Title: Patient Intrahospital/Interhospital Transfer Policy	
Policy Owner: MOH committee on hospital clinical services and polices	**Policy Code**: A-ADM-005
Section location: General and specialized health care facilities in MOH and non-MOH healthcare facilities	**Effective Date**: 01-10-2022
Applies to: General and specialized health care services in MOH and non-MOH healthcare facilities	**Revision date:** 31-12-2024
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Approved by: MOH committee on hospital clinical services and policies	
Approved by: Director of technical affairs	
Approved by: Assistant undersecretary of technical affairs	
Notes	

1. Purpose

1.1 The purpose of this policy is to provide the necessary guide and standards for the safe and efficient transfer of patients (stable, unstable, and critical) within the different departments of the same hospital (intrahospital) and between hospitals (interhospital) with the most structured multidisciplinary approach aiming to avoid critical incidents and/or complications en route. It is also aimed at averting unnecessary transfers and providing alternatives.

2 The Transfer

2.1 <u>Intrahospital Transfers</u>:

2.1.1 **Intrahospital** Transfers are aimed to transfer patients **within** the same hospital for investigations, interventions, or transfer of care from one respective service/specialty/ward to another.

2.1.2 **Unstable/critical patients** whose hemodynamic/physiological status render the risk of transfer more than the benefit of bedside care who are nevertheless in need of investigations (e.g., ultrasound, echocardiography etc.) and/or interventions (e.g., ultrasound guided drainage of collections) that are amenable to be provided bedside, must be provided with those investigations/interventions bedside if available and sufficient.

2.1.3 The **transferring service/specialty/ward** planning an intrahospital transfer aimed to transfer patients within the same hospital (for investigations, interventions, or transfer of care) should ensure the **receiving service/specialty/department/ward** are aware, **accepting** and expecting the transfer.

2.1.4 It is the responsibility of the **transferring service/department** responsible for the patient's care to inform the **receiving service/specialty/department/ward** about the clinical status of the patient being transferred and the necessary requirements for his/her care at the recipient location.

2.1.5 It is the responsibility of the **transferring service/department** responsible for the patient's care to ensure the safe transfer of their respective patients to the **receiving service/specialty/department/ward** and/or back.

2.1.6 It is the responsibility of the **transferring service/department** responsible for the patient's care to follow the guides set forth in this policy to stratify the patients according to their medical/clinical status and their medical supportive requirements to ensure the safe transfer of their respective patients **to** the **receiving service/specialty/department/ward** and/or back.

***see below charts

Chart 1: The NEWS scoring system

Physiological parameter	Score 3	2	1	0	1	2	3
Respiration rate (per minute)	≤8		9–11	12–20		21–24	≥25
SpO_2 Scale 1 (%)	≤91	92–93	94–95	≥96			
SpO_2 Scale 2 (%)	≤83	84–85	86–87	88–92 ≥93 on air	93–94 on oxygen	95–96 on oxygen	≥97 on oxygen
Air or oxygen?		Oxygen		Air			
Systolic blood pressure (mmHg)	≤90	91–100	101–110	111–219			≥220
Pulse (per minute)	≤40		41–50	51–90	91–110	111–130	≥131
Consciousness				Alert			CVPU
Temperature (°C)	≤35.0		35.1–36.0	36.1–38.0	38.1–39.0	≥39.1	

Transfer Risk Asessment

NB Risk assesment is to some extent subjective and other factors not listed may influence the perceived risk. The risk tool is provided for guidance only. It is the referring consultants responsibility to ensure that the transfer is appropriate and that the transferring team have the necessary skills required.

Low Risk

NEWS 1 - 4
Maintaining airway
Fi02 < 0.4 / Base deficit < - 4 mmol/l
Not requiring inotrope / vasopressor support
GCS ≥ 14
Normothermic

Nurse / Practioer with appropriate competencies only

Medium Risk

NEWS 5 - 6
Maintaining airway
Fi02 < 0.4 - 0.6 / Base deficit -4 to -8 mmol/l
low dose inotrope / vasopressor support <0.2ug/kg/min
GCS 9-13 (Consider elective intubation)
Hypo / Hyperthermic

Doctor accompanied by Nurse / Practioner with appropriate competenticies if potencial to deteriorate then doctor should have critical care and advanced airway competencies

High Risk

NEWS 7 or more
Intubated / Ventilated
Fi02 > 0.6 Base deficit > -8mmol
CVS unstable and / or
requiring inotrope / vasopressor support <0.2/kg/min
Hypo / Hyperthermic
Major Trauma e.g Head / chest / abdominal / pelvic injury

