

Transfer and Repatriation Policy

Clinical Governance March 2019

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Background

A5 (L1)	There must be an appropriate mechanism for arranging retrieval and timely repatriation of patients which takes into account the following:	
	a. Clinical transfers must be arranged in a timely manner according to patient need.	
	 b. Critically ill children must be transferred/retrieved in accordance with the standards set out within the designation standards for Paediatric Intensive Care services. 	

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Seamless care



Clinical Standard Operating Procedure (SOP)

RETRIEVAL, TRANSFER AND REPATRIATION ARRANGEMENTS FOR NEONATES, CHILDREN AND ADULTS WITH SUSPECTED OR CONFIRMED CONGENITAL HEART ABNORMALITY

SETTING Suggest you choose between Trustwide / Hospital / Division / Dept / Ward

FOR STAFF Make it clear to what staff this SOP applies – i.e. who will use and follow it.

PATIENTS Make it clear to what patients (and their condition if not obvious) that this

guidance applies. Take care to be explicit e.g. all patients, adults only, children etc. This is particularly important where the SOP if used on the 'wrong'

patients could lead to harm.

STANDARD OPERATING PROCEDURE

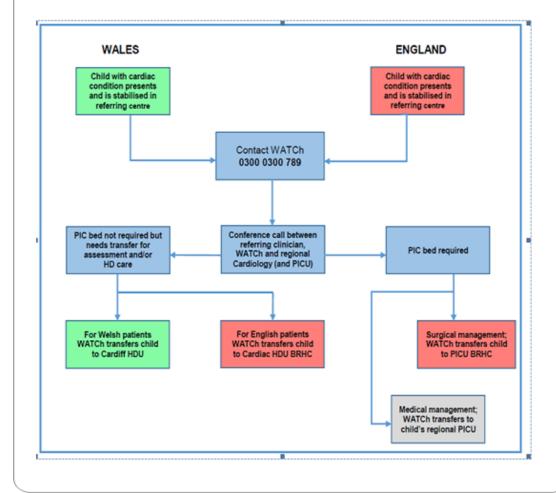
- 1 Transferring children up to age 16-18 years to specialist surgical centre.
- 2 Transport for a baby, child or young adult with a cardiac condition will be undertaken by WATCh. WATCh is commissioned for intensive care, high dependency care, palliative care and re-partition.
- 3 WATCh should be contacted via 0300 0300 789 by the clinician responsible for the care of patient.
- 4 All babies children and young adults requiring surgical intervention will be transported to Bristol Royal Hospital for Children, (PIC bed?) OR an equivalent surgical centre, if there is no bed available in BRHC.
- 5 All babies children and young adults requiring transfer for assessment and high dependency care
- 6 Welsh patients requiring transfer to Cardiff HDU



Appendix 3 from WATCh

Referral Pathways for children originating in South Wales and South West England

d) Neonates / children presenting with acute cardiac conditions



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Author(s) Name Role

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Clinical Standard Operating Procedure (SOP)

RETRIEVAL TRANSFER AND REPATRIATION
ARRANGEMENTS FOR ADULTS WITH SUSPECTED OR
CONFIRMED CONGENITAL HEART ABNORMALITY

SETTING Trustwide / Adult Congenital Heart Disease Service

FOR STAFF All staff caring for patients with Adult Congenital heart Disease

PATIENTS Adults with Congenital heart Disease

STANDARD OPERATING PROCEDURE

- For patients within the SWSWSCHD (South Wales and South West Congenital Heart Disease Network) requiring transfer to The Bristol Heart Institute for cardiology, cardiac surgery or medical management.
- Contact any member of the Adult Congenital clinical team via UHBristol switchboard 0117 923 000, the clinical nurse specialist team on 0117 342 6599
- An urgent transfer will require discussion with the ACHD Cardiologist of the week, aan, ACHD Fellow or a CNS
- On accepting the patient, the ACHD team member will contact the Bed Manager in the Bristol Heart Institute bleep 2432
- The transfer will be prioritised on clinical urgency
- A detailed verbal handover will be give followed by a written handover, copies of relevant documentation including medication,



test results and all imaging.

- Very unwell referrals will be discussed in the first Joint Cardiac Conference after their arrival
- If urgent treatment is required an informal Joint Cardiac Conference will be held with the Consultant Cardiology team, a radiologist, g on call surgeon of the week and cardiac anaesthetist if indicated.
- Consultation will take place with the Lead Consultant for Cardiac Intensive Care or the General Intensive care if clinically indicated.
- · Other relevant specialists will be contacted if advice is required
- The UHB policy Transfer of Patients will be adhered to for the transfer, details below.
- UHBristol Transfer of patients contains procedure flow charts for Transfer of pateints

Repatriation

- On Repatriation to the referring centre
- · A detailed handover will be given to the Lead Consultant
- The discharge summary will be sent with the patient to the Lead Cardiologist and GP
- Clear plans for outpatient follow-up will be communicated to the clinical team, the GP and the family.
- The UHB policy Transfer of Patients will be adhered to for the transfer, details below.

RELATED DOCUMENTS

Policy for Transfer of Patents

Standard Operating Procedures Recording Patient Transfers between wards theatres and hospital sites

http://www.avon.nhs.uk/ans/download.aspx?dd=1283

Version 1 March 2019 Review 22 Authors Sheena Vernon/Dr R Bedair ACHD



What is next?

Paeds discussed with WATCh and NEST

Up date the protocols when people have fed back

Clinical governance on BRHC Friday

Do we need to add supporting UHB policies?

Comments/ suggestions please





Thank you & Questions



