

PROCEDURE FOR THE SAFE TRANSFER / ESCORT OF PATIENTS WITHIN AND OUTWITH NHS LOTHIAN

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Page 1 of 7

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1.	INTRODUCTION	3
2.	AIM.....	3
3.	SCOPE.....	3
4.	ASSESSMENT OF THE NEED FOR A NURSING OR MEDICAL ESCORT.....	3
5.	TRANSFER TIMING.....	4
6.	TRANSFER OF HEALTH RECORDS.....	5
7.	SUPPLY OF MEDICATION.....	5
APPENDIX 1	NEEDS FOR ESCORT - ASSESSMENT CRITERIA.....	7

1. INTRODUCTION

Every day within NHS Lothian patients move around the system, this may be between departments, across sites or to other healthcare providers, both within and outwith Lothian. Staff of NHS Lothian, have a duty of care to ensure that patients are adequately prepared and supported through this process and that receiving departments are provided with relevant healthcare records and / or handovers to ensure safe transition.

2. AIM

To safely transfer patients from one clinical location to another inclusive of healthcare records, medication and any other appropriate communication requirements.

3. SCOPE

This procedure document applies to all staff who may be involved in patient transfer and must be followed when transferring patients:

- To wards and departments within parent hospital
- To other wards / departments within NHS Lothian but outwith parent hospital
- To a ward / department outwith NHS Lothian in order to undergo investigative procedures, medical consultation and or to be admitted.

4. ASSESSMENT OF THE NEED FOR A NURSING OR MEDICAL ESCORT

The Nurse or Medical Practitioner in charge of the patient's on going care must ultimately decide on the appropriate level of escort required for patients leaving their area of responsibility and ensure that the escort has the required competence and skills to carry out their duties effectively (see Appendix 1).

Nursing and Medical escorts should have knowledge of all patient details and will be responsible for the communication of these details to staff in outlying departments.

It is essential that the receiving departments are aware of the transfer and are prepared to receive the patient. Where no escort will accompany the patient, a full verbal handover should be given by phone prior to the transfer.

Where a patient is acutely unwell, the escort must remain with the patient at all times, unless the receiving department can provide one-to-one nursing / medical care solely for the patient at that time.

4.1 Mental Health Patients

- 4.1.1 Where being transferred via ambulance, in the majority of cases no escort will be required and ambulance staff will assume the

responsibility of escort. Where transfer is by other means, a risk assessment should be conducted re the need for escort.

- 4.1.2 Where the patient agrees, a relative, a carer or the patient's advocate may accompany the patient.
- 4.1.3 Where a patient has been sedated, whenever possible they should be accompanied by a nurse, doctor or a suitably trained member of the ambulance service. Only in exceptional circumstances and when it is evident that the sedated patient is reconciled to the situation, should the ambulance crew be asked to act as the sole escort.
 - 4.1.3.1 It may be appropriate for a police officer to travel in the ambulance and/or a police vehicle to follow the ambulance.
- 4.1.4 Any detention papers and / or supporting reports should be carried by the authorised escort and be carried in the same vehicle as the patient. Where the escort is a member of the ambulance crew, the papers should be kept with the driver and not the crew member attending the patient.

4.2 **Student Nurse Escorts**

Student Nurses may accompany the identified escort where it is believed that this will contribute to them achieving their objectives. Where the escorting duty takes the student outwith NHS Lothian, this should be negotiated prior to such activity taking place.

5. **TRANSFER TIMING**

Consideration must be given to the appropriateness of a transfer during the late evening. Whilst it is acknowledged that service demand may require that patients are moved to accommodate emergency pressures, nursing staff must ensure that the transfer is appropriate and smooth.

5.1 **Journey times**

It is not possible for the ambulance service to provide accurate journey times to receiving hospitals. Particularly in the case of Patient Transport services (PTS) vehicles, journey times may be prolonged while patients are picked up and dropped off at various sites. Weather and traffic delays may also prolong journeys significantly.

A final check on likely journey time should be made with the crew collecting the patient. It remains the responsibility of the discharging / transferring team to be sure that the patient will tolerate a prolonged journey.

