

Protocol for management of inter-hospital transfers				
Section	Current	Proposed	HSD Custodian Comment/Clarification	Consultation feedback - recommended changes must include proposed new wording.
1. Purpose	This Protocol outlines the mandatory processes for management of inter-hospital transfers of patients.	This Protocol describes the mandatory steps for management of inter-hospital transfers (IHTs) of patients to ensure patients are accessing the right care in the right facility at the right time.	Minor wording change	
2. Scope	This Protocol applies to all Department of Health and other employees working in or for HHSs. This Protocol also applies to all organisations and individuals acting as an agent for HHSs (including Visiting Medical Officers and other partners, contractors, consultants, and volunteers).	This Protocol applies to all Hospital and Health Services (HHSs). This Protocol applies to all HHS employees and all Queensland Health employees working in or for HHSs. This Protocol also applies to all organisations and individuals acting as an agent for HHSs (including Visiting Medical Officers and other partners, contractors, consultants, and volunteers).	Minor wording change	
3. Management of inter-hospital transfers	3. Management of inter-hospital transfers	3. Process for Management of IHTs	Minor wording change to the heading as required by the HSD/protocol template	
3. Process for Management of IHTs	Process for management of IHTs	Principles for Management of IHTs	Minor change to heading	
3. Process for Management of IHTs	Inter-Hospital Transfers (IHTs) may operate within or between HHSs based on the clinical needs of the patient, access to specialised services, and capacity constraints.	IHTs may operate within or between HHSs based on the clinical needs of the patient, access to specialised services, and capacity constraints.	Minor wording change	
3. Process for Management of IHTs	N/A (new mandatory requirement)	Interhospital patient transfers require senior clinician decision-making to validate the necessity for the transfer and IHT timing. Alternative options including (but not limited to) telehealth, Hospital in the Home, virtual care consultation, and outpatient referral based on clinical need and urgency.	New mandatory requirement (feedback from Qld Clinical Network Chairs)	Interhospital patient transfers require senior clinician decision-making to validate the necessity for the transfer and IHT timing. Alternative options including (but not limited to) supported/enhanced care at original facility, telehealth, Hospital in the Home, virtual care consultation, and outpatient referral based on clinical need and urgency.
3. Process for Management of IHTs	N/A (new mandatory requirement)	When senior clinician agreement confirms acute inpatient interhospital transfer is required for higher level care, delays in transfers need to be monitored and managed to avoid adverse outcomes relating to delays in care.	New mandatory requirement (feedback from Qld Clinical Network Chairs)	When senior clinician agreement confirms acute inpatient interhospital transfer is required for higher level care, delays in transfers need to be monitored and managed to avoid adverse outcomes relating to delays in care. Transfer of patients after hours should only occur if there is a clinical need for transfer urgently to the accepting facility.
3. Process for Management of IHTs	A senior clinician is available for each facility 24/7 as a single point of contact to address access issues related to critically ill patient transfers.	To ensure appropriate clinical governance and decision-making, a senior clinician is available at the accepting facility 24/7 as a single point of contact to address access issues related to critically ill patient transfers.	Minor wording change	
3. Process for Management of IHTs	N/A (new mandatory requirement)	All HHSs to have a workflow process in place to facilitate direct admission of patients from peripheral emergency departments and inpatient wards directly to inpatient beds at the referral hospital.	New mandatory requirement (feedback from Qld Clinical Network Chairs)	
3. Process for Management of IHTs	N/A (new mandatory requirement)	When higher level care is no longer required and the patient is suitable for back transfer, this should occur without delay.	New mandatory requirement	
3. Process for Management of IHTs	N/A (new mandatory requirement)	For patients requiring a back transfer, consideration should be given to non-admitted or hospital substitution models of care such as Hospital in the Home or other community models.	New mandatory requirement (feedback from Qld Clinical Network Chairs)	
3. Process for Management of IHTs	Each hospital has a nominated staff member responsible for bed management at all times and a generic email address for bed management.	No change	No change	
