Comments

APPENDIX 3 – INTERHOSPITAL TRANSFER AMBULANCE PROTOCOL

YAS, July 2012



NB: IF THE TRANSFER IS PRIORITY 1 OR 2 THEN PREPARE THE PATIENT PRIOR TO CALLING FOR AN AMBULANCE

* There will be occasions when, in order to facilitate an unplanned admission into a critical care facility for specialist intervention, it is necessary to move a patient more suitable for transfer out of that facility within a short timeframe. Priority 2 is the appropriate category for these transfers.

Effective 4th April 2011

Request an
‘INTER-FACILITY TRANSFER’

Prepare the patient for transfer using local protocol. The patient should be ready to depart immediately on arrival of the ambulance crew.

NB: A CEN COMPLIANT TROLLEY SHOULD BE USED WHENEVER APPROPRIATE

Priority 1

Examples include:

- Neurosurgery (e.g. extradural, subarachnoid haemorrhage)
- Vascular surgery (e.g. leaking aortic aneurysm)
- Primary or Rescue coronary angioplasty (PCI)
- Paediatric sepsis or emergency not involving dedicated retrieval teams
- Major trauma treatment or management (e.g. transfer to Major Trauma Centre)
- Stroke transfer for thrombolysis
- Obstetric emergencies requiring immediate operative intervention (e.g. foetal distress)
- IABP transfers

Priority 2

Examples include:

- Sudden loss of vision
- Immediately limb-threatening injury, inc. open fractures (for orthoplastics)
- New onset ischaemic limb (NB: may be appropriate for *Priority 1* if immediate intervention planned)
- Cauda equina syndrome, spinal cord compression
- ENT emergency
- Transfer between CCU or ITU
- Admission to CCU or ITU (patient may not be ventilated)
- Obstetric complications not requiring immediate surgical intervention (e.g. failure to progress)
- Patient with monitors, infusions and/or sedation which cannot be disconnected for the journey
- Acutely sick patient in a non A&E hospital (e.g. community hospitals, Minor Injury Units, mental health hospitals, private hospitals (admission to NHS hospital))
- Child requiring >5 l/min oxygen
- Emergency renal dialysis, i.e. not a routine dialysis session
- Testicular torsion
- Mental Health patients under MHA
- Burns patients (for admission)
- Non-ST elevation MI or Acute Coronary Syndrome for admission to CCU

