Standard Operating Procedure (SOP)

UNIVERSITY HOSPITALS PLYMOUTH TRANSFERS

SETTING	Service-wide
FOR STAFF	All staff
PATIENTS	All patients requiring transfer into University Hospitals Plymouth (Derriford)

Introduction

This document has been created with colleagues at University Hospitals Plymouth NHS Trust to ensure that Retrieve team members are contacting the correct locations and individuals when transferring patients into Derriford Hospital. It is intended to ensure that the patient's journey is trouble-free and as efficient as possible.

Major trauma

- All patients to Emergency Department (ED) resus.
- For advice contact the Trauma Team Leader (TTL) via ED Red Phone.
- Contact the ED Red Phone with ETA and then 15 minutes out.

Neurosurgery

- Confirm with the referring hospital that the patient has been accepted.
- Contact neurosurgery registrar via switchboard (**bleep 1009**) whether the intention is:
- **ED resus for reassessment**

  Neurosurgical registrar will inform ED and ensure patient is expected.

  Phone **ED red phone** en-route to confirm space and provide ETA.

  If there is no ED space, contact neurosurgery registrar (**bleep 1009**) to provide ETA and ask them to clarify destination.
- **Direct to ICU**

  Confirm with **ICU consultant** prior to departure (via switchboard).

  15-minute call to **ICU NIC on bleep 1033** via switchboard.
- **Direct to theatre**

  Stop in ED corridor for paperwork.

  UHP staff may take first Group and Save sample to facilitate the 2 sample rule – please support them with this by sampling the arterial line if required.

  Confirm with **Duty Floor Anaesthetist on 01752 437158** (if after 18:00 confirm with on call anaesthetic registrar on bleep 0196). Confirm that DFA will liaise with ED to have paperwork ready.
- If able, additionally contact the neurosurgical registrar (**bleep 1009**) when you are 10-15 minutes away so they can meet you in the ED corridor / ED resus / ICU.

- In all cases neurosurgical registrar will have ensured ED/ICU/Theatres aware of planned pathway.
- In certain circumstances (e.g. patient deterioration en-route, time-critical patient with incomplete imaging), the Retrieve team *may* be asked to facilitate time-critical CT imaging to facilitate decision-making around destination (e.g. direct to theatre vs direct to ICU). Retrieve will not undertake non-time critical imaging and should always be met by an anaesthesia/ICU representative familiar with the hospital and existing processes and protocols.

Thoracics, liver, other

- For ICU-to-ICU transfer, contact the ICU consultant on call (via switchboard) to confirm acceptance before departure and to confirm destination:
  - Direct to ICU
  - ED resus
  - ED corridor
- The accepting/ICU team at UHP are responsible for negotiating ED as a destination if this is believed to be the best option to enable rapid re-assessment and triage.

Stroke for mechanical thrombectomy

- Duty interventional neuroradiologist pager at Derriford on 07623 941515 (leave message asking to call back immediately).
- If this person is not contactable, please call the Stroke Nurse on 07584531660 (or pager 1909 via UHP switchboard) or Stroke Registrar (pager 1908) via UHP switchboard 01752 202 082.
- The Stroke Nurse will coordinate the pathway and will meet you at the front door.
- If you think that transfer may no longer be in the patient's best interests and needs re-evaluation, contact the Stroke Nurse.

Patients who are 'not as referred'

Following handover and assessment, if a patient is 'not as referred' and either requires additional interventions or may be unsuitable for transfer, treatment, or ICU admission contact:

- The neurosurgical registrar (bleep 1009) for all neurosurgical patients
- The ICU consultant on call (via switchboard) for all other patients. If the neurosurgery registrar is unavailable or you have concerns about appropriateness of admission to ICU also contact the ICU consultant on call.

What to do when bed availability changes, there is 'no ED space', etc

Occasionally, as in most hospitals, there are challenges with demand and a bedspace that was identified for a patient may be taken up by another in need. In this situation, the following principles and actions should be followed:

- The Retrieve team **will not join the ambulance queue** as this is not appropriate for a critical care patient.

- Queuing in the ED corridor, or elsewhere in the hospital, with a critical care patient **should only occur for a short time** (e.g. to facilitate booking in and paperwork in ED).
- If time-critical imaging is required, this can be facilitated by the neurosurgical SpR (**bleep 1009**) and the team met by an anaesthesia/ICU representative. This avoids queuing and expedites the imaging that is required to determine the destination of the patient (e.g. direct to theatres vs direct to ICU). This route is not routine.
- The Retrieve Duty Consultant should escalate any concerns immediately via the following routes:
  - Liaise directly with accepting team (as above).
  - If unresolved or registrar uncontactable, contact accepting consultant.
  - If direct to ED, liaise directly with ED consultant in charge.
  - If other routes fail, contact Clinical Site Management team (via switchboard) and/or Duty Matron for the site (via switchboard).
  - If the delay remains unresolved, contact the Leadership SPOC.

Evolution of these processes

The processes described in this document are anticipated to evolve over time. Retrieve will review the document periodically and remain in contact with UHP colleagues to maintain currency of processes.

If significant problems are encountered, please document these on ARC-EMS and inform the Leadership Team by email. In line with all Retrieve processes, please report any significant delays to patient care via the UHBW Datix system.

Document Governance

REFERENCES	
RELATED DOCUMENTS AND PAGES	
AUTHORISING BODY	
SAFETY	
QUERIES AND CONTACT	Retrieve Leadership Team