ESCALATION PATHWAY FOR PATIENT WITH POTENTIAL TO DETERIORATE
NSW Policy Directive 2011_031

Inter-facility Transfer Process for Adults Requiring Specialist Care
This is about an Escalation Pathway for a patient requiring urgent specialist care within 24-72 hours when safe and timely care at a higher level service cannot be arranged through the usual transfer processes.
Subsequent RCAs and Clinical Incidents reviewed by the Clinical Risk Action Group identified that transfers were still being delayed on basis of “no bed available” – mostly accepted by specialist team but declined by Bed Manager of referral hospital.
Subsequent survey identified that difficulties arose when clinical priority competed with bed availability and subsequent failure to appropriately escalate issue for resolution.
• Request for EDMS to engage with each other in linked LHDs to jointly develop a “no refusal policy”

• “Time-critical patients cannot be refused on basis of ‘no bed’

• “if an alternative provider cannot be found within an appropriate timeframe, the nominated tertiary hospital must accept the patient”
Each LHD must also refine processes in place for returning transfers of patients back to sending hospitals, once specialist treatment is complete.

Patient repatriation is important for freeing up beds.
**MLHD ESCALATION PATHWAY for Transfer of Patients at Risk of Deterioration (Adults)**

Patient at risk of deterioration within 72 hrs and local facility not resourced to deliver definitive treatment. (Includes Adults in ED or inpatient)

Consider whether patient could be transferred to a hospital within the LHD.

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**Attempt transfer by usual means.**

Referral facility accepts patient?

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**Y**

**Transfer patient**

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**N**

Contact **MLHD Patient Transport Unit**

On line booking


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**Contact**

**Ambulance Service NSW**

(131233)

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**Ambulance accepts timely transfer booking?**

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**Y**

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**Transfer patient**

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**N**

**MO/Nurse In charge**

phones the designated referral hospitals and requests to speak to the most senior doctor on call for specialty department required. Referral accepted? Doctor accepts patient?

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**Y**

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MO/Nurse In Charge escalates to Health Service Manager who contacts the Rural Group/General Manager. The Director of Operations is contacted (24/7)

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**MLHD Director Operations rings default hospital as per PD2011_31 and requests to speak with Referral Director Medical Services or Exec member on call**

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**Patient accepted for timely transfer?**

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**N**

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**Contact Bed Manager of receiving facility to confirm bed availability. Bed Manager accepts patient transfer within clinically appropriate timeframe?**

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**Y**

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**Contact Bed Manager of receiving facility to confirm bed availability. Bed Manager accepts patient transfer within clinically appropriate timeframe?**

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**N**

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**Referral facility accepts patient?**

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**N**

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**Determine transport method for transfer.**

Contact **MLHD Patient Transport Unit**

On line booking


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**MO/Nurse In Charge**

escalates to Health Service Manager

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**Health Service Manager**

escalates to Rural Group/General manager Ambulance Control for resolution

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**MLHD Director Operations contacts MLHD Chief Executive**

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**MLHD Chief Executive contacts Chief Executive of tertiary facility for resolution**

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**ISBAR**

Clinician’s to use ISBAR communication method during phone calls

I — Introduction

Identify yourself (your name, role and location) and give a reason for calling.

"I am calling because…………………….."

S — Situation

Give the patient’s age and gender. What is the patient’s status now?

a. stable (but in danger of deterioration)

b. unstable

B — Background

Give the relevant details such as presenting problems and clinical history

A — Assessment

Put it all together (their current condition, risks and needs). What is your assessment?

R — Recommendation

Be clear about what you are requesting. e.g transfer/review/treatment?

When should it happen?

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**Key Contact Details**

**Adult Medical Retrieval**

– 1800 650 004

**Prince of Wales Hospital**

– 02 9650 4000

**MLHD Patient Transport Unit**

– 02 5908 4150

**Local Health Service Manager mobile**

– (to be inserted by site)

**The Canberra Hospital**

– 02 6244 2222

**Canberra Hospital Bed Manager**

– 02 6244 3247 or 02 6244 2654

**MLHD Nominated Referral Centres for Urgent and Non-Urgent Specialist Care**

**St Vincents Hospital**

– 02 9650 4000

**Prince of Wales Hospital**

– 02 9650 4000

**St George Hospital**
Patient at risk of deterioration within 72 hrs and local facility is not resourced to deliver definitive treatment. (Includes Adults and Maternity patients in ED or inpatients) (Consider whether patient could be transferred to a hospital within the LHD).

**If the issue is about transport**

**If the issue is about bed availability/acceptance**

**ISBAR**

Clinicians use ISBAR communication method during phone calls

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Identify yourself (your name, role and location) and give a reason for calling.

"I am calling because…………………….."

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Give the patient’s age and gender. What is the patient’s status now?

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R — Recommendation

Be clear about what you are requesting. e.g transfer/review/treatment? When should it happen?

**SNSWLHD Nominated Referral Centres for Urgent and Non-Urgent Specialist Care**

The Canberra Hospital (TCH)

OR

Prince of Wales Hospital (POW) for Goulburn and Crookwell Hospitals

**Key Contact Details**

The Canberra Hospital – 02 6244 2222

Prince of Wales Hospital – 02 9650 4000

SNSWLHD Patient Transport Unit - 02 4824 8111

Canberra Hospital Bed Manager - 02 6244 3247 or 02 6244 2654

Senior Manager ‘on call’ for site mobile – (to be inserted by site) or see Disaster On Call List.
Does not apply to Critically Ill patients who require immediate transfer (Adult, Paediatric OR Neonatal)