

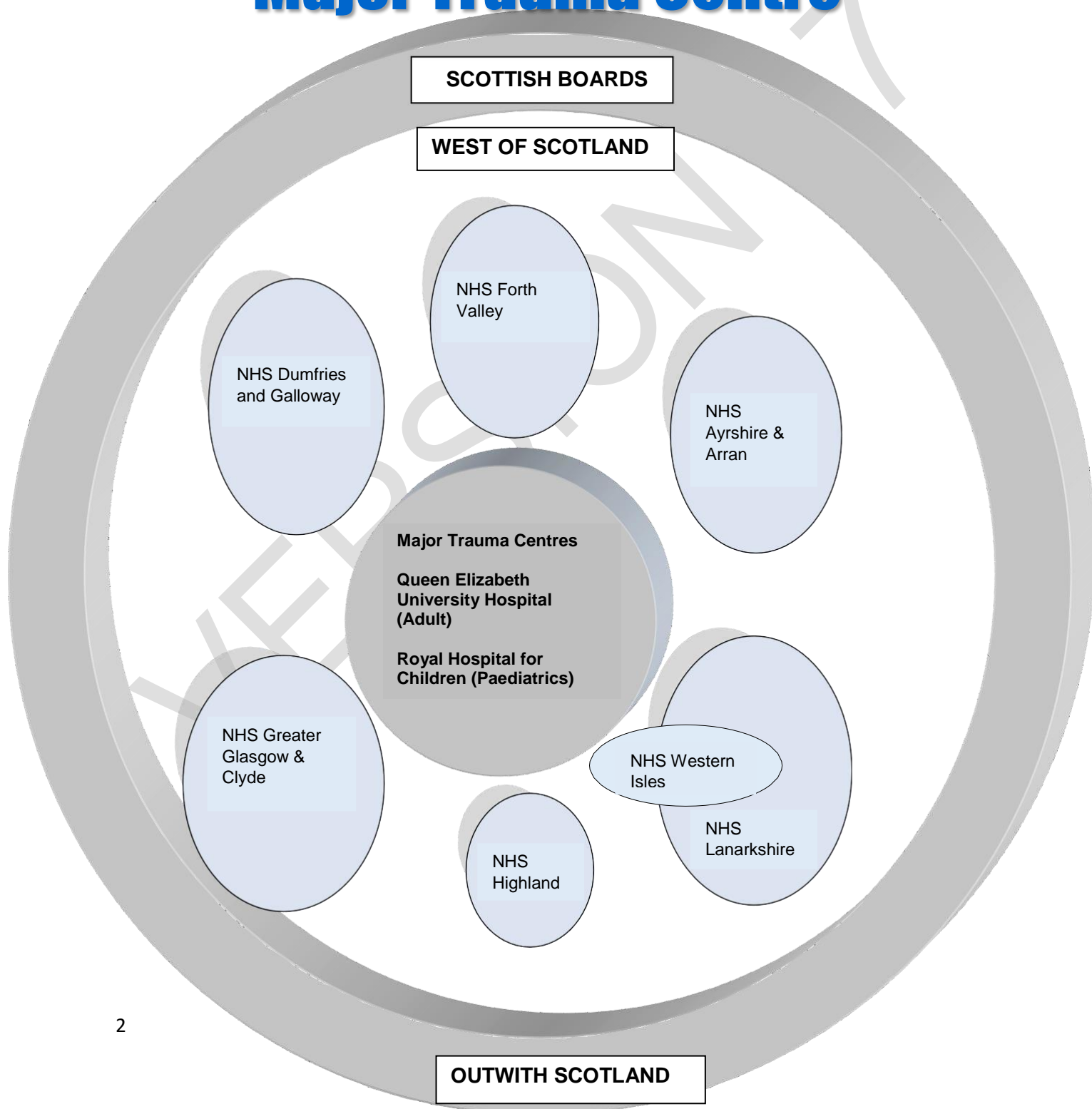
Saving Lives, Giving Life Back

West of Scotland Trauma Network Clinical Governance Advisory Group document version control