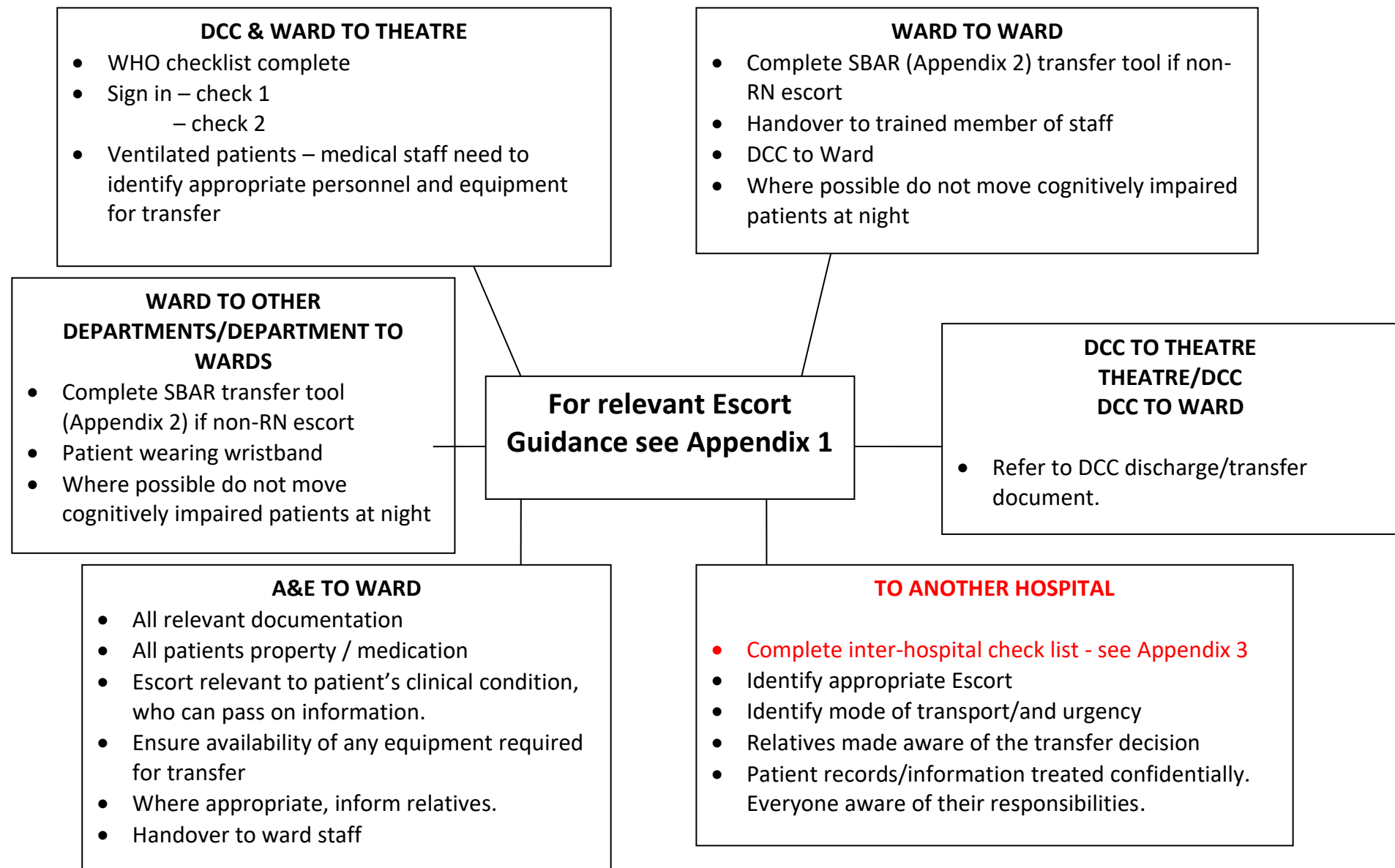
Priority 3

Examples include:

- Patient requiring intervention or investigation not available at current location (e.g. MRI scan, interventional radiological procedure)
- Transfer to specialist unit (e.g. inpatient haematological unit)
- Stroke patients for admission to Stroke Unit (not suitable for thrombolysis)
- Mental Health Patients (voluntary admission) where other form of transport not suitable
- Burns (not admission)
- Plastics
- Urology

YAS, July 2012

APPENDIX 4 - FLOW CHART FOR TRANSFER OF PATIENTS BETWEEN DEPARTMENTS



PERI-OPERATIVE VERIFICATION CHECKLIST




Intended Surgical Procedure:

