NSW STATE SPINAL CORD INJURY SERVICE (SSCIS) PRINCIPLES FOR THE INTER-HOSPITAL REFERRAL AND TRANSFER COMMUNICATION PROCESS FOR ADULT PATIENTS WITH A SPINAL CORD INJURY (SCI) (Version 4 February 2013)

OBJECTIVE:

To outline the communication process between hospitals regarding inter-hospital transfers (IHT) of people (adults) with a spinal cord injury (SCI) to facilitate timely and accurate communication and information for the transfer of patients between the adult SCI Units in NSW (Royal North Shore Hospital, Prince of Wales Hospital, Royal Rehabilitation Centre Sydney) or between a non spinal specialist hospital and the SCI Unit. For paediatric referrals refer to Appendix 2

These *State Spinal Cord Injury Service (SSCIS) Principles for the Inter-Hospital Referral and Transfer Communication Process for Adult Patients with a Spinal Cord Injury (SCI)* to, from and between adult SCI Units (SCIUs) in NSW have been developed in discussion with and agreed to by the Spinal Medical Staff Specialists and the Nursing Unit Managers of the Spinal Cord Injury Units at the Royal North Shore (RNSH) and Prince of Wales Hospitals (POWH) and the Royal Rehabilitation Centre Sydney (RRCS).

This document is in line with the' Inter-Hospital Transfer Communication' template available in the *Overview and Introduction of Patient Flow Business Rules*, Jan 2012 available on http://www.archi.net.au/resources/performance/flow/pfs/resources (accessed July 2012)

APPLICATION:

24 hours 7 days per week

PRINCIPLES:

1. These *Principles* apply to patients with a SCI who fit the following criteria for SCI admission:
    - The SSCIS adult SCI Units in NSW admit people who have acquired a persistent SCI, with evidence of damage to the neural tissues because of trauma or from a non-progressive disease process (e.g. transverse myelitis, compression by infective process, canal stenosis, haemorrhage, or vascular occlusion). Progressive conditions such as demyelinating, congenital and degenerative conditions of the spinal cord as well as compression by metastatic lesions are not the province of the SSCIS.

- Referral and acceptance of transfer to a specialist SCI Unit for acute or subacute care/rehabilitation management is determined in consultation with relevant SSCIS Spinal Specialist on-call on an individual basis, depending on aetiology, diagnostic complexity, level and extent of neurological impairment, functional requirements and specialised equipment needs

2. The inter-hospital transfer may occur between acute (RNSH & POWH) and/or rehabilitation (POWH & RRCS) SCIUs or between a non spinal specialist hospital and one of the SCIUs.
3. The agreed referral network for SCIUs in NSW is outlined in **SSCIS Referral Network (Adult Referrals)** (**Appendix 1**). Division of responsibility between the SCIUs in NSW for admission of adults with a SCI is based on geographical areas and broadly equates to:
   - Hospitals in the Local Health Districts (LHDs) in the southern half of the State of NSW referring to the SCI Unit at the POWH;
   - Hospitals in the Local Health Districts (LHDs) in the northern half of the State of NSW referring to the SCI Unit at the RNSH and RRCS (sub acute care only at RRCS).

Transfers during the acute phase of care

4. The underlying premise of these *Principles* is that during the acute phase following SCI:
   a) A person with a **acute traumatic** SCI will be managed during the **acute phase of their care** in the SCIU located within the area of the referring hospital as outlined in the **SSCIS Referral Network (Adult Referrals)** (**Appendix 1**) and will remain in that hospital until their acute medical/surgical needs have stabilised and their rehabilitation has been completed.

      Exceptions - In line with the requirements of the *Selected Specialty and Statewide Service Plan: NSW Trauma Services No 6* (December 2009) (the "*Trauma Plan*") and relevant Ministry of Health Policy Directives, a patient with a suspected acute SCI may in the first instance be admitted to a hospital outside the SSCIS referral area. These exceptions are outlined in **Appendix 3 –** *Acute Traumatic Spinal Cord Injury – Referral and Transfer*

   b) A person with an **acute non-traumatic** SCI should be referred to the SCIU once medically stable.

