West Yorkshire
Critical Care & Major Trauma
Operational Delivery Networks

Adult Critical Care Transfer Guidelines

Revised 2021

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Introduction

The transfer of critically ill patients from one hospital to another may be necessary to facilitate access to appropriate levels of clinical care, and or to facilitate specialist investigation or treatment. The transfer of critically ill patients is however not without risk, and provider organisations should make every effort to reduce the need for transfers arising from lack of critical care capacity alone. It is none the less anticipated, that the requirement for patient transfer between organisations for a higher level of care is likely to increase as reconfiguration of specialist services takes place across West Yorkshire. Where transfer is required three over-arching principles should be observed.

- The potential benefits of any transfer must be weighed against the clinical risks
- No transfer is so urgent as to compromise the safety of the patient or staff
- Staff undertaking transfers must have the required level of knowledge and competence.

Although published standards for transferring critically ill patients' exist [1,2], evidence suggests that these are not always followed[3]. This additional guidance has therefore been produced by the WYCCODN transfer group to support safe clinical practice

The guidance consists of a series of locally agreed protocols / standard operating procedures which aim to assist organisations and individuals responsible for the transfer of patients within or between various hospital settings including:

- general wards/emergency departments/theatres and critical care
- general wards/critical care & diagnostic services
- primary, secondary & tertiary sites

The guidance should be used in conjunction with the Intensive Care Society/Faculty of Intensive Care Medicine Guidelines On: The Transfer of the Critically Ill Adult (2019)[1] and the Guidelines for the Provision of Intensive Care Services (Edition 2 2019).[4]

The intention is for trusts to use the guidance when developing and reviewing their own transfer policies as part of an effective approach to clinical governance. Each trust should have an identified champion for adult critical care transfers and should ensure that appropriate operational procedure and governance structures are in place to provide for safe and effective transfer of critically ill patients. This must be reviewed and escalated where appropriate and placed on the trust/unit risk register. A copy should be sent to West Yorkshire Critical Care Network Manager.

Principles of Safe Transfer

This document should be read in conjunction with the Guidelines On: The Transfer of the Critically Ill Adult (2019)[1] published by the Intensive Care Society and Faculty of Intensive Care Medicine which details clinical standards required.

- All admission & discharges to / from intensive care must be discussed with a consultant.
- All units should have a capacity management plan in place to optimise bed availability and manage short term capacity issues
- Non clinical transfers should only occur as a last resort when other options for managing capacity in the referring hospital have been exhausted (appendix 2)
- Non clinical transfers should only occur within the referring unit's unique transfer group (UTG) (appendix 2). Any non-clinical transfers occurring outside agreed UTGs must be recorded as critical incidents on datix and reported to the Chief Executive / executive team of both hospitals
- All transfers between hospitals should be discussed and agreed on a consultant to consultant basis
- It is the referring consultant's responsibility to ensure that the patient being transferred is suitable for transfer and that an appropriate risk assessment (appendix 4) has been completed and documented prior to transfer
- The staff transferring the patient should have the appropriate skills and experience to enable them to transfer the patient safely
- Standards of monitoring and care during transfer should comply with nationally published guidelines
- All equipment used should be complaint with relevant safety standards and be regularly serviced and maintained
- Check lists should be used to help to ensure that all necessary preparations have been completed, prior to each stage of the transfer (appendix 6)
- All transfers should be documented using the Network approved transfer forms (appendix 7). These should be completed as fully as possible and copies retained in both the referring hospital and receiving hospital clinic records. A copy should be returned to the WYCCODN office for audit purposes

Appendix 1

Definitions:

Non-Clinical Transfer	Transfer of a patient due to insufficient bed capacity in the referring unit. Includes transfers between different hospitals within the same Trust.
Clinical Transfer / Tertiary Transfer	Transfer of a patient to another hospital for care or facilities that are not available within the referring hospital.
Repatriation	When a patient is transferred back to the host hospital when a suitable bed has become available (appendix 9) and /or when specialist / tertiary care is no longer required.
Unique Transfer Group	A group of hospitals to which non-clinical transfers may be considered from a host hospital. This group is based upon historical transfers, geography and bed capacity. Please check your own unique transfer group listing & priority order (appendix 2).
Low Bed Alert	Triggered when there are 4 or less, level 3 general critical care beds available within WYCCODN for a period of 24 hours or more.

Appendix 2

Non-clinical transfers & unique transfer groups

All units should have capacity management plans in place to support optimal management of beds at times of peak demand and to avoid unnecessary non clinical transfers. Plans should include options for increasing critical care capacity, e.g. by temporary use of other facilities such as PACU or theatres The Network would recommend that all other resources be explored before transferring a patient to another hospital for capacity reasons alone.

When necessary, patients should be transferred to the nearest available facility capable of delivering the required level of care, within the agreed transfer group[5], but bypassing tertiary centres unless specialist level care is required. This is to protect the Network's tertiary beds from non-clinical transfers and to reduce the risk of these beds becoming unavailable at times of need. This measure was fully supported by the Network Clinical Advisory Board.

The following pages provide details of agreed transfer groups and distances / travel times. The tables are in the order of priority based on the above agreement.

Bed availability

The availability of beds within the Network can be checked using the Critical Care Directory of Services (DoS). This is a national bed information website which all critical care units are required to update as a minimum twice daily - ideally at 08:00 and 20:00. The system provides an overview of available level 2/3 beds by unit across Operational Delivery Networks. The system can be accessed at https://www.directoryofservices.nhs.uk/. All units should have a secure login.

Reporting Non Clinical Transfers

Non-Clinical Transfers within UTGs	These should be reported through local risk reporting procedures/Datix as an adverse incident.
Non-Clinical Transfers outside UTGs	In addition to local incident reporting above, The Lead Clinician / Senior Nurse should report any non-clinical transfers that occur outside of Unique Transfer Groups to the Chief Executive of both hospitals and the WYCCODN within 24 hours of the transfer.

WYCCODN Unique Transfer Groups (Priority Order)

Critical Care "Unique Transfer Groups" - In order of Priority

Trust	Transferring Hospital	Distance (Miles)	Travel Time (Minutes)	Unique Transfer Group
Airedale NHS Trust	Airedale General Hospital	11	24	Bradford Royal Infirmary
	ICU:	18	40	Calderdale Royal Hospital
	01535 292262	23	50	Huddersfield Royal Infirmary
	01535 292264	38	55	Pinderfields General Hospital
		25	56	Harrogate District Hospital
	Switchboard:	23	47	Leeds General Infirmary
	01535 652511	25	51	St James' Hospital
Bradford Teaching Hospitals	Bradford Royal Infirmary	11	24	Airedale General Hospital
NHS Foundation Trust	ICU:	12	26	Calderdale Royal Hospital
	01274 364126	14	29	Huddersfield Royal Infirmary
	01274 383252	20	26	Pinderfields General Hospital
		24	56	Harrogate District Hospital
	Switchboard:	11	25	Leeds General Infirmary
	01274 542200	14	29	St James' Hospital
		4	**15**	**Eccleshill Treatment Centre** **One way only into Bradford**
		3	**9**	**Yorkshire Ramsey Clinic** **No Critical Care beds**
Calderdale & Huddersfield NHS	Huddersfield Royal Infirmary	8	14	Calderdale Royal Hospital
Foundation Trust	ICU:	14	29	Bradford Royal Infirmary
	01484 342452	23	29	Pinderfields General Hospital
	01484 342453	23	50	Airedale General Hospital
		19	19	Oldham General Hospital (2 way transfers agreed)
	Switchboard:	37	61	Harrogate District Hospital
	01484 342000	18	29	Leeds General Infirmary
		21	33	St James' Hospital
		3.5	**8**	**Spire Health, Elland** **One way only into CHFT**
		1	**4**	**Huddersfield BMI Healthcare** **No Critical Care Beds**