3.1. Pre-transfer requirements	N/A	Hospital and Health Services should ensure:	Leading sentence added to dot points.	

3.1. Pre-transfer requirements	Moved and adapted from 3.2 <i>Pre-transfer agreement is made under the following circumstances:</i>	i. All decisions to transfer a patient must be based on clinical assessment and care requirements.	Moved and adapted from 3.2 <i>Pre-transfer agreement is made under the following circumstances:</i>	
3.1. Pre-transfer requirements	i. Before transferring a patient, it is essential that adequate communication occurs between the referring and accepting facilities, and Queensland Ambulance Service.	ii. Before transferring a patient, it is essential that adequate communication occurs between the referring and accepting facilities, and Queensland Ambulance Service (QAS), and Retrieval Services Queensland (RSQ).	Change to section numbering and minor wording change	Before transferring a patient, it is essential that adequate communication occurs between the referring and accepting facilities, and transport provider e.g. Queensland Ambulance Service (QAS), and Retrieval Services Queensland (RSQ).
3.1. Pre-transfer requirements	Moved and adapted from 3.2 <i>Pre-transfer agreement is made under the following circumstances:</i>	iii. Prior to the patient's departure from the referring hospital, there must be a consultant (or delegate) to consultant (or delegate) agreement on the planned transfer. Or, where an urgent critical transfer is required, RSQ will follow the Retrieval Services Health Service Directive (QH-HSD-005:2012).	Moved and adapted from 3.2. <i>Pre-transfer agreement is made under the following circumstances:</i>	
3.1 Pre-transfer requirements	Moved and adapted from 3.5 <i>Communication and handover</i>	iv. The referring clinician will be responsible for delegating or completing the IHT application form for all non-urgent transfers prior to transfer (hyperlink added). For urgent transfers the IHT application form is to be completed retrospectively.	Moved and adapted from 3.5 <i>Communication and handover</i>	
3.1 Pre-transfer requirements	N/A	v. Clinical handover must be documented using the IHT Application between referring and accepting facilities.	New mandatroy requirement	
3.1 Pre-transfer requirements	N/A	vi. The IHT is 'Accepted' in the IHT Application at the time of medical acceptance of the transfer.	New mandatroy requirement	
3.1 Pre-transfer requirements	ii. The accepting HHS will prioritise in-patient bed availability for patients received via planned inter-hospital transfer. The accepting hospital is to advise of the entry point to the hospital for the patient, e.g. the in-patient bed location for a direct ward admission, the Emergency Department, or entry via the Transit Lounge.	vii. The accepting HHS will prioritise in-patient bed availability for patients received via planned IHT. viii. The accepting hospital is to advise of the entry point to the hospital for the patient, e.g. the inpatient bed location for a direct ward admission, or entry via the Transit Lounge.	Minor wording changes with the one section being split into two sections. Removal of the Emergency Department as an entry point of the patient being transferred.	
3.1 Pre-transfer requirements	Moved and adapted from 3.2 <i>Pre-transfer agreement is made under the following circumstances:</i>	ix. The transfers of critically ill patients will not be delayed due to bed availability. If a back transfer is required, this should be acknowledged at the point of the initial transfer. The referring hospital is required to receive the patient back once the services at the receiving hospital are no longer required or indicated.	Moved and adapted from 3.2. <i>Pre-transfer agreement is made under the following circumstances:</i> Minor wording changes with no change to intent.	This item needs to be separated as they are unrelated:  ix. The transfers of critically ill patients will not be delayed due to bed availability. x. If a back transfer is required, this should be acknowledged at the point of the initial transfer. The referring hospital is required to receive the patient back once the services at the receiving hospital are no longer required or indicated.
3.2. Pre-transfer agreement is made under the following circumstances:	3.2 Pre-transfer agreement is made under the following circumstances:	The content of this section has been moved under section 3.1 <i>Pre-transfer requirements</i> , and adapted (see comments below and above). The section heading for 3.2 is now no longer required and has been deleted.	The content of this section has been moved under section 3.1 <i>Pre-transfer requirements</i> , and adapted (see comments below and above). The section heading for 3.2 is now no longer required and has been deleted.	
3.2. Pre-transfer agreement is made under the following circumstances:	i. There must be a consultant (or delegate) to consultant (or delegate) agreement on the planned transfer.	Moved and adapted (see 3.1 <i>Pre-transfer requirements</i> , point iii.)	Moved and adapted (see 3.1 <i>Pre-transfer requirements</i> , point iii.)	