Doctor with critical care and advanced airway competencies accompanied by Nurse / Practitioner with appropriate competencies

Before Moving The Patient Consider:

Reason: Can the patients needs be met within the existing hospital
Timing: Does this transfer need to be done at this time
Team: Are the right people available to conduct the transfer safely
Transport: Booked and reference number documented
Risk: What are the predictable risks & will the base hospital be exposed whilst the team are deployed

Preparing For Transfer:

E	EQUIPMENT	Establish on transfer ventilator and secure patient on trolley Full monitoring to ICS standard Emergency drugs, oxygen and fluids available Transfer bag checked (including battery back up) Consider spinal immobilisation if necessary Specialist equipment e.g. balloon pump, warming blankets	☐ ☐ ☐ ☐ ☐ ☐
S	Systematic	Full ABCDE assessment Confirm airway secure 2 Working and accessible intravenous access points Confirm patient stable and suitable of transfer	☐ ☐ ☐ ☐
C	Communication	Inform patient (if not sedated) and family Confirm transfer, requirements and ETA with receiving unit Mobile telephone available	☐ ☐ ☐
O	Observations	Commence inter-hospital transfer charting Full set of observations recorded Confirm patient stable and suitable of transfer	☐ ☐ ☐
R	Recent Investigations	Handover documentation completed Recent investigation results including arterial blood gas Confirm radiological images transferred electronically	☐ ☐ ☐
T	Team	Skill mix of transfer team appropriate Protective clothing / high visibility jackets available Is the unit safe to leave?	☐ ☐ ☐

2.1.7 It is the responsibility of the **transferring service/department** responsible for the patient's care to provide the necessary personnel and medical support (equipment etc.) set forth by this policy to ensure the safe transfer of their respective patients **to** the **receiving service/specialty/department/ward** and or back.

Suggested contents list for Transfer bags[7]:

Advanced Airway Equipment	**Breathing Equipment**	**Circulation Equipment**
1. 1x ET Tube 6	1. 1 x I-gel size 3	1. 2 x IV cannula size 14G
2. 1 x ET Tube 7	2. 1 x I-gel size 4	2. 2 x IV cannula size 16G
3. 1 x ET Tube 8	3. 1 x I-gel size 5	3. 2 x IV cannula size 18G
4.1 x ET Tube 9	4. 1 x Airway HME Filter	4. 2 x IV cannula size 20G
5. 2 x laryngoscope Handles , Bulbs Batteries	5. 1 x Catheter Mount	5. 2 x IV cannula size 22G
6. 1 x Laryngoscope Blades 3	6. 1 x Sterile scissors	6. 10 x Pairs of non sterile gloves
7. 1 x Laryngoscope Blades 4	7. 1 x Anaesthetic mask size 4 Green	7. 5 x Luer lock syringes 20ml
8. 2 x Endotracheal ties	8. 1 x Anaesthetic mask size 5 Orange	8. 4 x Luer lock syringes 50ml
9. 1 x Magill Forceps	9. 1x Stethoscope	9. 3 x Chloraprep skin wipes
10. 1 x Tape for securing ET	10. 1 x Wave form capnograph	10. 10 x Alcohol wipes
11. 3 x Lubricant gels		11. 2 x Blood./Colloid fluid giving sets (Gravity)
12. 1 x Stylet		12. 5 x Infusion device giving sets
13. 1 x Gum Elastic Bougie	**Suction Equipment**	13. 5 x infusion device extension sets
14. 1 x Tracheal dilator	1. 2 x Yankauer suckes	14. 4 x 3-way taps (or equivalent)
15. 1 x Scalpel size 22	2. 2 x Suction catheters (10F)	15. 10 x Obturators (Red and/or white bungs)
16. 1 x 10ml syringe	3. 2 x Suction catheters (12F)	16. 1 x Micropore tape
17. 1 x Torch	4. 2 x Suction catheters (14F)	17. 4 x Gauze
18. 2 x face masks	5. 2 x Suction tubing	18. 5 x Cannula dressings
19. 1 x ETC02 indicator		19. 12 x ECG Electrodes
20. 1 x Waters circuit		20. 1 x Trauma shear scissors
	External Equipment	21. 10 x Labels
	1. 1 x self-inflating bag and mask with oxygen reservoir and tubing (BVM)	22. 10 x Sodium Chloride ampoules (flush)
Self-ventilating Equipment		**Interventional circulation Equipment**
1. 1 x Gudel airways size 2		1. 1 x EZ-IO Intraosseous Device
2. 1 x Gudel airways size 3		2. 3 x EZ-IO Needles
3. 1 x Gudel airways size 4		3. 5 x Needles Green
4. 1 x Nasopharyngeal airways 6		4. 5 x Needles Blue
5. 1 x Nasopharyngeal airways 7		5. 5 x Needles White
6. 1 x Oxygen Mask-non rebreathe size 4		6. 5 x Drawing up needles
7. 1 x Oxygen Mask-non rebreathe size 5		7. 2 x Tourniquets
8. 2 x Oxygen tubing		
Inside pounch on side of bag		
1. 2 x Clinical waste bags		
2. 1 x Sharps box (to be sourced locally)		
3. 1 x Hand-held portable suction		
4. 3 x IV Fluids (crystalloid) 500ml		
5. 1 x Pressure bag		

