

Information for Patients & Their Relatives Admitted to Intensive Care Regarding Transfer

Setting Critical Care Units within the West Midlands Critical Care & Trauma Network (MCCTN) and East Midlands Critical Network (EMCCN)

For Staff All Critical Care staff

Patients Any patient referred to ACCOTS requiring Critical Care transfer

Document Control:

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This short document explains about the small possibility of needing to transfer some patients from this hospital to another if our intensive care service becomes overwhelmed. We explain that the patient who may need to move could be you (or your relative).

ADMISSION TO AN INTENSIVE CARE UNIT

Admission to an intensive care unit (ICU) is needed for some patients due to serious health problems or to provide enhanced care after a planned procedure e.g. a major operation.

Delivery of safe and optimal intensive care treatment requires:

- Adequate numbers of trained nursing & medical staff
- Adequate physical space (e.g. beds) to accommodate patients
- Appropriate resources on site to deliver the required treatment

TRANSFERS TO OTHER HOSPITALS

Some patients are transferred from the intensive care unit to an intensive care unit in a different hospital. Many of these transfers are to hospitals that can provide specialist care: these are known as 'clinical transfers'. It is not possible for all hospitals to provide all treatments and some treatments are more specialised and less common. We know that outcomes are better when less common work is concentrated in specialist hospitals.

A small number of transfers are necessary because of a physical lack of bed space, or nursing or medical staff to allow ongoing safe care: these are known as 'capacity transfers'. We try very hard to avoid transfers to other intensive care units for these reasons but there are times when it needs to happen to allow safe care to be delivered to all our patients

THE COVID-19 PANDEMIC

Intensive care units should have enough beds and resources, during usual times, to remove the need for capacity transfers but with exceptional demand, such as the COVID-19 pandemic, this possibility increases. There are not enough ICU nurses in the UK to look after all of the extra people needing critical care at this time. This shortfall is being managed by allowing ICU nurses to look after more patients than usual and by using other staff, who do not normally work in ICU, to provide care under the guidance of trained intensive care nurses.

However, sometimes this is not enough and if your local intensive care unit is overwhelmed by the number of patients needing care, this brings increased risk of harm to all of the patients needing our help.

If this situation does happen then we need to take important steps to improve ongoing safety for all patients. This will involve moving some to another hospital, where there is enough room and staff, for them to continue their same intensive care treatment safely

WHO CAN BE TRANSFERRED?

Deciding which patients to move to another hospital can be difficult and a decision to transfer is not taken lightly. Transfers have the potential to expose a patient and staff to additional risk, requires trained personnel, specialised equipment and vehicles, and can result in extra worry for relatives and patients.

The best available evidence from the UK showed that patients who are transferred to another hospital for capacity reasons are not at an increased risk of dying but may spend a short amount of extra time in ICU compared to those who are not transferred.

However, although transfers are potentially associated with additional risk they can be safely accomplished even in extremely ill patients including long transfers with serious lung or heart problems.

We use a specialist ambulance staffed by experienced doctors and nurses equipped and trained to transfer patients. It can provide the same monitoring and support that our patients normally receive in an intensive care unit.

WHO DECIDES WHO WILL BE TRANSFERRED?

The decision to transfer is always made by the most senior doctors and nurses, usually a consultant and ward matron, in discussion with a specialist transfer consultant from the transfer service. Every effort is made to communicate with you about this but some patients are not able to communicate with us when this need occurs. If you are one of our patients, this is why we are explaining this now just in case we do need to transfer you and you are not well enough to understand this at that time.

If a transfer is needed, the senior intensive care staff will decide which patients are at lowest risk from a transfer. Patients who are most stable (i.e. at lowest risk) for transfer may not be those who have just come to intensive care. Patients who have already had some treatment within ICU, over the last few days or weeks, may be the most appropriate person to undergo a move to another hospital.

WHERE WILL I BE TRANSFERRED TO?

All hospitals in the region that have an intensive care unit work together to ensure that we can provide safe care for all patients who need it. The hospitals in the West Midlands region which have intensive care units are located in Birmingham and the Black Country and in the counties of Herefordshire, Northamptonshire, Shropshire, Staffordshire, Warwickshire and Worcestershire. We will always try and find a hospital that is closest to the intensive care unit you are being transferred from. However, we must ensure that whichever hospital you or your relative are transferred to have sufficient medical, nursing and physical space to safely provide the ongoing care needs you (or your relative may require). Occasionally this may include the need to transfer you or your relative to an intensive care unit outside of the West Midlands.

HOW LONG WILL I NEED TO STAY AT THE HOSPITAL I AM TRANSFERRED TO ?

We will always try and minimise the time that you or your relative continue to receive your treatment at the hospital you have been transferred to. The decision to transfer you back to your local hospital will be made by the senior medical and nursing team looking after you at that time. You will continue to receive the same level of care that would be provided locally. In some cases patients may no longer require intensive care when they are transferred back to their local hospital.

WE UNDERSTAND YOU WOULD PREFER A TRANSFER NOT TO HAVE TO TAKE PLACE

None of the staff working within an intensive care unit want to be faced with a situation where ongoing safe care cannot be delivered for all patients. We know that moving you, or your loved one, to another hospital can make you more worried, be inconvenient and make visiting hospital as a relative, more difficult.

If we do need to transfer you or your relative to another hospital, this is because we can no longer safely provide the care you, your relative, or our other patients need. We will explain our decision if you (or your relative) are the most stable individual to transfer to another hospital. Whilst we understand that you may prefer this not to happen, we apologise in advance if this situation occurs.

The intensive care staff will keep you, or your relatives, informed about the transfer process and provide any appropriate written information. The final decision as to whether a transfer takes place will be the responsibility of the intensive care consultant on duty.

We hope you understand and will do all that we can to look after all of our patients during this challenging time