

# **South Yorkshire & Bassetlaw Critical Care Operational Delivery Network**

## **Adult Critical Care Repatriation Policy**

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This policy has been endorsed by the Chief Executive Offices; Medical Leads; Chief Nurses; Chief Operating Officers of the Acute Trusts in South Yorkshire & Bassetlaw.	

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## 1.0 Introduction

This document outlines the South Yorkshire & Bassetlaw Critical Care Operational Delivery Network policy for the repatriation of patients from either a specialist critical care unit, or a general adult critical care unit to a local hospital within South Yorkshire & Bassetlaw. Such patients may be transferred to either critical care or a ward area within their local hospital.

The policy will outline expectations of how repatriation should occur and the acceptable practices required to support safe and timely movement of patients back to their referring hospital.

It is recognised that the repatriation of patients' is necessary to ensure that pathways of care continue without unnecessary delay or interruptions and ensuring beds in units providing specialist care have effective flow.

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)<sup>1</sup> and the Guidelines for the Provision of Intensive Care Services (Edition 2 2019)<sup>2</sup>; Guidance for the repatriation of critically ill patients from international hospitals to UK critical care units. National medical leads<sup>3</sup>, Critical Care Operational Delivery Networks.

## 2. Scope

This policy applies to the Acute Trust Providers across South Yorkshire & Bassetlaw who provide adult critical care services; Sheffield Teaching Hospitals (Northern General Hospital ; Royal Hallamshire Hospital), Barnsley Hospital, Rotherham Hospital, Doncaster & Bassetlaw Hospitals.

## 3. Purpose

3.1 To provide a clear and concise description of the procedures and timescales to allow repatriation of patients from specialist areas or from general adult critical care services to local hospital in the South Yorkshire & Bassetlaw either critical care or ward level in a timely manner.

3.2. This policy outlines expectation of all hospitals in the South Yorkshire & Bassetlaw to repatriate patients back to an appropriate local hospital in a timely manner.

Patients may require repatriation to a local hospital within the network:

- Following emergency/ acute treatment at another trust

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<sup>1</sup> Intensive Care Society/Faculty of Intensive Care Medicine Guidelines On: The Transfer of the Critically Ill Adult (2019)

<sup>2</sup> Guidelines for the Provision of Intensive Care Services (Edition 2 2019)

<sup>3</sup> Guidance for the repatriation of critically ill patients from international hospitals to UK critical care units. National Critical Care Operational Delivery Networks Medical Leads

- Following planned specialist treatment at another trust
- To continue acute treatment in a hospital closer to home
- When capacity has become available in their local trust in case of capacity transfer
- Following emergency /acute treatment whilst overseas

#### 4. Policy Aim

**All adult patients, once assessed as clinically fit for transfer by a critical care consultant from the referring centre, will be repatriated within 48 hours from the time of referral to either critical care or to ward level.**

4.1 Repatriation will take place once the patient's condition is stable in respect of the specialism which required admission. There must be a clear on going management plan. The patient has been deemed clinically fit to transfer and is medically safe to transfer (e.g. critical care to critical care or critical care to a ward).

4.2 This policy is activated once the Consultant (Parent Team & Critical Care Consultant) at the receiving Trust has accepted the patient for transfer.

4.3 In situations where patients are being managed by multiple teams e.g. major trauma cases, selection of the most appropriate speciality should be determined prior to repatriation. A full handover should be provided to the parent speciality by the transferring parent team. This step should not create delays in repatriating patients and where difficulties occur it should be escalated immediately to the relevant Medical Director in receiving hospital.

4.4 Patients who are admitted to any of the critical care units within the South Yorkshire & Bassetlaw Critical Care Network, who are residents from outside South Yorkshire & Bassetlaw, should be transferred back to a local hospital as soon as their "specialist" care is completed and/ or their clinical condition allows.

4.5 Patients being repatriated from outside South Yorkshire & Bassetlaw should be repatriated directly to the unit closest to their home unless they require specialist care.

