Policy Directive

Ministry of Health, NSW
73 Miller Street North Sydney NSW 2060
Locked Mail Bag 961 North Sydney NSW 2059
Telephone (02) 9391 9000 Fax (02) 9391 9101
http://www.health.nsw.gov.au/policies/

Retrieval Handover (Adults)

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Functional Sub group Clinical/ Patient Services - Critical care
Clinical/ Patient Services - Transport
Clinical/ Patient Services - Governance and Service Delivery

Summary The purpose of this policy is to confirm the process to ensure a coordinated handover and transfer of care between hospital clinicians and medical retrieval teams. Compliance with this policy will minimise the chances of adverse events during handover of retrieval patients between hospital and retrieval teams.

Author Branch Agency for Clinical Innovation

Branch contact Agency for Clinical Innovation

Applies to Local Health Districts, Specialty Network Governed Statutory Health Corporations, Affiliated Health Organisations, Dental Schools and Clinics, Government Medical Officers, NSW Ambulance Service, Private Hospitals and Day Procedure Centres, Public Hospitals

Audience Clinical staff, emergency departments, intensive care

Distributed to Public Health System, Divisions of General Practice, Environmental Health Officers of Local Councils, Government Medical Officers, Health Associations Unions, NSW Ambulance Service, Ministry of Health, Private Hospitals and Day Procedure Centres, Tertiary Education Institutes

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Policy Manual Patient Matters

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Status Active

Director-General

POLICY STATEMENT

RETRIEVAL HANDOVER (ADULTS)

PURPOSE

The purpose of this Policy is to confirm the process to ensure a coordinated handover and transfer of care between hospital clinicians and medical retrieval teams. Compliance with this Policy will minimise the chances of adverse events during handover of adult retrieval patients between hospital and retrieval teams.

A medical retrieval is defined as the interhospital transfer of an acutely or critically ill patient by a team that includes a medical (physician) escort. The majority of medical retrievals are done by teams with specific training, equipment and experience in out-of-hospital care for critically ill patients. These teams belong to medical retrieval services that are recognised and authorised by NSW Health.

This policy is intended for use by senior clinical medical and nursing staff in critical care areas of hospitals, particularly the Emergency Department and Intensive Care Units. The procedures for retrieval handover are regarded as a safe and appropriate approach for the efficient handover of clinical care of adult patients between the retrieval team and the senior clinician at the hospital.

Timely and efficient handover of clinical care of patients between the retrieval team and the senior clinician at the hospital should occur before the transfer of management begins (unless urgent resuscitation is required) to ensure a systematic transfer of patient care. The full transfer of care is completed once all monitoring and therapies are safely established and this is verbally confirmed by the team who are taking over the care of the patient.

This Policy is complements Clinical Handover – Standard Key Principles (PD2009_060) which mandates the implementation of standard principles for all types of clinical handover.

MANDATORY REQUIREMENTS

This policy requires all health services to have local guidelines/protocols for retrieval handover in place for all hospitals and facilities involved in the transfer of care of adult patients between hospital and retrieval teams.

IMPLEMENTATION

Chief Executives must ensure that health facilities implement a process for retrieval handover to ensure the safe transfer of patient care between retrieval teams and hospitals.

REVISION HISTORY

Version	Approved by	Amendment notes
April 2012 (PD2012_019)	Deputy Director-General, Strategy and Resources	New policy

ATTACHMENTS

1. Retrieval Handover (Adults).

Attachment 1: Retrieval Handover (Adults)

RETRIEVAL HANDOVER PROCEDURE

The retrieval team is responsible for directing the coordinated handover and transfer of care.

This is a **vulnerable** time for the patient.

HANDOVER

- The handover should be between the most senior Hospital clinician caring for the patient and the Retrieval clinician.
- The handover should take place at a predictable time – an estimated time of arrival for the Retrieval team should be provided, with the expectation that the relevant team is **assembled at the agreed time**.
- The handover should occur **before the transfer of management** begins (unless urgent resuscitation is required). This ensures all staff listen to the handover and then focus on the systematic transfer of patient care.

HANDOVER PROCESS

1. **At handover the following information is exchanged:**
   - Presenting problem and relevant past history
   - Initial and current management (including monitoring, infusions, ventilation)
   - Response to management and current condition (including current vital signs)
   - Significant results - verbally, plus paper/electronic copy
   - A list of issues that need addressing within the next 60 minutes.
2. **Transfer to stretcher/bed**

   The hospital is responsible for ensuring that sufficient staff and equipment are available. The retrieval team is responsible for coordinating the move, as they are familiar with the retrieval equipment.
3. **Transfer Monitors**

   Monitoring should be transferred between the hospital monitors and retrieval bridge monitors one at a time. There should be no disruption to the continuity of monitoring.
4. **Transfer Therapies**

   Therapies should be transferred one at a time, at the direction of the Retrieval team.

   Ventilation:
   - Hospital bed to retrieval stretcher = transfer ventilation last
   - Retrieval stretcher to hospital bed = transfer ventilation first; note when transferring from retrieval to hospital equipment, the retrieval team will prescribe initial ventilation parameters.

   Drug infusions:
   - One drug at a time, like-to-like, ensure no dead space
   - Retrieval team will determine initial concentration and rate

   Specific therapies: i.e. intercostal drainage systems, EVDs, Sengstaken Blakemore tubes, IV fluids.

   Routine therapies: i.e. nasogastric tubes, urinary catheters etc.

Full transfer of care is not complete until all monitoring and therapies are safely established and this is verbally confirmed by the team who are taking over the patient.