Emergency Medical Retrieval and Transfer Service (EMRTS) Transfer from Velindre Cancer Centre (VCC)

Introduction and Objectives:

Velindre is specialist non surgical cancer centre based in Cardiff. We receive 5000 new referrals and see 50,000 outpatients per year. We have an acute medical & nursing team on site 24/7, but no on site access to critical care or acute services either by day and/or out of normal working hours. When patients deteriorate in this environment the EMRTS can provide critical care stabilisation and transfer to the most appropriate level of care as indicated.

Overview of Velindre Cancer centre:

VCC services:

1. Outpatient Department
2. 47 Acute & elective Inpatient beds including 2 radio isotope rooms
3. Radiotherapy department – RT planning, 8 LINAC's, RT review Clinics - led by radiotherapy team
4. 2 chemotherapy day units deliver SACT treatment and provide supportive care treatments and procedures
5. Clinical trials unit including phase 1
6. Theatre Suite – Brachytherapy Mon and Thursday
7. Palliative care services

VCC medical staffing:

1. Consultant oncologist on site 9am-5pm Monday – Friday. Off site outside of these hours some >30 minutes travel time.
2. Acute oncology SpR 9am – 5pm Mon- Friday. On call from home within 30 minutes travel time
3. Resident Core medical trainee or GP trainee 24/7
4. 24/7 senior nurse cover ≥ band 7 with exception of 07.00-10.00am at weekends (variable skill set from senior nurse/ ANP).
5. No critical care or paediatric trained staff.

VCC facilities:

1. 9am-5pm Mon-Fri: Radiology: plain films, CT, MRI, ultrasound.
2. Haematology & biochemistry on site 9am-4.30pm weekdays. After hours samples sent to UHW. Point of care ABGs including lactate, Na+, K+ and co-oximetry
3. Out of hours: on call radiographer for plain X ray films 17.00 hrs – 09.00 weekdays and 24 hours at weekends

On call MRI service only available for patients with ?Metastatic Spinal Cord Compression 09.00- 13.00 hrs Saturday and Sunday

4. Satellite blood fridge - no emergency blood available

What Patients can be referred to EMRTS?

- Oncology patients may be referred from any ward or department as a result of acute deterioration or emergency life threatening event (see below for examples of this)
- Initially EMRTS retrieval is available 08:00 to 20:00 only. Availability of a team is not guaranteed, but EMRTS will do their best to help if a team is available and can offer clinical advice if unavailable.

Suitable patients to refer:

- Critically ill patients requiring critical care level 3 (Intensive Care Unit ICU) or level 2 including High Dependency Unit (HDU), Non Invasive Ventilation (NIV), and Coronary Care Unit patients that require organ support such as NIV, inotropes, external pacing.
- Time critical condition requiring further intervention that can only be carried out at the receiving hospital, eg. percutaneous coronary intervention, surgery, critical care
- Conditions that are not time critical but have a high risk of deterioration requiring care that is best carried out at the receiving hospital to ensure safety of patient and will facilitate easier access to acute services.

Initial actions to take:

1. Assess patient & ensure resuscitation and appropriate clinical interventions are taking place.
2. Where possible the patient should be moved to the stabilisation area which is a designated area situated on the Chemotherapy inpatient unit, before EMRTS arrive, this is to ensure there is adequate space and access to full non invasive monitoring, oxygen and suction.
3. 1:1 nursing care should be provided with continuous non invasive monitoring in situ (ECG, SpO2, NIBP).
4. The consultant Oncologist should be in attendance (or Specialist registrar if consultant not on site but the consultant must be contacted)

Referral & Transfer: (also see referral flow charts)

1. If patients require Level 2 or 3 care then VCC Consultant/ SpR to contact ICU consultant on call. Patients should generally be referred back to their referring Local Health Board unless requiring tertiary services. A consultant to consultant discussion

using proforma (see appendix 1) should take place. Accessible via following link (need to insert hyperlink).

