



MINISTRY OF HEALTH SERVICES
POLICY COMMUNIQUÉ

COMMUNIQUÉ

TO: Health Authority Chief Executives Officers

TRANSMITTAL DATE:

COMMUNIQUÉ 2009-11
NUMBER:

CLIFF NUMBER: 805478

SUBJECT: Provincial Coordination of Critical Care Transfers

DETAILS: *List documents to be transmitted*

EFFECTIVE DATE: Immediately

MINISTRY CONTACT:

John Dyble
Deputy Minister
Ministry of Health Services

Rationale

The Ministry of Health Services (the Ministry) has been working to prepare for a second potential wave of H1N1 patients across the province. It is assumed that a surge in H1N1 patients may place significant demand on acute care facilities and specifically, on critical care resources across the province. To manage a potential influenza pandemic, as well as periods of significant surge in critical care capacity, common transfer principles are necessary to facilitate the safe and efficient movement of patients to the appropriate facility according to their medical needs and to ensure appropriate use of critical care resources across the province.

Policy Objective

- To support appropriate utilization of critical care beds, services and resources within the province;
- To improve the overall coordination of the province's critical care resources and capacity;
- To improve patient flow when accessing higher levels of care and/or critical care services; and
- To facilitate the transfer of patients to a level of care best suited to their medical need (including transfers to higher levels and lower levels of care).

Scope

This policy applies to the transfer of all patients who require access to critical care services. This includes transfers to and from any unit of a hospital that provides critical care, but excludes neo-natal intensive care units.

Policy

1. Mandatory use of BCBedline:

- BCBedline must arrange the transfer process for all patients who are being transferred to or from critical care units, including those who require a higher level of care and transfer of patients to a facility providing a lower level of service that meet the patient's care needs appropriately.
- To support patient transfers, BCBedline will provide the following services (see attached algorithms):
 - locate a facility that offers the required level of care closest to the patient's home community;
 - arrange a teleconference with sending and receiving physicians;
 - arrange transport with BC Ambulance Service; and
 - notify sending and receiving sites of patient transfer;
- A transfer is appropriate when:
 - BCBedline has arranged the transfer;
 - The decision to transfer a patient between acute care facilities is based on the patient's condition, the capability of the sending facility to continue to provide care for the patient, and the receiving facility's ability to provide reasonable and safe care;
 - The sending and receiving physicians have consulted and agreed to the transfer; and
 - The receiving facility is aware of the transfer and arranges for appropriate space.

2. No Refusal:

Critical care patients who a) require access to higher level services or b) can be safely transferred to a facility providing a lower level of service will not be refused by the receiving hospital.

3. Reporting to BCBedline:

All critical care units must provide a current update of their bed status through BCBedline's website every 4 hours, starting at 2 am daily. The data reported must reflect the number of actual occupied beds in the unit and include a description of patient severity. The practice of "saving" beds will not be permitted.

4. Health Authority self-sufficiency:

Health Authorities must exhaust all capacity within their own region before sending patients to other Health Authorities, unless the patient requires specialized services that are only available at a specific site in another Health Authority.

5. Real-time escalation:

Health authorities must establish a real-time escalation process to address transfer issues on a 24/7 basis, and to avoid patient transfers out of the Health Authority wherever possible. This process must involve a senior Executive member as a final point of reference. The escalation process must be engaged prior to any transfers being sent outside of the Health Authority and will be triggered by the sending or receiving sites or by bcbedline .

6. Timely repatriation:

When a clinical assessment determines that a patient in a critical care unit could appropriately be cared for at a facility providing a lower level of service and if the patient is stable enough for transfer, the patient must be transferred to the receiving facility within 24 hours of notice from the sending facility. If the intended receiving facility is unable to repatriate the patient within the 24 hour timeframe, the intended receiving facility must work with BCBedline to find another facility that can appropriately care for the patient's needs.

Implementation

The Ministry will follow up with Health Authorities to ensure each element is in place:

- Each Health Authority must establish a real-time escalation process to address disputes regarding transfers when they occur, and to avoid transfers wherever possible. This process must include establishing a Health Authority team that includes a senior executive level staff member who is available on a 24/7 basis to immediately resolve the issue and will be shared with bcbedline to facilitate transfers.
- Each Health Authority must establish an internal process to review transfers classified as inappropriate by the sending facility, the receiving facility, or BCBedline.
- During the pandemic, identified critical care sites must participate in scheduled teleconferences with the Ministry and BCBedline, which will increase in frequency as required. Each Health Authority will provide the names of representatives from identified sites to participate in scheduled teleconferences with the Ministry.
- Each Health Authority must begin updating their critical care unit capacity on the online BCBedline system, and maintain this function until further notice.

Accountability

- Senior level Health Authority executives are accountable for their Health Authority's compliance with this policy.
- Refusals to accept patients being transferred to a higher level or to a lower level will be reviewed by a senior executive staff member within the Health Authority.
- Health Authority sites will be accountable to each other through participation in scheduled teleconferences with the Ministry and through regular updating of their current bed status on BCBedline.

Review

This policy is subject to review by September 30, 2011.

Health Authority Information - **bcbedline** Basic Call Algorithm

Sept 17, 2009

Call **bcbedline**
1-866-233-2337

First Question:
Is this patient's Life, Limb, or Organ Imminently Threatened (LLTO)?

- LLTO**
- Immediate conference between Sending and Receiving Physician regardless of bed capacity
 - Follows specific Health Authority Policies
 - Transport booked immediately after Receiving Physician acceptance

Next:
Demographics are collected:

- Sending Dr. Name
- Service Required
- Timeframe Required
- Pt name
- DOB
- PHN
- City of Residence
- ? Infectious Precautions
- Do you suspect this patient has a Severe Respiratory Illness related to the H1N1 Virus?
- ? Dialysis
- ? Intubated

bcbedline

- Looks for closest available bed with the appropriate service required
- Using local Health Authority Policy

Case Conference

bcbedline arranges Case Conference with Sending & Receiving Physician
Receiving Physician accepts Patient

Transport

bcbedline arranges transport with BCAS

bcbedline notifies Sending & Receiving Sites regarding patient transfer

Health Authority Information - bcbedline Repatriation Algorithm – (Sept 17-09)

Call **bcbedline**
1 – 866 – 233 – 2337

Press Option 2 “To log a New Repatriation”

Leave information

- Hospital name
- Hospital Unit
- Unit local
- Person to contact for further information
- Name of Patient
- Most Responsible Physician

This line is checked frequently during the day for new repatriations

Bcbedline calls Most Responsible Physician

To Confirm:

- Ready/stable to be repatriated
- Exactly which service/unit is required
-

Information to be obtained (from unit or from physician)

- original diagnosis
- current diagnosis
- date of surgery
- date patient was extubated
- Pt's GP in their home town should be included; s/he will often be the physician who receives the patient.
- Patient's home town, and home street address.

bcbeline calls Receiving Site

- Receiving site is determined by Health Authority Policy, City of residence, and Level of Care required
- Is a bed available?
- If not the patient will be waitlisted for a bed at the receiving site

Conference

- Sending physician conferences with the potential receiving physician.
- Bcbedline confirms receiving physician's acceptance of the patient

Arrange transfer using BCAS/NetTransit/PAACC

BCBL informs Sending and Receiving Units regarding transfer:

- Both sites need to know the name of the Accepting Physician
- Offer to conference RN's at both sites for nursing report or provide them with contact number so they can report later.

Pt arrives at Receiving Site

BCBL closes the case once patient arrival is confirmed