5. For patients with a traumatic SCI, a **policy of non refusal** by the receiving spinal specialist hospital (RNSH & POWH) should apply **in the first 24 hours post injury.**
6. Transfers from referring hospitals in each of the SCIU's referring LHDs (as listed in **Appendix 1**) during the **acute period which falls outside the first 24 hours post injury** will not be covered by the policy of non refusal but will be considered to have priority over all other admissions as there is considerable evidence that early admission to a SCIU results in shorter length of stay and better outcomes for patients.
7. Once the acute trauma has been stabilized a decision should be made as to which SCIU the patient should be transferred to in line with the **Referral Network (Adult Referrals) (Appendix 1)**.
8. In the situation where the patient has been acutely transferred to a SCIU not responsible for that LHD catchment area and with the aim of ensuring appropriate use of SCI beds, an inter-hospital transfer between SCI Units is recommended.
   - It is acknowledged that determination of the 'appropriate' LHD in line with the SSCIS Referral Network is not always clear cut, in particular where the discharge destination of a person with a

SCI may differ from their pre-injury home address and will be dependent on availability of wheelchair accessible accommodation. In this situation inter-hospital transfer will be considered based on determination of a clear discharge destination or probable geographic area, where relevant family/social support is available, to allow for appropriate discharge planning, continuity of care and follow up.

Transfers for sub-acute care / rehabilitation

9. Transfer of a patient with a SCI from any hospital for subacute care/ rehabilitation will be to the SCI Rehabilitation Unit located in the referral area in accordance with the most likely geographical discharge destination (i.e. home address on discharge) of the patient.
10. Transfers should follow designated LHD established pathways.
11. Reasons why a transfer may not be recommended include patient preference to remain with existing peer group, awaiting further surgery or access to specialised services (e.g. severe co-morbid traumatic brain injury (TBI) requiring co/management in Brain Injury Unit) or the discharge destination may differ from their pre-injury home address and will be dependent on availability of wheelchair accessible accommodation.

Making the referral to a SCIU

12. The contact and discussion about a patient for transfer should be made by the most senior medical officer to the spinal specialist accepting care of the patient at the receiving hospital.
    - **Medical referral for rehabilitation** will be made with discussion between referring and receiving spinal specialists in the SCI Rehabilitation Units (preferably within 2 weeks of acute admission) to agree formally and accept transfer, predicting an anticipated date when patient should be ready for transfer (and commencement of rehabilitation).
    - **Referral and transfer between acute SCIUs** when necessary should follow similar processes.
13. Patient will be placed on relevant hospital waiting list as soon as ready for transfer (initiating involvement of Patient Admission & Transfer Unit).

Negotiating and progressing the inter hospital transfer (IHT)

14. IHTs should avoid the emergency department and go directly to a ward bed. If the patient is unstable on arrival to the receiving hospital, negotiation must occur on the most appropriate area for the patient to be stabilized.
15. Once accepted, readiness for transfer and bed availability will be reviewed at least weekly by the Nursing Unit Managers, as part of usual bed management and patient flow monitoring within each hospital.
16. The Patient Flow Portal should be used to document all IHTs to allow for transparent transfer information and standardised communication.
17. This business rule compliments *PD 2011_031 Inter-facility Transfer process for Adults Requiring Specialist Care* available at http://www0.health.nsw.gov.au/policies/pd/2011/pdf/PD2011_031.pdf

Repatriation / return transfer of care post specialist intervention

18. Repatriation /return of the patient with a SCI to the referring / local hospital, in particular where the referral has been to a SCIU for spinal specialist management other than following acute traumatic/non-traumatic SCI, will be in line with Section 4.3 (*For return transfer of care post specialist assessment review or intervention*) in **PD 2011_031** *Inter-facility Transfer process for Adults Requiring Specialist Care* available at http://www0.health.nsw.gov.au/policies/pd/2011/pdf/PD2011_031.pdf PD 2011_031 stipulates that 'all patients that require specialist care must be transferred with the understanding that when the specialty services are no longer required, care of the patient will be transferred back to the originating hospital, or a hospital with an equivalent level of care capability close to the patient's geographical home location' (pg 7).

