



# Inter Hospital Transfer Policy

## Document Control

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Author	DAA Clinical Governance leads
Owner	Nigel Hare
Responsible Director	Operations
Approved by	SLT
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## Change History:

Date	Change	Completed by
14/2/18	Amended to reflect some patients are taken to the CCC within a hospital for stabilisation prior to being transferred to a higher level of care.	Nikki Bolt
1/7/18	Costs updated to 2018	Nigel Hare

## 1.0 Introduction

- 1.1 The Devon Air Ambulance Trust (DAAT) is a charity that operates two air ambulance helicopters within Devon (the service). Primarily the service responds to life threatening medical and traumatic emergencies in the pre-hospital environment. Occasionally our service will respond to requests to transfer a patient from within one treatment centre to another (Inter Hospital Transfer). This document sets out the process by which these transfers occur.
- 1.2 DAAT is not commissioned or contracted to undertake Inter Hospital Transfers (IHT), however, we consider IHT requests originating from hospitals within Devon on a patient by patient basis, where it is demonstrated that the medical needs of the patient cannot be satisfactorily met through road ambulance transfer.
- 1.3 As well as the individual patient needs, requests to undertake an IHT will be considered alongside the impact on our ability to adequately continue to deliver our primary pre-hospital HEMS service throughout the full duration of the transfer, including the aircraft returning to operational availability.
- 1.4 Please circulate this document to those within your organisation who may find it useful.

## 2.0 Considerations for helicopter transfer

- 2.1 Helicopter transfers within the UK are governed by stringent EU wide aviation regulations. The planned transfer of patients between treatment centres do not permit our teams to use the aviation exemptions that allow us to fly at low altitudes, over built up areas, in poor weather or to land in small congested areas which some hospitals have as their landing site.
- 2.2 For our service to be able to utilise these exemptions to safely carry out the transfer of the patient they have to be able to evidence to the aviation regulator that the *'...immediate and rapid transportation of the patient is essential...'*
- 2.3 DAAT operates two Airbus EC-135 helicopters which are relatively small helicopters with restricted access to the patient.
  - 2.3.1 Working within the environment of a small helicopter whilst maintaining the safe ability to deliver treatment and interventions presents challenges which requires specialist training, not least because non-aviation qualified clinicians are required to remain strapped into their harness at all times, limiting their access to the patient and equipment.
  - 2.3.2 As such Devon Air Ambulance would seek to undertake Critical Care transfers only when one of our Critical Care Doctors is available to receive the handover of the patient into their care.
  - 2.3.3 In circumstances where Devon Air Ambulance does not have a Critical Care Doctor available to undertake a Critical Care transfer, alternative transfer arrangements will be sought by the ambulance service 'Clinical Hub' (Control Room).

Only as a last resort, when the hospital considers transfer by alternative methods to be significantly detrimental to the patient's prognosis, would DAA consider undertaking a Critical Care transfer utilising hospital clinicians assisted by one of our Specialist Paramedic - Critical Care.

In such circumstances the decision on whether we accept to transfer the patient will be undertaken on a patient by patient basis following a discussion between one of our clinical team and the hospital.

2.4 Although helicopters fly quickly, they are only quicker than the land transfer of patients over medium to long distances. This is due to the time required to:

- Transfer patients off hospital equipment onto equipment used in the air ambulance, such as ventilators.
- Safely load and unload the patient into the helicopter.
- Secure hospital equipment being used on the transfer such as syringe drivers or chest drains.
- Providing a mandatory safety briefing to hospital clinicians prior to take-off.
- The time to load a patient into a land ambulance and drive them to the destination hospitals if they do not have an on-site helicopter landing site.

2.5 As a rule of thumb, if the transfer is likely to be less than 1 hour by road on blue lights, then ground transfer will be quicker.

2.6 Patients excluded from helicopter transfer are:

- Those weighing more than 150kg
- Those that have a misfiring implanted cardioverter defibrillator (strong magnets cannot be carried in the helicopter)
- Those in active labour

2.7 Working within the confines of a small helicopter presents environmental challenges which requires specialist training to ensure that patient treatment is maintained at the highest possible level.

## 3.0 Other considerations

3.1 Not all DAAT services are available at all times.

3.1.1 Clinical crews are variable in skill set, and operating times, and of course may be committed elsewhere when your transfer is required.

