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| South West Stroke Network (SWSN) Mechanical Thrombectomy Pathway |
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**South West Stroke Network**

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| **Title:** | **Repatriation and Prompt Transfer Policy**Policy for the prompt and safe transfer and repatriation of patients within South West Stroke Network (SWSN). |
| **Summary** |
| **Purpose:** | To introduce a timescale target of 24 hours to repatriate individual patients within the South West Stroke Network area, and to transfer patients into the appropriate acute or tertiary setting within 24 hours of acceptance of referral. |
| **Scope:** | This policy relates to the repatriation and transfer of stroke patients between Acute Hospital Trusts within the SWSN area where the patient is in need of ongoing care closer to home, and the patient is fit for transfer |
| **Impact:** | Timely access to mechanical thrombectomy performed in a high volume centre by neurointerventionists has been shown to significantly reduce disability, and effective repatriation of patients is essential to ensuring the patient receives the most appropriate ongoing stroke care closer to their home. It is the responsibility of the health system to ensure repatriation happens in a timely manner in order to maximise accessibility to thrombectomy services and maintain patient flow. Post hospital care is also easier to co-ordinate from a patient’s local District General Hospital and allows easier access for visiting family and carers and thus enhances the patient experience. |
| **Action:** | All Acute Hospital Trusts across SWSN must ensure every effort will be made to expedite clinical repatriation and transfer of patients for access to tertiary services |
| **Effective From:** | This policy is effective as of JUNE 2018. |
| **Distribution:** | CEO, COO/DOO, Medical Directors, NHSI, NHSE (for specialist commissioning), A&E Delivery Boards. CCG Commissioners within SWSN covering the following providers: * Gloucestershire Hospitals Foundation Trust
* Great Western Hospitals Foundation Trust
* North Bristol NHS Trust
* Royal United Hospitals Bath
* Taunton & Somerset NHS Foundation Trust
* University Hospitals Bristol NHS Foundation Trust Bristol
* Weston General Hospital
* Yeovil District Hospital NHS Foundation Trust
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| **Review:**  | This policy will be reviewed by the SWSN Programme Board in May 2018. This policy will be supported by recommendations made to the SWSN and NBT Mechanical Thrombectomy Steering Group. |

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# Definitions and glossary

**Repatriation** – The movement of individual patients to an Acute Hospital nearest to their place of residence and/or registered GP.

**Transfer –** Movement of a patient between Acute Hospitals i.e. into a tertiary centre in order to receive specialist care.

**Transferring Hospital** - Hospital that provides secondary and/or tertiary services, typically not nearest to the patient’s place of residence. E.g. Hospitals which admit patients, who do not live in their catchment area, for secondary care services.

**Receiving Hospital** – Typically the hospital closest to where the patient lives or their registered GP.

**CEO –** Chief Executive Officer

**COO** – Chief Operating Officer

**DOO** – Director of Operations

**MD** – Medical Director

**ED –** Emergency Department

**SUECN** – Severn Urgent and Emergency Care Network

# Introduction

This policy outlines the responsibility of Trusts to receive stroke patients who require repatriation, or require a transfer for tertiary care within 24 hours of acceptance of referral.

This policy outlines the operational pathway for the management of patients who require further stroke care closer to home, after they have been admitted and treated at the regional thrombectomy centre that is not their local acute hospital trust.

A lack of timely inter-hospital transfer and acceptance is currently an issue for some stroke patients in the South West Stroke Network (SWSN) area, with delays acknowledged in initial transfers and repatriation.

Tertiary care centres can experience difficulties in discharging patients from acute specialist beds at the end of a period of care. Problems are often associated with the repatriation of patients back to their referring or local hospital, including patients who have been receiving emergency care whilst out of their area of residence.

Timely repatriation is better for patient experience. The effective repatriation of patients is essential to maximising bed utilisation. This maximises accessibility to all services including tertiary services. It is the responsibility of the health system to ensure repatriation happens in a timely manner in order to maximise accessibility to thrombectomy services and maintain patient flow.

NHS England, Clinical Commissioning Groups and participating Hospital Trusts within the South West have identified the need to ensure that the quality of care and experience received by patients is improved, and that transfer protocols are consistent across hospital sites.

This policy will ensure that all stroke patients are repatriated or transferred in a timely manner to the appropriate trust and that if and when delays arise they are formally recorded and escalated for resolution.

This policy will ensure that all relevant parties are aware of their specific roles and responsibilities, and prevent delays to patient transfer.

***The following policy has been developed in conjunction with clinical and operational representatives from the eight Hospital Trusts within the SWSN footprint. This document has been countersigned by their respective Chief Executive Officers. To achieve person-centred coordinated care for patients moving between care settings may require changes in culture and local practice. Repatriation and transfer of patients requires NHS Trusts to work in partnership in the best interests of patients.***

# Procedure

\*If no consultant is available, then a member of staff level ST4 or above

# Timescales

The following steps must be completed before a Repatriation request is made by the transferring Trusts clinical site team:

* A clinical agreement is reached between the lead specialty consultants, or an ST4 level doctor on behalf of a named consultant, at both trusts.
* The transferring hospital sends email confirmation of the clinical agreement to repatriate and repatriation form to the clinical site team at the receiving hospital.

