Patient Centred Emergency Access Health Service Directive

Protocol for Inter Hospital Transfers of the non time critical patient

1. Purpose

This Protocol describes the mandatory steps for the transfer and referral of patients into, out of and between hospitals, including between and within Hospital and Health Services (HHSs).

The Protocol does not cover the road transfer of critically ill patients.

2. Scope

This Protocol applies to all HHS employees and all Queensland Health employees working in or for HHSs. This Protocol also applies to all organisations and individuals acting as an agent for HHSs (including Visiting Medical Officers and other partners, contractors, consultants and volunteers).

3. Process for transfer of patients into, out of and between Queensland Health hospitals

3.1 Inter Hospital Transfers (IHT)

3.1.1 There must be a consultant (or appropriate delegate) to consultant (or appropriate delegate) agreement on the planned transfer.

3.1.2 No patient shall be transported out of any hospital without

- Notification of the accepting hospital Medical Officer and Bed Manager responsible and
- The identification of a suitable available bed or treatment area (excluding the Emergency Department).

3.1.3 IHT patients shall be transported directly to an available inpatient bed unless

- They have an agreed clinical requirement for Emergency Department (ED) treatment or
• They have an undifferentiated condition requiring further investigation or
• Have deteriorated in transit, necessitating ED intervention (including Mental Health patients).
• The accepting doctor requests ED assessment upon arrival at the accepting hospital.

3.1.4 All road IHTs of critically ill patients shall be conducted in accordance with the “Protocol for Road Inter Hospital Transfer of Critically Ill Patients”.

3.1.5 If an incoming IHT patient is expected to require ED treatment or assessment, the accepting Medical Officer shall obtain approval from the ED Consultant (or delegate) prior to the patient’s departure from the referring hospital.

3.1.6 90% of all IHT patients are to be transferred off stretcher to an allocated hospital treatment space and handed over to the care of the hospital staff within 30 minutes.

3.1.7 No incoming IHT patient shall be transferred into the ED without the prior acceptance of the ED Consultant (or delegate).

3.1.8 IHT negotiations between accepting and referring hospitals shall always include an agreement by the referring hospital to receive the patient back once the services at the accepting hospital are no longer required or indicated.

3.1.9 Under no circumstances are clinicians to delay the emergent transfer of an unstable patient in order to complete the IHT Request Form.

3.1.8 The referring clinician and responsible Nursing Team Leader shall ensure that all legislative paperwork for involuntary mentally ill patients is completed and transported with the patient, in accordance with the “Mental Health Act (2000)”.

3.1.9 Incoming IHT patients shall receive:

• Nursing assessment within 30 minutes of arrival on the ward by the initial accepting nurse.
• Accepting Medical Officer shall ensure that a full medical assessment is completed within two hours of the patient’s arrival.

3.1.8 Any clinical escort for road transfers shall be arranged by the clinical staff at the referring hospital and shall be determined by the individual needs of the patient and the clinical judgement of the most senior referring clinician.

3.2 HHS Chief Executive (CEs) responsibilities

3.2.1 IHTs may operate within or between HHSs.

3.2.2 HHS CEOs shall ensure that:

• Formalised intra-network referral arrangements exist for the IHT of patients.
• Each hospital has a nominated staff member responsible for bed management at all times and a generic email address for bed management.
• Bed Managers will have write access to their ED information system (e.g. EDIS / FirstNet) is available and Patient Flow information system where applicable.
3.3 Communication and handover

3.3.1 Overall responsibility for IHTs shall be taken by the referring and accepting Consultants, where employed, or most senior Medical Officer available in facilities where consultants are not employed.

3.3.2 The referring clinician shall complete the electronic IHT Request Form or fax for non-Queensland Health Facilities.

3.3.3 In the event of any disagreement surrounding the IHT, consultation must occur between the referring and accepting Consultants or most senior Medical Officers available and the accepting Bed Manager. If the disagreement remains unresolved, this shall be escalated to the Director of Medical Services (DMS) at both facilities.

4. Supporting and related documents

- Hospital and Health Boards Act 2011
- Mental Health Act 2000
- Queensland Health Authorised Transport Operating Standards Queensland Ambulance Service
- Retrieval Services Queensland Activation Flowchart
- Queensland Ambulance Service Road Ambulance Ordering Guide – Instructions for (QH) Staff
- Safe transport of people with a mental illness – Queensland interagency agreement 2014

Authorising Health Service Directive

- Health Service Directive - Patient Centred Emergency Access

Procedures, Guidelines, Protocols

- Protocol for Road Inter Hospital Transfer (IHT) for Critically Ill Patients
- Inter Hospital Transfer Request Form

5. Definition of Terms

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition / Explanation / Details</th>
<th>Source</th>
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<tbody>
<tr>
<td>Inter Hospital Transfer</td>
<td>Refers to any patient transported directly from one hospital to another on the advice of clinical staff, whether admitted to either hospital or not. This includes those patients defined under the National Health Data Definitions Dictionary as “Inter Hospital Transfer” and “Inter Hospital Referral.”</td>
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### Term

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<tr>
<td>Inter Hospital Transfer</td>
<td>Transferred to another hospital: All separations for the period where the patient is transferred to another hospital for continuation of their admitted care and management.</td>
<td>2011-2012 Monthly Activity Collection Manual – Public facilities.</td>
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<tr>
<td>Inter Hospital Referral</td>
<td>All separations for the period where the patient is transferred to another hospital for continuation of their care and management.</td>
<td>2011-2012 Monthly Activity Collection Manual – Public facilities.</td>
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<td>Up transfer</td>
<td>Transfer or referral of a patient to another hospital for inpatient specialist treatment not available at the primary hospital.</td>
<td>Queensland Health Counting Audit Report 2011</td>
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### 6. Approval and Implementation

**Protocol Custodian**
Healthcare Improvement Unit, Clinical Excellence Division

**Approving Officer:**
Deputy Director-General, Clinical Excellence Division

Approval date: 22 September 2016
Effective from: 22 September 2016

### 7. Version Control

<table>
<thead>
<tr>
<th>Version</th>
<th>Date</th>
<th>Prepared by</th>
<th>Comments</th>
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<tbody>
<tr>
<td>1.0</td>
<td>18/12/2012</td>
<td>Clinical Access and Redesign Unit</td>
<td>Protocol for Inter Hospital Transfer developed</td>
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<tr>
<td>2.0</td>
<td>06/08/2015</td>
<td>Healthcare Improvement Unit</td>
<td>Protocol for Inter Hospital Transfers of the non time critical patient updated</td>
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<tr>
<td>3.0</td>
<td>22/07/2016</td>
<td>Healthcare Improvement Unit</td>
<td>Updates approved through the Emergency Services Management Committee following minor updates based on HHS feedback</td>
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