PROCESS (the following is an example of a process which may be used or modified to suit local requirements):

1. The sending hospital senior clinician contacts the receiving hospital senior Spinal Medical Staff Specialist on call (refer to **Appendix 1**) regarding advice, assessment, and urgency of transfer and accepting admission.
   Responsible Person: Senior clinician (sending hospital)
2. Once formally accepted the sending hospitals Patient Flow Unit - Bed Manager or After Hours Nurse Manager is notified of the patient transfer.
   Responsible Person: Senior clinician (sending hospital)
3. All patient details are documented on the Patient Flow Portal. This will include detailed clinical information enabling bed placement. A phone call is made to the receiving hospital Patient Flow Unit.
   Responsible Person: Patient Flow Bed Manager / After Hours Nurse Manager (sending hospital)
4. A phone call regarding the bed availability must be made to the sending hospital Patient Flow unit as soon as capacity is available for the patient. *Reference PD2011_031* available at http://www0.health.nsw.gov.au/policies/pd/2011/PD2011_031.html
   Responsible Person: Patient Flow Bed Manager / After Hours Nurse Manager (receiving hospital)
5. The sending hospital Patient Flow Unit will notify the Nursing Unit Manager or team leader of the ward where the patient is located, that an available bed is ready at the receiving hospital and patient transport arrangements can be made.
   Responsible Person: Patient Flow Bed Manager / After Hours Nurse Manager (sending hospital)
6. The ward area of the sending hospital will make the appropriate patient transport arrangements to transfer the patient to the receiving hospital. The only exception to this rule is the deteriorating patient, where transfers will be considered urgent and should be transferred to the Emergency department for stabilization.
   Responsible Person: Nursing Unit Manager / Team Leader (sending hospital)

ESCALATION:

Examples of issues to escalate regarding IHTs of patients with a SCI:

<u>For patients requiring TRANSFER TO a spinal specialist hospital</u>

- An extended delay in stabilizing an acute SCI patient who needs transfer to a spinal specialist hospital (refer to **Appendix 3 – *Acute Traumatic Spinal Cord Injury (Adults)- Referral and Transfer***)
- Multiple unsuccessful attempts to make contact with the senior spinal specialist medical officer at the receiving hospital to accept care of a patient.
- Significant delay in transfer due to bed block at the receiving spinal specialist hospital.
- A patient who needs spinal specialist services not available at the sending hospital and the receiving hospital senior spinal specialist medical officer refuses to accept care of the patient.
- A patient who is sent to a hospital with no senior medical officer accepting care and/or no bed available.
- Significant delays in transport services to transfer a patient to the spinal specialist hospital.
- Patient or family agitation that escalates delaying the transfer of a patient.

Responsible person: Patient Flow Manager or After Hours Nurse Manager.

<u>For patients requiring TRANSFER FROM a spinal specialist hospital back to local hospital</u>

- Multiple unsuccessful attempts to make contact with the senior medical officer at the receiving hospital to accept care of a patient.
- Significant delay in transfer due to bed block at the receiving hospital.
- A patient who is sent to a hospital with no senior medical officer accepting care and/or no bed available.
- Significant delays in transport services to transfer a patient from the spinal specialist hospital.
- Patient or family agitation that escalates delaying the transfer of a patient.

Responsible person: Patient Flow Manager or After Hours Nurse Manager.

REFERENCES

- **PD2011_031** - *Inter-facility Transfer Process for Adults Requiring Specialist Care* available at http://www0.health.nsw.gov.au/policies/pd/2011/PD2011_031.html
- **ARCHI** – Australian Resource Centre for Healthcare Innovations, *Patient Flow Portal* http://www.archi.net.au/resources/performance/flow/pfs/portal
- *Overview and Introduction of Patient Flow Business Rules*, Jan 2012 available at http://www.archi.net.au/resources/performance/flow/pfs/resources (accessed July 2012)

OTHER RELEVANT POLICIES

- **PD2011_015** – *Care Coordination – Planning from Admission to Transfer of Care in NSW Public Hospitals* available at http://www0.health.nsw.gov.au/policies/pd/2011/PD2011_015.html
- **PD2010_021** - *Critical Care Tertiary Referral Networks and Transfer of Care (Adults)* available at http://www0.health.nsw.gov.au/policies/pd/2010/PD2010_021.html

REVIEW DATE	AUTHOR	VERSION
4 February 2013	**A/Prof James Middleton**	**1**

Endorsed: _____
Director of Nursing and Midwifery
(Hospital)

APPENDIX 1 – SSCIS Referral Network (Adult Referrals)

