

ORGANISATIONAL RESPONSIBILITY DURING TRANSPORT

Background

The transfer of patients necessitates that the care of patients is handed over from the referring hospital to the transport team and then from the transport team to the receiving hospital. Responsibility for the patient changes during the course of the transport episode and can be dynamic during the stabilization and preparation for transfer. Throughout the transfer process the patient's best interests should remain paramount.

The following arrangements apply regardless of the composition of the transport team.

From referral to handover

- The patient remains the sole responsibility of the referring hospital team (and consultant) until an adequate handover of the patient to the transport team has been completed. This should be a verbal handover and can only take place once the transport team has arrived at the patient's bedside.
- The referring hospital team is responsible for the ongoing care of the patient until the transport team has arrived and taken a handover.
- While awaiting the arrival of the transport team the referring hospital team may be given advice by the transport service or a third party (such as the receiving unit / other specialist clinician) but is responsible for providing adequate information upon which that advice is obtained and for deciding whether or not to act in accordance with that advice.

From handover by the referring hospital team to departure.

- On handover at the referring hospital the transport team will assume joint responsibility for the management of the patient with the referring hospital team Consultant. The transport consultant on duty will assume ultimate responsibility for the patient when the transport team departs the referring hospital with the patient.
- The referring hospital Consultant(s) and team cannot abdicate responsibility for the patient to the transport team at handover and the Consultant(s), and other responsible staff within the referring hospital, should assist the transport team to enable the safe preparation of the patient for transfer.
- Before accepting responsibility for a patient the lead member of the transport team should independently assess the patient and decide whether or not the transfer of that patient is within his/her experience and competence. Should he/she decide that this is not the case, responsibility remains with the referring team until such time as alternative arrangements can be made e.g. attendance by the Transport Consultant on duty

During transfer

- During the transfer of a patient from the place of care in the referring hospital until arrival at the place of care in the receiving hospital, the transport service is solely responsible for the patient's care.
- The transport consultant on duty is ultimately responsible for the patient during the transfer. This line of responsibility is maintained despite a lack of physical proximity.

SOUTHAMPTON OXFORD NEONATAL TRANSPORT

- During this time the transport team may act upon advice from a third party (e.g. from the receiving unit/other specialist clinician) but is responsible for providing adequate information upon which that advice is obtained and for deciding whether or not to act in accordance with the advice.

Handover in the receiving hospital

- The care of the patient remains the transport team's responsibility until an adequate handover of the patient to the receiving team has been completed. Responsibility for the patient passes completely over to the receiving team once the patient has been transferred from the transport incubator, and, where required, stabilised on the receiving team's life support equipment.
- It is expected that upon arrival at the receiving hospital, the receiving team would, if necessary, assist the transport team to stabilize the patient. This may take place even before the handover process has been completed.
- On rare occasions additional clinical care by the transport team may be requested (e.g. to facilitate a CT scan on arrival). This has to be agreed with the transport consultant at the earliest opportunity. Under these circumstances the primary responsibility for the patient rests with the receiving team. The transport team will act solely as technicians for the safe transfer of the patient using transport service equipment.

Palliative care

- It is recognized that at any point during the transport process, starting from initial contact with the transport service, the patient's clinical condition may change and palliative care at the referral centre may be appropriate.
- This decision should be made jointly by the referring consultant(s), the transport consultant and the receiving consultant.
- If this occurs while the transport team is in attendance, responsibility for the patient's on going care will then move back to the referring hospital Consultant. The transport service recognizes that this is a dynamic process but the referring hospital will assume ultimate responsibility for re-orientation of care.
- On discussion with the responsible transport consultant on duty the transport team may, in some circumstances remain at the referring hospital to continue shared care with the referring hospital team.