KSS AIR AMBULANCE CHARITY
KENT SURREY SUSSEX

KSS Standard Operating Procedure

# SOP SD xx: Hospital In Reach

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| SOP name | SOP SD xx: Hospital In Reach | | |
| Author | R de Coverly & D. Bootland | | |
| Approved by | KSS Medical Director | | |
| Review Date | September 2023 | Version Number | 1.1 |

| Version number | Revision Date | Nature of Revision | Next Review Due |
|---|---|---|---|
| | | | |
| 1.0 | 28/08/22 | Document drafted from original SELKaM MoU | |
| 1.1 | 29/09/22 | Internal review and submission to Sussex Trauma Network | |

| | |
|---|---|
| Audience | Service Delivery Staff and Hospital Staff |
| Public facing SOP (yes/no) | No |

## Related Policy Statement

- KSS provide a primary enhanced care and transfer service and a secondary time critical inter-hospital transfer service to the population of Kent Surrey and Sussex
- KSS have for many years had a very successful 'in reach' agreement with the South East London Kent & Medway (SELKaM)
- KSS are committed to supporting acute hospital trusts and patients in the provision of appropriate care and rapid transfer of candidate major trauma patients to an appropriate receiving hospital

## Purpose

- To provide a safe and robust framework that provides a clear system of accountability, responsibility for patient care and clinical governance while KSS teams are present in host Trust Emergency Departments.
- To ensure there is clarity and robust governance arrangements in place to assist and support the clinical team of Air Ambulance Charity Kent Surrey Sussex (KSS) when providing care for trauma patients within the premises of all NHS Hospital Trusts involved in the South East London, Kent and Medway (SELKaM), Sussex and South West London and Surrey (SWL&S) Trauma Networks (herein known as the Networks).

- Describe the likely patient cohort and circumstances for KSS 'in reach'
- Describe the process of handover, clinical responsibility, and governance arrangements
- Detail the clinical review process between partner organisations

## Background and Scope

KSS has historically been predominantly a primary HEMS service, tasking directly to potential major trauma incidents and critical illness in the community.

For the last few years, KSS has increased our ability to support time critical inter-hospital transfers, predominantly for trauma patients or neurosurgical emergencies.

With the development of Trauma Networks, hospitals were designated as Local Emergency Hospitals (LEH) which would not routinely receive trauma patients, Trauma Units (TU) which would receive trauma patients and a Major Trauma Centre, to which patients could be taken to directly, by-passing local trauma units. The guidance provided to the NHS Ambulance Service supports decision making for the ambulance clinicians in these circumstances and they are further supported by a robust Critical Care Paramedic system in the South East and by KSS providing a 24/7 HEMS service.

Given the size of population KSS covers, there are occasions when KSS are tasked to a trauma patient in the community, who prior to the arrival of the enhanced care team, are moved from scene to the nearest Emergency Department (either a Trauma Unit or Local Emergency Hospital) for resuscitation.

A Memorandum of Understanding (MoU) was previously agreed with the SELKaM network, although specifically aimed at the more outlying hospitals, which laid out a framework for KSS clinical staff to work within the hospital premises and alongside the hospital team to expedite the stabilisation and transfer of a trauma patient where appropriate, but only ever with one organisation having clinical responsibility for the patient.

This framework is treated under the KSS primary response system. This is separate to the KSS inter-hospital transfer policy in which KSS support a time-critical transfer, where a patient has been assessed, imaged and resuscitated and the accepting hospital have agreed a time critical transfer to a specific MTC.

This SOP provides guidance for the clinical teams about how this process should be employed across **all three trauma networks** in the KSS region.

There are three situations that this SOP covers:

- A patient that SECAmb and KSS have dispatched to, and the SECAmb crew feel that rapid transfer to the nearest ED for resuscitation is needed. KSS divert to the receiving ED
- A patient that self presents to an LEH or MIU with a life-threatening condition
- A patient in the community close to an acute hospital with a helicopter landing site (HLS) where the hospital is used as a timely rendezvous location

From these three situations, there are three potential clinical scenarios that this document covers:

**A: Patient brought to a hospital by SECAmb**

- KSS liaise with hospital trauma team leader (TTL) and agree either
  - (i) KSS will take clinical handover and responsibility for the patient
  - (ii) KSS will leave the clinical responsibility with the hospital team
  - (iii) KSS will be co-opted in the trauma team working under the TTL for a specific intervention (most likely to be resuscitative thoracotomy or resuscitative hysterotomy)

**B: Patient self presents to a non-trauma receiving hospital (LEH or MIU) and KSS are dispatched.**

- On arrival they would receive a handover and assume clinical responsibility for the patient as deemed necessary by the hospital TTL

**C: Hospital used as a rendezvous**

- KSS would ask the senior lead in the Emergency Department for use of a resuscitation bay but the patient care, clinical responsibility and governance remains with KSS. The KSS team may in turn co-opt members of the hospital team into their team if required.