4.6 There may be occasions when it is necessary to repatriate a patient following specialist care back to their local critical care unit whilst they await access to further specialist care e.g. patients following spinal injury.

4.7 In some cases patients may be admitted as day cases and return to the referring hospital the same day, in these cases we would expect the bed to be kept available on the referring hospital.

4.8 This policy applies only to those patients that have on-going acute hospital care needs and not those patients that require on-going rehabilitation in a dedicated facility.

4.9 The policy only applies to those patients awaiting repatriation to a hospital in their own area. The policy does not include those patients awaiting specialist services.

4.10 All UK residents have a right to timely access to NHS facilities, including those who become ill whilst abroad. The repatriation of all patients to the hospital that serves their

home residence should be expected to occur within the timeframe of internal repatriations within that ODN (normally 48 hours). It is acknowledged that repatriation of patients from overseas can create additional logistical challenges which will require advanced planning.

## **5. Underpinning principles for repatriation of patients**

5.1 Decisions regarding repatriation will be made to reflect the best interests of patients across South Yorkshire & Bassetlaw.

5.2 Where possible patients and their families will be involved in the process and fully engaged in decision making.

5.3 Organisations will work together to facilitate flow in order to maintain access to treatment within specialist centres.

5.4 Organisations will work together to ensure that patients receive care close to home whenever this is possible.

5.5 Organisations will aim to transfer patients within 48 hours of referral acceptance; patients not transferred within this timeframe will be escalated via Chief Operating Officers.

5.6 Delays in stepping down wardable patients should not prevent critical care repatriation of patients from another site.

5.7 Planned transfers will occur 7 days a week at times agreed between Trusts.

5.8 As with all critical care transfers risk assessments will be undertaken to ensure that patients are transferred with the correct level of supervision (patient transport service, paramedic, nurse, doctor) (Appendix 1)

5.9 A pre transfer checklist on the Network Transfer Form should be completed (Appendix 2)

5.10 Documentation of the process will follow good practice guidelines in line with individual trust policies. All critical care transfers should use the SYB network transfer documentation, a copy of which should be returned the network.

5.11 No part of the escalation process will see patients transferred to a receiving hospital A&E Department without prior agreement.

5.12 Repatriation of patients into a receiving Trust will not be dependent on the Trust that is sending the patient accommodating a patient in return or 'a patient swap'.

## **6. Operational Arrangements**

### **6.1 Decision NOT to repatriate**

For patients whose predicted outcome is futile and likely death imminent within 48 hours; referral back to local hospital should not usually be pursued. Occasionally it may be in the patient's best interests, but such a decision can only be made by a consultant in discussion

with the patient (if appropriate) and their family/next of kin and the consultant of the accepting team in accepting hospital.

## **6.2. Decision Making – Repatriation of Patients to local hospital critical care services**

6.2.1. Referring hospital specialty consultant/team must authorise the patient's repatriation.. All patients being repatriated require acceptance by specialty consultant/team and critical care consultant on the receiving site. Determining the named consultant /team with responsibility in a local hospital for a repatriated patient must not hinder or delay the repatriation process

6.2.2. Referring hospital critical care consultant contacts local hospital critical care consultant to accept patient.

6.2.3. It should be documented in the clinical notes that the patient is ready for repatriation, date and time of acceptance and the name of the critical care consultant accepting the patient as well as any other teams in the local hospital who have been involved in discussions about the patient. Document discussions held with patient and relatives regarding treatment and prognosis.

6.2.4. Once the patient has been accepted by the local critical care unit, it is acceptable for on-going discussion relating to the timing of the transfer to be undertaken by the senior nurse from the referring critical care unit.

6.2.5. Once a patient is deemed fit and safe for repatriation the patient should be repatriated at the earliest opportunity, within the 48 hour time frame.

6.2.6. If a patient becomes unfit to transfer whilst waiting for a critical care bed in another hospital, the 48 hour deadline for repatriation no longer applies. When the patient resumes fitness, the referring hospital must contact the critical care team and any other relevant teams and the clock will restart at zero.