3.2. Pre-transfer agreement is made under the following circumstances:	ii. For all transfers, the accepting Medical Officer will obtain approval from the Consultant/SMO/delegate of the appropriate accepting team (ED or inpatient consultant) at the accepting facility, before the patient's departure from the referring hospital. OR	Moved and adapted (see 3.1 <i>Pre-transfer requirements</i> , point iii.)	Moved and adapted (see 3.1 <i>Pre-transfer requirements</i> , point iii.)	
3.2. Pre-transfer agreement is made under the following circumstances:	iii. As determined by Retrieval Services Queensland when urgent critical transfer is required as per the Retrieval Services Queensland Use of Health Service Directive QH-HSD-005:2014.	Moved and adapted (see 3.1 <i>Pre-transfer requirements</i> , point iii.)	Moved and adapted (see 3.1 <i>Pre-transfer requirements</i> , point iii.)	

3.2. Pre-transfer agreement is made under the following circumstances:	iv. All decisions to transfer a patient must be based on an appropriate clinical risk assessment.	Moved and adapted (see 3.1 <i>Pre-transfer requirements</i> , point i.)	Moved and adapted (see 3.1 <i>Pre-transfer requirements</i> , point i.)	
3.2. Pre-transfer agreement is made under the following circumstances:	v. The initial referring hospital is required to receive the patient back once the services at the accepting hospital are no longer required or indicated.	Moved and adapted (see 3.1 <i>Pre-transfer requirements</i> , point viii.)	Moved and adapted (see 3.1 <i>Pre-transfer requirements</i> , point viii.)	
3.3. Process for transfer of patients into, out of, and between hospitals	Numbering change to the section only due to deletion of previous section 3.2 (see above)	3.2. Process for transfer of patients into, out of, and between hospitals	Numbering change to the section only due to deletion of previous section 3.2 (see above)	
3.2. Process for transfer of patients into, out of, and between hospitals	i. Patient transfers are to be scheduled at times which take account of clinical risk and emergency demand.	i. Patient transfers are to be scheduled at times which take account of clinical risk and hospital demand. Where clinically appropriate, inpatient interhospital transfers occur within 24 hours of the medical acceptance. For back transfers, the transfer timeframe is 48 hours.	Minor wording change	Comment: Inter-hospital transfers for critical patients should occur without delay and within 24 hours. Hospitals should be required to accommodate transfers of critically ill patients irrespective of bed block or over census. The transfer to receiving hospital ED, transit care, or direct admission should be determined on acuity of the patient.  Additional line to be added:  Transfer of critically ill patients should not be delayed and occur within at least 24 hours.
3.2. Process for transfer of patients into, out of, and between hospitals	ii. Where patients are being transferred to another hospital by QAS, appropriate escorts are to be arranged by the referring hospital as clinically indicated.	No change	No change	
3.2. Process for transfer of patients into, out of, and between hospitals	N/A (new mandatory requirement)	i. Notification of the IHT to RSQ to allocate the transport is to occur at the time of medical acceptance. Aeromedical transfers will be tasked according to patient clinical need and transport availability. Once medically accepted, the receiving hospital will be notified of the transfer timing however confirmation of bed allocation by the receiving hospital will not be an obstacle to the decision to transfer. or neonate patients, if senior clinicians / bed manager confirms a bed will be made available, transport is to be arranged in line with the agreed plan with no requirement for RSQ to confirm bed availability. This includes if a bed is not available at the time of referring to RSQ.	New mandatory requirement (Requirement from memorandum)	
3.2. Process for transfer of patients into, out of, and between hospitals	iii. For all patients being transported out of any hospital the following will have been undertaken by the referring clinician: • Notification of the receiving Medical Officer and Bed Management/Patient Flow Unit; • The receiving hospital has accepted the patient.	No change	No change	
3.2. Process for transfer of patients into, out of, and between hospitals	iv. The accepting hospital will minimise delays to QAS when the patient arrives at the hospital.	No change	No change	
3.2. Process for transfer of patients into, out of, and between hospitals	Moved and adapted from 3.6 <i>Post transfer requirements</i> .	v. The accepting hospital will undertake timely clinical assessment of the patient on arrival.	Moved and adapted from 3.6 <i>Post transfer requirements</i> . Minor wording changes only.	
