PATIENT TRANSFER AND RETRIEVAL GUIDELINE

Ministry of Health
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Transfer is an important but often overlooked step in the ongoing care of a patient who may require additional care.

The transfer should be initiated after carefully weighing the benefits obtained versus the risks involved.

Transport personnel, should be well qualified to anticipate and manage any complications that may arise during the transport process.

The guidelines should be updated on a regular basis.

RELEASE RECORD

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SECTION 1: INTRODUCTION

The patient transfer protocol guide aims to strengthen teamwork, personal accountability, and communication pathways. Thus, it aims to ensure the patient's safety and care prior to, during, and after the transfer.

All patients who need to be transferred from one facility to another, either internally or externally, must have the necessary documentation completed to ensure that patient care is not compromised as a result of the transfer.

All health care facilities involved in patient transfer must ensure that the appropriate personnel, equipment, and training are available. Inexperienced or insufficient personnel accompanying the patient may have serious consequences.

Purpose

The main objective of this guideline is to ensure that all patients who need to be transferred or retrieved to a higher level of care are moved safely and without compromising their condition. This guideline should be followed when patients are transferred back to the island from where they were referred for palliative or rehabilitation care.

Scope

This document applies to all patients requiring transfer to a facility or retrieval from a facility to be transferred to another facility, with special consideration given to those at risk for deterioration.

Definitions

Transfer: refers to the process and systems required to ensure that safe movement of any patient transferred internally or externally.

Transport: refers to the movement of any patient from one place to another.

Escort: any member of staff who is accompanying patients during their transfer to provide ongoing care. The escort will have the relevant knowledge and skills to provide a high standard of care during the transfer, to ensure patient safety is not compromised. An escort can be:

> **Professional registered medical professional**; *Medical doctors, nurses or Allied health professionals*
>
> **Non- registered professionals** like *administrative staffs.*

SECTION 2: DECISION TO TRANSFER/ REASON TO TRANSFER

Decision to transfer/retrieve a patient should be made by the clinician or the clinical team, based on evidence and prognosis of the case. Early recognition with monitoring and clinically supported transfer is important for early intervention leading to better prognosis and a complete recovery.

Decision to transfer/retrieve shall include case discussion and a consensus with the team at the transferring Center.

A request for retrieval of patient could be made depending on the location of the patient or available resources at the center. Where a ventilator/equipment needs to be moved from the referring center, it is preferrable if circumstances prevail that a medical team to retrieve the patient be mobilized from that Center.

Ensure all equipment/ instruments needed during transfer/ retrieval are in good condition and packed in a way that it is easy to access during transfer

Decision to transfer/retrieve should also include preferrable transport mechanism with relevant mode and method of transportation of patient to the referring Center.

When getting ready to transfer/retrieve a patient it is mandatory to ensure that mode and method of patient transfer should be arranged in accordance of current and foreseeable condition of the patient.

When getting ready for transfer especially when if the mode of transport is by air, it is mandatory that all equipment's are "air-worthy" (fit for the operation in air) and make alternative arrangements in conditions where these types of equipment are not available.

Patients may need to be transferred between hospital in three different ways:

1. **Emergency interhospital transport:** whereby patients are transported to another hospital due to a lack of diagnostic facilities and / or staff in the referring hospital for effective and safe treatment of the patient.
2. **Semi- urgent interhospital transport:** whereby patient is transported either for a specialty care service or to a higher level of care.
3. **General referrals:** whereby a healthcare worker or facility transfers responsibility of the care given to the patient to another healthcare or facility.

PRE-TRANSFER

Role of referring doctor

1. Identify need and reason for transfer.
2. Identify next level of transfer, discuss with relevant medical authority from the next level of care.
3. Identify way of transportation.
4. Inform patient party, the need and probable outcome of referral.
5. Inform health facility manager for administrative formalities
6. Complete all medical formalities, have in hand case summary for referral.

