Network Guideline

Peninsula Trauma Network

Automatic Acceptance and Secondary Transfer Guideline

Date	Version
June 2021	V14.1

Purpose

Following the national introduction of Regional Trauma Networks, all Major Trauma Networks (MTN's)are required to have a policy to ensure that major trauma patients are automatically accepted by the MTC as appropriate.
The purpose of this policy is to provide direction and guidance for actions from key individuals and organisations within The Peninsula Trauma Network to improve the patient pathway and ensure that patients are transferred to the definitive point of care as quickly and safely as possible.

Who should read this document?

Peninsula Trauma Network Leads South
Western Ambulance Service staff
TU and MTC Clinical Leads for Major Trauma and Trauma Team Leaders
All on-call managers, Emergency Planners, Acute Trust Lead Nurses

Accountabilities

Production	Dr Tony Hudson
Review and approval	PTN Advisory Group
Ratification	PTN Advisory Group
Dissemination	All PTN Acute Trusts, South Western Ambulance Service NHS Foundation Trust, Devon Air Ambulance, Cornwall Air Ambulance.
Compliance	All Parties

Links to other policies

PTN Traumatic Brain Injury Policy
PTN Escalation Policy
Devon Air Ambulance Trust Inter Hospital Transfer Policy
SW Paediatric Major Trauma Networks Acceptance Transfer & Repatriation Policy

Version History

V9	Mark Jadav	Inserted Secondary Transfer flowchart and revised Wessex Triage Tool
V10	Mark Jadav	Further general revisions.
V11	Mark Jadav	Revised section 4.4 and Appendix 1.
V12	Mark Jadav	Post CAG revisions March 2017 including updated TTT.
V13	Tony Hudson	General Revisions (Not issued)
V14.1	Tony Hudson	Post Network Advisory Group Revisions

Last Approval	Due for Review
June 2021	Annually

The Network is committed to creating a fully inclusive and accessible service. Making equality and diversity an integral part of the business will enable us to enhance the services we deliver andbetter meet the needs of patients and staff. We will treat people with dignity and respect, promote equality and diversity and eliminate all forms of discrimination, regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity.

An electronic version of this document is available on The PTN website.
Larger text, Braille and Audio versions can be made available upon request.

Contents

1.0 INTRODUCTION/PURPOSE OF THE POLICY

1.1 Major Trauma Centres (MTC) are required to automatically accept patients requiring treatment for major trauma injuries.

1.2 The decision as to whether patients are potentially suffering from major trauma may be made by ambulance service personnel at the scene of an incident, using the agreed Major Trauma Triage Tool. It is accepted that this will lead to a degree of over-triage to the MTC.

1.3 Patients may also be identified in Trauma Units. Appendix A defines which patients are subject to automatic acceptance (SEND then CALL), and those that will access MTC services via alternative routes.

1.4 The purpose of this policy is to provide direction and guidance for actions from key individuals and organisations within the Peninsula Trauma Network to improve the patient pathway and quality of care.

1.5 This policy should be interpreted in the spirt of providing the right care for our patients, this occasionally means that patients with major trauma will NOT be transferred to the MTC as it is not in keeping with their wishes or their holistic needs.

2.0 APPLICATION: TO WHOM THIS POLICY APPLIES

2.1 This policy applies to all Major Trauma patients, see Appendix A: Network Trauma Patient Acceptance and Discussion Guide

2.2 Patients with un-survivable injuries should not be transferred between facilities.

2.3 The policy will be implemented by all appropriate personnel in ED, Intensive Care, High Dependency Units, and General Wards.

2.4 The day-to-day responsibility for the implementation of this policy lies with the referring doctor from the TU and on-call MTC TTL who accepts the patient. Final responsibility for implementation will lie with the MTC Clinical Lead for Trauma and TU clinical leads for major trauma.

2.5 A discussion with the MTC Trauma Team Leader (TTL) is recommended for all multiply-injured patients.

3.0 SUMMARY OF THE POLICY

3.1 This policy will ensure the correct route of Major Trauma patients accessing MTC services from the TUs and Ambulance Services within the Peninsula Trauma Network.

3.2 It will ensure that all relevant parties are aware of their specific roles and responsibility, and prevent the acceptance and transfer of patients being delayed.

3.3 The policy will also describe the procedure where capacity to accept severely injured patients is exceeded.

4.0 THE POLICY

4.1 Aim

The aim of this policy is to prevent unnecessary delays in the transfer and acceptance of patients from within the Peninsula Trauma Network to the Major Trauma Centre, by ensuring automatic acceptance of trauma patients through correct route of access to Major Trauma Centre services.

4.2 Principles

4.2.1 This policy applies 7 days a week

4.2.2 Major Trauma patients with significant injuries in more than one body region (polytrauma) who have been appropriately resuscitated (including when necessary by Damage Control Surgery or Interventional Radiology) should be transferred using the automatic acceptance process to ensure rapid transfer to the Major Trauma Centre. Such patients should be managed by a consultant led trauma team.

4.2.3 Patients with specific injury patterns requiring time critical intervention that is beyond the capability of the TU to deliver (e.g. neurosurgical intervention, penetrating chest injury with retained implement, open spinal fracture etc.) should be transferred using the automatic acceptance process to get them to specialist tertiary services as rapidly as possible.

4.2.4 Patients who are haemodynamically stable and have only single system injury that may require specialist management (e.g. isolated chest injury, isolated pelvic ring injury) should be referred via the appropriate electronic referral pathways for specialist opinion and admitted to the TU pending the results of the referral discussions. Responses to referrals via this route may take up to 24hrs.