2.1.8 It is the responsibility of the **transferring service/department** responsible for the patient's care **to consult the anesthesia/ICU physician** (or any physician with critical care and advanced airway competency) to accompany the respective patient deemed -by the guide set forth in this policy- to require such advanced level of expertise, to ensure the safe transfer of their respective patients to the **receiving service/specialty/department/ward** and/or back.

2.1.9 It is the responsibility of the **transferring service/department** responsible for the patient's care to decide, according to the patient's medical status, the need of accompany by the treating physician and/or anesthesia/ICU physician only. This decision should be documented in the file by the senior registrar (or above rank) of the treating unit transferring the patient.

2.1.10 It is the responsibility of the **anesthesia/ICU physician** (or any physician with critical care and advanced airway competency) who is consulted or delegated to accompany a patient deemed -by the guide set forth in this policy- to need

advanced airway and critical care support, to ensure that the required medical equipment and support is available at hand, functional and ready for the transfer.

2.1.11 It is the responsibility of the physician/nurse of the **transferring service/department** responsible for the patient's care who are delegated to accompany a patient deemed -by the guide set forth in this policy- to be low risk to ensure that the required medical equipment and support is available at hand, functional and ready for the transfer, and to ensure continuous observation and assessment of the respective patient en route to and or from their destination.

2.1.12 It is the responsibility of the **receiving service/ward/department** to ensure its readiness and capabilities to accept, receive and continue to provide the necessary care/management/support of the transferred patient prior to receiving the transfer.

2.1.13 With regards to patients in the **emergency department** who are to be transferred for imaging (or any other location) but have **not** been admitted by a service (or consulted) it is the responsibility of the **ERP** (emergency room physician) to follow the above guide set in this policy for the respective patients transfer.

2.1.14 With regards to patients in the **emergency department** who are to be transferred for imaging (or any other location) but have **not** been admitted by a service (or consulted), the decision to consult the anesthesia/ICU physician for transfer of moderate to high-risk patients (as per the above guide) is left to the **ERP** discretion, their level of critical care /airway competency and department workload.

2.1.15 If an **ERP with** critical care/airway competency, is delegated to the transfer of a moderate or high-risk patient (as per the guide above), it is his/her responsibility to follow the rules set in article 2.1.9 of this policy.

2.1.16 In situations where a patient clinically deteriorates and a code blue is to be initiated, it is the responsibility of the **transferring service/department** to initiate the code blue for the patient they accompany. The patient should never be expected or accepted to be left alone (i.e., to call for help or initiate code blue by the transferring team). The initiation of the code blue should be delegated to members of the recipient destination or to the surrounding personnel (orderly, technicians, public relations etc.) if the patient still en route. The transferring service/department should initiate the BLS/ACLS measures until the code blue team arrives and takes over the care and intervention.

2.1.17 **Transferring and receiving services** must ensure proper documentation of hand over of the transferred patient.

2.2 **Interhospital Transfers**:

2.2.1 **Interhospital** Transfers are aimed to transfer patients **between** hospitals for investigations, interventions, or transfer of care from one respective service/specialty/ward to another.

2.2.2 Interhospital transfers are subject to the same policy set for intrahospital transfers. (2.1)

2.2.3 Patients in one hospital must **not** be transferred to another hospital for an intervention, clinical assessment or outpatient follow up services that maybe provided in the index hospital. The consulted specialist should follow the tenants of consults set by the MOH and continue care, management plan and intervention in the index hospital if the appropriate necessary set up and care is available in the index hospital (e.g., orthopedics surgery, vascular surgery, neurosurgery, interventional radiology etc.).