3.4. Transferring patients will be transported directly to an available inpatient bed unless:	Numbering change to the section only due to deletion of previous section 3.2 (see above)	3.3. Transferring patients will be transported directly to an available inpatient bed unless:	Numbering change to the section only due to deletion of previous section 3.2 (see above)	

3.3 Transferring patients will be transported directly to an available inpatient bed unless:	i. They have an agreed clinical requirement for Emergency Department treatment as decided by the receiving hospital ED Consultant (or delegate) prior to the patient's departure from the referring hospital; OR	No change	No change	
3.3 Transferring patients will be transported directly to an available inpatient bed unless:	ii. They have an undifferentiated condition requiring further specific investigations prior to placement in an inpatient bed; OR	No change	No change	
3.3 Transferring patients will be transported directly to an available inpatient bed unless:	iii. They have deteriorated in transit, necessitating Emergency Department treatment; OR	They have deteriorated in transit, necessitating treatment; OR	Minor wording change only.	
3.3 Transferring patients will be transported directly to an available inpatient bed unless:	iv. A system is in place for the rapid transfer of a critically ill or multisystem trauma patient.		no change	
3.5 Communication and handover	Communication and handover	The content of this section has been deleted due to duplicate information, or moved to sections 3.1 <i>Pre-transfer requirements</i> and 3.5 <i>Escalation</i> , and adapted (see comments below and above). The section heading for 3.2 is now no longer required and has been deleted.	The content of this section has been deleted due to duplicate information, or moved to sections 3.1 <i>Pre-transfer requirements</i> and 3.5 <i>Escalation</i> , and adapted (see comments below and above). The section heading for 3.2 is now no longer required and has been deleted.	
3.5 Communication and handover	i. Decisions made regarding patient transfer(s) will be made taking clinical priorities into account.	Moved and adapted (see 3.1 <i>Pre-transfer requirements</i> , point i.)	Moved and adapted (see 3.1 <i>Pre-transfer requirements</i> , point i.)	
3.5 Communication and handover	ii. Bed Management/Patient Flow Unit will be notified of all planned inter-hospital transfers prior to movement to prioritise bed availability.	Deleted as this is already a requirement in 3.2 <i>Process for transfer of patients into, out of, and between hospitals</i>	Deleted as this is already a requirement in 3.2 <i>Process for transfer of patients into, out of, and between hospitals</i>	
3.5 Communication and handover	iii. The referring clinician will complete the electronic IHT application form.	Moved and adapted (see 3.1 <i>Pre-transfer requirements</i> , point iv.)	Moved and adapted (see 3.1 <i>Pre-transfer requirements</i> , point iv.)	
3.5 Communication and handover	iv. In the event of any disagreement surrounding the transfer, consultation must occur between the referring and accepting Consultants or most senior Medical Officers available and the accepting Bed Manager. If the disagreement remains unresolved, this shall be escalated to the Director of Medical Services (DMS) or equivalent at both facilities.	Moved and adapted (see new 3.5 <i>Escalation</i> , point i.)	Moved and adapted (see new 3.5 <i>Escalation</i> , point i.)	
3.6 Post transfer requirements	Post transfer requirements	The content of this section has been deleted due to duplicate information, or moved to sections 3.1 <i>Pre-transfer requirements</i> and 3.2 <i>Process for transfer of patients into, out of, and between hospitals</i> , and adapted (see comments below and above). The section heading for 3.6 is now no longer required and has been deleted.	The content of this section has been deleted due to duplicate information, or moved to sections 3.1 <i>Pre-transfer requirements</i> and 3.2 <i>Process for transfer of patients into, out of, and between hospitals</i> , and adapted (see comments below and above). The section heading for 3.6 is now no longer required and has been deleted.	
3.6 Post transfer requirements	i. Healthcare professionals providing the escort during the road transfer of patients are responsible for reporting critical incidents and/or adverse events, which occur during a road transfer, utilising a risk management system.	Deleted as this is now an overarching requirement in 3.1 <i>Pre-transfer requirements</i> (see dot point i.)	Deleted as this is now an overarching requirement in 3.1 <i>Pre-transfer requirements</i> (see dot point i.)	
3.6 Post transfer requirements	ii. The receiving hospital shall undertake timely clinical assessment of the patient on arrival.	Moved and adapted (see 3.2 <i>Process for transfer of patients into, out of, and between hospitals</i> , point v.).	Moved and adapted (see 3.2 <i>Process for transfer of patients into, out of, and between hospitals</i> , point v.).	