6.2.7. The referring hospital must complete relevant discharge summary / letter, clinical and social information. This must accompany all patients to the accepting hospital. Relevant data should also be transferred electronically as appropriate including radiological investigations. The home local hospital is generally defined by the address of the General Practitioner at which the patient is registered.

6.2.8. Transfer transportation will be organised by the transferring hospital providing necessary escort arrangements, together with all necessary documentation.

6.2.9. In accordance with National Standards (D16 Service Specification for Adult Critical Care Services) transfer of patients should be avoided 'out of hours' (2200hrs – 0659hrs

6.2.10 Clinical responsibility for the patient lies with the referring hospital until the patient arrives in the local hospital and is handed over to the team.

## **6.3. Decision Making – Repatriation of Patients to ward level**

6.3.1. Referring hospital relevant consultant must authorise the patient's repatriation.

6.3.2. Referring hospital critical care consultant contacts local hospital on-call consultant of that day for the relevant speciality.

6.3.3. It should be documented in the clinical notes that the patient is ready for repatriation, date and time of acceptance and the name of the accepting speciality consultant accepting the patient.

6.3.4 A patient should only be repatriated from critical care in one hospital to a ward in a different hospital if they have been stable and fit for ward discharge over 24 hours. The critical care team in the receiving hospital should be notified to allow outreach and follow up as appropriate.

6.3.5. Once the patient has been referred to the relevant team in the local hospital, it is acceptable for on-going discussion relating to the timing of the transfer to be undertaken by the senior nurse from the referring critical care unit or the site/bed managers.

6.3.6. Determining the named consultant /team with responsibility in a local hospital for a repatriated patient must not hinder or delay the repatriation process.

6.3.7. Once a patient is deemed fit for repatriation and safe for transfer and a critical care to duty consultant referral has been made in the local hospital; the patient should be repatriated at the earliest opportunity and not necessary as long as 48 hours following referral.

6.3.8. Where a patient is being repatriated from critical care to a ward area, a risk assessment should be undertaken to ensure all safety needs of the patient are met. This should include IPC.

6.3.9. If a patient becomes unfit to transfer whilst waiting for a ward bed in another hospital, the 48 hour deadline for repatriation no longer applies. When the patient resumes fitness, the referring hospital must contact the on-call consultant of that day for the relevant speciality and the clock will restart at zero.

6.3.10. The referring hospital must complete relevant discharge summary / letter, clinical and social information. This must accompany all patients to the accepting hospital. Relevant data should also be transferred electronically as appropriate including radiological investigations.

6.3.11. Transfer transportation will be organised by the transferring hospital providing necessary escort arrangements, together with all necessary documentation.

6.3.12. In accordance with National Standards (D05 National Service Specification for Adult Critical Care Services<sup>4</sup>) transfer of patients should be avoided 'out of hours' (2200hrs – 0659hrs).

6.3.13. The clinical responsibility for the patient lies with the referring hospital until the patient arrives in the local hospital and is handed over to the team.

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<sup>4</sup>NHSE (2019) Adult Critical Care Service Specification

## **7. Escalation Procedures**

7.1. If repatriation has not occurred within 48 hours with no change in the patient suitability and readiness for transfer this will be recorded as a repatriation delay.

7.2. Referring hospital will maintain communication at least daily regarding the updated position. Once the initial referral (consultant to consultant) has been made, this can be undertaken between senior members of the nursing staff, escalating to medical staff when delays occur.

7.3. If repatriation has not occurred within 48 hours of acceptance, this should be escalated to the Chief Operating Officer (COO) at the referring site in order to facilitate COO to COO (receiving site) discussion and resolution. The Critical Care Network should also be informed.

7.4. Delay in repatriation (Over 72 hours) will then be escalated to CEO to CEO discussion.

## **8. Infection Status**

8.1. Infection status must be declared at time of referral.

8.2. Repatriation should not be delayed because a patient's infection status includes those infection control issues that a general critical care unit may be expected to manage on a daily basis e.g. Clostridium difficile & multi-resistant; Staphylococcus aureus (MRSA); Covid.