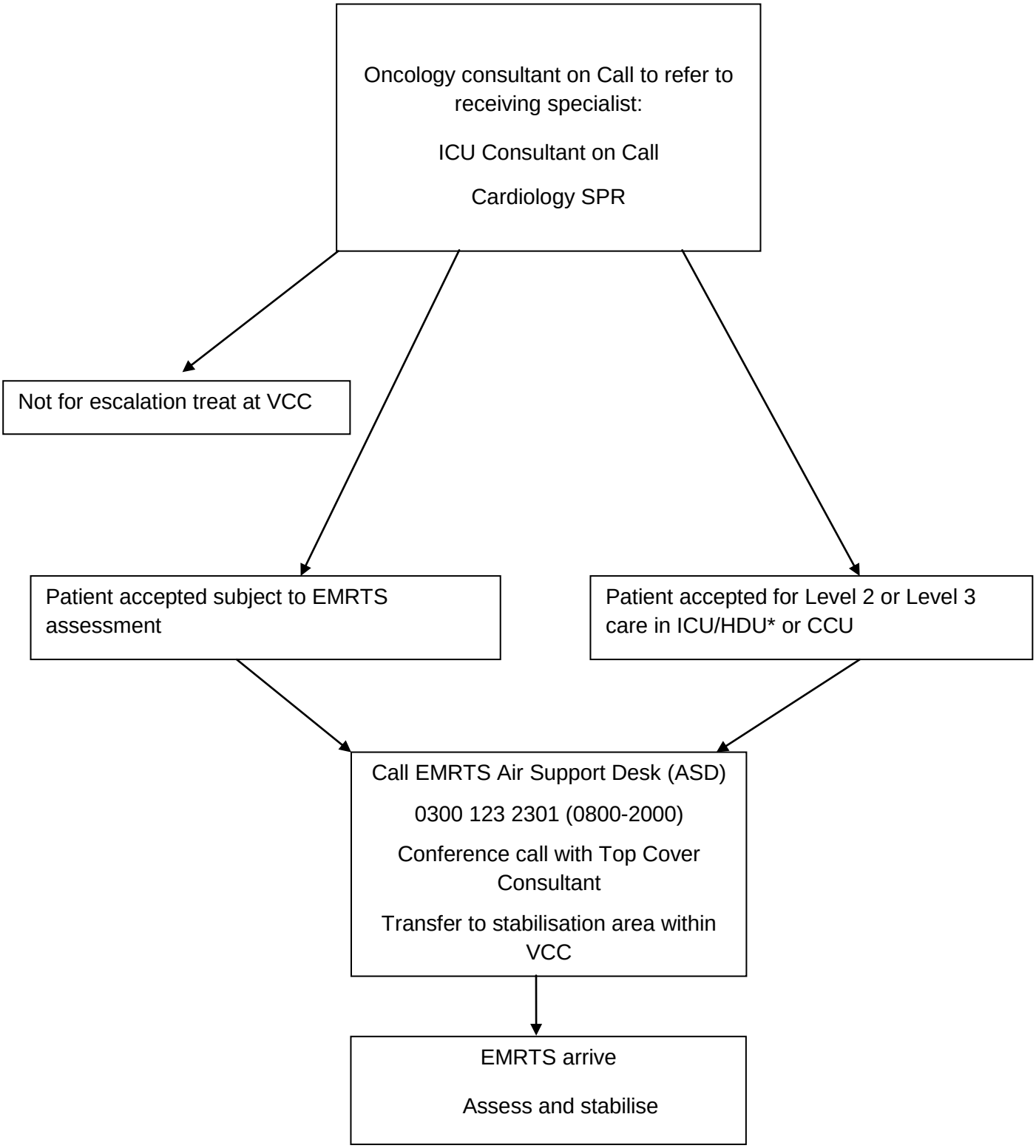
   a. For patients accepted subject to EMRTS assessment, EMRTS should discuss again with ICU consultant before transfer.
   b. Patients should generally be transferred direct to critical care. In rare circumstances, the ICU consultant may request that the patient is taken elsewhere. If further investigation is required before transfer to critical care the patient may be taken to ED. In this situation it is the responsibility of the ICU consultant to inform the ED consultant. Patients may go to theatre recovery if requiring surgery or for critical care capacity reasons.
   c. If no critical care beds available in LHB critical care then it is the responsibility of the critical care unit to find a critical care bed. EMRTS will need to refer/hand over to the receiving hospital and transport directly to the receiving unit.
   d. EMRTS will phone the receiving unit prior to departure with a clinical update and ETA.
   e. If transfer to LHB is high risk clinically or logistically difficult, EMRTS may transfer to UHW after discussion with the receiving consultant.

2. VCC SpR or consultant to contact specialty required within LHB. If tertiary referral required e.g. cardiac/neuro then this will be to UHW only and VCC will contact the receiving specialist via UHW switchboard. (see appendix 2 showing list of contact numbers)
3. For coronary care patients requiring organ support such as inotropes or external pacing, contact the LHB cardiologist SpR. (see appendix 2 showing list of contact numbers) Patients should be transferred direct to CCU.
4. Any patients that require Non Invasive Ventilation refer to Critical care in the first instance and take advice from Critical care consultant.
5. If patient accepted for level 2 or 3 critical care as above, or accepted subject to EMRTS assessment then contact EMRTS on 0300 123 2301. The EMRTS Air Support Desk will then put the referring clinician through to the Top Cover Consultant on a conference call.
6. If patient is in extremis and likely to die soon without critical care intervention, and is appropriate for escalation, VCC can contact EMRTS first. The EMRTS Air Support Desk will then task the team immediately, and also initiate a conference call with the Top Cover Consultant. The Top Cover Consultant is able to provide clinical advice on the immediate management of the patient prior to team arrival.
7. These will be HEMS taskings; the possible landing site for VCC includes car parks at rear of VCC near Whitchurch hospital.

