retrieve
Adult Critical Care Transfer Service

Clinical Standard Operating Procedure (SOP)
PATIENT FOLLOW UP

SETTING	Service-wide
FOR STAFF	All staff
PATIENTS	All patients

Introduction

This SOP describes the routine follow up of patients that have been referred to Retrieve, regardless of whether they have been transferred. There are a number of purposes of routine follow up:

- **Building greater knowledge and understanding of what happens to patients once they have been transferred.** For example, do 'time critical' patients receive 'time critical' interventions; do the sickest patients survive, etc.

- **Seeking feedback from receiving hospitals on the care of the patient**, learning from this feedback and closing the loop by implementing changes when they are required.

- **Building relationships** by further developing avenues of communication with receiving hospitals.

The overall aim of patient follow up is to add further information to the processes that are in place to continually improve the service we offer and to demonstrate that we are providing a quality service to our stakeholders, partners and patients.

As a service, we have carefully considered the timing of follow up calls. Whilst some Adult Critical Care Transfer Services (ACCTS) undertake follow up at a later point (3-5 days after transfer) we have adopted a shorter timescale as we believe the impact of transfer is likely minimal the greater the time elapsed. Combined with the fact that patients frequently move from critical care, deteriorate and die and have other interventions that have a much greater potential impact on their outcome, we are most interested in the acute phase post-transfer. Additionally, from an Information Governance perspective, we do not feel that we are necessarily entitled to information about patients beyond the 24-48 hour mark. In the long term, it is likely that mandatory data collection and submission by ACCTS into a national audit will help address wider questions.

Key points

- The Retrieve team will contact the receiving hospital location (usually the Intensive Care Unit bedspace or nurse-in-charge) around 24 hours after the transfer has been completed.

- Patients will be identified as being the 'previous day' as those who were transferred **on yesterday's two shifts (i.e. 20:30-08:45 and 08:30-20:45)** so that there is a consistent approach.

- For ease and to minimise interruption to important activity such as ward rounds, this will be carried out by telephone after 11:00, 24 hours post transfer.

- Calls should not be completed before this 24 hour period.

- A small number of questions will be asked, inc receiving clinicians have any questions for Retrieve.
- Information gathered will be documented in the ARC-EMS electronic patient record to ensure that each patient journey is fully described and recorded.

Identifying patients for follow up

Usually, each operational base team will follow up their own patients. However, there will inevitably be times where a team is anticipated to be away from base all day or where there are large numbers at one base and none at the other. In these cases, a pragmatic approach should be agreed to ensure contact is made.

If the day teams have been out on transfers during the day, the night shift should complete the remaining follow ups.

The following should be **excluded** from follow up:

- Out of scope referrals.
- Patients who are known to have died.
- Patients who were deemed to no longer need transfer by the referring hospital.

Preparing for the call

- Reduce environmental noise (if possible) and try to avoid interruptions.
- The team **should not** make two simultaneous calls so that at least one team member is always available to immediately answer the Duty Consultant phone.
- Log into ARC-EMS, check patient demographics, confirm receiving hospital and exact location. Check surveys and handover for pertinent information (e.g. anticipated clinical course, urgency, procedures that were planned, etc).
- Ensure you have paper or the ability to type the feedback received straight into ARC-EMS.
- Use either Transfer Practitioner mobile phone or base phone and the numbers available in the directory. Note: if the clinician would like to confirm your identity, provide the Retrieve referral number and explain about call conferencing.

Process

Follow up patients from yesterday's two shifts (20:30-08:45 and 08:30:20:45). Do NOT include those transferred during last night's shift (20:30-08:45).

Identify patients for follow up during morning Huddle

Include:
- All transferred
- All declined in-scope regardless of who transferred them

Exclude:
- Out of scope referrals
- Patients known to have died
- Those deemed to no longer need transfer

Agree which team member will contact each hospital. **Do not use DC phone**

Load ARC-EMS record. Check patient details, password (if applicable) identify any pertinent information

Timing:
- 11:00 onwards to deconflict with ward round activity, breaks, etc

Contact receiving unit

Call outline:
- Introduction: name / role
- Retrieve follow-up call
- Positively confirm patient identity
- Ask questions
- Confirm if any outstanding questions from receiving hospital
- Signpost website & feedback page
- Thanks

If busy / unavailable, try again in 30-60 minutes

If busy / unavailable, try later in shift or hand over → Next day's team re-attempt contact

Record information in ARC-EMS follow up section → Flag issues using ARCEMS

Follow up questions and call structure

The aim is for calls to last <2-3 minutes and, whil
below describe an overall structure, team members are free to navigate the call as long as the pertinent elements are included:

- **Introduce yourself with full name and role in Retrieve**
- **Positively confirm patient identity**
- **How is the patient today?**
  - What is their current situation – stable, unstable, deteriorated, died; if the latter two what has occurred?
  - If they were a time critical escalation, did they receive immediate surgical intervention? If not, why?
- **Is there anything that the clinical team would like to know from Retrieve?**
- **Do you have any feedback about the transfer and/or Retrieve service?**
- **Signpost Retrieve website**
  - **www.retrieve.nhs.uk**
  - Opportunity to provide feedback online
- **Thank you**

Documentation

All information should be recorded in the ARCEMS follow up section – each box should have information or N/A in it. In the rare event that feedback for Retrieve is received please record this.

Escalating issues

All Retrieve cases are reviewed by Leadership Team (see 'Clinical record data quality' SOP)prior to the follow up call being completed. If issues are identified in the follow up phone call the case should be flagged on ARC-EMS and appropriate details given to support further review or actions.

If a patient has died, or patient harm has been identified, please send the patient details via email to the STP and BLN who will complete a Datix and ensure any further investigation is done.

In the rare event where an urgent issue is identified (e.g. complaint, serious concerns about care delivered, etc), contact the SPOC by phone.

Document Change Control

Date of Version	Version Number	Lead for Revisions	Type of Revision	Description of Revision
10/2025	1.3	Peninsula Senior Transfer Practitioner	Minor	Review and refinement of process

Document Governance

REFERENCES	
RELATED DOCUMENTS AND PAGES	ARCEMS SOP Clinical record data quality SOP Documentation SOP
AUTHORISING BODY	
SAFETY	
QUERIES AND CONTACT	Retrieve Leadership Team

Appendix 1 – ARCEMS patient follow up
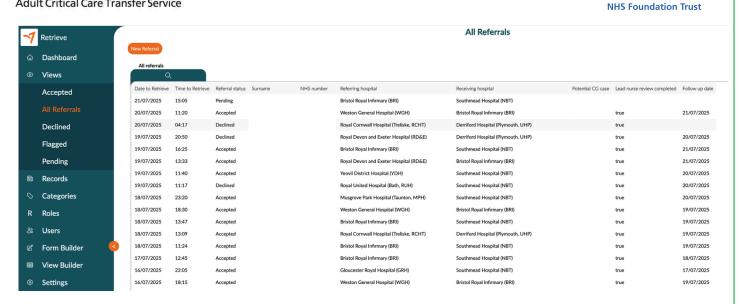
- Click 'View' and 'All referrals' to see all activity.
- Identify, using date and time, those patients who require follow up.

- Record information on the individual patient record under the 'Follow up' section.