

TRANSFER OF CARDIAC PATIENTS BETWEEN HOSPITAL FACILITIES

PRACTICE GUIDELINE[®]

DOCUMENT SUMMARY/KEY POINTS

- There are different reasons cardiac patients require transfer to another hospital facility, including ongoing specialist cardiac care, transplantation and post-specialist cardiac care. These transfer plans vary slightly.
- The transfer of a cardiac patient from the SCHN cardiac ward requires a planned approach to ensure the child is transitioned safely to their destination.
- The fundamental approach to planning patient transfers is collaborative closed loop communication between all key stakeholders including the patient, parent and/or carers.
- Once a decision is made to plan for the transfer of a cardiac patient, NETS should be contacted.
- NETS will triage patient transfers accordingly and the appropriate transport will be arranged.
- Unless the transfer is urgent and/or ECMO in transport is required, then NETS should be contacted for a Multidisciplinary team (MDT) conference. If the transfer is more elective, a Video conference (VC) can be arranged to include many stakeholders.

This document reflects what is currently regarded as safe practice. However, as in any clinical situation, there may be factors which cannot be covered by a single set of guidelines. This document does not replace the need for the application of clinical judgement to each individual presentation.

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|------------------------|--|------------------------------------|
| Approved by: | SCHN Policy, Procedure and Guideline Committee | |
| Date Effective: | 1 st April 2023 | Review Period: 3 years |
| Team Leader: | Nurse manager | Area/Dept: Cardiac Services |

CHANGE SUMMARY

- New document
- **16/05/23:** minor review to align appendices to direct staff to the correct information.

READ ACKNOWLEDGEMENT

- Read Acknowledge Only – clinicians responsible for the care and coordination of transferring cardiac patients from the SCHN cardiac ward to other facilities.

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Key principles for planning a hospital transfer

Key Components

Cardiac patients may require ongoing care or assessment at a facility outside of the SCHN, including other tertiary interstate centres or regional centres within NSW. The transfer of a cardiac patient from SCHN requires a planned approach to ensure the child is transitioned safely to their destination. The fundamental approach must entail collaborative closed loop communication between all key stakeholders including the patient, parent and/or carers.

Preparation of the family for transfer to another facility

Preparing the patient and family for transfer is essential and requires effective communication and coordination of care to ensure a safe and efficient transfer, regardless of the reason for transfer. Parents/carers are integral to the success of a transfer between hospital facilities and should be involved in planning for the transfer and aware of the care plan that is to be continued at the receiving hospital.

Key activities prior to transfer:

- Discuss plans for transfer with the parents/carers. Identify, address and escalate any concerns with transfer to the Nurse Unit Manager (NUM) and cardiac team
- Planned multidisciplinary meetings with key stakeholders to discuss ongoing care needs and resource requirements at the receiving facility
- Ensure parent/carer needs and preferences are discussed and taken into consideration
- Ensure all parents/carers training to support their child's care is commenced, monitored, supervised and relevant competency achieved
- Transfer plans are discussed and confirmed at daily cardiac rounds
- Ensure the family are informed of the accepting doctor's details, the transfer destination and the mode of transport
- Inform parents/carers of the planned date for transfer
- Commence the completion of **the Intra-facility Transfer Checklist for Ward Cardiac patients Form A** (SCN063.200). An example is provided in [Appendix A](#).

Reasons for Transfer

Depending on the reason for transfer, the preparation and planning of a cardiac patient will vary slightly. It is important to separate the process for each of the below scenarios to ensure clear roles and responsibilities for each team member in planning for transfer.

1. Ongoing specialist care

A small group of complex cardiac patients will require transfer to a tertiary centre either within NSW or interstate (e.g. Royal Children's Hospital (RCH) or The Alfred, Melbourne) for definitive cardiac or respiratory care. Examples include assessment for surgery or transplant. This transfer may occur with advanced notice or in response to a clinical emergency. The following process must be followed:

- A formal referral of the child between the referring and accepting facilities from cardiologist to cardiologist is made for acceptance of care.
Once acceptance is confirmed, the SCHN cardiology fellow should contact NETS to alert them of the need for transfer. The referring cardiologist should complete the NETS Elective Retrieval Booking Form with the patient details:
<https://www.nets.org.au/img.ashx?f=f&p=forms%2fElective+retrieval+booking+form.pdf>
- **NETS will then triage the patient transfer accordingly and appropriate transport will be arranged.**
- Unless urgent and/or ECMO in transport is required, then NETS should be contacted for a Multidisciplinary team (MDT) conference. If the transfer is more elective, a Video conference (VC) can be arranged to include many stakeholders. Note that VC are not recorded, NETS audio calls are.
- While transport is being planned, the communication between inpatient facilities should commence by a referral/handover to confirm acceptance at the receiving facility. This should include a medical handover and also a handover between the NUM's at each facility.
- For more specialised patients such as those in advanced heart failure, Advanced Heart Failure Clinical Nurse Consultant (CNC) will communicate regularly with the receiving CNC team to handover and share relevant documents as required such as those required for transplant assessment.

