

ICU Inter-hospital transfer SOP

Any patient transfers from our ICUs to other hospitals need planning, and with the significant strain on pre-hospital resources, planning for the safe return of team and equipment is important. Due to stresses on ambulance services, non-time critical transfers of L2 and L3 patients should be undertaken by a critical care transfer team.

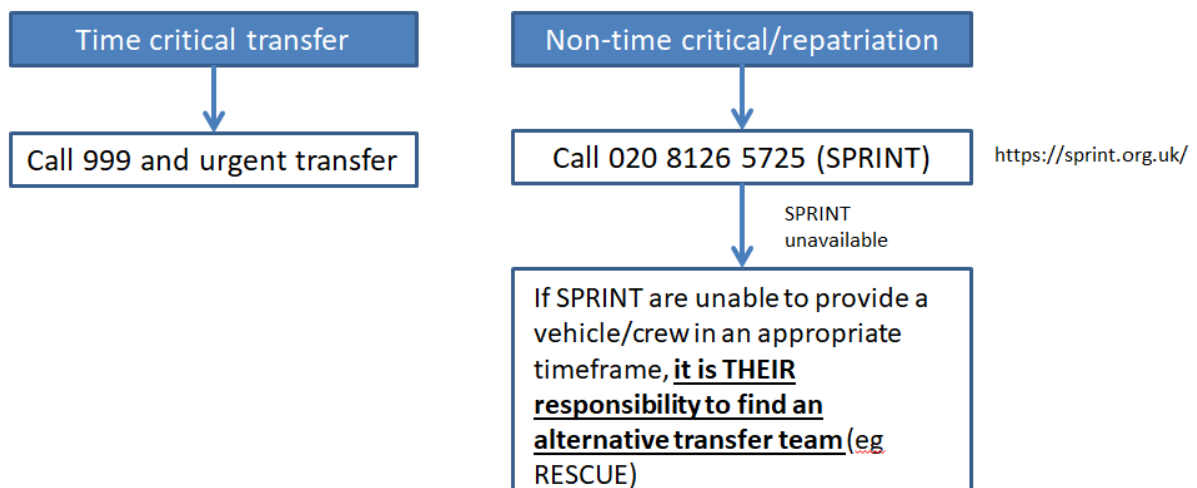
There have been significant changes in developing the KSS Network transfer service, and recent changes have now identified the SPRINT transfer service (operating from South London) to be our principle provider. They should be contacted as first port of call, and will provide either a full team/vehicle, or a vehicle only (team provide by ourselves).

In the event that SPRINT cannot provide support for a transfer, although other services (eg RESCUE based in Southampton) are available, the Terms of Reference with the Critical Care Network state it is the responsibility of SPRINT to organise an alternative crew if they cannot do so, not the referring team.

In the event of failure to provide a team or issues with organising an alternative, please inform either John Kilic (john.kilic@nhs.net) or Clare Hebditch (clare.hebditch@nhs.net).

In the event of time-critical transfers for specialist intervention, SECamb will continue to be the provider via 999 (as below). However, they cannot guarantee the return of the transferring team to their base hospital, so due care and planning is needed.

Contact numbers for transfer



There may be occasion where the transfer services can provide an ambulance only. For this and a 999/blue light transfer, when organising please consider the following factors for the team:

- Follow the steps below to have a plan for safe return of team and equipment
- Remember that if a taxi is required for return, oxygen cylinders cannot be returned in them
- To complete appropriate Network paperwork

Safe return of team and equipment

With pressures on pre-hospital services, although it may still be possible for the crew to return the transfer team to their base hospital, **SECamb have made it clear that this can no longer be guaranteed.** Therefore before leaving the team should ensure a back plan for returning to hospital is in place. This process will vary depending on how far away the receiving hospital is.

IN ALL CASES:

- Inform the site manager of the transfer before leaving the hospital
 - RSCH site manager is on DECT phone number 62005
 - PRH site manager is on DECT phone number 68725
- Obtain the cost code from the site manager in case needed later

Planning for transfers outside of region covers a variety of distances, therefore no single formula fits all scenarios. This is more complex when transferring to hospitals outside of Sussex, and due consideration needed.

Team needs to be mindful of potential factors affecting the transfer time to the destination:

- Patients factors (stability, expected potential complications/interventions)
- Potential delays at receiving hospital (eg transfer to theatre/handover time/etc)
- Traffic related (distance, etc)

When planning for team's return via taxi, make sure to consider the following:

1. Consider time required for taxi to arrive at receiving unit
2. Meeting point at receiving hospital identified for return taxi
3. Taxi company should be contacted via switchboard only when ambulance crew is on site (and estimated transfer time discussed with them)
4. Contact details for site manager/base hospital ICU in case of unexpected problems
5. Inform site team as soon as transfer team has returned