

Clinical Standard Operating Procedure (SOP)

REFERRING TO ACCOTS

SETTING	Service-wide
FOR STAFF	All referring clinicians, All ACCOTS staff
PATIENTS	Adult (≥16 years of age) patients with critical illness or injury

Summary

The primary roles of ACCOTS is to provide consultant decision-support, coordination and triage of all adult critical care transfer referrals and to perform time efficient, high quality transfer of these patients from hospitals within the Midlands.

Clinicians make referrals via the Single Point of Contact **0300 200 1100** number which operates 24 hours a day, 7 days a week. The Service has a team of call handlers (provided by KIDSNTS) who will ask the referrer their location, name, role and key patient demographic information before passing the call to the ACCOTS Duty Co-ordinating Consultant (DCC) and establishing a conference call. To assist referrers, [Appendix 1](#) contains a checklist for the information required during the call.

Referrals can also be made via the referapatient national portal - <https://www.signpost.healthcare/adult-critical-care-transfer-nat>. Guidance on how to use this system and useful patient selection and preparation guides can also be found on this page.

All **time critical referrals** should be made by **phone initially** and as **EARLY IN THE PATIENTS PATHWAY AS POSSIBLE**, so that the team can be dispatched in good time. This can then be followed up with a referapatient submission if required. Referrals that are not time critical and all referrals for capacity should ideally be made using the referapatient system and will then usually be followed up by a telephone discussion.

The transfer process is consultant-led from initial referral through to the handover in the receiving hospital. The ACCOTS DCC has the ultimate responsibility for determining team composition, referral priority and speed of mobilisation.

Referral process (steps 1-3 will be replaced by referapatient if used)

Step 1 – call 0300 200 1100 (Please note that all telephone calls are recorded for audit, training and patient record purposes)

- Any clinician can refer to ACCOTS 24 hours a day
- The responsible consultant must be aware of the referral (this may be after the event in time-critical patients)
- Clinicians should be sufficiently senior to convey detailed patient information and act upon remote medical advice given by the ACCOTS DCC

Step 2 – call handler asks for basic details

- Caller is asked to confirm their location (which hospital they are in), name, role and provide a **direct** contact telephone number along with patient demographic information.

Step 3 – conference call

The referring clinician will be placed on hold whilst a call conference is formed between them and the ACCOTS DCC

- Receiving hospital clinicians can be added to the call as required to facilitate the ongoing referral process

Step 4 – management plan

- The ACCOTS DCC will agree an initial management plan with the referring team
- If available and required, ACCOTS will mobilise a team
- If unavailable, and the transfer is time critical, the ACCOTS DCC will provide remote decision-support and advise the referrer to pass the call to East Midlands or West Midlands Ambulance Service.

Step 5 – further advice

- Whilst the team is travelling to the referring hospital, the ACCOTS DCC may give further advice regarding the patient's management if required and liaise with the receiving unit.

Acceptance and mobilisation

Once a referral is accepted for transfer, we aim to mobilise a transfer team within **5 minutes** for a time critical patient and **15 minutes** for a non-time critical patient (if the team are immediately available).

The time to the patient's bedside will be dependent on the distance to the referring hospital and other factors. ACCOTS give an estimated time of arrival to the referring clinician when the team has mobilised.

Preparing for ACCOTS arrival

Ongoing resuscitation and stabilisation of the patient, if required, must continue under guidance of a senior decision maker, whilst you are waiting for the ACCOTS transfer team to arrive. The ACCOTS transfer team will call when they are 15 minutes from the referring hospital. For time critical patients, they may request a telephone handover in order to speed up their turn around in your hospital.

[Appendix 2](#) contains a checklist designed to facilitate patient preparation ahead of their arrival and reduce the stabilisation and packaging time once in your hospital.

What happens if ACCOTS are unavailable?