Clinical needs of patients must be a priority when selecting a destination

To be used in conjunction with the ICS Guidelines for the transport of the critically ill adult (2019)

Critical Care "Unique Transfer Groups" - In order of Priority

Trust	Transferring Hospital	Distance (Miles)	Travel Time (Minutes)	Unique Transfer Group
Calderdale & Huddersfield NHS	Calderdale Royal Hospital	8	14	Huddersfield Royal Infirmary
Foundation Trust	ICU:	12	26	Bradford Royal Infirmary
	01422 222271	24	29	Pinderfields General Hospital
	01422 222272	18	40	Airedale General Hospital
	Switchboard:	39	65	Harrogate District Hospital
	01422 357171	18	25	Leeds General Infirmary
		21	29	St James' Hospital
Mid Yorkshire Hospitals	Pinderfields General Hospital	12	25	Barnsley General Hospital (2 way transfers agreed)
NHS Trust	ICU:	20	26	Bradford Royal Infirmary
	01924 543079	23	29	Huddersfield Royal Infirmary
		24	29	Calderdale Royal Hospital
	Switchboard:	32	33	Harrogate District Hospital
	01924 541000	38	55	Airedale General Hospital
		12	21	Leeds General Infirmary
		13	25	St James' Hospital
		33	**36**	**York District Hospital** **One way only**
		4	**8**	**Spire Healthcare Methley Hoapital** **to PGH**
Harrogate and District	Harrogate District Hospital	24	26	Bradford Royal Infirmary
NHS Fountdation Trust	ICU:	25	56	Airedale General Hospital
	01423 553353	32	33	Pinderfields General Hospital
	01423 553354	37	61	Huddersfield Royal Infirmary
		39	65	Calderdale Royal Hospital
	Switchboard:	15	23	Leeds General Infirmary
	01423 885959	15	23	St James' Hospital
		22	38	York District Hospital (2 way transfers agreed)

Clinical needs of patients must be a priority when selecting a destination

To be used in conjunction with the ICS Guidelines for the transport of the critically ill adult (2019)

Critical Care "Unique Transfer Groups" - In order of Priority

Trust	Transferring Hospital	Distance (Miles)	Travel Time (Minutes)	Unique Transfer Group	
Leeds Teaching NHS Trust	Leeds General Infirmary	3	8	St James' Hospital	
	ICU:	12	21	Pinderfields General Hospital	
	General 0113 3927406	11	25	Bradford Royal Infirmary	
	Cardiac 0113 3927405	15	23	Harrogate District Hospital	
	Neuro 0113 3927403	18	25	Calderdale Royal Hospital	
		18	29	Huddersfield Royal Infirmary	
	Swithboard:	23	47	Airedale General Hospital	
	0113 2432799	**65**	**69**	**Scarborough General Hospital**	**One way**
		25	**32**	**York District Hospital**	**only**
		1.5	**4**	**Nuffield Health Hospital Leeds**	**to Leeds**
Leeds Teaching NHS Trust	St James' Hospital	3	8	Leeds General Infirmary	
	ICU:	13	25	Pinderfields General Hospital	
	0113 2069154	14	29	Bradford Royal Infirmary	
		15	23	Harrogate District Hospital	
	Switchboard:	21	29	Calderdale Royal Hospital	
	0113 2433144	21	33	Huddersfield Royal Infirmary	
		25	51	Airedale General Hospital	
		65	**69**	**Scarborough General Hospital**	**One way**
		25	**32**	**York District Hospital**	**only**
		2.1	**7**	**Spire Hospital, Roundhay, Leeds**	**to Leeds**

Clinical needs of patients must be a priority when selecting a destination

To be used in conjunction with the ICS Guidelines for the transport of the critically ill adult (2019)

Appendix 3

Booking an Ambulance

The National Framework for Inter-Facility Transfers (IFT) published by the Association of Ambulance Chief Executives in 2018[6] describes four levels of priority for inter-facility transfer based on clinical need and urgency. Based on this Yorkshire Ambulance Service have produced Ambulance Transfer Booking Guidance as shown below:

NHS Yorkshire Ambulance Service NHS Trust

Ambulance Transfer Booking Guidance v1

0300 330 0276

Do you need our clinical help right now to deliver an immediate life- saving intervention / or are you declaring an obstetric emergency?
Press 1 for yes or hold for an operator

For example: Cardiac Arrest, anaphylaxis, birth units declaring obstetric emergency, life threatening asthma in an UTC

Yes

Category 1
Call processed as emergency
Mean response 7 minutes
Nearest resource will be dispatched

No

Is there a need for an immediate intervention that cannot be carried out at the current facility and the patient is at immediate risk of death or life changing loss of a limb or sight?

For example: Immediate neurosurgery, PPCI, Thrombectomy, immediate limb or lifesaving surgery

Yes

Category 2
Mean response 18 minutes
Closest emergency ambulance dispatched

No

Does the patient require additional clinical management upon arrival at the new facility?

For example: Non immediate surgery, creating a critical care bed, mental health crisis.

Yes

Category 3
Response within 1 hour

No

Transport for on-going care but do not need to be managed as an emergency transfer

For example: Critical Care repatriation

Yes

Category 4
Response within 4 hours

Key elements of the IFT agreement are:

- Category 1 is **not** appropriate for Inter-hospital transfer.

- Category 2 is appropriate **only** where immediate **life-saving or time critical intervention** is required. (E.g. acute neurosurgical transfer, PPCI). The closest emergency ambulance will be dispatched. Ensure the patient is on the transfer trolley, ready for transfer and with transferring team in place

- **Category 3 is appropriate for most critical care transfers. This includes non-clinical transfers (due to lack of critical care bed) and transfers out to create critical care capacity for another patient**

- Category 4 is appropriate for repatriations. (see also appendix 9)

Special Circumstances / Barriatric patients

Where there are special circumstacnes pertaining to a transfer these should be notifed to YAS at the time of requesting an ambulance. For example:

Barriatric patients being transferred on a barriatric trolley (with both side extensions deployed) will require a specialist vehicle with central trolley mounting (as opposed to the standard side mounting). There are only a limited number of these in the YAS fleet and this may delay the transfer.

