50% risk reduction in 12 months

A Networked approach to managing the transfer of critically ill patients in North West London

Transfer of critically ill patients is associated with:
- Adverse incidents
- Increased morbidity & mortality

Reduction of transfers for organisational reasons would result in reduced risk exposure and less distress for both patients and relatives.

All staff attending training courses were issued with questionnaires.
100% of staff attending felt it would improve the standard of subsequent transfers in which they were involved.
Subjective experience suggests improved standard of remaining transfers.
Adverse incident audits and reporting in progress.

OUTCOME

Network data analysis
- 2/3 of all transfers were for organisational reasons.
- Escorting staff were inadequately trained.
- Poor transfer preparation of patients and staff.
- Inconsistent involvement of senior clinicians in decisions to transfer patients.
- Avoidable adverse incidents were occurring.

Network data collection
- Transfer documentation to capture clinical and organisational data developed and implemented within 19 hospitals.

Network transfer task group of clinicians and manager

Development of transfer training
- Course†
- Aide Memoire*
- CD ROM

Hospital decision making
- Clinical
  - Improved triage.
  - Awareness of risk.
  - Patient selection.
- Management
  - Capacity planning.
  - Increased bed flexibility – flexing up and down.
  - Prioritisation.
  - Identification of true cost of transfer.

Critical care transfers

<table>
<thead>
<tr>
<th>Year</th>
<th>Transfers</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>274</td>
</tr>
<tr>
<td>2</td>
<td>138</td>
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</tbody>
</table>

why does reducing transfers reduce risk?

- Critically ill patients are vulnerable to harm from transfer 4, 5.
- They are unstable and at risk while looked after by a limited team isolated from a main unit and with limited equipment. Patients being transferred are often in the early stages of their critical illness and their condition may change rapidly even if stabilised before transfer.
- The environment, restricted space, and motion of an ambulance can make it difficult to deliver high-intensity care.
- The process of movement may itself cause deterioration. Acceleration and deceleration can affect the patient’s circulation. There is a risk of accidental disconnections and equipment failures and it can be hard to keep the patient warm.

Initial project outcome

Transfers of critically ill patients between hospitals for organisational reasons (lack of bed, staff) decreased by 50%. This means there has been a risk reduction of 50%.

UK hospitals have high critical care bed occupancy rates compared with the USA and elsewhere in Europe.
In the UK, the transfer of critically ill patients between hospitals for organisational reasons (lack of bed, lack of staff) is common.

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* Transfer documentation designed by Dr Simon Ashworth, St Mary’s Hospital, London
† Adapted from a course designed by G.V. Van Zwienenberg
This benchmarking model could be applied to a diversity of “patient risk” situations. Changing behaviours required good data and feedback reporting to organisations, staff groups and individuals. Change arose from empowering individuals locally “at the transfer decision-making level” with information and data to challenge local assumptions and behaviours. Use both clinical and management mechanisms and feedback data at both senior and at junior levels. Target existing structures and groups within organisations. Feedback improvements/problems rapidly to organisations and individuals. Ongoing audit and feedback means acquired information is influencing future strategy – this includes further refinements of the documentation, further development of the transfer training course and materials including adoption by other organisations.

How the Network influences decisions within hospitals

- The Network represents commissioners and healthcare providers and has strategic and operational roles. Information about transfers and other activity can be fed back to commissioning bodies and hospital management and affects planning decisions.
- The Network’s operational activities are focussed on clinical needs and ‘problems that need fixing’, providing good clinical engagement.
- The Network Steering Group has representatives of each hospital group and each profession, who can feed back to colleagues.
- Critical Care Delivery Groups, which are cross-speciality bodies within each hospital, interact directly with the Network and oversee decisions. Information such as transfer critical incidents are also fed via clinicians or Delivery Group members to each hospital’s governance agencies such as Risk Management.
- The Network includes cross-Hospital professional forums (medical, nursing, therapists) which link directly to the relevant staff groups.

Message for others

- Critical Care Network
- North West London
- Primary Care Trusts
- 19 Hospitals
- 8 Primary Care Trusts (Commissioners)
- 1 Ambulance service

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