The clock starts when the above has been completed, and the clinical site team at the transferring hospital receives email read receipt from the receiving hospital

The clock stops when the receiving hospital Trust clinical site team informs the transferring Trust that a bed has been allocated, has confirmed the time that the bed will be held until, and that they are ready to receive their patient.

Clinical responsibilities remain with the transferring Trust until the patient has arrived at the receiving Trust.

A patient is considered to have breached the Repatriation threshold if no bed has been allocated at the receiving Trust within 24 hours of clock start.

# Roles and Responsibilities

A member of staff at each Trust should be responsible for co-ordinating Repatriations at all times. Each Trust will provide a single point of contact (email address and phone number) for all liaison and queries relating to Repatriation and the management of patients requiring onward acute care (this will typically be the bed manager or member of clinical site team). It is then the responsibility of each Hospital Trust’s Clinical site team to ensure communication and liaison with the relevant teams within their Trust.

The decision to repatriate a patient is a clinical decision. The receiving Trusts clinical site team or bed manager cannot refuse repatriation on clinical grounds.

If no consultant is available, then a member of staff level ST4 or above can lead this process on behalf of the specialty consultant. This must be noted in the ‘Repatriation Form’ Appendix A.

Each Trust will nominate a senior consultant to act in the case of disputes regarding clinical acceptance on behalf of the whole Trust.

Transport will be organised by the transferring hospital providing any necessary escort arrangements.

The transferring Trust must ensure that appropriate transport arrangements (including funding) are in place. A link to SWASFT’s HCP booking guide which outlines SWASFTs current contractual responsibilities can be found at [www.swast.nhs.uk/clinicians](http://www.swast.nhs.uk/clinicians) or by following this link:

<http://www.swast.nhs.uk/Downloads/SWASFT%20downloads/RequestingAEAmbulanceTransport-AGuideforHealthcareProfessionals.pdf>

It is the responsibility of the thrombectomy centre to provide clinical information and advice regarding ongoing management including the following:

1. Ongoing medications including anti-platelet therapy and anticoagulation
2. The need for further follow-up imaging
3. Blood pressure management
4. Co-existant illness management
5. Rehabilitation needs

# Escalation

A patient is considered to have breached the Repatriation threshold if no bed has been allocated at the receiving Trust within 24 hours of referral being received by the receiving Trust clinical site team (i.e. read receipt etc.

If the clinical site team at the receiving Trust cannot be contacted, the transferring Trust can escalate this directly to the receiving Trust’s Director of Operations (in-hours) or the On call manager (OOH) , prior to the 24 hour threshold.

If **after 24 hours**, no response or a negative response has been received from the receiving Trust, then this must be escalated to both Trusts’ respective Director of Operations or COO (or on call manager OOH)

If no bed has been allocated **after 48 hours**, then the COO/Director of Operations must escalate this to their CEO, who is then required to negotiate the repatriation with their counterpart at the receiving hospital, agreeing a timeframe for repatriation. The reality though of this is that this escalation is probably too high – 72 hours should probably be chief exec and 48 hours the DOO/COO can manage

If the situation remains unresolved **after 72 hours**; for example, if no response or a negative response has been received from the receiving Trust, and if no bed has been allocated, the transferring Trust CEO has will advise the CEO at the receiving Trust CEO that they are sending the patient to them. The receiving Trust should be alerted that this is the planned course of action, and the receiving Trust should ensure the patient is received by the relevant clinical team for their required specialty. This must not be ED.

In addition, the DOO/COO from each Trust should report this to their respective A&E Delivery Boards.

# Scope

This policy applies to:

* Patients initially managed in emergency departments or acute stroke units in all acute trusts with subsequent referral to a neuroscience centre for consideration of mechanical thrombectomy.
* Patients who have been transported directly for specialist stroke care at the neuroscience centre (with or without thrombectomy) and patients returning to their local hospital following neuroscience centre admission.
* The policy applies to seven days per week.
* The policy applies to all adult patients (See also Clinical and Operational Exclusions).

# Operational Exceptions

If the receiving Trust is under significant pressure, specifically a major incident, in escalation status OPEL 4 then there can be an agreement to extend the repatriation time threshold by a further 12 hours (providing the appropriate care is available in the transferring hospital). This is at the discretion of the transferring Trust. The transferring Trust COO/DOO is responsible for agreeing any extensions to the timescales.

However, where a transferring Trust is under equally significant pressure i.e. in escalation status OPEL 4, it is not acceptable for a receiving Trust to decline to accept a patient on operational or capacity grounds.

# Clinical Exclusions

If the patient becomes unwell the transferring Trust must inform the receiving Trust immediately.

This policy applies to all specialties being treated within secondary and tertiary care, and there are no clinical exclusions to this policy and escalation process.

This policy applies to acute hospital trusts, not mental health or community hospital referrals.

