

Referral Process for Decompression Transfer in the Midlands Region

Setting	Adult Critical Care Units within the West Midlands Critical Care & Trauma Networks (MCCTN) and East Midlands Critical Network (EMCCN)
For Staff	NHS Trust Critical Care workforce
Patients	Any ACC patient referred to ACCOTS requiring Critical Care Transfer

Document Control:

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Owner(s) & position	All Above
Version	1.1
Date ratified	25 th January 2021
Review date	August 2021
Key changes since last version	nil
Acknowledgements	nil

Highlighting the Need for a Decompression Transfer or the Ability to Offer Mutual Aid to the Network

During the COVID-19 pandemic surge, Adult Critical Care (ACC) capacity is considered as a regional, and at times national, resource. The overall aim is to balance surge across the Midlands region ACC units equitably. The aim is to prevent any one ACC unit exceeding its planned super-surge capacity. This is important for both patient care and staff welfare.

To streamline the process for decompression transfers to occur all ACC units are required to 'forward look' for the next 24hours. Based on this assessment, ACC Units are required to anticipate whether they will require decompression the **following day / that day**. The ACC Unit will undertake the following each day:

- Submit **Form A** (please see appendix 1) the evening before but at the latest by **08:30** the following morning
- State the number of patients they require to be decompressed by to achieve a safer steady state (this should be a realistically achievable number e.g. 1-3)
- Declare the number of mutual aid transfers they could accept in from the region the **following day / that day**

For ACC Units within the West Midlands (MCCTN) the form should be submitted to:

- uhb-tr.accots@nhs.net

For ACC Units within the East Midlands (EMCCN) the form should be submitted to:

- uho-tr.emaccots@nhs.net

Making a Referral to ACCOTS for a Decompression Transfer

If an ACC Unit has identified the need for a decompression transfer, they should do the following:

- Identify the required number of patients, selecting the most clinically appropriate and stable for transfer
- Consider the selection guidance (see Appendix 2) to aid this process
- If there are any questions or concerns, these should be discussed with the ACCOTS Consultant via the **0300 200 1100** SPOC number
- A referral proforma should be completed for each patient (see Appendix 3) as comprehensively as possible. This will also be used as a discharge letter for the receiving ACC unit
- Please submit forms the evening before and latest by **08:30** the following morning
- The completed form(s) should be emailed (from a secure email address - preferably an nhs.net account) to:
 - **West Midlands ACC Units:**
uhb-tr.accots@nhs.net and cc'd to bwc.kidsntsadmin@nhs.net
 - **East Midlands ACC Units:**
uho-tr.emaccots@nhs.net and cc'd to bwc.kidsntsadmin@nhs.net

What Happens Next?

- The ACCOTS co-ordinator will identify beds depending upon the strategic priorities and available capacity
- The ACCOTS co-ordinator will contact the referring ACC Unit by phone as soon as a suitable bed has been identified to advise of this.
- The ACCOTS co-ordinator will also confirm with the ACC Unit that whether the referred patient is still suitable for transfer and advise on preparation for arrival of the transfer team as well as provide an estimated time of arrival
- Please use the preparation for transfer checklist (see Appendix 2) to **ensure the patient is ready** to be collected by the transfer team and ensure the relatives have been informed
- If the ACC Unit needs to update the ACCOTS team, check on progress of a referral, or make a time critical referral, please call **0300 200 1100** to speak directly to the ACCOTS co-ordinating Consultant
- If no beds are available or there are other trust sites which are a more urgent strategic priority, then the ACCOTS co-ordinating Consultant will advise you that a decompression transfer will not be possible
- For patients referred, where a decompression transfer was not possible the need for decompression will be reviewed the following day and as highlighted by the ACC unit

APPENDIX 1

FORM (A) - ACC Unit Decompression Transfer and Mutual Aid Request Form

To be submitted to: uhb-tr.accots@nhs.net (West Midlands) / uho-emaccots@nhs.net (East Midlands) by 08:30 daily

Date	
ACC Unit	
ACC Unit point of contact (POC) for today	
POC email address	
POC telephone number	

Request to transfer patients (please refer to patient selection criteria):

Referring trust site	Number of patients	COVID status	Priority if there are insufficient destination beds, please identify the priorities for transfer

Beds available to receive patient transfers:

Receiving hospital site	Number of beds	COVID status

APPENDIX 2

Patient Selection Criteria:

The following inclusion and exclusion criteria should be used by referring clinicians as a guide to appropriate patient selection for transfer:

	Inclusion	Exclusion
Anticipated critical care length of stay	≥3 days	<3 days Potential for withdrawal of life-sustaining treatment being actively considered
COVID status	Positive Negative (within last 24 hours)	Unknown Awaiting result
Weight	≤120 - 130kg	>130kg
Airway	Intubated / tracheostomy	
Breathing	FiO ₂ ≤0.8; SaO ₂ ≥90% PIP <35; PEEP ≤12, stable trajectory	FiO ₂ >0.8 Requiring APRV to maintain adequate gas exchange HFNO/CPAP/NIV
Circulation	HR ≤120 Stable vasopressor requirement	Haemodynamic instability Very high or escalating vasopressor requirement
RRT	If required	
Specialty input		Cannot be provided in receiving hospital Complex multi-specialty input
Next of kin	Aware of transfer	No identified NOK
Transfer		Previously transferred for capacity during this admission

Patient Transfer Preparation Checklist:

Handover	Please be prepared to contact receiving hospital or receiving region critical care transfer service to provide a brief handover
Airway & Breathing	Endotracheal tube adequately secured for transfer? Or tracheostomy with trache box? Stable FiO2/ventilation parameters?
Circulation	Adequate iv access – 2 free iv access (peripheral or CVC lumens)? Stable vasopressor requirements? HR \leq 120 and rhythm stable?
Neuro & Sedation	Patient sedated sufficiently for transfer (RASS -2/-3) if required? Sufficient analgesic/sedative for transfer (based on current requirements and transfer time)?
GI	Feed stopped and NG aspirated?
Renal	If requiring RRT for electrolyte control/anuria, wash back filter only once transferring team on site and confirm serum potassium on gas
Micro	Infection control issues?
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 journey (discuss with transferring team). In general, this will include the following drugs for twice the journey time: <ul style="list-style-type: none"> • Sedative and analgesia • Muscle relaxation • Vasopressor infusion
Temperature	Keep patient warm
Identification	2 patient identification bands
Documentation ready	Discharge summary (or transfer letter) Copy of: <ul style="list-style-type: none"> • Relevant patient notes • Drug chart • Blood results • Relevant microbiology reports – latest COVID, MRSA, CPE most useful Imaging electronically transferred to receiving hospital?
Patient property	All patient property collected and with patient bed for transfer?
Next of Kin	Aware of transfer and destination?

APPENDIX 3

ACCOTS

Adult Critical Care Co-ordination & Transfer Service

Today's Date: *Click here to enter today's date.*

Time of Referral: *Please insert time of referral using 24hr clock.*

To whom it may concern:

RE: **Insert Patient Name, Insert DOB, Insert NHS No**

Address: *Click or tap here to enter text.*

Postcode: *Click or tap here to enter text.*

COVID Status: *Choose an item.*

Patient height: *Please insert height here.*

Patient weight: *Please insert weight here.*

Thank you for accepting to take over the care of the above patient. Please find below a summary of the admission to date.

Referring hospital: *Enter discharging critical care unit.*

Date of Admission to Hospital: *Click or tap to enter a date.*

Date of Admission to Critical Care: *Click or tap to enter a date.*

Referring consultant name: *Enter name of referring consultant.*

Contact number (consultant): *Enter the direct consultant telephone number.*

Patient location: *Enter area / bed space number.*

Contact number (unit/ward): *Enter telephone number of discharging hospital.*

Access: *What is the best entrance for ITU access? Provide additional directions if required.*

Receiving hospital: *Enter receiving critical care unit.*

Receiving consultant: *Enter name of receiving consultant.*

Contact number (unit/ward): *Enter telephone number of receiving hospital.*

Contact number (consultant): *Enter the direct consultant telephone number.*

Access: *What is the best entrance for ITU access? Provide additional directions if required.*

History of Presentation & Summary of Critical Care Stay:

Please provide a synopsis of admission to date including: date of admission to hospital, presenting symptoms, progression of disease, date of admission to intensive care, clinical progression in intensive care, date of intubation etc.

Past Medical History:

Please outline the patient's medical history (including surgical history where relevant).

Allergies:

Please include details of allergies / intolerances.