2.2.4 If the consulted specialist requires the patient transfer for an intervention (e.g., neurosurgery for management of AVM or SAH), the patient is transferred to a receiving ward and admitted under that specialist for the care, management and follow up until deemed fit for repatriation (return of the patient to his/her respective index hospital/catchment area (ward to ward, ICU to ICU, clinic to clinic)).

2.2.5 Transfers from the emergency department of one hospital to another (or ward) should be arranged by the ERP or the consulted most responsible physician (MRP) requesting the transfer (e.g., consulted general surgeon on call, internal medicine on-call, orthopedic surgery on-call etc.) and the patient must be accompanied by the physician arranging the transfer.

2.2.6 **Unstable, critical patients** should not be transferred to other hospitals for intervention, unless the referring hospital or facility is not equipped to definitively manage or temporarily stabilize the patient and the patient is best served by the receiving hospital (e.g. STEMI requiring PCI in a facility lacking an interventional coronary care unit). The transfer is arranged after the receiving hospital acceptance and the signed consent of the procedure and transfer denoting risks/benefits must be acquired.

2.2.7 Transfers of traumas and subspecialties should follow the policy set by the MOH for the diagnoses specified.

(Medical and Surgical Emergency Admission Designation Policy)

2.2.8 Transfers of **admitted** patients should be:

2.2.8.1 Ward to ward

2.2.8.2 CCU/ICU to CCU/ICU, unless agreed upon to transfer otherwise (e.g., CCU to repatriated ward)

**Ambulance priorities for patient repatriation/interhospital transfer

Priority	Description
Priority-1	Within 0- 60mins (e.g., STEMI for PCI in another facility)
Priority-2	Within 6 hours (e.g., stable patient planned for urgent intervention)
Priority-3	Within 12 hours (e.g., stable patient planned for intervention or repatriation from tertiary center)
Priority-4	Within 12-24 hours (e.g., repatriation of stable or institution dependent patient)

3 Transfers from non-MOH health care facilities to MOH hospitals

3.1 The MOH hospitals provide health care, support and coverage for **all patients** in the state of Kuwait including those in the non-MOH healthcare facilities

3.2 When it is decided by the treating team of a respective non-MOH health care facility (or the patient him/herself or legal guardians) that the patient under their care is best served and cared for in an MOH hospital/health care facility they must request transfer to the catchment area hospital of the respective patient from the respective specialty on call in that hospital.

3.3 If the catchment area MOH-hospital is unable to accept the patient's transfer due to lack of resources and/or beds, the treating team of the respective non-MOH health care facility should contact the next closest MOH hospital and request transfer of the patient from the respective specialty unit on call in that hospital. (Refer to the attached MOH-designated back up hospital scheme)

3.4 If the on-call specialty/unit/department in an MOH hospital, accepts the transfer of a patient **NOT** from its catchment area under its care from a non-MOH health care facility due to lack of resources and or beds in the MOH hospital of the patient's catchment area, repatriation of the patient to his/her catchment area MOH Hospital is left to the discretion of the receiving team of the first hospital once deemed stable and resources/beds in the MOH hospital of the patient's catchment area are available.

3.5 Transfers from non-MOH health care facilities to MOH should follow the same rules/regulations/policies set above. It is the responsibility of the transferring treating team of the non-MOH health care facility to adhere to this policy and ensure acceptance of the patient from the receiving MOH hospital and patient safety during transfer.

4 Monitoring procedure

4.1 MOH committee on hospital clinical services and polices will monitor the above policy.

4.2 A Senior doctor of the related team can email the above-mentioned committee, in case of any incidence.

4.3 The email address will be: policy.moh.kw@gmail.com

References

- West Yorkshire Adult Critical Care Transfer Guidelines, 2017.
- Views--Towards a national early warning score for detecting adult inpatient deterioration.
- Prytherch DR, et al. Resuscitation. 2010.
- Royal College of Physicians. National Early Warning Score (NEWS) 2: Standardising the assessment of acute-illness severity in the NHS. Updated report of a working party. London: RCP, 2017.

Attachments

1. **MOH-designated back up hospital scheme**

HOSPITAL	FIRST BACK-UP	SECOND BACK-UP
FARWANIYA	SABAH	JAHRA
JAHRA	FARWANIYA	SABAH
ADAN	MUBARAK	FARWANIYA
AMIRI	MUBARAK	ALSABAH
MUBARAK	AMIRI	ADAN
SABAH	AMIRI	FARWANIYA
JABER	MUBARAK	FARWANIYA
SABAH ALAHMAD CENTER	ADAN	MUBARAK