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Author(s)	Brian Digby and Heather McVey
Comments by	WoS Trauma Network
Reviewed by	WoS Trauma Network Clinical Governance Advisory Group
Aims	To agree a WoS Repatriation protocol for the WoS Trauma Network
Application	

WoS Major Trauma Service

Repatriation Protocol from Major Trauma Centre



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Directory of Acronyms/Abbreviations

MTC	Major Trauma Centre
TU	Trauma Unit
LEH	Local Emergency Hospital
ODN	Operational Delivery Networks
QEUH	Queen Elizabeth University Hospital
RHC	Royal Hospital for Children
SPOC	Single Point of Contact
SPOD	Single Point of Destination
WoS	West of Scotland
PACS	Picture Archiving and Communication System

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<p>1.0</p>	<p>Introduction</p>
<p>1.1</p>	<p>The West of Scotland Major Trauma Network service requires clear guidelines for</p> <ul style="list-style-type: none"> ➤ The repatriation of patients from the Major Trauma Centre's (MTC) at Queen Elizabeth University Hospital (QEUH) and Royal Hospital for Children (RHC) to Trauma Units (TU) within the region; ➤ The repatriation of patients from the Major Trauma Centre's at QEUH and RHC to Western Isles and Highland for the remote and rural community ➤ The repatriation of non-West of Scotland residents from the Major Trauma Centre's at QEUH and RHC to Trauma Units within their residential area ➤ The repatriation of West of Scotland residents being cared for outside of the region in other Major Trauma Networks back to West of Scotland
<p>1.2</p>	<p>Repatriation refers to a patient returning to a centre that is local to them once specialist treatment has been completed in the MTC and they are able to complete their in-patient stay at a local TU for care closer to home. Alternatively, it also refers to a patient that has been admitted to an MTC in another region or even another country returning to the West of Scotland region.</p>
<p>1.3</p>	<p>Effective repatriation will maximise bed availability and thereby maximise accessibility of specialist tertiary services. Unnecessary delays can be both inconvenient and distressing for patients and relatives. Swift repatriation will also allow TUs to arrange Social Care packages and access to local community services for the patient locally prior to discharge. Repatriation must occur in a timely manner to ensure the best use of bed stock across the region and allow for patient convalescence in a Unit closer to home.</p>
<p>1.4</p>	<p>This policy is activated once the lead clinician in conjunction with the trauma MDT involved in the patient's care has concluded that either:</p> <ol style="list-style-type: none"> a) Specialist care (including specialist rehabilitation) in a West of Scotland MTC is no longer required and the best interests of the patient would be to continue as an in-patient at the TU local to them or; b) Medical care is still required but the interests of the patient and their family would be for that to be closer to their place of residence e.g. repatriation from another Regional Major Trauma ODN or another country.
<p>1.5</p>	<p>Once the decision to repatriate a patient has been made then the patient should be transferred within 2 days.</p> <p>The Policy recognises that for patients being repatriated from other Major Trauma Networks around the country to West of Scotland, primary transfer should be co-ordinated by relevant MTC.</p>

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2.0	Scope This Policy applies only to patients who are admitted under the major trauma service.
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3.0	Executive Summary
3.1	The Policy will ensure that all patients are repatriated to their local health care provider when they are medically fit for transfer or have completed specific treatment at one of the MTCs.
3.2	It will ensure that all relevant parties are aware of their specific roles and responsibility and prevent delays to patient transfer.
3.3	It will provide clear guidance for action and escalation when there are delays in the repatriation process.
3.4	<p>The Scottish Ambulance Service will repatriate stable patients from ward to ward using the scheduled care service. It is not the intention that patient repatriations will require clinical intervention on route and therefore paramedic level care will not be required.</p> <p>The scheduled care service is staffed by Ambulance Care Assistants who can provide basic first aid, administer up to 6L/min of oxygen and provide safe and comfortable transport of patients. Vehicles can accommodate patients on stretchers, seated patients, and patients in wheelchairs.</p>

