The Dudley Group NHS
NHS Foundation Trust

Date: 25/04/2016

FREEDOM OF INFORMATION REQUEST FOI/012715 – Transfer forms/patients for ITU

1. Does your hospital internally use 'ward-to-ward' and/or 'emergency / critical departments-to-ward' transfer readymade
forms? If so please send me a blank copy of the ready-made form or quote the data on the ready-made forms. Yes we have ready made forms. ED, EAU, Critical Care, SAU have different ones but the wards should all use the form in the transfer of care policy. Ward form attached.

2. Does your hospital externally use 'ward/emergency / critical departments-to-other Trusts/nursing home/residential home' transfer ready-made forms? If so please send me a blank copy of the ready-made form or quote the data on the ready-made forms. - Ready made form, ward form attached. Critical care would have their own.

3. Please tell me who completes, authorises and signs the empty fields on the ready-made forms in questions 1. and 2. above? - Nurse transferring the patient

4. If hospital consultant authorises but does not have to sign the ready-made forms in questions 1. and 2. above, where is their authorisation record kept? They don't have to authorise

5. What happens if there is no hospital consultant there in ward/departments to sign the ready-made forms in questions 1. and 2. above? - Not applicable

6. What about 'ward/department-to-isolated room' in the ward/department transfers - is there a ready-made form form? If so please send me a blank copy of the ready-made form or quote the data on the ready-made forms.

Please tell me who completes, authorises and signs the empty fields on this ready-made form? If hospital consultant authorises but does not have to sign the ready-made form, where is their authorisation record kept? What happens if there is no hospital consultant there to sign the ready-made form? Don't do them

Please tell me what happens if you get patients for ITU / ICU / HDU but they are full with other patients, what do you do? ICU admission :

There are currently 9 bedspaces in ICU with staffing levels set for 6 beds. The staffing levels are changed to reflect patient need. If there is an admission with a bedspace available, a nurse is sought from within the own establishment of nurses, escalating to Bank or Agency if required. If there are no further bedspaces available, a decision is made by the Consultant Intensivist to either open a secondary ICU facility in another area of the hospital (e.g. Medical HDU), or transfer to another hospital via the Birmingham and Black Country Critical Care Network.

SHDU admission:

If there are no further bedspaces in SHDU, and all patients need to remain there for clinical need, a discussion is made between the Surgeon (Consultant or Registrar) and Anaesthetic team (ICU Consultant on call or 2nd On Consultant) to decide on the best solution to house all of the patients. This will depend on the clinical need for the patient. Options would include, admitting to ICU instead of SHDU; admitting to VASCU as SHDU overspill; admitting to the ward with Outreach Support; cancelling an elective Surgical patient. Once decided what is best for the patient, the moves are facilitated by the nursing team and Bed Manager.