3.1.2 DAAT do not operate a 24 hour service and are not therefore able to undertake transfers between 11pm and 8am.

- 3.1.3 Aircraft have to undergo planned maintenance from time to time and although this is scheduled so that one of DAAT's helicopters is always available to respond, in order to maintain our primary pre-hospital HEMS service we would not commit to undertaking prolonged IHTs when only one aircraft is in service.
- 3.2 Although the weather may be fine at the location of the originating hospital, to enable us to accept the transfer the pilot has to ascertain that the weather at the destination and all places in between are within, and are forecast to remain within, our regulated operating limits.

## 4.0 Delayed primary retrieval

- 4.1 Delayed Primary Retrieval (DPR) is the process of retrieving patients who have arrived into a hospital's Emergency Department or CCU with time critical life threatening conditions and conveying them to a treatment centre which is part of a South West Region care network. DPR encompasses pit-stop resuscitation / intervention and hyper-acute secondary transfers and do not cover patients who have been admitted beyond the hospital's Emergency Department or CCU.
- 4.2 The sole aim of DPR is to reduce the time from injury / insult to definitive care for a select patient group.
- 4.3 For a transfer to be classed as a Delayed Primary Retrieval the originating hospital must be able to confirm the following:
- The patient has time critical needs which cannot be met at their current treatment centre.
  - The patient is currently in the Emergency Department or CCU, or will be immediately post imaging / damage control surgery.

### 4.4 How to book a Delayed Primary Retrieval transfer

- 4.4.1 Requests for a Delayed Primary Retrieval transfer should be made to the South Western Ambulance Service's NHS Foundation Trust Clinical Hub by ringing 999 ensuring you state you wish to request an 'air ambulance transfer'.
- 4.4.2 Following initial details being taken by the 999 call handler, your call should be transferred to a dedicated Helicopter Emergency Medical Services (HEMS) Dispatcher. If the call handler does not offer to transfer you please ensure you request to be put through to the HEMS Dispatcher.
- HEMS Dispatchers working hours mirror our service's operating hours so outside of these your request will be managed by other staff within the ambulance control and alternative transport arrangements offered.
- 4.4.3 To enable the transfer request to be considered promptly and without delay, please have the information to hand to answer the following questions which you will be asked:

Authorising doctor's name		
Telephone contact number		
Destination treatment centre		
Time the patient needs to reach the destination hospital		
Number of syringe drivers running		0 / 1 / 2 / 3
Patient details	Name	
	Patient's conscious level	(Alert / Obtunded / Anaesthetised)
	Presenting condition	
	Weight in kg	
	Are they Ventilated?	Yes / No
	Do they have a chest drain inserted?	Yes / No
	Are they haemodynamically unstable?	Yes / No
	Do they have blood products running?	Yes / No
Is there any other essential equipment required to travel with the patient? And if so, what is its weight in kg.		

If any of the answers you provide above fall within the 'red' areas your transfer is classified as a Critical Care transfer and will need to be undertaken by one of our Critical Care Doctors.

4.4.4 If you are not able to answer all the questions above at the time of requesting the DPR transfer it will result in a delay to us deploying to you.

- 4.4.5 Once the HEMS Dispatcher has taken the above details they will liaise with the operational team and once the aviation requirements have been considered, including checking weather at all points along the route of the transfer, one of our clinicians will ring you back on the contact number you have provided.
- 4.4.6 If we are able to accommodate the transfer one of our clinical team will contact you and advise you of:
- Our ETA to your location.
  - The estimated flying time from your location to the destination.
  - Any special considerations.
- 4.4.7 If our service is unable to undertake the transfer, we will advise you of the reason and ensure that the Clinical Hub contacts you to advise of the alternative transport arrangements the South western Ambulance Service can offer.
- 4.4.8 If the reason we are unable to undertake a Critical Care transfer is because we do not have a Critical Care Doctor available and in the hospital's view the alternative transfer options offered by the ambulance service are significantly detrimental to the patient's prognosis, we will arrange for one of our clinical team to discuss the transfer with you, with a view to us considering undertaking the transfer with the hospital providing an escorting doctor whilst accepting the reduced patient safety in flight that this would represent.

## 5.0 Planned Transfer

- 5.1 These will be predominantly patients from within the hospital and not the Emergency Department. Planned transfers have a significant impact on DAAT's ability to provide our primary pre-hospital HEMS service.
- 5.2 The planned nature of these transfers also means that these patients are very unlikely to benefit from air transfer over that provided by a land ambulance.
- 5.3 As such DAAT only undertake planned transfers in exceptional circumstances and following specific authorisation by DAAT's leadership team.
- 5.4 If a planned transfer is agreed to be accommodated there would be a charge raised by DAAT to the originating hospital, at cost recovery rate, to cover the provision of the service from the time when the aircraft leaves its airbase through to its return to the base after the transfer is completed. As such originating hospitals will be required to provide the name of the clinician / manager who authorises the acceptance of this charge on behalf of their NHS Trust.