Key: ☒ Yes ☒ No ☐ Not applicable

* Delete as applicable

SIGN IN	Signature to confirm check completed	TIME OUT	Signature to confirm check completed	SIGN OUT	Signature to confirm check completed
Check 1 - Ward <input type="checkbox"/> Check the patient's identity <input type="checkbox"/> Check reliable documentation / images to ascertain intended surgical site <input type="checkbox"/> Mark the intended site with an arrow using an indelible pen <input type="checkbox"/> Relevant diagnostic reports <input type="checkbox"/> Blood grouped and cross matched? <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable	Surgeon or Deputy (Doctor) Signed: Print name:	Check 4 - Theatre The surgical, anaesthetic and theatre team involved in the intended operating procedure prior to commencement of surgery should pause for verbal briefing to confirm: <input type="checkbox"/> Presence of the correct patient <input type="checkbox"/> Marking of the correct site <input type="checkbox"/> Procedure to be performed <input type="checkbox"/> Any anaesthetic issues <input type="checkbox"/> Has VTE prophylaxis been undertaken <input type="checkbox"/> Essential imaging displayed <input type="checkbox"/> Lens/implant size checked/correct <input type="checkbox"/> Throat pack in-situ <input type="checkbox"/> Surgeon present <input type="checkbox"/> Anaesthetist present <input type="checkbox"/> Theatre Team present Has surgical site infection (SSI) bundle been undertaken <input type="checkbox"/> Antibiotic prophylaxis within the last 60 minutes <input type="checkbox"/> Patient warming device <input type="checkbox"/> Patient temperature recorded <input type="checkbox"/> Hair removal <input type="checkbox"/> Glycaemic control Any new members of staff should be introduced by name and role	Registered Practitioner Signed: Print name:	Check 5 - Theatre <input type="checkbox"/> IPOC completed <input type="checkbox"/> Any surgical problems identified <input type="checkbox"/> Any equipment problem identified <input type="checkbox"/> Have blood tags been checked <input type="checkbox"/> Digit tourniquet removed <input type="checkbox"/> Throat pack removed Check 6 - Recovery <input type="checkbox"/> Relevant anaesthetic handover <input type="checkbox"/> Relevant information regarding surgery <input type="checkbox"/> Discussed post-op care <input type="checkbox"/> Handover given to Ward Nurse <input type="checkbox"/> Patient returned to Ward <input type="checkbox"/> Other <input type="checkbox"/> All documentation completed <input type="checkbox"/> Have blood tags been checked	Registered Practitioner Signed: Print name:
Check 2 - Ward <input type="checkbox"/> Prior to leaving ward/day care area the mark is inspected and confirmed against the patient's supporting documentation <input type="checkbox"/> All relevant/correct documentation (imaging if appropriate) accompany the patient to theatre <input type="checkbox"/> Theatre checklist completed <input type="checkbox"/> Relevant diagnostic reports <input type="checkbox"/> MRSA Screening completed <input type="checkbox"/> VTE Risk Assessment completed <input type="checkbox"/> 2 slide sheets included <input type="checkbox"/> Check consent with Bluesprier	Registered Practitioner Signed: Print name:				
Check 3 - Anaesthetic Room <input type="checkbox"/> Specialised Anaesthetic equipment available if required <input type="checkbox"/> Check patient confirms identity, site procedure and consent with relevant documentation <input type="checkbox"/> Site is marked if appropriate <input type="checkbox"/> Complete theatre checklist <input type="checkbox"/> Blood available if required	Registered Practitioner Signed: Print name:				

APPENDIX 6 – EQUALITY IMPACT ASSESSMENT PART 1 INITIAL SCREENING

Service/Function/Policy/Project/ Strategy	Division/Executive Directorate and Department	Assessor (s)	New or Existing Service or Policy?	Date of Assessment
PAT/PA 24 – Transfer of Patients and their Records	Medical Division	K Carville	Existing policy	May 2019
1) Who is responsible for this policy? Division of medicine				
2) Describe the purpose of the service / function / policy / project/ strategy? Transfer policy				
3) Are there any associated objectives? Legislation, targets national expectation, standards Patient Safety, NPSA, WHO Checklist				
4) What factors contribute or detract from achieving intended outcomes? – None				
5) Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief? no				
• If yes, please describe current or planned activities to address the impact N/A				
6) Is there any scope for new measures which would promote equality? N/A				
7) Are any of the following groups adversely affected by the policy? No				
Protected Characteristics	Affected?	Impact		
a) Age	No			
b) Disability	No			
c) Gender	No			
d) Gender Reassignment	No			
e) Marriage/Civil Partnership	No			
f) Maternity/Pregnancy	No			
g) Race	No			
h) Religion/Belief	No			
i) Sexual Orientation	No			
8) Provide the Equality Rating of the service / function /policy / project / strategy – tick outcome box				
Outcome 1 ✓	Outcome 2	Outcome 3	Outcome 4	
*If you have rated the policy as having an outcome of 2, 3 or 4, it is necessary to carry out a detailed assessment and complete a Detailed Equality Analysis form in Appendix 4				
Date for next review: May 2022				
Checked by: 		Moira Hardy Date: May 2019		