NSW State Spinal Cord Injury Service (SSCIS) Referral Network (Adult Referrals)	
Referring NSW Local Health District (LHD)	**Receiving Spinal Cord Injury Service**
○ South Eastern ○ Illawarra Shoalhaven ○ Murrumbidgee ○ Southern NSW ○ South Western Sydney ○ Sydney ○ Australian Capital Territory (ACT) ○ St Vincent's Health Network	**Prince of Wales Hospital** **Ph: (02) 9382 2222** **ASK for** the POWH On-Call Spinal Surgical Consultant **NOTE –** For referrals with an acute SCI, transfer arrangements within 24 hrs of injury will be expedited through the POWH policy of non-refusal.
○ Northern Sydney ○ Central Coast ○ Nepean Blue Mountains ○ Western Sydney ○ Far West ○ Western NSW ○ Hunter New England ○ Mid North Coast ○ Northern NSW	**Royal North Shore Hospital** **Ph: (02) 9926 7111** (For acute traumatic and non-traumatic SCI) **Royal Rehabilitation Centre Sydney** (For SCI Rehabilitation) **Ph: (02) 9807 1144**

APPENDIX 2 - SSCIS Referral Network (Paediatric Referrals)

NSW State Spinal Cord Injury Service Referral Network (Paediatric Referrals)	
Advice or referral of **children up to age 16 years** can be sought via Newborn & paediatric Emergency Transport Service **NETS - 1300 36 2500**	

For further information refer to:
• **PD2010_030** - ***Critical Care Referral Networks (Paediatric)*** [6]
  ○ Section 5 - Which children may need medical retrieval to paediatric ICU
  ○ Section 6 – Clinical super specialties – Spinal – referral networks are aligned with the Child Health Networks for Major Trauma
• **PD2010_031- *Children and Adolescents - Inter Facilities Transfers*** *[7]*
  ○ Section 6 - Urgent/emergency transfers pgs 4-6
  ○ Appendix 1 Criteria for calling NETS pg 16
• **Section 4.1.3 –** Children with multi-system trauma and spinal cord injury	

OR contact a **Paediatric Spinal Specialist** at the following hospitals:	
The Children's Hospital, Westmead	Ph: (02) 9845 0000
Sydney Children's Hospital, Randwick	Ph: (02) 9382 1000

APPENDIX 3
Acute Traumatic Spinal Cord Injury (Adults)–Referral and Transfer

Extract from the *NSW State Spinal Cord Injury Service (SSCIS) Acute Spinal Cord Injury Transfer Best Practice Guidelines (Adults and Children) 2013,* which reflect the NSW Trauma Services Plan N° 6 (Dec 2009) and relevant Ministry of Health Policy Directives.

1. Patients with an **acute traumatic spinal cord injury** (SCI) will be transferred to an appropriate Spinal Cord Injury Unit (SCIU) (as per SSCIS Referral Network) **within 24 hours of injury**.
2. **Exceptions:**
   - In line with the requirements of the *Selected Specialty and Statewide Service Plan: **NSW Trauma Services No 6** (December 2009)* (the "***Trauma Plan**")* and relevant Ministry of Health Policy Directives, a patient with a suspected acute SCI may in the first instance be admitted to a hospital outside the referral area as outlined in the SSCIS Referral Network. This may delay their transfer to a SCIU beyond the first 24 hours post acute traumatic injury.
   - The *Critical Care Tertiary Referral Networks and Transfer of Care (Adults) Policy* (**PD2010_021**) and the *Ambulance Service of NSW (ASNSW) Major Trauma Triage Tool* (**Protocol T1**), state that all patients assessed to be suffering severe trauma (including acute spinal cord injury with neurological deficit) are taken directly to the closest Major Trauma Service (MTS). If travel time is greater than sixty minutes then initially they must be taken to the closest regional trauma service with the following possible exceptions.
     a) In primary cases of an **isolated acute spinal cord injury in the greater Sydney metropolitan area, where a helicopter with accompanying doctor has responded**, then these patients should be transported directly to the relevant specialist spinal cord injury service.
     b) In primary cases of a **combined severe trauma and acute spinal cord injury in the greater Sydney metropolitan area, where a helicopter with accompanying doctor has responded**, then these patients should be transported directly to the Royal North Shore Hospital if considered clinically appropriate.

Reference

*Selected Specialty and Statewide Service Plan: **NSW Trauma Services No 6** (December 2009)*, pg 15

(Available at http://www0.health.nsw.gov.au/policies/pd/2010/PD2010_021.html)