Units that have a policy to isolate all transfers including those without known infection must ensure that they have adequate isolation facilities to manage and this should not delay repatriation. It is individual trust and Commissioner responsibility to ensure adequate resources are available.

8.3. Infections that a general critical care unit would either:

1. Not normally be expected to manage regularly e.g. tuberculosis
2. Be a significant risk to the receiving intensive care environment such as multi-resistant Acinetobacter baumannii, Carbapenemase Producing Enterobacteriaceae.

The isolation of these patients is appropriate and transfer should take place only when this is available.

## **9. Monitoring of policy**

9.1. Where the timescale detailed in this policy is not met details of the receiving hospital, length of delay and the reason for delay will be submitted to the south Yorkshire & Bassetlaw Critical Care Operational Delivery Network Office.

9.2. Where recurrent problems are encountered, such as referral difficulties and repatriation delays the proposed receiving hospital will be asked to implement appropriate action to prevent further delays.

9.3. Where frequent or extended delays occur this will be highlighted to the Operational Delivery Network Board for further escalation.

## **Appendix 1 Risk Assessment & 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.

## Appendix 1 - Transfer Risk Assessment

### 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  
FiO<sub>2</sub> < 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  
FiO<sub>2</sub> < 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  
FiO<sub>2</sub> > 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 2 Pre Transfer Checklist

A simplified pre-departure check list (below) is incorporated into the SYBCCODN Pre Transfer Check Sheet on the network Transfer form. 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	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
S	Systematic	Full ABCDE assessment Confirm airway secure 2 Working and accessible intravenous access points Confirm patient stable and suitable of transfer	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
C	Communication	Inform patient (if not sedated) and family Confirm transfer, requirements and ETA with receiving unit Mobile telephone available	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
O	Observations	Commence inter-hospital transfer charting Full set of observations recorded Confirm patient is stable and suitable for transfer	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
R	Recent Investigations	Handover documentation completed Recent investigation results including arterial blood gas Confirm radiological images transferred electronically	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
T	Team	Skill mix of transfer team appropriate Protective clothing / high visibility jackets available Is the unit safe to leave?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