Fill necessary forms and attach relevant documents to them

Role of the manager

1. Administrative formalities.
2. Coordination of transfer.
3. Inform regarding critical cases or controversial cases.
4. Media coordinator.
5. Role of receiving healthcare facility.
6. Promote action should be taken by the receiving healthcare facility.
7. Good communication needs to be maintained with the referring centers.
8. Provide relevant feedback to relevant personnel.
9. Ensure that all staffs are aware in regard to the receiving patient.
10. Transportation needs to be provided for emergency cases.
11. Make sure that the patient is seen by competent appropriate personnel.
12. Development of a follow up plan.
13. It's the responsibility of all on call specialties on duty or head of department to give the opinion or suggestions during a referral to higher health facilities e.g., IGMH
14. Telephone calls from referring health center/ hospital to these specialties should be taken as urgent and shall be promptly responded.
15. Should limit criticism of referrals after receiving clients because evacuation decisions are always made based on both parties' assessments at the time of referral, whereas the condition may or may not be the same at the time of receiving due to ongoing treatment.

Accompanying personnel

1. Correctly identify the patient.

2. Transfer personnel should introduce themselves to the patient and or family to reduce their anxiety.
3. Explain to the patient the reason for transfer, cost and expected outcomes in detail.
4. Explain the transfer procedure in detail (if patient is conscious) prior to implementation (e.g., placing safety straps, elevating side rails and keeping fingers out of the way, raising head of bed at the patients request, going headfirst into an elevator. verbalize to patient to keep hands and arms inside the safety rails. this would increase safety and also lessen patient anxiety.
5. Be available to the patient throughout the journey.
6. A capable qualified team (including a qualified/ experienced medical practitioner) should provide care to the patient throughout the transport process. In order to provide high standards of patient care, sufficient staffs must be provided for the whole journey.
7. Neonates, infants and young children should be transported along with specially trained personnel.
8. Should arrive at least 30 minutes ahead of departure from hospital and take complete handover of evacuee and test/ check the emergency kit and other gears.
9. Shall communicate with receiving hospital emergency department and provide them estimated arrival times to facilitate smooth transfer and bed allocation.
10. The escorts shall be familiar with the patient's treatment and medications and management advised.
11. All medical escorts should have a valid license for the assigned tasks.
12. They shall safety transport the patient from referring hospital to the receiving hospital
13. Shall bring back all equipment used to carry and support the client's passage, including stretches, flow meters, oximeters and ventilators, etc.
14. Call ambulance service upon arrival at destination airport/ jetty.
15. None of the escorts shall leave until the evacuee is safely handled over to the receiving hospital/ center.

Transportation mode

Transportation mode (air, sea or land transport) depends on the following factors:

1. Nature and urgency of illness/ intervention
2. Patient location and distance to the health care facility.
3. Transport environment and its clinical impact.
4. Speed of vehicle and transport time.

5. Road conditions.
6. Weather conditions.
7. Number of staff involved.
8. Transportation device is properly functioning (it has undergone routine inspections, is well repaired and maintained).

Transportation method

Lots of factors need to be considered when patients are transferred from one hospital to another hospital. The method of transport is dependent (but not limited) to the following factors.

1. Patient age.
2. Physical state/ morbidity of the patient (unconscious, conscious or semi-conscious patient). *This will eventually determine the mode of transportation and the number of personnel required in the transfer process.*
3. Generally, for conscious and mobile patients a minimum of one healthcare is required and for semi-conscious/unconscious and non- mobile, critical and ventilated patients a minimum of two healthcare workers are required.