Clinical interventions, such as diagnostics, which take place within one day, should not be treated as repatriation. The transferring hospital should not release the patient’s bed in this instance.

# Monitoring and Reporting Responsibilities

It is the responsibility of both the transferring and the receiving Hospital Trust to record any repatriations that have breached the 24 hour/48 hour/72 hour target.

The record must include the following metrics:

- Clinical specialty

- Name of the receiving trust

- Cause of delay

- Length of time before the patient was accepted by the receiving Trust.

- If 72 hour timeframe was exceeded, triggering the transfer of patient as stated in Section 6 of this document.

This information should be reported to A&E delivery boards.

A long-term monitoring solution and data collection method will be agreed at the review stage.

A template has been provided in Appendix B.

# Existing Network and Footprint Arrangements

This policy *does not* override any existing agreed formal network arrangements. Any future network arrangements should consider the standards.

This policy *does* override locally agreed repatriation protocols and internal Trust repatriation policies.

# General Responsibilities

The receiving hospital will arrange for the appropriate placement of the patient within the agreed timeframes.

Clinical priority of patients should be considered at all times, and managed accordingly between both Trusts when co-ordinating the patient transfer.

The time limit for repatriation should also be observed at weekends, with the responsibility lying with the duty consultants, as well as during the week (see also ‘Operational Exclusions’).

Hospitals should ensure that the constraints imposed by meticillin-resistant staphylococcus aureusis (MRSA) or other infection screening do not prevent them from meeting their obligations under this procedure by delaying an otherwise clinically appropriate and desirable transfer.

The transferring hospital will make full disclosure of the infection status of patients to the receiving hospital/care setting, and to the patient transport service.

Patients should not depart from the transferring hospital to be transported between the hours of 8pm and 7am.

Patient transfer will be accompanied by all relevant clinical and social information included in a discharge summary.

Should a patient clinically deteriorate and no longer be fit to transfer, the Clinical Site Team at the referring trust should inform their counterpart at the receiving trust as soon as possible.

It should be the responsibility of each organisation involved to:

* Implement this procedure for the management of patients requiring onward care;
* Ensure each relevant member of staff is aware of their own roles and responsibilities;
* Ensure this procedure is cascaded and made available to each relevant member of staff;
* Ensure the process is sooth and seamless for the patient;
* Ensure that the patient is cared for in the right facility at the right time.

# Patient and Carer Communication

A patient’s relative and/or carer should be properly communicated with and informed where and when the patient is being transferred. When a patient is a critical or immediate transfer from an emergency department, the sending hospital is to provide direction and support to assist the relative/carer in getting to the receiving hospital.

The transferring hospital must ensure that the patient and their family and/or carer are fully informed of the tertiary care, the repatriation process or the transfer of the patient for onward care. Planning for discharge with the patient and their families should take place at the earliest opportunity.

Patients with dementia, clinical risk or safeguarding issues should be highlighted on the repatriation form. Patients with dementia should only be moved for reasons pertaining to their care and treatment. Any moves for these patients should take place during daylight hours. Relatives and carers should be kept informed of any move and given acceptable notice.

# Equality Impact Assessment

When undertaking repatriation, the receiving hospital Trust should endeavour to take the patient’s ethnic and religious beliefs, together with their need for continuing medical care and their personal social network, into active consideration.

# Policy Review

This policy will be reviewed by the South West Stroke Network 2-3 months post implementation. .

# Version control

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| **Version** | **Date** | **Reviewer** | **Comments** |
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**Appendix A – Repatriation Form for completion prior to Repatriation requests**

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| **Repatriation form – all fields to be completed and sent to receiving Trust Clinical Site Team** |
| Patient Name: | NHS number: |
| DOB: | Time and date of clinical acceptance: |
| Name of transferring consultant: | Name of receiving consultant: |
| Name of transferring junior doctor (if on behalf of consultant) | Name of receiving junior doctor (if on behalf of consultant) |
| Accepting specialty: | Bed requirement: |
| Next of kin name: | Next of kin telephone no: |
| GP name and address: | Patient home address: |
| Clinician confirmed receiving Trust is geographically appropriate for patient?: Yes/No |
| Date of and reason for admission: | Time agreed between Trusts Clinical Site Team re: transport and specified time that the bed will be held for. |
| Risk assessment completed and documented? | Infection Control Status: |
| Equipment Required: | Other instructions and additional information: |

**Appendix B – Template for reporting 24 hour repatriation breaches to A&E delivery board**

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| **Reporting Repatriation Breaches**  |
| Patient initials |  |
| Name of transferring hospital |  |
| Name of receiving hospital |  |
| Clock start Time Date |  |
| Clock stop Time Date |  |
| Time and date patient transfer completed. |  |
| Total repatriation wait time |  |
| No response after 72 hours: was patient sent directly to receiving Trust? |  |
| Transferring consultant name |  |
| Receiving consultant name |  |
| Specialty  |  |
| Reasons for delay |  |

Please collate repatriation breaches, and send to your local A&E delivery board, CC lizzie.murray@nhs.net