Problems / Incidents

Problems with ambulance booking or critical indicents involving YAS can be reported at yas.patientrelations@nhs.net. Please also report via your local incident reporting process and document on the Inter-Hospital Transfer form.

Appendix 4

Risk Assessment and personnel

Prior to transfer, a consultant or senior clinician should carry out and document a risk assessment to determine the anticipated risk of the transfer, and the level of support and personnel required.

The risk assessment should take into account the following:

- Patients' current clinical condition
- Specific risk related to patients' condition
- Risks related to movement / transfer
- Likelihood of deterioration during transfer
- Potential for requiring additional monitoring / intervention
- Duration and mode of transfer

A risk assessment matrix has been provided on the back page of the WYCCODN transfer form to assist colleagues. It is recognised however that risk assessment is to some extent subjective and other factors not listed on the form may influence the perceived risk. In addition to completing the risk assessment sheet, please record that a risk assessment has been undertaken by indicating in the red box on the front page of the transfer form.

Ultimately, it is the referring consultant's responsibility to ensure that the transfer is appropriate and that the transferring team have the necessary skills to ensure that the transfer is carried out safely.

Critically ill patients (level 2 and level 3) should normally be accompanied by **two suitably trained, experienced and competent practitioners during transfer.** The background of the practitioners (Medical / Nursing / other) and the competencies required will depend on nature of the underlying illness, co-morbidity, level of dependency and risk of deterioration during transfer.

Pre transfer Risk Assessment (Incorporated into WYCCODN Pre Transfer Check Sheet)

Transfer Risk Assessment

Risk assessment is to some extent subjective and other factors not listed may influence the perceived risk. The risk tool is provided for guidance only. It is the referring Consultant's responsibility to ensure that the transfer is appropriate and that the transferring team have the necessary skills required.

Low Risk

NEWS 1-4
Maintaining airway
FiO2 < 0.4 / Base deficit 0 to – 4mmol/l
Not requiring inotrope / vasopressor support
GCS ≥ 14
Normothermic

Nurse / Practitioner with appropriate competencies only.

Medium Risk

NEWS 5-6
Maintaining airway
FiO2 < 0.4 – 0.6 / Base deficit – 4 to – 8 mmol/l
Low dose inotrope / vasopressor support < 0.2ug/kg/min
GCS 9-13 (consider elective intubation)
Hypo / Hyperthermic

Doctor accompanied by Nurse / Practitioner with appropriate competencies. If potential to deteriorate then doctor should have critical care and advanced airway competencies.

High Risk

NEWS 7 or more
Intubated / ventilated
FiO2 > 0.6 / Base deficit worse than – 8 mmol/l
CVS unstable and / or requiring inotrope / vasopressor support > 0.2ug/kg/min
Hypo / Hyperthermic
Major trauma e.g head / chest / abdominal / pelvic injuries

Doctor with critical care and advanced airway competencies accompanied by Nurse / Practitioner with appropriate competencies.

NEWS Score ☐ **Level of risk: Low** ☐ **Medium** ☐ **High** ☐

Name.....

Designation .....

Signature.....

Date ☐ **Time** ☐

Appendix: 5:

Equipment

All acute hospitals responsible for transferring critically ill patients must have access to a CEN compliant transfer trolley. All monitoring and equipment must be suitable to use in the transfer environment and mounted on the trolley in such a way as to be CEN compliant. It is recommended that the equipment available in transfer bags be standardised across WYCCODN to support trainees moving between trusts. The suggested contents list is shown below

Suggested contents list for Transfer bags[7]:

Advanced Airway Equipment	**Breathing Equipment**	**Circulation Equipment**
1. 1x ET Tube 6	1. 1 x I-gel size 3	1. 2 x IV cannula size 14G
2. 1 x ET Tube 7	2. 1 x I-gel size 4	2. 2 x IV cannula size 16G
3. 1 x ET Tube 8	3. 1 x I-gel size 5	3. 2 x IV cannula size 18G
4.1 x ET Tube 9	4. 1 x Airway HME Filter	4. 2 x IV cannula size 20G
5. 2 x laryngoscope Handles , Bulbs Batteries	5. 1 x Catheter Mount	5. 2 x IV cannula size 22G
6. 1 x Laryngoscope Blades 3	6. 1 x Waters circuit	6. 10 x Pairs of non sterile gloves
7. 1 x Laryngoscope Blades 4	7. 1 x Sterile scissors	7. 5 x Luer lock syringes 20ml
8. 2 x Endotracheal ties	8. 1 x Anaesthetic mask size 4 Green	8. 4 x Luer lock syringes 50ml
9. 1 x Magill Forceps	9. 1 x Anaesthetic mask size 5 Orange	9. 3 x Chloraprep skin wipes
10. 1 x Tape for securing ET	10. 1x Stethoscope	10. 10 x Alcohol wipes
11. 3 x Lubricant gels	11. 1 x Wave form capnograph	11. 2 x Blood./Colloid fluid giving sets (Gravity)
12. 1 x Stylet		12. 5 x Infusion device giving sets
13. 1 x Gum Elastic Bougie		13. 5 x infusion device extension sets
14. 1 x Tracheal dilator	**Suction Equipment**	14. 4 x 3-way taps (or equivalent)
15. 1 x Scalpel size 22	1. 2 x Yankauer suckes	15. 10 x Obturators (Red and/or white bungs)
16. 1 x 10ml syringe	2. 2 x Suction catheters (10F)	16. 1 x Micropore tape
17. 1 x Torch	3. 2 x Suction catheters (12F)	17. 4 x Gauze
18. 2 x face masks	4. 2 x Suction catheters (14F)	18. 5 x Cannula dressings
19. 1 x ETC02 indicator	5. 2 x Suction tubing	19. 12 x ECG Electrodes
		20. 1 x Trauma shear scissors
		21. 10 x Labels
		22. 10 x Sodium Chloride ampoules (flush)
Self-ventilating Equipment	**External Equipment**	**Interventional circulation Equipment**
1. 1 x Gudel airways size 2	1. 1 x self-inflating bag and mask with	1. 1 x EZ-IO Intraosseous Device
2. 1 x Gudel airways size 3		2. 3 x EZ-IO Needles
3. 1 x Gudel airways size 4		3. 5 x Needles Green
4. 1 x Nasopharyngeal airways 6	**Inside pounch on side of bag**	4. 5 x Needles Blue
5. 1 x Nasopharyngeal airways 7	1. 2 x Clinical waste bags	5. 5 x Needles White
6. 1 x Oxygen Mask-non rebreathe size 4	2. 1 x Sharps box (to be sourced locally)	6. 5 x Drawing up needles
7. 1 x Oxygen Mask-non rebreathe size 5	3. 1 x Hand-held portable suction	7. 2 x Tourniquets
8. 2 x Oxygen tubing	4. 3 x IV Fluids (crystalloid) 500ml	
	5. 1 x Pressure bag	

Transfer bags should be checked and restocked after each use. All equipment should be regularly serviced and maintained in accordance with manufactures instructions.