Transport vehicle

1. Wheels can be locked.
2. High side rails.
3. Cribs to carry pediatrics patients are equipped with high rails to prevent them from falling out.
4. Easy transport of IV poles within the vehicle.
5. Shelf for monitoring devices and or oxygen tank.
6. Matters are held in place.
7. Overall, the transportation device is measurable
8. Safe for patient transfer personnel.
9. Adequate space is available to perform medical interventions during the transfer process.
10. Vehicle design is appropriate.
11. Adequate suction is available.
12. Adequate amount of gases for life support systems.
13. Adequate power.
14. Safe embarkation and disembarkation of patient.
15. Acceptable level of vibration and noise (protection from these should also be available)

16. Impaired gravity drip of fluids.
17. Excellent internal and external communication systems.
18. Adequate speed and response times.

Air transfer – Risks

When patients are transferred in aircrafts, they are subject to certain risks and hence medical/aviation personnel need to weigh out the risks and the urgency of intervention. These risks include:

1. Reduced oxygen partial pressure
2. The need for pressurization to sea level when clinically indicated.
3. Risk of rapid depressurization.
4. Expansion of air-filled cavities, such as endotracheal tube cuff, middle ear, air-filled spaces under airtight dressings etc.
5. Limb swelling beneath plaster casts.
6. Worsening of air embolism or decompression sickness.
7. Danger from agitated patients.
8. Limited space, lighting and facilities for interventions.
9. Noise.
10. Extremes of temperature.
11. Extremes of humidity.
12. Acceleration, deceleration and turbulence.
13. Electromagnetic interference between avionics and monitoring devices.
14. Danger from loose, mobile equipment.

[1]*(Australian and New Zealand College of Anesthetists 2010)*

- Depending on the *clinical condition* of the patient, *minimum of one or two healthcare professionals* may need to accompany the patient.
- Decision on *who should accompany the patient* should be in consideration with *condition of the patient.*
- The clinician should decide *whom to accompany the patient* (e.g., doctor/ nurse or both)
- The accompanying healthcare professional should have the *confidence* and *competency* to attend emergency situations during the travel.
- *Preparation* to be made before transfer.
- *Good communication* with the patient, guardian or the bystander must be established throughout the transfer. (They might be going through a phase of anger, disappointment or sadness. etc.
- Ensure if the Patient, (if conscious)/ relative are *prepared* for transfer
- Be *supportive*, allow them space and disclose relevant information at regular intervals and give them opportunity to clarify information.

DURING TRANSFER

Monitoring during transport

1. In order to look for potential hazard during the transfer process, one healthcare staff should be positioned at the patient's bed/ stretchers head while another staff (if available) should be positioned at the foot. This would ensure immediate access to patient's airway if a respiratory distress occurs. The person at the head should communicate potential health hazards to other personnel
2. Patient should never be left unattended/abandoned during the whole transportation process. This would lessen patient anxiety and also reduce risk of injury during transportation.
3. The healthcare personnel should lookout for any sign of physical or emotional distress.
4. Patient should be covered during the transfer procedure to ensure the patients moral rights and maintain his/ her dignity.
5. Arrange emergency bag/ kit, any necessary equipment/ item that might have to be used during transfer in a place whether it is easily accessible and ready to use.
6. Keep all documentation in a place that is easily accessible and any instructions written down that may need to be used during transfer readily available.
7. If two health care workers are escorting the patient, be ready and brief each other of the role that each will be taking during the transfer.
8. If a single health care worker is escorting the patient, brief the family members regarding any assistance that maybe required during the transfer.
9. The patient should be continuously monitored and observed throughout the transfer process.
10. Be alert and attentive to any change in condition during transfer and act accordingly.
11. Ensure privacy of the patient at all times.

Monitoring of physiological variables

Monitoring of certain physiological variables should be carried out during transport. Some or all of these basic recommendations will need to be exceeded routinely depending on the physical status of the patient. Clearly any monitoring method may fail to detect unfavorable clinical developments and monitoring does not guarantee any specific patient outcome.

Level of care during transfer/ retrieval

Special consideration should be given to identify the level of care needed during transfer in order to decide who should be accompanying the patient and what equipment / item / instruments are needed for the transfer.