2. Transfer for transplantation

- When a SCHN inpatient is listed for an organ, communications will have already been held between the transplant teams at RCH/The Alfred to establish coordination such as listing criteria and documentation sharing.
- **NETS should be notified by the current treating team at the time of listing** of the future transport requirement of patient which may happen with minimal notice. A key contact point should be given to the NETS team for regular updates if required.

Key contact point for time of transplant transfers:

| Business Hours | After Hours |
|---|--|
| Advanced Heart Failure CNC 0437 611 539 Schn-cardiacthf@health.gov.au | Cardiac ward team leader 0475 979 718 |

- The RCH/The Alfred Transplant CNC will coordinate the patient transfer in combination with the SCHN Advanced Heart Failure CNC. The SCHN Advanced Heart Failure CNC will provide the RCH/The Alfred Transplant CNC with the key contact number for time of transplantation. This is usually the SCHN cardiac ward Team Leader.
- The RCH/The Alfred Transplant CNC will provide a list of updated required documentation, which will be kept with the patient notes at SCHN. Most documentation will have previously been provided to RCH/The Alfred Transplant team at time of transplant listing.

Time of transplant coordination:

- RCH/The Alfred Transplant coordinator will call the SCHN cardiac ward team leader to state that the organ is available and provide details such as NBM times, IV access, timings as per DonateLife for organ retrieval and organ recipient arrival.
- The SCHN Cardiology fellow is to call NETS for triage of appropriate transfer as requested with timings as set above. The referring cardiologist should complete the [NETS Elective Retrieval Booking form](#) with the patient details.
- Unless urgent and/or ECMO in transport is required, then NETS should be contacted for a Multidisciplinary team (MDT) conference. If the transfer is more elective, a Video conference (VC) can be arranged to include many stakeholders. Note that VC are not recorded, NETS audio calls are.
- SCHN cardiac ward should then prepare the patient and family/carer for transfer as per NETS instructions.

3. Post-specialist cardiac care

A small group of cardiac patients within SCHN may be transferred to a hospital facility closer to their home to manage ongoing care needs. Handover of care is planned to ensure the ongoing care needs can be met at the receiving facility and the appropriate community care links are in place for a safe transition closer to come.

Transfers within NSW:

- All NSW transfers from a tertiary centre to a secondary centre will be triaged via NETS
- The options include
 - NETS elective retrieval
 - Air ambulance/ road ambulance with flight nurse
 - Air ambulance/ road ambulance with NETS team
 - Patient Transport Service (PTS)
 - Non escorted transport such as Little Wings/Angel Flight

The SCHN Cardiac ward NUM will liaise with the cardiology team and NETS regarding the safest mode of transport and will be the point of contact for all transport decisions.

Key Steps in Preparation prior to transfer of any cardiac patient

| | |
|---------------------------------|---|
| During acute phase of admission | <ul style="list-style-type: none"> • Ascertain if transfer is an option for ongoing specialist care or post-specialist care • Ascertain if the destination facility resources meet the patient care needs • Develop communication links between the receiving hospital and ESW by contacting relevant local healthcare providers e.g. NUMs, referring paediatricians, community teams and local CNCs • Ensure parental involvement in all aspects of decision making when transfer of care is considered • Involve parents in child's care needs including but not limited to nasogastric feeding, nasogastric tube insertion, medication drawing up and administration, CPAP mask fitting and usage on home machine • Consider parent CPR training for high risk patient groups |
| 1-2 weeks prior | <ul style="list-style-type: none"> • SCHN primary treating team (Consultant and Senior Nursing) to commence communication with accepting paediatrician and nursing team at receiving hospital • Provide SCHN contact list for all staff involved in patients care to receiving hospital • Link in with local teams to ensure provisions for education and clear communication pathways in place • Begin discussions around escalation management plans and ED avoidance plans with parents/carers and CNC team if applicable • Upload patient onto Patient Flow Portal and begin discussions with patient flow team to secure bed • Consult with pharmacy regarding medication timetables • Confirm agreed mode of transport • Confirm need for child to have Hypoxic challenge • Discuss with transport team clinical care needs during transport such as NBM/ IVC/ fluids/ CPAP and compatibility of patient equipment |
| Day prior to transfer | <ul style="list-style-type: none"> • Liaise with SCHN Bed Manager and confirm bed • Start to complete transfer checklist Form A (Appendix A) • Ensure IV access is patent • Confirm transport time and re-confirm transport requirements |
| Day of transfer | <ul style="list-style-type: none"> • Confirm bed at receiving hospital • Completion of transfer checklist Form A (Appendix A) • Nursing Handover to receiving team Form B SCN063.201 (Appendix B) • Nursing Handover to retrieval team Form B SCN063.201 (Appendix B) • Documented Medical assessment prior to transfer • See NETS form Non-Emergency - Referring Hospital. Transfer Checklist |