Appendix 6

Pre Transfer check lists

A simplified pre-departure check list (below) is incorporated into the WYCCODN Pre Transfer Check Sheet. This should be completed and signed immediately before departure as a final check that preparations are complete. This should be retained with the referring hospital medical records.

Pre Transfer Checklist

Critical Care transfer to another hospital

Check sheet for preparation of a patient for transfer to another hospital

Details of person completing pre transfer check sheet

Name.....

Designation .....

Signature .....

Date ☐ **Time** ☐

Before Moving The Patient Consider:

Reason:	Can the patients needs be met within the existing hospital
Timing:	Does this transfer need to be done at this time
Team:	Are the right people available to conduct the transfer safely
Transport:	Booked and reference number documented
Risk:	What are the predictable risks & will the base hospital be exposed whilst the team are deployed

Preparing For Transfer:

E	Equipment	Establish on transfer ventilator and secure patient on trolley Full monitoring to ICS standard Emergency drugs, oxygen and fluids available Transfer bag checked (including battery back up) Consider spinal immobilisation if necessary Specialist equipment e.g. balloon pump, warming blankets	☐ ☐ ☐ ☐ ☐ ☐
S	Systematic	Full ABCDE assessment Confirm airway secure 2 Working and accessible intravenous access points Confirm patient stable and suitable of transfer	☐ ☐ ☐ ☐
C	Communication	Inform patient (if not sedated) and family Confirm transfer, requirements and ETA with receiving unit Mobile telephone available	☐ ☐ ☐
O	Observations	Commence inter-hospital transfer charting Full set of observations recorded Confirm patient is stable and suitable for transfer	☐ ☐ ☐
R	Recent Investigations	Handover documentation completed Recent investigation results including arterial blood gas Confirm radiological images transferred electronically	☐ ☐ ☐
T	Team	Skill mix of transfer team appropriate Protective clothing / high visibility jackets available Is the unit safe to leave?	☐ ☐ ☐

After Transfer

Team debrief / Restock transfer bags / Submit Network audit data
Send middle (pink) copy of Transfer Form to WYCCODN office for audit purposes

Appendix 7

Documentation and Audit

An A3 transfer document has been developed by WYCCODN to support the transfer of critically ill patients. The form is carbonated to allow two contemporaneous copies to be produced. (Three copies in total). The back page incorporates the Pre Transfer Risk Assessment, Pre Transfer Checklist and unit contact details for use during transfer.

The WYCCODN transfer forms are available in all units, EDs and any other areas where critical care transfers could originate. All information should be completed as fully as possible to enable effective audit data to be collected. The frequency of recording observations will be determined by clinical need and influenced by the length of journey but should not be less than every 15 minutes.

Any critical incidents occurring during transfer should be noted on the form, details recorded on the patients' medical records and a local incident report/Datix completed to enable follow up. (See Appendix 8).

- The top copy (white) of the form should be retained in the patients' medical records at the receiving hospital / trust.
- **The middle copy (pink) should be returned to the WYCCODN office for audit purposes.**
- The back copy (yellow) of the form together with pre-transfer risk assessment and check lists), should be retained in the patient's medical records at the transferring hospital / trust.

Handover documentation

To facilitate effective handover at the receiving hospital, handover documentation has also been developed. This is intended to ensure that information that is not strictly relevant to the transfer but is none the less important, is available / recorded. This can be downloaded from the Network website https://www.wyccn.org/transfer.html

Audit

Ultimately, the transferring unit are responsible for returning the middle copy (pink) of the transfer form to the WYCCODN office for audit purposes. In view of low return rates we suggest this be a joint responsibility between the receiving & transferring team.

Once handover is completed, both the transferring and receiving team should sign the transfer form in the appropriate place. The copies of the transfer form should then be separated. The middle (pink) copy of the form should be placed in an envelope addressed to the WYCCODN office and placed in post out tray of receiving unit. (Pre-addressed envelopes are available from the Network).

Inter-hospital Transfer Form

West Yorkshire
Critical Care & Major Trauma
Operational Delivery Networks

Risk Assessment Please complete BOTH the Risk Assessment and Pre Transfer Checklist (the back sheet of this form) prior to transfer:

Transfer Risk: Low ☐ Medium ☐ High ☐

Pre Transfer Checklist Completed: ☐

Patient Details (or patient sticker on each sheet)

Surname..... Date of Birth.....

First name..... NHS number.....

Address .....

Transfer Details

Transferring Hospital .....

Unit / Department / Ward.....

Referring Consultant.....

Receiving Hospital.....

Unit / Department / Ward.....

Specialty Consultant accepting transfer.....

ICU Consultant accepting transfer.....

Contact number .....

Reason for Transfer

Specialty care ☐ State specialty.....

CC bed space available but not staffed ☐

No CC bed space available ☐ Repatriation ☐

YAS Response Requested

Cat 2 - Emergency Transfer ☐

Cat 3 - Urgent Transfer for escalation of care ☐

(Critical Care transfers should be managed under Cat 3, unless there is an urgent need to move the patient to free up a bed for another patient)

Cat 4 - Non Urgent/Planned Transfer ☐

Booking Reference Number.....

See YAS IFT Guidelines for more details

Transfer Timeline

	Date	Time
Referral Accepted (bed available)	/ /	:
Ambulance Requested	/ /	:
Ambulance Arrived	/ /	:
Departure from Base	/ /	:
Arrival at Destination	/ /	:
Team Departure	/ /	:

Transferring Personnel

Doctor (Name)..... Grade.....

Nurse (Name)..... Grade.....

Other (Name)..... Grade.....

Primary Diagnosis

Level of Care Required L2 ☐ L3 ☐

Airway

Maintaining Own Airway ☐

Endotracheal Tube ☐

Tracheostomy ☐

Ventilation

Oxygen (via NC/mask) ☐

NIV/CPAP (via face mask/hood) ☐

Invasive Ventilation (via ETT/Tracheostomy) ☐

FIO2 (max).....

Peak Airway Pressure .....

PEEP.....

VT.....

Number of chest drains.....

Monitoring

ECG ☐

NIBP ☐

Arterial BP ☐

CVP ☐

ETCO2 ☐

Oxygen saturation ☐

Intracranial pressure ☐

Vascular Access Devices

Intraosseous ☐

Peripheral ☐

Central (CVP) ☐

Vascath ☐

Infection Status (Please specify any infection)

Critical Incident During Transfer Yes ☐ **No** ☐

(please specify)

Details recorded in patient notes : YES ☐ **Datix Ref**.....

Notes or Additional Comments

Handover Completed

Escorting Doctor / Nurse

Name..... Date / / Time :

Signature.....