The level of care needed should be a clinical decision made depending on the perceived progress / deterioration during transfer, any foreseeable change that may occur and readiness to attend in case of any unforeseen or unfortunate incident that may occur before, during or immediately after transfer

The level of patient could be categorized as below:

Level 0: Patients who could be transferred without an escort

- This maybe routine referrals that may not need a medical escort however, requires to be seen by a specific specialist or undergo a specific test that may not be available in that institution.
- Ensure that patient party or the person who will be escorting the patient to the referring Center is aware of the patient condition and the treatment option that is requested from the Center
- Travel for these cases is usually not covered under national health insurance scheme

Level 1: Patients who may need assistance during transfer/retrieval

- These cases may require paramedics and/or a medical escort.
- These maybe cases that would need some form of medical assistance however may not require high dependency care during transfer
- This level of care requires safety of transfer and may not need any medical intervention during transfer/retrieval.

Level 2: Patients who need more observation close monitoring

- These are cases that would need an experienced healthcare practitioner.
- These maybe cases that would need continuous monitoring during transfer however may or may not require high dependency care during the transfer.
- These may also be cases where there may need to be some form of foreseeable medical intervention during transfer, however, these interventions could be attended by the healthcare professional given written / verbal instructions accordingly.

Level 3: Patients who need life support treatment

- These are cases that would need to be escorted with experienced medical practitioner who are competent and have the confidence or are able to attend to life saving measures during transfer
- These cases would be where some life-saving interventions maybe needed during transfer.
- It may also be cases that are already on life support and would need high dependency care during transfer
- This may also be cases where there could be foreseeable life-saving or life-support interventions that may occur during transfer.

POST TRANSFER

1. Address the communication regarding the patient to the relevant medical (MO in charge in case of Atoll/ Regional Hospital) and nursing in charge.
2. Port health office to be informed about the flight details, expected time of arrival in cases where the patient is air lifted. The same information be provided to the receiving hospital and arrangement made to receive the patient. The ambulance sent to receive the patient should be fully equipped to receive and accommodate the patient.
3. Ensure return mode of transport/ facilities for temporary stay at next level for member of staff and ensure his/ her security.
4. The hospital to which the patient has been transferred should ensure that the equipment brought with the patient is looked after carefully and handed over to the staff of the referring hospital when they leave.

Ensure all relevant and necessary documentations are complete and ready.

Ensure that the required drugs are taken with the patient (e.g., sedatives, analgesics, muscle relaxants etc.)

SECTION 3: MINIMUM EQUIPMENT REQUIRED

When equipment's are finalized the weight, size, battery life, volume, durability, oxygen consumption and suitability should be taken into account. Equipment should be adequately restrained, and continuously available to the operator. Patient stretchers should be capable of being adequately secured within the transport vehicle. Electrical and gas supply fittings of all equipment must be compatible with those of the transport vehicle. All equipment to be used in aircraft must be assessed for compliance with regulatory requirements. Specialized equipment is required for neonatal and pediatric transport.

Ensure to change all electrical equipment's to battery operated equipment and additional batteries should be carried in case of power failure

Equipment that should be considered includes:

Respiratory Support Equipment

1. Airways (range of oral and nasopharyngeal airways and a range of laryngeal mask airways)
2. Oxygen, masks, nebulizer
3. Self-inflating hand-ventilating assembly, with PEEP valve available
4. standards/professional-standards
5. Suction equipment of appropriate standard
6. Portable ventilator with disconnect and high-pressure alarms
7. Intubation set (including a range of laryngoscope blades and endotracheal tubes)
8. Emergency surgical airway set
9. Pleural drainage equipment
10. Oxygen supply in excess of that estimated for the maximum transport time.