3.7. Transfer of patients back to referring hospital	Numbering change to the section only due to deletion of previous sections 3.2, 3.5 and 3.6 (see above)	3.4 Transfer of patients back to referring hospital	Numbering change to the section only due to deletion of previous sections 3.2, 3.5 and 3.6 (see above)	
3.4. Transfer of patients back to referring hospital	i. The treating consultant (or delegate) confirms that the patient is ready to be transferred back to the referring hospital.	i. The treating consultant (or delegate) will confirm that the patient is ready to be transferred back to the initial referring hospital.	Minor wording changes	

3.4. Transfer of patients back to referring hospital	ii. This back transfer is expected to have occurred within a maximum of two (2) days of the patient being considered clinically ready for discharge from the initial accepting hospital. The initial referral hospital will be expected to make a bed available within one (1) working day of clinical acceptance to allow one (1) day to facilitate appropriate transport (road or aeromedical)	A back transfer is expected to have occurred within a maximum of two days of the patient being considered clinically ready for discharge from the initial accepting hospital. The initial referring hospital will be expected to make a bed available within one working day of clinical acceptance to allow one day to facilitate appropriate transport (road or aeromedical).	Minor wording changes	
3.4. Transfer of patients back to referring hospital	i. In the event of a transfer not occurring within 1 day of acceptance, the transfer should be escalated to the facility Executive Director or delegate of the accepting and receiving hospitals to negotiate a plan for the patient to be transferred within the next day.	Moved and adapted (see 3.5 Escalation , point ii.).	Moved and adapted (see 3.5 Escalation , point ii.).	
3.5 Escalation	New section however content is not new as it has been moved and adapted from sections 3.5 Communication and handover and 3.4 Transfer of patients back to referring hospital.	3.5 Escalation	New section however content is not new as it has been moved and adapted from sections 3.5 Communication and handover and 3.4 Transfer of patients back to referring hospital.	
3.5. Escalation	Moved and adapted from 3.5 Communication and handover	i. In the event of any disagreement surrounding the transfer, consultation must occur between the referring and accepting Consultants or most senior Medical Officers available and the accepting Bed Manager. If the disagreement remains unresolved, this shall be escalated to the Director of Medical Services (DMS) or equivalent at both facilities.	Moved and adapted from 3.5 Communication and handover	
3.5. Escalation	Moved and adapted from 3.4 Transfer of patients back to referring hospital.	i. In the event of a back transfer not occurring within 48-hours, the transfer should be escalated to the facility Executive Director or delegate of the accepting and receiving hospitals to negotiate a plan for the patient to be transferred within the next day.	Moved and adapted from 3.4 Transfer of patients back to referring hospital and minor wording change.	
3.5. Escalation	N/A	IHTs which breach the 48-hour back transfer timeframe with no agreed plan should be discussed at the Queensland Patient Access Coordination Hub (QPACH) daily huddle for mediation.	New mandatory requirement (Requirement from memorandum)	
3.5. Escalation	N/A	The high-level IHT dashboard provides statewide monitoring of hospital performance (contact HIU@health.qld.gov.au for access).	High level IHT dashboard available for Executives to view the number of incoming and outgoing IHTs and where they are going to.	
4. Supporting and related documents	Retrieval Services Queensland Health Service Directive QH-HSD-005:2018	Retrieval Services Health Service Directive QH-HSD-005:2012	Minor wording changes to the name of a document that has since been updated. All other documents listed in section 4 remain the same.	
4. Supporting and related documents	N/A	<u>Retrieval Services Queensland – ObsRESQ – Obstetric Referral Emergency Service Queensland</u>	Supporting document	
4. Supporting and related documents	N/A	<u>Retrieval Services Queensland – Critical Care Bed Finding - guideline</u>	Supporting document	
4. Supporting and related documents	N/A	Memorandum, Management of Maternity Interhospital Transfers for Retrieval Services Queensland, C-ECTF-23/15861	Supporting document	
4. Supporting and related documents	N/A	Memorandum, Management of Interhospital Transfers, C-ECTF-22/12117	Supporting document	
6. Definition of terms	Adverse event - Incidents in which harm resulted to a person receiving health care (Australian Institute of Health and Welfare)	This definition has been deleted as it is no longer referred to in the protocol.	This definition has been deleted as it is no longer referred to in the protocol.	