Receiving Doctor

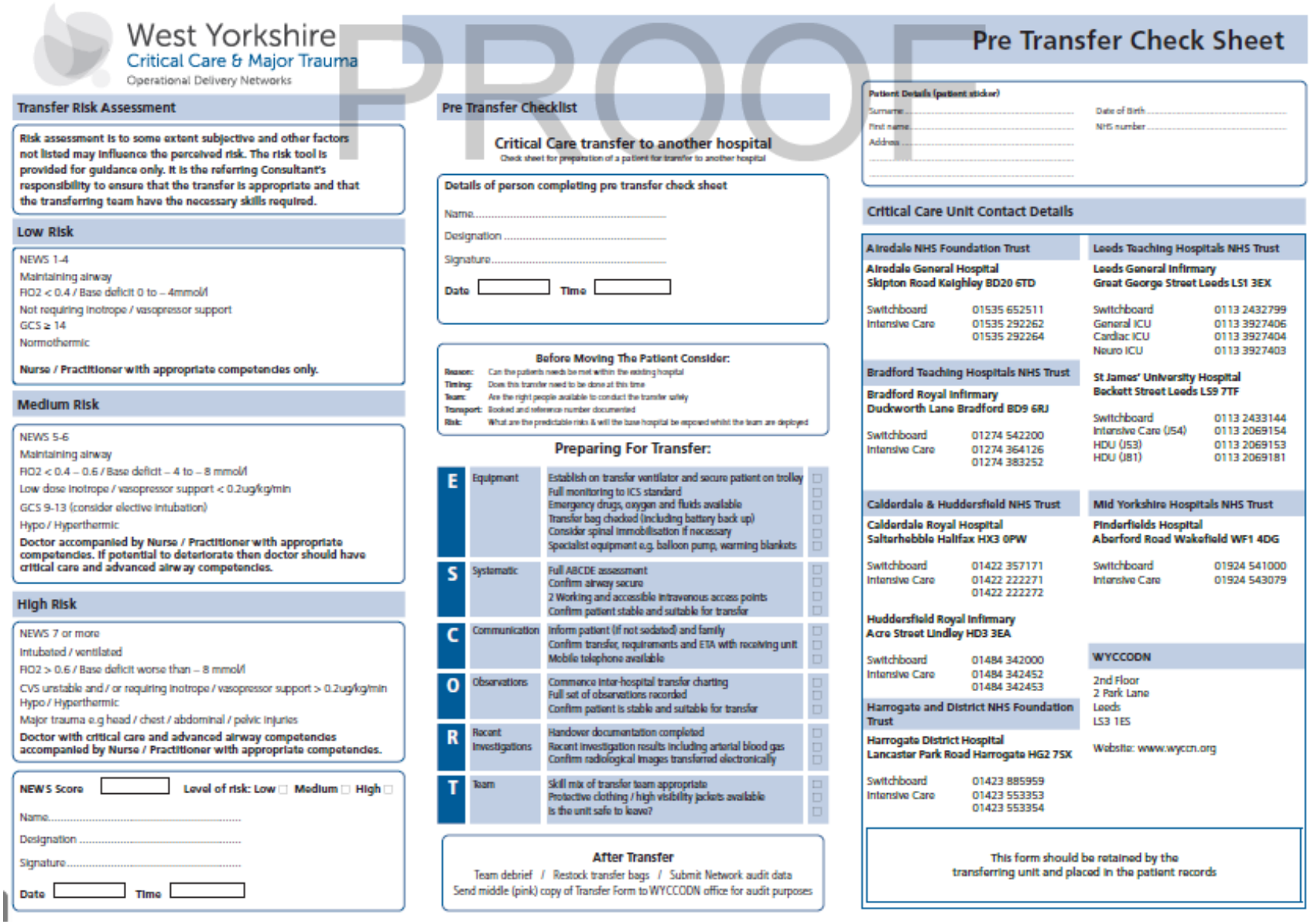
Name..... Date / / Time :

Signature.....

Frequency of observations to be determined by clinical need. Suggested minimum frequency every 15 minutes.

GCS	TIME																	
	EYES (1-4)																	
	VERBAL (1-5)																	
	MOTOR (1-6)																	
	GCS TOTAL (3-15)																	
GCS	1	2		3		4		5		6								
Eyes	None	To pain		To Speech		Spontaneously												
Verbal	None	Incomprehensible		Inappropriate		Confused		Orientated										
Motor	None	Extension		Abnormal Flexion		Normal Flexion		Localise Pain		Obeys Commands								
PUPILS	RIGHT	SIZE																
		REACTION																
	LEFT	SIZE																
		REACTION																
SEDATION	RASS SCORE																	
DRUGS																		
FLUIDS																		
VENTILATION PARAMETERS	FIO_2																	
	$ETCO_2$																	
	PEAK AIRWAY PRESSURE																	
	TIDAL VOLUME (ml)																	
	SpO_2																	
	RESPIRATORY RATE																	
1 2 3 4 5 6 7 8	BP AND PULSE RATE	190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 30 20																
	BLOOD GLUCOSE																	
	CENTRAL VENOUS PRESSURE																	
	URINE OUTPUT																	
	CHEST DRAINAGE																	
	TEMPERATURE																	

Top (White) copy to be placed in patient record in receiving unit, Middle (Pink) copy to be returned to WYCCODN office* for audit purposes, Bottom (Yellow) copy to be retained by transferring unit and placed in patient records.
*Manager / Lead Nurse WYCCODN, 2nd Floor, 2 Park Lane, Leeds LS3 1ES



West Yorkshire
Critical Care & Major Trauma
Operational Delivery Networks

PROOF

Pre Transfer Check Sheet

Transfer Risk Assessment

Risk assessment is to some extent subjective and other factors not listed may influence the perceived risk. The risk tool is provided for guidance only. It is the referring Consultant's responsibility to ensure that the transfer is appropriate and that the transferring team have the necessary skills required.

Low Risk

NEWS 1-4
Maintaining airway
FIO2 < 0.4 / Base deficit 0 to – 4mmol/l
Not requiring inotrope / vasopressor support
GCS ≥ 14
Normothermic

Nurse / Practitioner with appropriate competencies only.

Medium Risk

NEWS 5-6
Maintaining airway
FIO2 < 0.4 – 0.6 / Base deficit – 4 to – 8 mmol/l
Low dose inotrope / vasopressor support < 0.2ug/kg/min
GCS 9-13 (consider elective intubation)
Hypo / Hyperthermic

Doctor accompanied by Nurse / Practitioner with appropriate competencies. If potential to deteriorate then doctor should have critical care and advanced airway competencies.

High Risk

NEWS 7 or more
Intubated / ventilated
FIO2 > 0.6 / Base deficit worse than – 8 mmol/l
CVS unstable and / or requiring inotrope / vasopressor support > 0.2ug/kg/min
Hypo / Hyperthermic
Major trauma e.g head / chest / abdominal / pelvic injuries

Doctor with critical care and advanced airway competencies accompanied by Nurse / Practitioner with appropriate competencies.

NEWS Score ☐ **Level of risk: Low** ☐ **Medium** ☐ **High** ☐

Name.....
Designation.....
Signature.....