Circulatory Support Equipment

1. Monitor/defibrillator/external pacer combined unit
2. Pulse oximeter
3. Aneroid sphygmomanometer (not mercury-containing) with a range of cuff sizes
4. Vascular cannula, peripheral and central
5. IV fluids and pressure infusion set
6. Infusion pumps
7. Arterial cannula
8. Arterial monitoring device (pressure transducer)
9. Syringes and needles (a needleless system would be ideal)
10. Pericardiocentesis equipment

11. A sharps disposal container and a bag for biological refuse

Other Equipment

1. Nasogastric tube and bag
2. Urinary catheter and bag
3. Nasal decongestant spray
4. Instruments, sutures, dressing, antiseptic lotions, gloves
5. Thermal insulation and temperature monitor
6. Splints and equipment for spinal and limb immobilization
7. Neonatal/pediatric/obstetric transport equipment when applicable
8. Dressings, bandages, slings, splints and tape
9. Cutting shears and portable torch
10. Gloves and glasses for staff protection

Pharmacological Agents

All drugs should be checked and clearly labeled prior to administration. The range of drugs available should include all drugs necessary to manage acute life-threatening medical emergencies and those specific to the patient's clinical condition.

Ensure that all electrical / battery operated equipment and instruments are fully charged and will last for the duration of transfer.

Ensure emergency bag / transfer medication bag is ready and packed in a way that it is easy to use during transfer.

Be prepared for all foreseeable conditions that may arise during transfer.

Pre-transfer Monitoring

Before departure all patients should be well monitored to check their vital signs are stabilized. Also, all devices (IV poles, catheters, etc.) should be checked to see they are secure and in place.

1. 5 minutes before vitals to be checked and recorded
2. Pre-transfer medications to be given (if any)
3. IV cannula, catheter, NG tubes etc. are secured and in place
4. Comfort – pain free

SECTION 4: RESTLESS, VIOLANT OR NON-CORPERATIVE

Issues to consider when clients are or may be violent or uncooperative:

a. Risk assessment to determine if the client can remain in the community and receive treatment at the hospital.
b. Risk assessment to determine if the client can be transported safely without restraint.
c. Obtain consent for transfer.

Sedation and restraint may be required to transport a potentially violent client. This could be due to a variety of factors such as a *head injury*, *substance abuse*, or *mental illness*. The client and family should be informed about the need for sedation and restraint by hospital personnel. *Sedation should be administered in the hospital prior to the evacuation if indicated*. Clients who continue to be uncooperative should be admitted to the hospital until their condition stabilizes and they are able to travel.

SECTION 5: DOCUMENTATION

Patient documentation is frequently ignored during transfers, but it should be completed with clear records during all transfers. At all stages, accurate records should be maintained. This is a legal requirement and should include information about patient's condition, the reason for the transfer, the names of the referring and acknowledging consultants, clinical status prior to transfer, and information about vital signs, clinical events, and therapy given during transport. There should be a procedure in place to investigate a unique problem, including transportation delays.

Before departure, the transport team should be given clear instructions to the receiving area for the patient's formal handover. When the transport team arrives at the receiving hospital, a formal handover should take place between the transport team and the receiving medical and nursing staff, who will assume responsibility for the patient's care.

A documented record of observations and events must be maintained.

A verbal and written account of the patient's history, vital signs, therapy, and significant clinical events during transport should be provided during handover. X-rays, scans, and other investigation findings should be described and given to receiving personnel. The transport team is relieved of the duty of care to the patient after handover, who is now in the medical care of the receiving hospital, and the receiving team should formally note the patient's status.

Handover

When the transferring team arrives at the receiving institution, there should be a formal, structured handover between the transferring team and the receiving team, which will then assume responsibility for the patients' care. A verbal and written account of the patient's history, vital signs, therapy, significant clinical events, X-rays, scans, and other investigations should be included in the handover.

SECTION 6: CLINICAL CARE AND REFERRAL ETHICS

Clinical care

The referring center is responsible for the patient's clinical management until the patient is transferred to IGMH or a higher level of care. Staff should be aware that a patient's condition may appear to have improved after initial treatment and while awaiting evacuation from the time the decision to evacuate them was made.