Hypoxic challenge

Some patients will require a Hypoxic challenge test prior to transfer if the mode of transport is via air. The cardiologist is responsible for determining whether this is required for the patient needing transfer.

If a Hypoxic Challenge Test is required, a Powerchart referral needs to be completed and a phone call made to Respiratory Function Unit to organise a time/date for test.

When documenting the referral it is important to provide the lowest acceptable oxygen saturation for the patient.

Care requirements during transfer

All care and assessment during transfer of a cardiac patient must include:

- Cardiac monitoring including Spo2, ECG, respirations and hourly BP
- Between the flags/ altered calling criteria and written instructions from treating team on the child's usual oxygen saturations and management plan if the transfer saturations fall outside of the altered criteria
- Clear feeding plan or NBM with appropriate IV therapy
- The need for IV access should be considered
- Medication plan

Referral and Handover of care


Handover to the receiving and transport team must include;

- Written medical and nursing discharge summaries
- Verbal handover on the patient at the time of transfer
- Consultant to Consultant handover
- NUM to NUM handover
- CNC to CNC handover
- Allied health team handover


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Appendix A – FORM A (example)



NSW Health



The Sydney
children's
 Hospitals Network
care, advocacy, research, education

| | |
|--|---|
| FAMILY NAME | MRN |
| GIVEN NAME | <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE |
| D.O.B. ____/____/____ | M.O. |
| ADDRESS | |
| LOCATION / WARD | |
| COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE | |

Facility:

Intra-facility Transfer Checklist for Ward Cardiac patients Form A

Transfer Details

Receiving Hospital Name and Contact Details:

Transport Provider:

| | |
|----------------------|-------------------------------------|
| Booking Number: | Time estimated for arrival to ward: |
| Accepting Clinician: | Accepting Ward: |

Patient needs as per transport team:

| Within 48 hours prior to transfer | Y | N | N / A | Initials | Comment |
|--|---|---|-------|----------|-----------------------------------|
| Medical Discharge Summary completed & printed including recent bloods results | | | | | |
| Bed requested from receiving facility | | | | | Name of person who confirmed bed: |
| Next of Kin aware of transfer | | | | | |
| Hypoxic challenge completed, if applicable | | | | | Date: |
| All X-Rays / Medical Imaging Scans available for receiving unit | | | | | |
| On day of Transfer | Y | N | N / A | Initials | Comment |
| Medical review confirming child is clinically ready for transfer, documented and printed | | | | | Medical Officer Name: |
| Detailed Nursing handover of patient to receiving facility - Verbal | | | | | |
| Nursing Handover Form B completed & printed | | | | | |
| Bed re-confirmed | | | | | Name of person who confirmed bed: |
| Patient ID bands x2 on opposing limbs | | | | | |
| Previous 48 hours of Medical Recorded printed for receiving facility | | | | | |
| Known Allergies documented | | | | | Details documented in Form B |
| Observations documented prior to transfer in eMR | | | | | Details documented in Form B |
| Medications administered and MAR Printed | | | | | Details documented in Form B |
| Time of last feed | | | | | Details documented in Form B |
| Medical and Nursing handover to transport service | | | | | Name |
| Transport clinical care requirements | Y | N | N / A | Initials | Comment |
| All medical equipment accompanying Pt. has been certified by transport service provider | | | | | |
| Equipment fully charged | | | | | |
| Formula/ EHM bottles available for transfer | | | | | |
| Patient and Parent/Carer belongings are to be contained in one bag not exceeding 5kg | | | | | |
| Patient dressed appropriately for transport | | | | | |

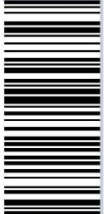


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Holes Punched as per AS2828-1: 2012
 BINDING MARGIN - NO WRITING



