

Adult Critical and Specialist Care Interhospital Transfer

Summary This Information Bulletin is to advise that NSW Health Policy Directive Adult Critical and Specialist Care Inter-Hospital Transfer will be released in late March 2024 and to provide an overview of key updates in the policy. This Information bulletin should be rescinded upon publication of Policy Directive Adult Critical and Specialist Care Inter-Hospital Transfer.

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Adult Critical and Specialist Care Interhospital Transfer Policy

PURPOSE

This information bulletin is to advise that NSW Health Policy Directive *Adult Critical and Specialist Care Inter-Hospital Transfer* will be released in late March 2024.

The new Policy Directive introduces a number of key updates, including five new interhospital transfer priority categories. Interhospital transfer booking functionality in the Patient Flow Portal (PFP) will be updated to align with the new policy.

The current interhospital transfer policies and PFP booking processes will remain in place until release of the revised policy in late March 2024.

KEY INFORMATION

Key updates in the revised policy

Revised Interhospital Transfer Priority Categories

NSW Health Policy Directive *Adult Critical and Specialist Care Inter-Hospital Transfer* introduces the following five interhospital transfer priority categories:

Priority Category 1	Patient with a life or limb threatening condition where the required clinical care is outside the skillset or capabilities of the referring facility. Immediate response required.
Priority Category 2	Patient with an urgent but not immediately life or limb threatening condition where the referring facility can only provide temporary stabilisation and management. The timeframe by which the patient should receive higher acuity care is agreed between the referring and receiving clinicians.
Priority Category 3	Patient with an acute but not urgent condition needing access to higher acuity care not available at the referring facility. The timeframe by which the patient should receive higher acuity care is agreed between the referring and receiving clinicians.
Priority Category 4	Patient being transferred for a non-urgent planned procedure, treatment or appointment. The timeframe is agreed between the referring and receiving clinicians.
Priority Category 5	Patient being transferred to an equivalent or lower acuity service such as a return transfer to another hospital, transfer to a rehabilitation hospital, hospice. The timeframe for completion of the transfer should be within 24-hours in order to maintain system capacity.

Medically Agreed Timeframes

Current urgency categories in the PFP will be replaced with the new priority categories. In priority categories 2-4 the timeframe by which the patients are to be transferred is agreed

between the referring and receiving senior clinicians. The PFP will be updated to allow facilities to enter medically agreed timeframes.

There will be education sessions and resources available to support implementation of the new processes. The changes in the PFP will also align with [PD2023 019 NSW Paediatric Clinical Care and Inter-hospital Transfer Arrangements](#).

Escalation pathways

The document provides a clear pathway to escalate transfer delays or issues. The pathways detail internal escalation including to the Chief Executive if required, prior to escalation to the Ministry if the issue remains unresolved.

Adult Critical and Specialist Care Inter-Hospital Transfer Policy Directive escalation pathways

Transport delays	<p>Critically ill or injured patients - contact NSW Ambulance Aeromedical Critical Care Consultant on 1800 650 004 (or other local existing critical care consultant/retrieval service).</p> <p>Patients requiring specialist care - Contact Patient Transport Service (PTS) on 1300 233 500 (or your local transport provider) or NSW Ambulance on 131 233.</p>
Issues related to acceptance at the receiving hospital	<p>Inter-LHD transfers - the referring clinician/ hospital is to contact their LHD Executive Director of Operations or equivalent or Executive on-call, who will escalate to their LHD Chief Executive, who will then discuss with the Chief Executive at the receiving LHD if necessary.</p> <p>Intra-LHD transfers - The referring clinician/ hospital is to contact their local hospital General Manager, who will escalate to their local Executive Director of Operations, or Executive on-call or delegate, before escalation to the Chief Executive if necessary.</p>
Default ICU Bed-Finding Procedure	If there are no ICU available beds across NSW, ACC will activate the Adult ICU Bed Procedure
If unresolved, escalation is to the NSW Ministry of Health, System Sustainability and Performance Executive on call on 0459 897 716.	

Clinical Specialty Referral Networks

Information on the below specialty referral pathways has been updated:

- Burns
- Spinal cord injuries
- Extra Corporeal Membrane Oxygenation
- Trauma
- Endovascular Clot Retrieval
- Cardiac Catheterisation (rural referral pathways).

An additional pathway for Endovascular Clot Retrieval has been added.

Additional information

NSW Health Policy Directive *Adult Critical and Specialist Care Inter-Hospital Transfer* provides additional information on transport providers, the Patient Flow Portal, inter-state transfers and resources available on booking and preparing patients for inter-hospital transfers.

The Policy Directive does not come into effect until it is released in late March 2024

PD2018_011 Critical Care Tertiary Referral Networks and Transfer of Care (ADULTS) and PD2011_031 Inter-hospital Transfer Process for Adults Requiring Specialist Care remain in effect until the revised policy is published in late March 2024. Current PFP booking processes will remain in place until publication of the new Policy Directive.