ACCOTS operates a model which has four transfer teams covering the Midlands. Two teams between **08:00** and **20:00** in East Midlands and two teams between **08:00** and **22:00** in West Midlands). If teams are unavailable, calls continue to be triaged and coordinated by ACCOTS with a DCC available 24/7. If time critical or urgent and unable to await the next free team, transfers must be undertaken by the referring team with vehicles provided by either East Midlands or West Midlands Ambulance Service NHS Trusts. During non-operational hours at night, ACCOTS has a dedicated transfer vehicle which may be dispatched, relieving the burden on the NHS Ambulance Service Trusts.

Appendix 1 – Information required during the call to ACCOTS

Type of call	Escalation to specialist care (<i>please tell us if you believe the referral to be time critical</i>) Repatriation Capacity transfer
You	Referring clinician's name Location (the hospital you are calling from and the exact location of the patient within it – please be prepared for ACCOTS to ask for directions if the location is unusual) Contact number (ideally telephone nearest patient or mobile phone number of referring clinician) Your grade and specialty
Patient demographics	Name Gender DOB NHS no. Weight Named consultant with overall responsibility for the patient's care
Receiving hospital	Receiving hospital and destination within it if known (eg. ED, theatres, ICU, etc) Accepting specialty Accepting consultant name Contact number for receiving destination
Patient history and current status	History Key observations including HR, BP, RR, SpO ₂ , temperature, GCS Key interventions Oxygen requirements and ventilator settings (if applicable) Drugs and infusions administered
For transfers ACCOTS cannot meet	Escorting doctor – grade and specialty Escorting practitioner – profession (nurse, etc), grade, specialty Are you using your critical care transfer trolley?

Appendix 2 – Checklist: preparing for an ACCOTS transfer

Airway & Breathing	Endotracheal tube adequately secured for transfer (do not cut tube)? Lung protective ventilation? CXR required?
Circulation	IV access x2 Arterial line if indicated (all intubated patients and all with a vasopressor requirement)
Neuro & Sedation	Regular pupil assessment Sedation and analgesia adequate?
GI	Is NG required? Stop NG feed and Actrapid if using
Renal	Urinary catheter (all intubated patients)
Micro	Infection control issues? If so, inform ACCOTS Antibiotics administered?
Blood	Blood products ordered if required for transfer? If uncertain, discuss with ACCOTS
Drugs	Patient allergy status confirmed? Administer medication that is due Does the patient have any issued medications that need to be transferred with them? Prepare adequate infusions for the journey and any additionally requested by ACCOTS. At a minimum for a ventilated patient, please prepare 3 x the journey's duration of the following: Sedative (e.g. propofol (1% or 2%) [or equivalent]) Opiate of choice (e.g. 50ml alfentanil (2500mcg in 50ml) [or equivalent]) Paralysis infusion or 3 x doses (rocuronium or atracurium) Noradrenaline (if central access available – metaraminol if not) If uncertain, discuss with ACCOTS
Temperature	Keep patient warm
Identification	2 patient identification bands
Documentation	Discharge summary (or transfer letter) Copy of relevant patient notes Copy of drug chart Copy of blood results Copy of relevant microbiology reports Imaging electronically transferred to receiving hospital? If uncertain, speak to PACS team
Next of Kin	Aware of transfer and destination?

Document Governance

REFERENCES	https://www.mcctn.org.uk/transfer-service.html https://www.signpost.healthcare/adult-critical-care-transfer-nat
RELATED DOCUMENTS AND PAGES	Referral handling and deployment SOP
AUTHORISING BODY	ACCOTS leadership team
SAFETY	<p>Adequate patient information is required</p> <p>Ongoing resuscitation and stabilisation of the patient must continue whilst awaiting transfer</p>
QUERIES AND CONTACT	<p>ACCOTS leadership team via: East Midlands: uho-tr.emaccots@nhs.net / West Midlands: uhb-tr.accots@nhs.net https://www.referapatient.org (information and guides to referapatient)</p>