Referral and Reverse Referral Pathway

West Yorkshire Major Trauma Network

DAY 0

4 hours

Patient referred Consultant to Consultant

Referrals should be made before 12:00 mid-day to start timeline today

Patient Accepted?

NO → Documented decision in notes, including time and date of accepted and by who also completing the repatriation list template

Yes

Consultants to inform:
Case Manager/Co-ordinator/Patient Flow manager*

* Refers to the person on the ward that manages the beds

Receiving team continually work to confirm the bed

Bed confirmed?

Yes → **Arrange Transfer**
Inform Ward to Contact Yorkshire Ambulance Service
(G4—up to 4 hours notice required)
→ **Patient in ambulance**
By no later than 9pm

NO

DAY 1

10:00 DOPS Meeting
- LTHT Clinical Site Manager
- Ward Matrons & TU/DGH General Manager

Patients requiring repatriations are to be discussed during the daily DOPS meeting

Site Managers and bed managers to keep discussing up to escalation time.

Bed Confirmed

Yes → **Arrange Transfer**
Inform Ward to contact Yorkshire Ambulance Service
(G4—up to 4 hours notice required)
→ **Patient in ambulance**
by no later than 9pm

NO

15:00 PM
Escalate to Operational Manager/ Team for discussion with other provider

General Management Team agree transfer

DAY 2

10:00 AM
Bed is confirmed

Yes → **Arrange Transfer**
Inform Ward to contact Yorkshire Ambulance Service
(G4—up to 4 hours notice required)
→ **Patient in ambulance**
by no later than 9pm

NO

10:00 AM
Escalate to Directors to Agree Transfer

Version Date: Version 2 July 2017 **Review Date: July 2018**

Major Trauma Network Referral and Reverse Referral Pathway

West Yorkshire Major Trauma Network

Definitions:

External Transfer:
"The transfer of a patient to an external organisation for further treatment of the commencement of treatment not available within the current hospital"

Repatriation:
"The return of a patient to a care provider from which they were transferred; or to receive or conclude treatment closer to their home address"

1. Aims

A) To ensure those patients who are stable but have serious or life threatening needs are transferred within 2 Calendar days to be treated in a centre with the right facilities and expertise in order to maximise their chances of survival and a good recovery.
B) To ensure that once the patients are ready for their on-going care to be delivered closer to home that they are transferred to the most appropriate provider within 2 calendar days.
C) To support the avoidance of cancellations of elective surgery due to the lack of post-operative bed, including critical care beds.

2. In Scope

A) Non-emergency transfers into one of the specialist services including critical care at Leeds Teaching Hospitals NHS Trust.
B) Reverse referrals to another provider in order to deliver care as close to patients homes as possible.

3. Out of Scope

A) Any emergency/acute transfers of unstable patients into one of the specialist services at Leeds Teaching Hospitals NHS Trust.
B) Primary PCI service at Leeds Teaching Hospitals NHS Trust which is covered by separate arrangements.

4. Principles

A) Patients who require referral or reverse referral are identified and communicated so that a consultant to consultant decision can be made as soon as is possible, to start the process of repatriation.
B) Once the decision has been made this must be supported by documentation and recorded in the patients' medical notes and the repatriation excel spreadsheet is completed. The decision also needs to be communicated to staff that will organise the safe transfer of the patient in accordance with the relevant transfer guidelines.
C) Transfer of a patient to another Trust, closer to their home, to continue rehabilitation and reablement following specialist care should occur within 2 calendar days of the decision to transfer.
D) Prompt escalation of issues by both the referrers and receiving trusts is to be made at 10:00am and 15:00hrs on day 1 and 10:00hrs on day 2 respectively, 7 days a week.
E) When escalating that there is no bed for the transfer, confirmation must be made that the receiving Trust has either called a Major Accident Response Procedure (MAJAX) or that no further elective surgery can be cancelled.
F) If the two respective Directors Agree a plan which is outside the standard 2 calendar days then the safe transfer must be organised (ambulance transfer booked etc.) as per the agreement shortly after the agreement is made. It is then the responsibility of the Clinical Service Unit (CSU) to ensure that the plan is carried out and to escalate to the Director on call if for any reason the plan cannot be carried out.
G) Each provider will detail in the patient notes the communication and arrangements for transfer including where these have been declined.

These principles will be captured in each acute provider's Moving On Policy, REAP and Escalation arrangements and will be included in provider contracts.

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