4.0	Repatriation from West of Scotland MTCs to Regional Boards
4.1	The MTCs are committed to providing care to major trauma patients who may bypass TU or local hospitals. As such, it is critical that there is a robust and reliable process for repatriation to other hospitals within the region. As such, a principle of automatic acceptance for repatriations should be approved by the regional TUs who will be responsible for the coordination of the repatriation of the patient to the relevant area within their Board area.
4.2	Once the lead clinician involved in a major trauma patient's care, in conjunction with the MDT (including specialist rehabilitation), has made the decision that care in the MTC is no longer required but a further in patient stay is necessary before discharge, then it is their responsibility to refer (or delegate referral) to a local trauma unit. This must take in to account suitability of the TU to provide the required care and rehabilitation.
4.3	Each board trauma unit and MTC will nominate a single point of contact (SPOC) to whom all referrals will be made. To initiate the repatriation process, a phone call should be made from the MT Coordinators to the board SPOC. Each board TU and MTC will nominate an appropriate ward or destination within the timeframe required.
4.4	Referrals can be made 7 days a week. However, in reality it would be uncommon for referrals to be made out-of-hours (8-6 weekdays and 8-4 weekends).

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4.5	All referrals should result in a transfer within 2 days . If a referral is made (as per 4.4 and 4.3 above) within working hours (8-6 weekdays and 8-4 weekends and public holidays) then that is considered Day 0. If referrals are made outside of this time frame then Day 0 is considered to be the next working day. It is the responsibility of the SPOC to make a referral to the relevant most appropriate clinical team within the TU and facilitate a handover between the teams. If the receiving team believe they are not the appropriate team for transfer then it is the responsibility of the receiving SPOC to facilitate identification of the correct team. This should not delay transfer. The referrals are to be automatically accepted and there is no scope for rejection of a referral in the same way as there is automatic acceptance of trauma patients into the MTC. On the day of transfer every endeavor should be made to ensure that this is between 8-6 weekdays and 8-4 weekends.
4.6	The MTC should complete the rehabilitation plan in conjunction with the rehabilitation team. This will form part of a detailed handover to be sent with the patient on transfer.
4.7	Where possible, the referring clinical team at the MTCs should attempt to identify possible future repatriations and be in contact with the TU SPOC to allow for planning. This would not trigger the 2 days transfer rule but allow the trauma unit time to prepare for when the formal referral is being made.
4.8	If repatriations within West of Scotland from the MTC to TU do not happen within 2-days of referral then this will trigger the WoS escalation process to senior management (and when appropriate) on-call teams.

5.0	Repatriation from Outside of the Region to West of Scotland
5.1	Transferring patients directly to the regional TUs from outside of the region may prove to be difficult due to differing services across the region and lack of clear policy for inter- regional transfers.
5.2	It may also be that patients still require tertiary Centre services but would like to be repatriated closer to home for convenience.
5.3	All referrals for major trauma patients from outside of the region, including all Centre's in Scotland and out with, should be made to the regional MTCs and not directly to a TU. The Regional MTCs will then be responsible for coordinating the ongoing management across the Region.
5.4	For all referrals, the same principle of automatic acceptance and 2 days transfer target is maintained. However, it is recognised that negotiations with the healthcare systems in other countries maybe somewhat protracted. Furthermore, where an insurance company is part of the process this may increase delays further, therefore, where possible, it is beneficial to undertake both parts of the process in unison.
5.5	MTCs will have a single point of contact (SPOC) to whom all referrals will be made. This will be published in the updated and completed document below as Appendix1. The switchboards of the MTC will be made aware of the SPOC. This may be the Bed Manager, a Major Trauma Co-ordinator, Rehabilitation Coordinator or Trauma Consultant of the day. Preferably referrals will be made Consultant -to-Consultant where possible.
5.6	If repatriations outside West of Scotland from the MTC to MTC SPOC do not happen within 2 days of referral then this will trigger the WoS escalation process to senior management and (when appropriate) on-call teams.

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6.0	Repatriation from West of Scotland MTCs to non-West of Scotland Regions including Western Isles and Highland
6.1	Transferring patients from MTCs in the West of Scotland to areas out with the region will be managed in the same way as section 4 above.
6.2	Remote and rural areas it is recognised will require to be managed differently and this will be managed jointly as required with NHS Western Isles and NHS Highland to provide a bespoke service.