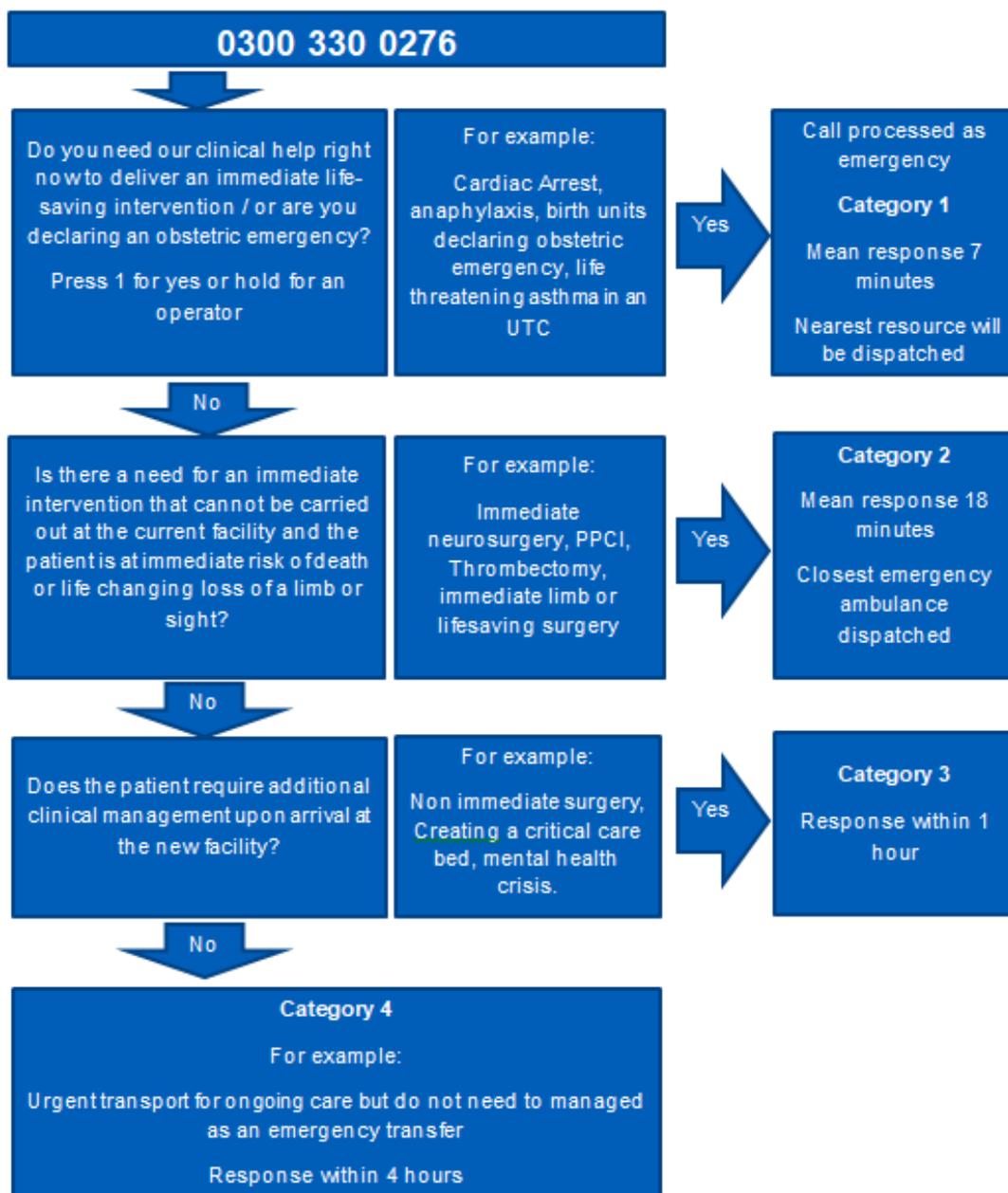
**After Transfer**

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

## Ambulance Transfer Booking Guidance v1



### Ambulance Transfer Booking Guidance v1



## Appendix 4 Trust Contact Details

Trust	Unit	Number
Barnsley	Critical Care Unit	01226 432794
Bassetlaw	Critical Care Unit	01909 572106
Doncaster	Critical Care Unit	01302 642864
Rotherham	Critical Care Unit	01709427446
Sheffield	Northern General ITU Cardiac	0114 271 4519 0114 271 4805
	Northern General HDU E Floor	0114 271 5785 0114 271 5786
	Northern General ICU D Floor	0114 271 4012 0114 2714122
	Royal Hallamshire ICU - K2	0114 2268523
	Royal Hallamshire Neuro K1	0114 271 3418 0114 271 1683

To request transport for an inter facility transfer;

Yorkshire Ambulance Service Number:	Number
Inter facility Transfer Requests	0300 330 0276

To contact site Bed Managers please go via Trust switchboard:

Trust	Switchboard
Barnsley	01226 73 00 00
Bassetlaw	01909 500990
Doncaster	01302 366666
Rotherham	01709 820000
Sheffield (both sites)	0114 2434343

South Yorkshire & Bassetlaw Critical Care Operational Delivery Network contacts:

Name	Role	Number
Claire Horsfield	Manager/Lead Nurse	<a href="mailto:Claire.horsfield4@nhs.net">Claire.horsfield4@nhs.net</a>
Andrea Berry	Quality Improvement Lead Nurse	07538200367 <a href="mailto:Andrea.berry2@nhs.net">Andrea.berry2@nhs.net</a>
Dr Nick Barron	Medical Lead	<a href="mailto:Nicholas.barron1@nhs.net">Nicholas.barron1@nhs.net</a>

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