Date ☐ **Time** ☐

Pre Transfer Checklist

Critical Care transfer to another hospital

Check sheet for preparation of a patient for transfer to another hospital

Details of person completing pre transfer check sheet

Name.....
Designation.....
Signature.....

Date ☐ **Time** ☐

Before Moving The Patient Consider:

Reason: Can the patients needs be met within the existing hospital
Timing: Does this transfer need to be done at this time
Team: Are the right people available to conduct the transfer safely
Transport: Booked and reference number documented
Risk: What are the predictable risks & will the base hospital be exposed whilst the team are deployed

Preparing For Transfer:

E	Equipment	Establish on transfer ventilator and secure patient on trolley Full monitoring to ICS standard Emergency drugs, oxygen and fluids available Transfer bag checked (including battery back up) Consider spinal immobilisation if necessary Specialist equipment e.g. balloon pump, warming blankets	☐ ☐ ☐ ☐ ☐ ☐
S	Systematic	Full ABCDE assessment Confirm airway secure 2 Working and accessible intravenous access points Confirm patient stable and suitable for transfer	☐ ☐ ☐ ☐
C	Communication	Inform patient (if not sedated) and family Confirm transfer, requirements and ETA with receiving unit Mobile telephone available	☐ ☐ ☐
O	Observations	Commence inter-hospital transfer charting Full set of observations recorded Confirm patient is stable and suitable for transfer	☐ ☐ ☐
R	Recent Investigations	Handover documentation completed Recent investigation results including arterial blood gas Confirm radiological images transferred electronically	☐ ☐ ☐
T	Team	Skill mix of transfer team appropriate Protective clothing / high visibility jackets available Is the unit safe to leave?	☐ ☐ ☐

After Transfer

Team debrief / Restock transfer bags / Submit Network audit data
Send middle (pink) copy of Transfer Form to WYCCODN office for audit purposes

Patient Details (patient sticker)

Surname..... Date of Birth.....
First name..... NHS number.....
Address.....
.....
.....

Critical Care Unit Contact Details

Airedale NHS Foundation Trust
Airedale General Hospital
Skipton Road Keighley BD20 6TD

Switchboard	01535 652511
Intensive Care	01535 292262
	01535 292264

Bradford Teaching Hospitals NHS Trust
Bradford Royal Infirmary
Duckworth Lane Bradford BD9 6RJ

Switchboard	01274 542200
Intensive Care	01274 364126
	01274 383252

Calderdale & Huddersfield NHS Trust
Calderdale Royal Hospital
Salterhebble Halifax HX3 0PW

Switchboard	01422 357171
Intensive Care	01422 222271
	01422 222272

Huddersfield Royal Infirmary
Acre Street Lindley HD3 3EA

Switchboard	01484 342000
Intensive Care	01484 342452
	01484 342453

Harrogate and District NHS Foundation Trust
Harrogate District Hospital
Lancaster Park Road Harrogate HG2 7SX

Switchboard	01423 885959
Intensive Care	01423 553353
	01423 553354

Leeds Teaching Hospitals NHS Trust
Leeds General Infirmary
Great George Street Leeds LS1 3EX

Switchboard	0113 2432799
General ICU	0113 3927406
Cardiac ICU	0113 3927404
Neuro ICU	0113 3927403

St James' University Hospital
Beckett Street Leeds LS9 7TF

Switchboard	0113 2433144
Intensive Care (J54)	0113 2069154
HDU (J53)	0113 2069153
HDU (J81)	0113 2069181

Mid Yorkshire Hospitals NHS Trust
Pinderfields Hospital
Aberford Road Wakefield WF1 4DG

Switchboard	01924 541000
Intensive Care	01924 543079

WYCCODN

2nd Floor
2 Park Lane
Leeds
LS3 1ES

Website: www.wyccn.org

This form should be retained by the transferring unit and placed in the patient records

Handover documentation (available from www.wyccn.org/transfer)

Information Sheet for Patient Transfer from ICU to ICU

West Yorkshire Critical Care & Major Trauma Operational Delivery Networks

Patient ID Label		**Preferred Name**	
Name		**Age**	
DOB		**Gender**	
NHS Number		**Religion**	
Hospital Number		**Preferred Language**	

Hospital Admission date	
ICU/HDU Admission date	
DOB	
Consultant	

Contact Details	**First Contact**	**Second Contact**
Name		
Relationship to patient		
Address		
Contact Number		
Past Medical History		
Allergies		
Diagnosis		
Infection Status		
Antibiotics		
Summary of Critical Care Admission		
Social Issues		
DNACPR form completed	YES/NO	If yes, date of last review

Airway	
ETT/Tracheostomy	*Please circle*
Size	
Type of tube	
Length at lips	
Date of Intubation	
Grade of Intubation	
Date of last tube change	

Breathing	
Ventilation mode	
Respiratory/Ventilator Rate	
FiO_2	
PEEP	
Pressure Support	
Tidal Volume	
Target SaO_2	
Secretions	
Nebulisers	Yes/No

Circulation	
Heart Rate/Rhythm	
Blood Pressure	
Target MAP	
Inotropes	
Urine output over last 4 hours	
Renal Replacement Therapy	Yes/No
Secretions	
Nebulisers	

Disability		
Pre sedation GCS		
Sedated		
RASS Score		
CAM-ICU		
Pupil Size/Reaction	L	R
Pain Score		
Blood Sugar		
Sliding Scale		
Wounds		

Exposure	
Temperature	
Enteral/Parental Nutrition (Type of feed)	
Rate of feed	
Bowels last opened	
Type of stool	
Skin Assessment	

Additional Information

Indwelling Devices			
Device	**Date of Insertion**	**Site**	**Comments**
Arterial Line			
CVC			
Vascular Catheter			
Peripheral Cannula 1			
Peripheral Cannula 2			
NG/NJ			
Urinary Catheter			
Faecal Management			
Drain 1			
Drain 2			
Other			

Nurse Completing (print name)		**Nurse Handing Over** (print name)		**Nurse Accepting patient** (print name)	
Signature	**Date**	**Signature**	**Date**	**Signature**	**Date**

Intra-Hospital Transfer Form (available from www.wyccn.org/transfer)

Intra-hospital transfer Form

West Yorkshire Critical Care & Major Trauma Operational Delivery Networks

Transfer Details

Hospital.....

Transfer from (Unit / Department) .....

Transfer to (Location /Department).....

Reasons for transfer

Final destination (if different to above)

Patient Details (patient sticker)

Surname..... Date of Birth.....

First name..... NHS number.....

Address .....

Transfer timings | **Date** | **Time**

Departure from Unit

Arrival at destination

Return to unit /Arrival at final destination (if different)

Risk Assessment

NB. Risk assessment is to some extent subjective and other factors not listed may influence the perceived risk. The risk tool is provided for guidance only. It is the consultants responsibility to ensure that the transfer is appropriate and that the transferring team have the necessary skills required.