6. TRANSFER OF HEALTH RECORDS

Healthcare records transported at the same time as the patient should be placed in a sealed / secure envelope and given to the escort. The envelope should be addressed to the relevant receiving ward, department or hospital. Staff should ensure that the healthcare records are filed securely i.e. no loose sheets. Where the patient is returning, the healthcare records should be placed in a secure sealed envelope and given back to the escort. If the patient is not returning after their visit, the healthcare records should be managed following the normal out-patient in-patient administrative process.

The healthcare records tracking system should be updated using the appropriate tracking code to show the location the notes have been transferred to.

7. SUPPLY OF MEDICATION

When a patient is transferred to another clinical area within the same hospital site, or at a different hospital site, the nurse responsible for the patient's care must make arrangements to ensure that required doses of medicines are not missed or delayed. The patient's own medicines, other medicines supplied for the individual patient's use, and other prescribed medicines not immediately available in the receiving clinical area must be transferred.

Where medicines need to accompany a patient who is being transferred, they must be placed in a green 'Patients Own Medicines' disposable bag. As the responsibility for the patient is transferred from one nurse or other clinician to another, the responsibility for the safety and security of the medicines is also transferred.

Where the responsibility for a patient is transferred from one clinician to another, or from one clinical area to another, then the clinician receiving the patient must check that all medicines to be administered following the transfer are correct.

8. ADDITIONAL INFORMATION FOR ESCORTING DUTIES OUTWITH PARENT HOSPITAL AND / OR NHS Lothian

8.1 Within NHS Lothian

Within Edinburgh, if the Nurse/Medical escort is not required to wait with the patient or the patient is not returning to their parent ward, the escort should use the inter-hospital shuttle for the return journey. If this is not appropriate, through prior arrangement with the Clinical Management Team they should make contact with the hospital switchboard to arrange a contract taxi, identifying at this time the department cost code.

8.2 Out of town transfer

It will be essential that 48 hours notice is given (for ambulance transfer) and that the need for an escort is stated at this time. Ward staff must find out prior to leaving the hospital if the ambulance in which they are travelling is to return to the City, i.e. they can return with the vehicle. If this is not the case, alternative arrangements for staff return must be made prior to departure, i.e. train, bus tickets etc. When considering transport, in particular where an ambulance is required staff should consider if a two-man crew is necessary. Staff must also be adequately attired for their return journey. The escort (where appropriate) should make every effort to return to his / her place of work as soon as possible.

NEEDS FOR ESCORT - ASSESSMENT CRITERIA

The following is a guidance and not definitive and should be used in conjunction with other patient related information.

Those things that require to be taken in to consideration are as follows:

- The patient's state of mind and vulnerability
- The level of support available in the receiving ward / department
- The severity of the patient's current presenting condition
- If medical devices are in use

An appropriately trained and competent member of nursing staff or a medical practitioner must accompany patients in the following situations:

- Any patient requiring an interventional / invasive procedure in the receiving department (unless the receiving department can confirm that they have sufficient staff that the nurse from the parent ward will not be required to stay).
- Any patient requiring diagnostic / interventional procedure out of hours
- A patient being ventilated or where respiratory ability is compromised i.e. difficulty in breathing, distressed, stridor, abdominal breathing.
- Any patient who has been given an intravenous opiate within one hour prior to the transfer
- Any patient on continuous IV therapy
- Any patient who has altering degrees of consciousness
- Any patient who is excessively confused or aggressive
- Any patient who has a drainage system in situ (not urinary catheters)
- A patient with cognitive impairment. If the patient's own carer or family member is present an escort may not be required and this should be risk assessed
- Any patient who is being held under the Mental Health (Care and Treatment) (Scotland) Act 2003
- All children under 16, however following risk assessment it may be that the child can be escorted by a parent or a Clinical Support Worker where there is not a clinical requirement

NB. If the parent ward is unable to provide an escort for the transfer the Nurse in Charge of the ward or department should notify the appropriate bleep holder and alternative arrangements should be made. This may be the department co-ordinator, the site manager or the duty charge nurse etc.