Staff should not be concerned about unnecessarily evacuating patients. The decision to evacuate is based on clinical assessment at the time of the decision, and appropriate clinical management should help to stabilize and/or improve the client's condition. Emergency referrals/evacuations should not be influenced unduly by political, military, or public pressure. The National referral policy will be strictly enforced. Suspected policy deviations may be subjected to questioning by relevant authorities.

Referral Ethics

Ensuring the security, privacy, and protection of patients' healthcare data is critical for all healthcare personnel and institutions.

Maintaining patient confidentiality entails keeping health-care information private. Only those who need to know in order to perform their duties on behalf of the patient are given access to the information.

SECTION 7: STAFF TRAINING

All staff should be briefed on emergency patient transfer procedures. Selected medical personnel must receive special training in patient transfer protocols. On a regular basis, all medical personnel should receive training on various aspects of patient transfer. Senior medical personnel should be trained and actively involved in these procedures so that they are up to date on the protocols and can provide constructive feedback to junior pers onnel. In addition, we need to ensure that all accompanying ambulance personnel are trained in transfer care as well, and must be briefed about the patient prior to transfer. All personnel involved in patient transfers must be trained properly. It is the responsibility of the relevant ward/ department/ health facilities to ensure that staff are appropriately trained.

All staffs involved in patient transfer should receive training and should be given the opportunity to gain experience

All personnel involved in patient transfers must be trained properly. It is the responsibility of the relevant ward/department manager to ensure that staff are appropriately trained.

SECTION 8: COMMUNICATION

1. Good communication with the patient and among all those providing care is essential in all cases of patient transfer.
2. All transfers must be discussed with the patient and/or his/her family, and this discussion must be documented in the patient's healthcare record. If this discussion cannot take place, the reason for this must be documented in the patient's healthcare record. The documented discussion should include the reason for transfer, benefits, risks, future treatment that is planned, and, if appropriate, any prognosis that has been given.
3. If a transfer is made against the wishes of the family, the reasons for doing so must be documented well.

Patients and relatives should be kept informed at all stages of the transfer process and should be provided with appropriate written information

ANNEX

AASANDHA COMPANY LTD

Fen Building, 3rd Floor,
Ameenee Magu, Machchangolhi,
Male', 20375, Republic of Maldives
E-mail: info@aasandha.mv
Tel: +960 3011400 | Fax: +960 3013636
Hotline: 1700

Medical Emergency Evacuation

Patient's Details

Name:	NID No.:	D.O.B:	Age: Yrs	Gender:

Referral Details

From:	To:

Contact Details (Hospital)	**Contact Details (Bystander)**
Name:	Name:
Designation:	Relation:
Contact No.:	Contact No.:

Treatment Details

Assessment of Present Condition (Positive Clinical Findings):	Vitals
	P:
	R:
	BP:
	T:
	GRBS:
	SPO2:
	GCS:

Past Medical History:

Provisional Diagnosis:	Duration of Treatment:

Relevant Investigations Done:

After double-clicking the document, the entire contents would be accessible.

Handover checklist for staff sending/ receiving a patient

Patient Name			
Age			
Sex			
National ID card No/ Passport Number			
Address			
Chief Complain			
History of Present illness			
Past Medical History			
Personal History			
Diagnosis			
Provisional Diagnosis			
Abnormal vital signs			
Treatment / medicine given			
Allergies			
Specialty to be transferred to Med/Surg/ Gyn/Ortho, Peads			
Plan of care			
On examination			
General Condition before transfer			
Pulse			
BP O2stat			
RR			
Chest: B/LAE			
S1S2			
General Condition after transfer			
Pulse			
BP O2stat			
RR			
Chest: B/LAE			
S1S2			
Local Examination			
Indication for referral			
Treatment Given			
Oxygen requirement	2 Liters	4 Liters	Others, please specify
Time Handed Over		`	
Other information			
Referring Health Facility			
Referred Health Facility			
Reason for referral			
With or without escort			
Mode of transport			

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