Low Risk: ☐

News 1-4
Maintaining Airway
FiO_2 < 0.4 / Base deficit 0 to -4mmol/l
Not requiring inotropes / vasopressor support
GCS > 14
Normothermic

Medium Risk ☐

NEWS 5-6
Maintaining airway
FiO_2 < 0.4— 0.6 / Base deficit -4 to -8 mmol/l
Low dose inotrope / vasopressor support < 0.2ug/kg/min
GCS 9-13 (consider elective intubation)
Hypo / Hyperthermic

High Risk ☐

NEWS 7 or more
Intubated / ventilated
FiO_2 > 0.6 Base deficit worse than -8mmol
CVS unstable and / or requiring inotrope / vasopressor support > 0.2ug/kg/min
Hypo / Hyperthermic

Airway

Maintaining Own Airway ☐
Endotracheal Tube ☐
Tracheostomy ☐

Ventilation

Oxygen (face mask / NC) ☐
CPAP / NIV ☐
Invasive Ventilation ☐
FiO_2 (max) .....
Peak Airway Pressure .....
PEEP.....
VT.....
N° of chest drains.....

Monitoring

ECG ☐
NIBP ☐
Arterial BP ☐
CVP ☐
$ETCO_2$ ☐
Oxygen saturation ☐
Intracranial pressure ☐

Vascular Access Devices

Intra-osseous ☐
Peripheral Line ☐
Central (CVP) ☐
Vascath ☐

Level of Care Required L1 ☐ L2 ☐ L3 ☐

Critical Incident during transfer Yes ☐ No ☐

(please specify)

Details recorded in patient notes : YES ☐ **Datix ref** .....

Transferring Personnel

Doctor (Name).....Grade.....

Nurse (Name).....Grade.....

Other (Name).....Grade .....

Notes or Additional Comments

WYCCDDN Intra-hospital transfer form v3 Jan 2019

Intra-hospital transfer Form

West Yorkshire Critical Care & Major Trauma Operational Delivery Networks

Patient Details (patient sticker)

Surname..... Date of Birth.....

First name..... NHS number.....

Address .....

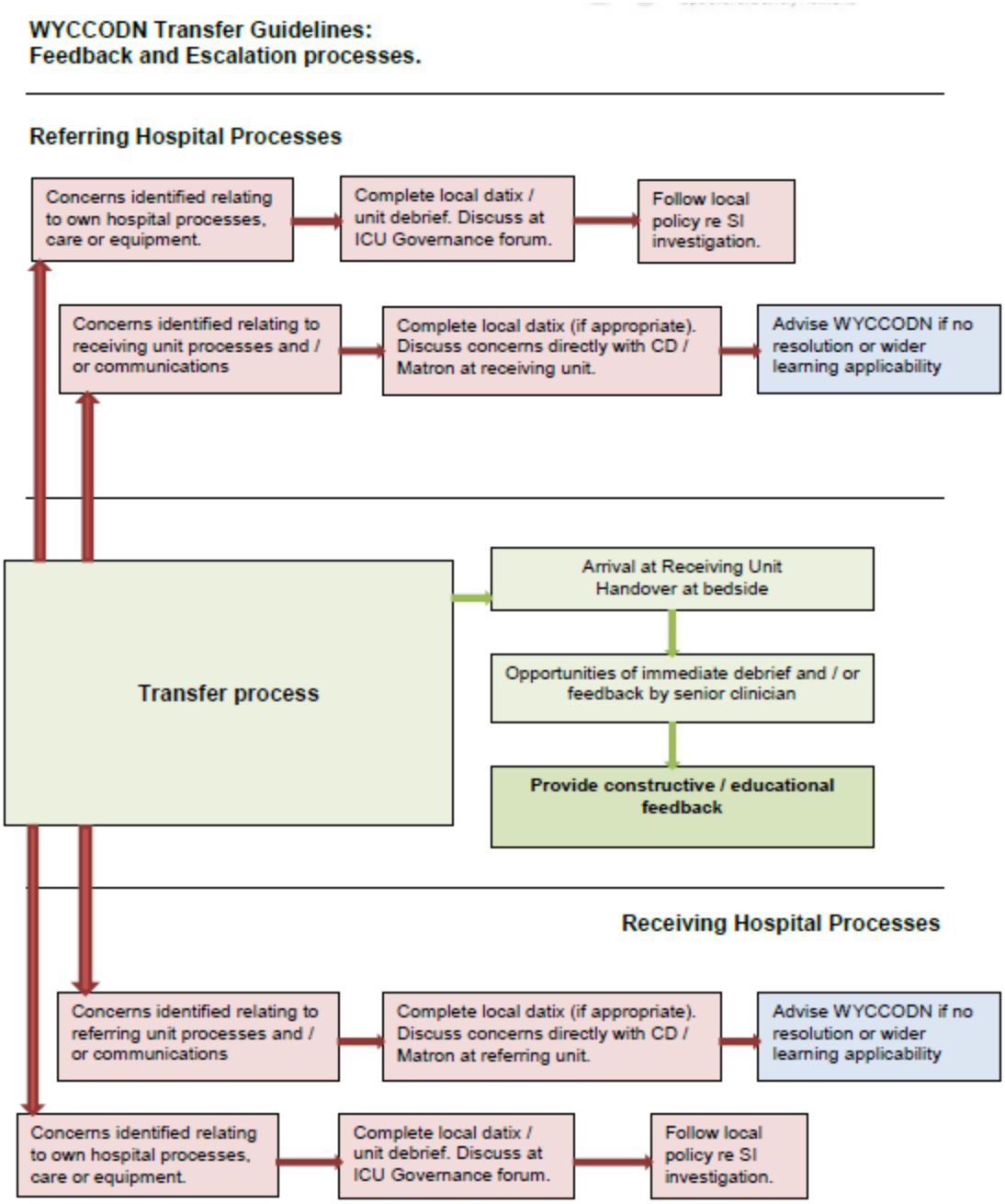
Frequency of observations to be determined by clinical need. Suggested minimum frequency every 15 minutes.

		TIME																					
GCS		EYES (1-4)																					
		VERBAL (1-5)																					
		MOTOR (1-6)																					
		GCS TOTAL (3-15)																					
GCS	1	2			2			4			5			6									
Eyes	None	To pain			To Speech			Spontaneously															
Verbal	None	Incomprehensive			Inappropriate			Confused			Orientated												
Motor	None	Extension			Abnormal			Normal flexion			Localized to pain			Obeys Commands									
PUPILS	RIGHT	SIZE																					
		REACTION																					
	LEFT	SIZE																					
		REACTION																					
SEDATION	RASS SCORE																						
DRUGS																							
FLUIDS																							
VENTILATION PARAMETERS		FiO_2																					
		$ETCO_2$																					
		PEAK AIRWAY PRESSURE																					
		TIDAL VOLUME (mls)																					
		SpO_2																					
		RESPIRATORY RATE																					
1	BP AND PULSE RATE	190																					
2		180																					
3		170																					
4		160																					
5		150																					
6		140																					
7		130																					
8		120																					
		110																					
		100																					
		90																					
		80																					
		70																					
		60																					
		50																					
		40																					
		30																					
		20																					
		BLOOD GLUCOSE																					
		CENTRAL VENOUS PRESSURE																					
		URINE OUTPUT																					
		CHEST DRAINAGE																					
		TEMPERATURE																					

Appendix 8

Feedback / Critical Incident Reporting and Escalation

Transfer of critically ill patients is not without risk and occasionally things will not go as well as expected. Critical Incidents should be recorded on the transfer form, in the patient's medical records and your local incident procedures / Datix. We are keen to promote transparency and learning from critical incidents. The attached flow chart is intended to support feedback / escalation pathways.