7.0	Escalation Procedures
	<p>If after 2 days repatriation has not occurred</p> <ul style="list-style-type: none">➤ Within 1 day, then the MT General Manager will be informed and will contact their equivalent at the receiving hospital. The local Chief Officers will be informed if there are repeated delays➤ Within 2 days, then the MTC Director will be informed and contact their equivalent at the receiving Board➤ Within 3 days, the Chief Operating Officer responsible for the MTC will be informed and requested to contact their equivalent at the receiving Board.

8.0	Monitoring of Policy
8.1	Where the timescales outlined in the Policy are not met details of the receiving hospital and specialty, along with the reason for the length of delay, will be held within the MTC senior management team. Where recurrent problems are encountered, the referring Hospital will be provided with this information and asked to implement appropriate action to prevent further delays. In some cases this information will be forwarded to specialist network teams for comment.
8.2	Where frequent delays occur with local Boards, the Chief Operating Officers will address this with their senior management and clinical teams.

APPENDIX 1

Contact Details for Single Point of Contact (SPOC) at each of the MTCs and TUs in West of Scotland Major Trauma Service Network

Network	Hospital	MTC/TU	Health Board	Job Title	Contact No.	Contact Email
SoS	Royal Infirmary of Edinburgh	MTC	NHS Lothian	Rehab Coordinator	Catherine: 07929784410 Sophie: 07974 879 797 Caroline: 07816 257 717	SPOC Contact: loth.mtcrehabrie@nhslothian.scot.nhs.uk Rehab Coordinator (Monday-Friday) Catherine.halpenny@nhslothian.scot.nhs.uk sophie.dempsey@nhslothian.scot.nhs.uk Caroline.bourke@nhslothian.scot.nhs.uk
	Forth Valley Royal Hospital	TU	NHS Forth Valley	Major Trauma Coordinator	Diane/Rachel 01324566632	SPOC Contact: fv.majortraumarehabcoordinators.nhs.scot Rehab Coordinators (Monday-Friday) Diane Kruger - diane.kruger@nhs.scot Rachel Roberts - Rachel.Roberts2@nhs.scot
	Victoria Hospital Kirkcaldy	TU	NHS Fife	Major Trauma Coordinator	Direct line: 01592740299 Via switchboard extension number: 40229 Claire: 07584703978 Catriona: 07584151029	SPOC Contact: fife.majortraumacoordination@nhs.scot Rehab Coordinators (Monday-Friday) Claire De Angelis - Claire.Deangelis@nhs.scot Catriona Walker - Catriona.Walker2@nhs.scot
	Borders General Hospital	TU	NHS Borders	Major Trauma Coordinator	01896 826000 bleep 7272.	SPOC Contact: borders.majortrauma@borders.scot.nhs.uk Rehab Coordinators (Monday-Friday) Jillian Gordon – Jillian.Gordon@nhs.scot
	Royal Hospital for Children and Young People (Mon-Fri)	MTC	NHS Lothian	Trauma Coordinator Rehab Coordinator Rehab Coordinator	07929742551 or 01313120277	SPOC Contact: paedsmtc@nhslothian.scot.nhs.uk Dennis Kerr Laura Kelly-Hill Judith Montgomery