As the hourly service charge is set at cost recovery level it does change year to year depending on aviation costs. At the time of writing (2018) the hourly flying charge is £2000.

An example of a cost recovery charge for an aircraft sent from Exeter, to collect a patient in Plymouth, fly them Bristol and then return to Exeter would be £4000 for the two hours flying this would involve (at 2018 rates).

DAAT are happy to advise hospitals each calendar year of the hourly flying charge if they so request.

### **How to request a Planned Transfer:**

- 5.4.1 Requests for a Planned Transfer should be made to the South Western Ambulance Service's NHS Foundation Trust (SWASFT) 'Clinical Hub' (Control Room) by ringing 0300 369 0096 ensuring you state you wish to request an 'air ambulance transfer'.
- 5.4.2 Following initial details being taking by the call handler, your call should be transferred to a dedicated HEMS Dispatcher. If the call handler does not offer to transfer you please ensure you request to be put through to the HEMS Dispatcher.

5.4.3 HEMS Dispatchers working hours mirror our service’s operating hours so outside of these your request will be managed by other staff within the Clinical Hub and alternative transport arrangements offered if these are part of the commissioned services of SWASFT.

5.4.4 Please have the following information ready to enable the HEMS Dispatcher to progress your request:

Authorising doctor’s name		
Telephone contact number		
Destination treatment centre		
Time the patient needs to reach the destination hospital		
Number of syringe drivers running		0 / 1 / 2 / 3
Patient details	Name	
	Patient’s conscious level	(Alert / Obtunded / Anaesthetised)
	Presenting condition	
	Weight in kg	
	Are they Ventilated?	Yes / No
	Do they have a chest drain inserted?	Yes / No
	Are they haemodynamically unstable?	Yes / No
	Do they have blood products running?	Yes / No
Is there any other essential equipment required to travel with the patient? If so what is its weight in kg.		

If any of the answers you provide above fall within the ‘red’ areas your transfer is classified as a Critical Care transfer and will need to be undertaken by one of our Critical Care Doctors.

- 5.4.5 Once the HEMS Dispatcher has taken the above details they will contact our Leadership Team and provide details of the transfer request alongside an overview of the current operational situation.
- 5.4.6 DAAT's Leadership Team will consider the transfer request within the operational context of the service and advise the HEMS Dispatcher accordingly.
- 5.4.7 If we are able to accommodate the transfer, and once the aviation requirements have been considered including checking weather at all points along the route of the transfer, one of our clinicians will ring you back on the contact number you have provided and advise:
- An estimation of the cost of the transfer based on the round trip flying times, however please note the final cost invoiced will reflect the actual flying times incurred.
  - Our ETA to your location.
  - The estimated flying time from your location to the destination.
  - Any special considerations.
- 5.4.8 If our service is unable to undertake the transfer, we will advise you accordingly and ensure that the Clinical Hub contacts you to advise if there are any other alternative methods they are able to offer.

## 6.0 Contacting us

- 6.1 If you wish to contact us in connection with a transfer, or a decision taken by us which results in your request being declined, you can do so at our charity headquarters on [feedback@daat.org](mailto:feedback@daat.org) or 01392 466666.

## Appendix 1 – Call information aide memoire

To enable your transfer request to be considered, please ensure you have all the information to hand when ringing SWASFT’s Clinical Hub (Control Room).

Authorising doctor’s name		
Telephone contact number		
Destination treatment centre		
Time the patient needs to be at the destination hospital		
Number of syringe drivers going		0 / 1 / 2 / 3
Patient details	Name	
	Patient’s conscious level	(Alert / Obtunded / Anaesthetised)
	Presenting condition	
	Weight in kg	
	Are they Ventilated?	Yes / No
	Do they have a chest drain present?	Yes / No
	Are they haemodynamically unstable?	Yes / No
	Do they have blood products running?	Yes / No
Is there any other essential equipment required to travel with the patient? If so what is its weight in kg?		

If any of the answers you provide above fall within the ‘red’ areas your transfer is classified as a Critical Care transfer and will need to be undertaken by one of our Critical Care Doctors.

Delayed Primary Retrieval transfer requests ring 999

For any other transfer request ring 0300 369 0096