Appendix 9

Repatriation

National standards state: - *Patients undergoing specialist care must be repatriated to a healthcare organisation closer to their home when clinically appropriate to continue their rehabilitation, and this must occur within 48 hours of the decision to repatriate. (GPICS edition 2 2019).*

This principle should be applied to all patients requiring repatriation within the WYCCODN area.

- The timing of the referral / request for reparation from specialist units will be determined by the clinical condition of the patient and the lack of continued requirement for specialist care.

- The timing of the referral / request for repatriation from non-specialist units (for example following non clinical transfer to another centre in WYCCODN) will be determined by both clinical condition of the patient and knowledge of prevailing operational pressures on both sites. There may need to be a degree of pragmatism in decision making - there is for example little point in requesting repatriation if this will simply result in the non-clinical transfer of another patient to facilitate the repatriation.

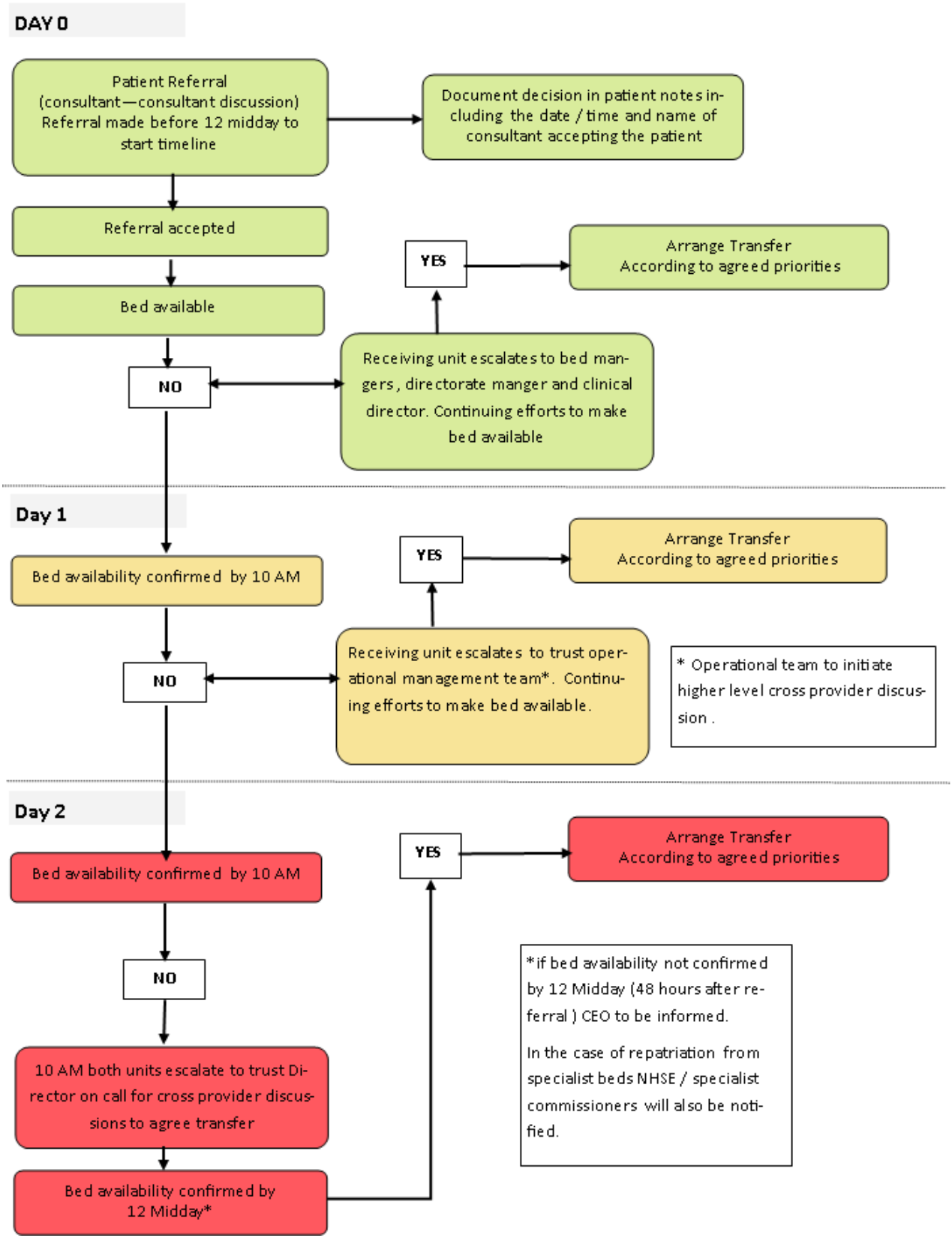
- Once a referral / request for repatriation is made, repatriation should occur within 48 hours of the patient being accepted. Repatriation should take priority over elective admissions.

- **If there are delays in the repatriation / transfer process this should be escalated as per the agreed escalation pathway. (See below).**

The following ambulance priorities can be applied to the repatriation scenarios described

Repatriation scenario	Description	YAS Priority
Patient requires repatriation from specialist / tertiary critical care facility. (no longer requires specialist care)	Critical care transfer for clinical reason and / or to create capacity in specialist unit.	**Category 3 < 1 hour**
Patient requires repatriation from another critical care unit in WYCCODN area following non clinical transfer for capacity reasons.	Critical care transfer. Non clinical reason. **Not urgent.**	**Category 4 < 4 hours** Category 3 < 1 hour if bed required for urgent admission
Patient requires repatriation to a facility outside of the area.	Critical care transfer. Non clinical reason. **Not urgent.**	Planned transfer (next day) agreed time with patient transfer service.

Repatriation Escalation Policy



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3. Droogh et al. (2015) Transferring the Critically Ill patient are we there yet? Critical Care 19:62. DOI 10.1186/s13054-015-0749-4

4. Faculty of Intensive Care Medicine and Intensive Care Society (2019) Guidelines for the Provision of Intensive Care Services. Edition 2.

5. Comprehensive Critical Care: A Review of Adult Services (Dept of Health: 2000)

6. Association of Ambulance Chief Executives. National Framework for Inter-Facility transfers. 2018

7. A consensus to determine the ideal transfer bag: Journal of the Intensive Care Society: 2016 Vol 17(4) 332-340

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2 Park Lane
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Website: www.wyccn.org