4.2.5 All relevant clinical information is to be given to the receiving Trust

4.2.6 The transfer of the patient is to be organised by the referring hospital, providing an appropriately qualified escort when required and all necessary equipment and documentation for the transfer. This is to include the use of the current Critical Care Transfer form.

4.2.7 This policy should be read in conjunction with the:

- Appendix A: Network Trauma Patient Acceptance and Discussion Guide
- Appendix B: Isolated Specialist pathway 1: Open Fractures
- Appendix D: Isolated Specialist pathway 2: Chest Injury
- Appendix E: Isolated Specialist pathway 3: Pelvic Injury
- Appendix F: Isolated Specialist pathway 4: Brain Injury *(pending)*
- Appendix G: Major Trauma Triage Tool
- Peninsula Trauma Network Traumatic Brain Injury policy
- Peninsula Trauma Network Major Trauma Triage Decision Tool
- Peninsula Trauma Network Escalation Plan

4.3. Automatic Acceptance Process

4.3.1 Appendix G details the Major Trauma Triage Tool for primary transfer to MTC.

4.3.2 Appendix A: details the Secondary Transfer Protocol from TU to MTC and outlines which patients should be considered for this process. If in doubt the TU TTL must discuss with the MTC TTL before initiating the transfer process.

4.3.3 The ambulance personnel or referring hospital must contact the on-duty Trauma Consultant (TTL) with details of the patient being transferred.

4.3.4 ATMIST pre-hospital information should be passed to the MTC for all patients transferring directly from scene or hospital. It is acceptable for this to be in two parts with initial basic information given as soon as possible with more detailed information following, as soon as it is available.

4.4 Transfer Arrangements

4.4.1 Referring hospitals must contact Retrieve, South West Adult Critical Care Transfer Service on 0300 030 2222 to request transfer and provide details of the patient for all adult trauma patients (age ≥ 16). This service will triage all requests for secondary transfer, including time critical transfers and allocate appropriate resources from HEMS through to Retrieve teams or SWASFT ambulances.

4.4.2 Secondary transfer arrangements and discussions must be carried out at Trauma Team Leader level.

4.4.3 Full patient details including name of referring Trauma Team Leader to be recorded in the trauma booklet which should accompany the patient to the receiving hospital.

4.4.4 It is the responsibility of the Trauma Unit to liaise with the ambulance crew and notify the MTC of the estimated arrival time of the patient.

4.4.5 It is the responsibility of the transfer team, ambulance or air crew undertaking the transfer to advise the MTC of any changes to the ETA en route. This can either be called through to the MTC by the crew directly or as a message sent via control.

4.4.6 An updated ATMIST should be given at least 10 minutes before arrival at the MTC

5.0 Urgent Referral outside of Automatic Acceptance

5.1. Referral for single-specialty, urgent but not time-critical tertiary care which is not available within the referring TU should be made according to the appropriate referral pathway for the specialty involved. Advice regarding specific management of injuries and transfer to theMTC may take up to 24hrs to be provided. Details can be found in Appendices B-F

5.2 Referral using the recommended electronic referral systems for specialist tertiary care should not be used for patients who are haemodynamically unstable or who have injury in more than one body region. Such patients must be discussed with the MTC TTL.

5.3. If in doubt about the referral pathway speak to the MTC Trauma Team Leader.

6.0 Capacity & Overflow Management

6.1. Read this section in conjunction with the Pan South Adult Major Trauma ODN EscalationFramework.

6.2. The Major Trauma Centre has a duty of care to the population covered by the Peninsula Trauma Network and must accept all severely injured patients requiring secondary transfer in a timely manner.

6.3. The MTC On-Call Executive has lead responsibility for decisions regarding capacity and the ability to accept patients from the Peninsula Trauma Network and from outside the network.

6.4. Where there are problems with capacity in specific areas at the MTC (e.g. critical care), that may affect the ability of the MTC to carry out its function, it is the responsibility of that unit/department to inform the On-Call Manager in a timely manner and to work together with the site team, the Major Trauma Centre Co-ordinators and the co-ordinating Trauma Consultant to resolve the situation.

6.5. If capacity issues within the MTC prevent acceptance of severely injured patients from TUs in standard timelines, despite internal escalation, the On-Call Executive and Team will engage nationally to formulate the region plan.

6.6. This nationally accepted regional plan will be communicated across the network at Executive level only. Please note that the MTC TTL or Specialist Consultants (such as T&O and ITU) do not have authority to restrict transfers.

6.7 Decisions to request Secondary Transfer from TUs to the MTC must be made upon injury patterns as described in Appendix A and the clinical capability of TUs to manage specific conditions locally, not upon capacity within the TU. Any perceived lack of TU capacity should be escalated to the TU On-Call Manager to resolve.

Appendices:

Available on the Peninsula Trauma Network website:

http://www.peninsulatraumanetwork.nhs.uk/network-guidelines

Appendix A:	Network Trauma Patient Acceptance and Discussion Guide
Appendix B:	Isolated Specialist pathway 1: Open Fractures
Appendix D:	Isolated Specialist pathway 2: Chest Injury
Appendix E:	Isolated Specialist pathway 3: Pelvic Injury
Appendix F:	Isolated Specialist pathway 4: Brain Injury *(pending)*
Appendix G:	Major Trauma Triage Tool