SCN063:200 - 12/2021

Intra-facility Transfer Checklist for Ward Cardiac patients SCN063:200

Appendix B – FORM B (example)

| | | | |
|--|---|--|---|
|  Holes Punched as per AS2828.1: 2012 BINDING MARGIN - NO WRITING |  Facility: |  care, advocacy, research, education | FAMILY NAME MRN |
| | Nursing Handover Form Inter hospital transfer FORM B – Page 1 of 2 | GIVEN NAME <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE | D.O.B. ____/____/____ M.O. |
| | | ADDRESS | LOCATION / WARD |
| | | COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE | |
| | | Transfer Information: | |
| Proposed Date: | Next of Kin aware of Transfer: Yes <input type="checkbox"/> No <input type="checkbox"/> | Receiving Facility: | Accompanying Parent/ Carer name and relationship: |
| Receiving Ward: | Introduction – include pts preferred name | | |
| Situation: <i>Admission diagnosis; Presenting problem; Reason for transfer</i> | | | |
| Background : <i>Relevant medical/surgical history; usual medications; social history - including communication difficulties</i> | | | |
| <h1>Example</h1> | | | |
| Assessment: <i>Tests, procedures undertaken and known results; mobility, self-care, nutrition,</i> | | | |
| Infectious status/ or infectious contacts: <input type="checkbox"/> Nil Known <input type="checkbox"/> C-Diff <input type="checkbox"/> Other: Comment: | | | |
| Multi Resistance Organism <input type="checkbox"/> MRSA <input type="checkbox"/> VRE <input type="checkbox"/> MRAB <input type="checkbox"/> ESBL <input type="checkbox"/> MBL Gram -ve <input type="checkbox"/> Other: | | | |
| SCN063201 – 12/2021 | This space for form information, notations, trial dates. Etc... | | Page 1 of 2 |

Nursing Handover Form - Inter hospital transfer - FORM B
 SCN063,201

| | | | |
|---|-----------------------|---|---|
|   | FAMILY NAME | | MRN |
| | GIVEN NAME | | <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE |
| | D.O.B. ____/____/____ | | M.O. |
| | ADDRESS | | |
| Facility: | | | |
| Nursing Handover Form Inter hospital transfer FORM B | | | |
| <small>COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE</small> | | | |
| Current Weight: | | Date recorded: | Initials: |
| Known Allergies | | | |
| Observations documented prior to transfer: Date: _____ Time: _____ Initials: _____ Respiratory Rate: _____ Respiratory Distress: _____ SpO2%: _____ O2 Delivery: _____ Oxygen Flow rate: _____ Air Flow Rate: _____ Device: _____ Pulse Rate: _____ Blood Pressure (BP): _____ BP Mean: _____ Temp: _____ Flight Test Oxygen instructions and Monitoring requirements: Additional Comments: | | | |
| Intake | | | |
| IV Therapy: Yes <input type="checkbox"/> No <input type="checkbox"/> - If no comment: | | IV Site Location and Date of insertion: | |
| Fluid restrictions: _____ mL/day | | Fluid orders with patient: Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| IVF Infusions: | | | |
| NG/ TP: Yes <input type="checkbox"/> No <input type="checkbox"/> Size: _____ Fr _____ Length: _____ cm at _____ Insertion date: _____ | | | |
| Diet: Nil By Mouth <input type="checkbox"/> Fine Foods <input type="checkbox"/> Clear Foods <input type="checkbox"/> Blended <input type="checkbox"/> Formula <input type="checkbox"/> Full Diet <input type="checkbox"/> Light Diet <input type="checkbox"/> Special Diet <input type="checkbox"/> Other: _____ | | | |
| Notes on Diet: | | | |
| Output | | | |
| Independent <input type="checkbox"/> Requires Assistance <input type="checkbox"/> Nappies <input type="checkbox"/> Comment: | | | |
| Bowels last open date: | | Last past Urine date and time: | |
| Mobility and Skin Integrity | | | |
| Patient requires assisted repositioning <input type="checkbox"/> Patient requires pressure redistribution equipment <input type="checkbox"/> Comment: | | | |
| Pressure Injuries on transfer: | | | |
| Pressure Injury site: | | Date identified: | Staging of injury |
| Pressure Injury site: | | Date identified: | Staging of injury |
| Comment: | | | |
| Dressing - Instructions / Post-op Care | | | |
| Wound site: | Dressing: | Date and Time last changed: | |
| Equipment Requirements - | | | |
| Recommendations: <i>Management plan; treatment orders; outstanding items; medications required; any risks identified Transfer requirements</i> | | | |
| Name and Designation: | | Signature: | Date: |



Holes Punched as per AS2828.1: 2012
BINDING MARGIN - NO WRITING

SCN063201 - 12/2021

Nursing Handover Form Inter hospital transfer FORM B SCN063.201

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