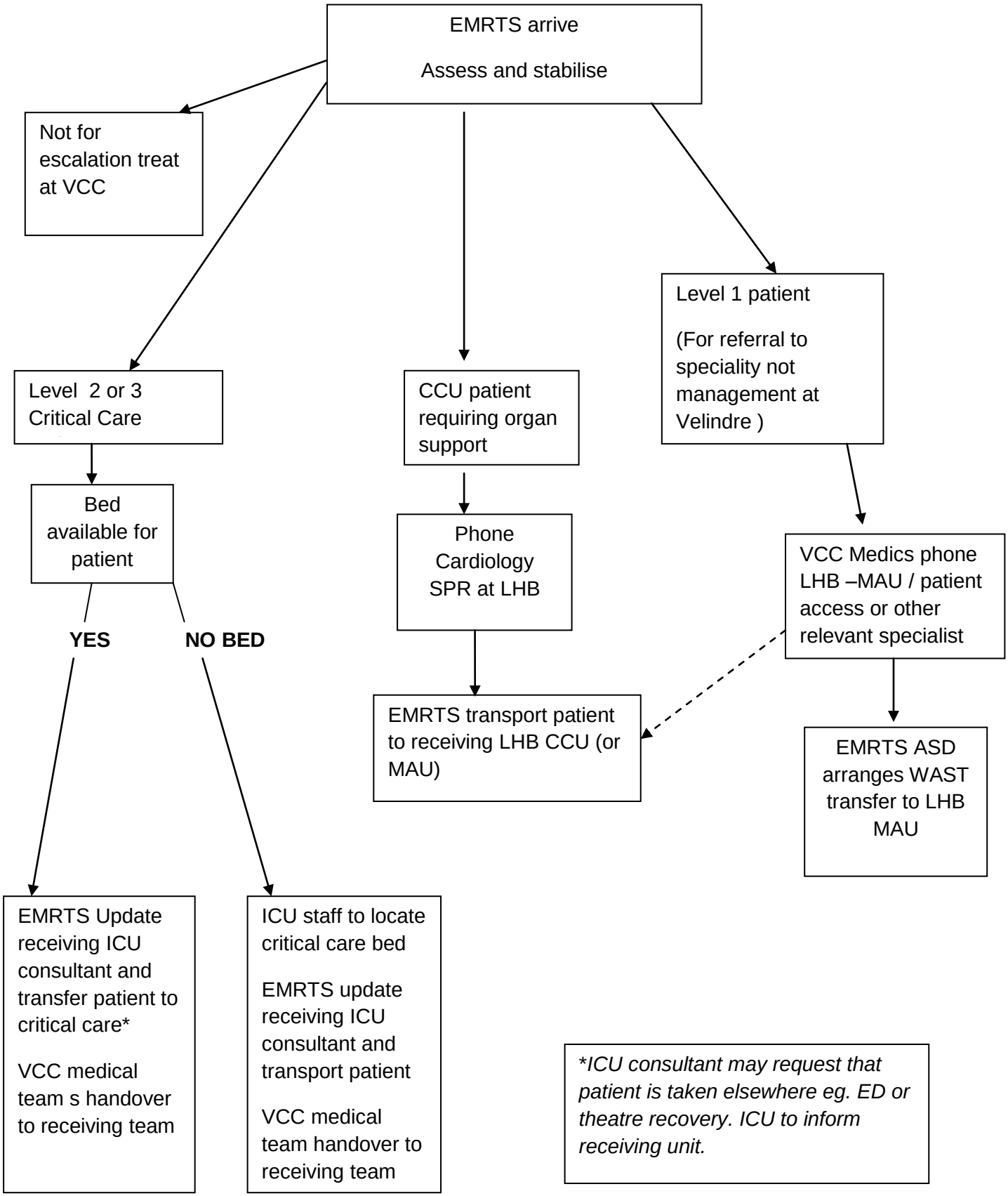
8. Inform switchboard at VCC of estimated arrival time of EMRTS
9. When EMRTS arrive – they will be met by Porter and a Nurse to assist with transporting of equipment and to be directed to location of patient
10. The patient will normally be transferred by road ambulance to accepting site in LHB.