Insert Patient Name, Insert DOB, Insert NHS No

Regular Medications:

Please list all regular medications, and annotate those that have been commenced or discontinued during this admission. What drugs have been used specifically for COVID-19 treatment?

Significant Microbiology Results:

MRSA status: Choose an item.

CPE status: Choose an item.

VRE status: Choose an item.

ESBL status: Choose an item.

Resuscitation Status:

Please include DNACPR status, agreed escalation limitations, and any relevant conversations regarding ongoing or end of life care.

Relatives / Next of Kin:

Please list the next of kin & their contact details.

Have any important discussions taken place and, if so, when?

Is there a 'lead' spokesperson through whom all updates should be passed?

Are the relatives aware of the transfer?: YES NO

Current Status:

Airway	Patent / own <input type="checkbox"/> Intubated <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Laryngoscopy: Select grade of laryngoscopy. Intubating aids: Please describe, eg. BURP, Bougie, VL, FOI etc ETT size: Choose an item. ETT depth: Where is it tied or fixed at in cm? Tracheostomy: Make? Size? Surgical vs Percutaneous? Complications? Insertion: Date Any other relevant information: Click here to enter text.
Breathing	Type of support: Choose an item. Last 24-hours: Have there been any significant changes? Weaning? Current FiO2 & SpO2: Please insert FiO2 & SpO2. Trajectory of FiO2 over last 24hrs: Select best description of trajectory. Any other relevant information: eg. Chest drains? Has the patient been prone?: YES <input type="checkbox"/> NO <input type="checkbox"/> Prone information: How many times? When were they last prone / de-prone? Any issues with prone?
Circulation	Unsupported <input type="checkbox"/> Metaraminol <input type="checkbox"/> Adrenaline <input type="checkbox"/> GTN <input type="checkbox"/> Stable <input type="checkbox"/> Phenylephrine <input type="checkbox"/> Dopamine <input type="checkbox"/> Labetalol <input type="checkbox"/> Unstable <input type="checkbox"/> Noradrenaline <input type="checkbox"/> Dobutamine <input type="checkbox"/> SNP <input type="checkbox"/> CPR / Defib <input type="checkbox"/> Vasopressin <input type="checkbox"/> Milrinone <input type="checkbox"/> Amiodarone <input type="checkbox"/> Rates: Please outline the rates of each infusion here, in free text. Trajectory: Select best description of inotropic trajectory from this list.
Disability	Sedative 1: Choose sedative. Sedative 2: Choose sedative. Opiate: Choose opiate. Paralysis: Choose muscle relaxant. Pupils: What size are they? Equal & reactive? Blown? GCS: E Choose an item. V Choose an item. M Choose an item.

Insert Patient Name, Insert DOB, Insert NHS No

	CBG: <i>Any blood sugar issues? Are you on insulins?</i>
Exposure	Does the patient need, or have they required, RRT? <i>Choose an item.</i> If yes, when was it last given? <i>Choose an item.</i> Any bony injuries / fractures? <i>Please outline locations and management.</i>
Micro	COVID status: <i>Choose an item.</i> Date of last COVID test: <i>Enter date.</i> MRSA status: <i>Choose an item.</i> MDR bacteria: <i>eg. ESBL, CPE, TB etc.</i> Antibiotics: <i>Which drugs, indications, duration etc?</i> Notable results: <i>Any positive cultures etc?</i>
Lines/Drains	Peripheral: <i>Locations & sizes?</i> Central: <i>Location, type, and insertion date.</i> Arterial: <i>Location, type, and insertion date.</i> Drains: <i>Locations, type, and insertion dates.</i> Urinary Catheter: <i>Select type. Date inserted: Click here to enter a date.</i>
Investigations	CXR: <i>Any notable findings on most recent CXR?</i> CT: <i>Which parts have been imaged? Have images been linked?</i> Echo: <i>Please include results of formal or bedside imaging.</i> Other: <i>Has any other imaging been performed?</i>

Specialty Involvement

Please outline which specialties have been involved in this patient's care. If no other specialties have been involved, please insert 'Nil'.

Which specialties have ongoing input into care after discharge from your unit?

Are there any plans in place that need to be continued?

If you have been in contact with a tertiary specialty at another hospital for advice, please state the name of the hospital, the individual and their contact details (eg. Bleep).

ACCOTS Coordinating Consultant Comments

Please leave this box blank for use by the ACCOTS Coordinating Consultant.