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EoS	Ninewells Hospital - Dundee	MTC	Tayside	Advanced Trauma Nurse Practitioner/Major Trauma Coordinator (repatriation/referrals)	01382660111 or Page 1002	SPOC Contact: TAY.atnptaysidemajortrauma@nhs.scot
				Rehabilitation Coordinator (Rehab enquiries)	01382660111 or Page 3328	SPOC Contact: tay.eosmajortraumarehab@nhs.scot
NoS	Aberdeen Royal Infirmary	MTC	Grampian	Rehab Coordinator	01224 551836	SPOC Contact: gram.traumacoordinator@nhs.scot
	Royal Aberdeen Children's Hospital	MTC	Grampian	Rehab Coordinator	07772 579803	SPOC Contact: gram.paedsmtcrehab@nhs.scot
	Raigmore Hospital- adult	TU	Highland	Rehab Coordinator	Kirsty: 07813 341052 Duncan: 07977742132	SPOC Contact: nhsh.majortrauma@nhs.scot Kirsty MacPherson Duncan Spiers
	Raigmore Hospital - children	TU	Highland	Rehab Coordinator	Hannah: 07824 544090	SPOC Contact: hannah.bedford@nhs.scot
WoS	QEUH - Glasgow (Sun - Fri; 07:00 - 19:15)	MTC	NHSGGC	Major Trauma Coordinator	0141 452 2149 / 2150	SPOC Contact: MTC.QEUH@ggc.scot.nhs.uk
	Royal Hospital for Children, Glasgow (Sun - Fri)	MTC	NHSGGC	Major Trauma Coordinator	07977030660	SPOC Contact: RHCMAJORTRAUMA@ggc.scot.nhs.uk
	Glasgow Royal Infirmary	TU	NHSGGC	Major Trauma Coordinator	Lynne: 07929721439	Lynne.barnett@ggc.scot.nhs.uk
	Royal Alexandra Hospital	TU	NHSGGC	Major Trauma Coordinator	07811516943 / 01413147294 page 56079	SPOC Contact (Mon-Fri): julie.mckenna@ggc.scot.nhs.uk
	Wishaw	TU	NHSL	Major Trauma Coordinator	01698 361100/ 5889 01698361100 ext 7038/5827	SPOC Contact in hours Mon-Fri MT Coordinator: MajorTrauma.UHW@lanarkshire.scot.nhs.uk SPOC Contact Out of hours/ annual leave and weekend cover – Trauma Liaison] Email - traumaliansonurses@lanarkshire.scot.nhs.uk
	University Hospital Crosshouse	TU	NHSAA	Major Trauma Coordinator	07734916732	Clinical_Speciality_Trauma_XH@aapct.scot.nhs.uk
	Dumfries & Galloway Royal Infirmary	TU	NHSDG	Major Trauma Coordinator	01387 241213	Rebecca.cameron@nhs.scot dg.traumarehabcoord@nhs.scot
	Lorn & Island Hospital Oban	LEH	NHS Highland	Major Trauma Coordinator	07870482533 01631789091	gillian.berry1@nhs.scot nhsh.majortraumaab@nhs.scot

APPENDIX 2

TRANSFER OF CARE PROCESS FOR OUT OF AREA

	Organisation	Staff Group	Step	Comment
1	MTC	MT Coordinator	An out of area patient is admitted to MTC	Within 24 hours of admission MT Coordinator complete a Notification Form identifying to Board out with WoS of admission and expected timeframe when transfer is likely to be required
2	Receiving Board	?Site/Bed Manager	Within 24 hours from receiving the Notification Form will confirm acceptance of patient with details of the receiving clinical team	The receiving board will fax/email confirmation to the MTC MT Coordinator outlining details of the receiving clinical team
3	MTC and receiving Board	All teams	Establish and maintain clinical communication with the receiving team as appropriate	MTC must ensure the receiving board is aware of the expected length of time until the patient will be fit for transfer
4	MTC	Medical Team	Identifies when patient is ready for transfer	MT Co-ordinator refers formally to the board receiving team. Provides details to the relevant coordinator/bed manager about impending discharge
5	Receiving Board	Site/Bed Manager	Bed Manager reserves an appropriate bed. Receiving consultant/team confirms clinical arrangements	All Boards are expected to allocate a suitable bed within 2 days of notification patient medically fit for transfer
6	MTC	MT Coordinator	1 day before discharge : status update – confirm discharge on schedule	<ul style="list-style-type: none"> ➤ Appropriate medical notes photocopied ➤ Confirm scans and x-rays available via PACS ➤ All relevant social information provided ➤ Rehabilitation Plan completed ➤ Arrangements for any specialist rehab and contact details ➤ Transport is booked – dedicated transfer service for MTC
7	MTC	MT Coordinator	Day of Discharge – status update : confirm discharge proceeding as planned to receiving board	<ul style="list-style-type: none"> ➤ Confirm transport arrangements ➤ If unconfirmed proceed to escalation process
8	MTC and receiving Board		Patient is transferred	