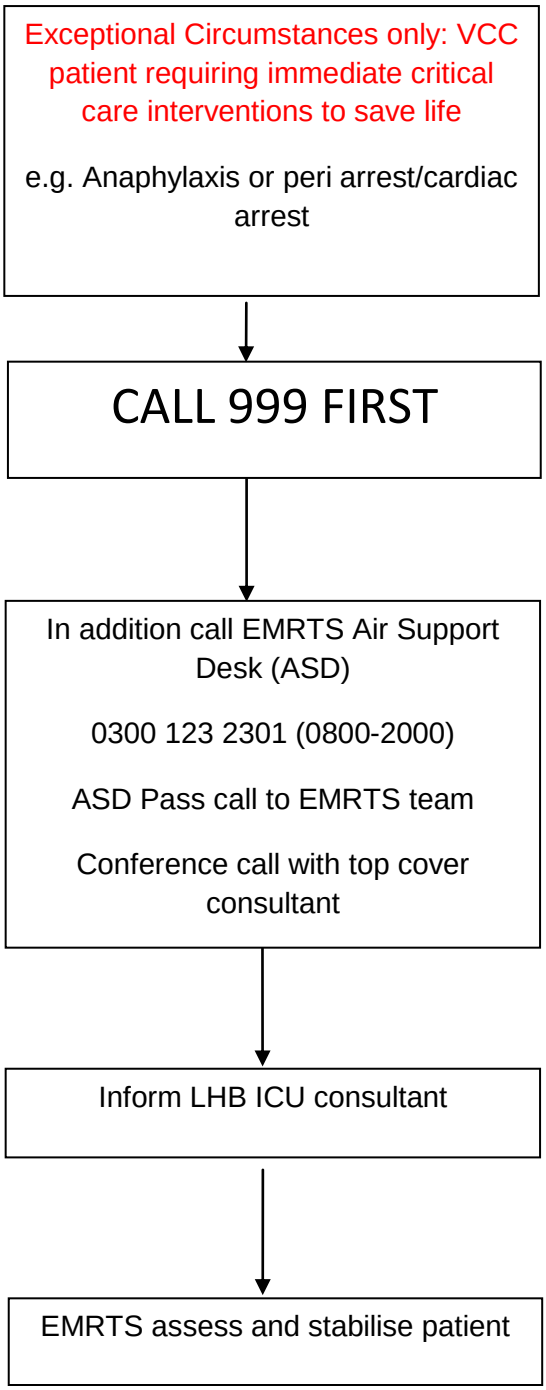
VCC patient requiring Critical Care

(Level 2 or Level 3)



EMRTS ASSESSMENT AT VCC




Exceptional Circumstances only: VCC patient requiring immediate critical care interventions to save life
e.g. Anaphylaxis or peri arrest/cardiac arrest
CALL 999 FIRST
In addition call EMRTS Air Support Desk (ASD)
0300 123 2301 (0800-2000)
ASD Pass call to EMRTS team
Conference call with top cover consultant
Inform LHB ICU consultant
EMRTS assess and stabilise patient

Appendix 1 - Information required for critical care and EMRTS referral

Before referral think is the patient suitable for level 2 or 3 care? If yes referring medic to complete the following

Referrer name and grade		Direct contact number	
Referring hospital and exact location		planned handover site	
Patient name		DOB	
Hospital number		weight	height
Provisional diagnosis & reason for transfer – date of recent systemic anti-cancer treatment (if relevant)			
Obs: HR	BP	CRT/perfusion	urine output
RR	SpO2	inspired O2 %	GCS
ABGs: pO2	inspired O2 %	pCO2	pH
HCO3	BE	lactate	glucose
ECG:			
Other investigations:			
Interventions so far:			
Past medical history/co morbidities & relevant cancer prognosis			
Previous investigations (e.g. Radiology, spirometry)			
Functional capacity/PS:			
ADLs	carers	usual exercise tolerance	
Source of admission		total length of hospital stay	

Contact Numbers for referrals:

University Hospital of Wales 029 20747747

ICU Consultant on call

Contact via Switchboard

Cardiology Registrar

Bleep 5770 (24hrs)

Medical Registrar

MAU/ Advice/ Referrals cover Mon-Fri 09:00-17:00 Bleep 6371
H@N (Night Cover) after 22:00 For Take Bleep 5891

Patient Access
(07:30-20:30)
Medicine Bleep 6204
Surgery Bleep 6205
Outside these hours-

Bed Bureau – Extension 45666 until 00:00, then Site Practitioner Bleep 5555.**Primary PCI – Direct Line** (For acute ST Elevation MI) 029 20744343

Royal Gwent Hospital 01633 234234

ICU Consultant on call

Contact via Switchboard

Cardiology Registrar

Bleep 0778 (9-5)

Bleep 0271 /0771 on call

Medical Registrar

Bleep 0440

Medical SHO

Bleep 0442