## Definitions

| | |
|---|---|
| Standard operating procedure (SOP) | Detailed operational procedure outlining how the organisational policy will be implemented. |
| KSS | This describes the clinical team working for KSS and which always includes a physician and paramedic, working to a defined set of SOP's under the clinical governance of KSS |
| In reach | KSS clinical team delivering care and clinical interventions within the footprint of a hospital (normally the Emergency Department) |
| Candidate Major Trauma Patient | A patient who meets the criteria for rapid direct transfer to a Major Trauma Centre |
| Critically ill[1] | Patients requiring care greater than that normally available on a standard ward or from a standard ambulance crew |
| Primary transfer[1] | Movement of a patient from scene of injury or illness to the nearest or most appropriate receiving hospital |
| Secondary Transfer[1] | Movement of a patient from any hospital facility (for KSS this is only the ED) to another centre |
| Inter-hospital transfer[1] | Transfer of a patient between hospitals |
| Trauma Network | One of three trauma networks in the south east providing acute care and rehabilitation for trauma patients. This policy will be managed through the individual network CAG |
| Time Critical Transfer[2] | Needs to be transferred for immediate life or limb saving intervention. |

Application

## Identification of Patients

- There are patients that will be detected in the community from the generation of a 999 call and KSS will be dispatched in the standard format. KSS may subsequently divert to follow the patient into an Emergency Department
- Patients may self-present to a non-trauma Emergency Department (LEH/MIU) which should generate a 999 call to the NHS Ambulance Service and KSS may dispatch based on the information provided in the 999 call
- The incident scene may be close to an acute hospital with an appropriate helicopter landing site (HLS) and in the interests of time and safety, the hospital may be used as a rendezvous location between the NHS ambulance service and the KSS enhanced care team. In these situations, it is preferable to use a resuscitation bay for the assessment and stabilisation of a patient, rather than the hospital car park or helipad

## KSS Commitments

- KSS will ensure that at all times, only one organisation has the clinical lead for the patient care and that this is clearly communicated between all teams
- KSS will ensure that all clinical/medical staff attending Emergency Departments (ED) are appropriately qualified and competent
- KSS will ensure that all clinical/medical staff only undertake clinical activity for which they are trained and competent.
- KSS must ensure that all clinical/medical staff comply with the 'NHS Employment Check Standards', outlining legal and mandatory checks employers must carry out for the appointment and on-going employment of all individuals in the NHS across England, which includes as a minimum,
    - Verification of identity checks
    - Right to work checks
    - Professional registration and qualification checks
    - Employment history and reference checks
    - DBS enhanced check
    - Occupational health checks
- KSS clinical/medical staff will carry approved identification at all times and display this if and when requested
- KSS remains, at all times responsible for the management of its staff, examples including, but not restricted to, the management of poor performance and misconduct, completion of statutory and/or role specific essential training

## Host NHS Trust Commitments

- To agree to allow KSS teams to practice their duties, for the benefit of patient care, on Trust premises, without conflict, challenge or confrontation.
- Ensure that at all times, only one organisation has the clinical lead for the patient care and that this is clearly communicated between all teams Ensure all local Trauma Team Members are aware of this Framework.
- Participate fully with KSS in joint training, audits, RCAs or After-Action Reviews of patient care, where appropriate

## Joint Commitments

Scenarios A & B above: Patient is already in the hospital ED prior to arrival of the HEMS team:

- If KSS arrive after the patient, and the patient is being treated by the hospital team, then the KSS team will discuss the options available with the hospital TTL
- The hospital team will continue to hold responsibility for the patient and provide care, until a formal handover has taken place
- It may be in the best interests of the patient for imaging to take place prior to the handover of care, in which case the clinical responsibility will remain with the hospital TTL and the KSS team will remain in place but not assume any accountability for the patient until it is indicated that onwards transfer is required

Scenario C above: the KSS team arrive at a TU or LEH with a patient:

- If KSS arrive with a patient, then KSS will continue to provide team and clinical leadership in the care of the patient. A request will be made to a senior nurse or doctor to use the hospital facilities, but all medicines, equipment and procedures will be provided by KSS (with the exception of oxygen and suction) and care delivered according to KSS SOP's
- The hospital team will provide support as requested by the KSS team, and for clinical governance purposes would effectively be co-opted into the KSS team with KSS holding the clinical governance responsibilities
- If it is deemed that the patient is stable, or less seriously injured than originally reported, and the hospital team feel they can provide care for the patient, then a formal handover of care must take place between KSS and the hospital TTL

- All parties involved in these complex situations will always act with the best interest of the patient at the centre of all decision making and conversation

## Annexes

A. List of hospitals in Kent Surrey Sussex

| Related Documents |
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| SOP MED xx: Inter-Hospital Transfer |

| Responsibilities | |
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| Medical Director | Responsible for the safe delivery of clinical care |
| KSS CAG representatives | Responsible for the review of the SOP and delivery. Investigate any issues raised through the network governance log or raised at a CAG meeting |

## Further Reading and References


1. Intensive Care Society. Guidelines for the transport of the critically ill adult, 3rd Edition. 2011
2. SWL&S trauma network – transfer definitions v4 July 2022


## Acknowledgements


Dr M. Jones, Consultant Anaesthetist, East Kent Hospitals University Foundation Trust

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# ANNEX A: List of Hospitals and HLS

## Hospital Matrix - August 2022 (V8)

KSSX AIR AMBULANCE CHARITY KENT SURREY SUSSEX

| | HOPSITAL LANDING SITES | | | | HOSPITAL DESIGNATION | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Primary site | Secondary site | No landing site | Notes | MTC | TU | LEH | PPCI | HASU | Notes |
| **KENT Hospitals** | | | | | | | | | | |
| Darent Valley (Dartford) | | | | Helipad in hospital grounds | | | √ | | √ | |
| Kent and Canterbury | | | | | | | | | √ | downgraded to MIU |
| Tunbridge Wells Hospital | 24 | | | | | √ | | | | |
| Maidstone | 24 | | | | | | √ | | √ | |
| Medway Maritime | | | | | | √ | | | | |
| Princess Royal (Farnborough) | | | | | | √ | | | | |
| QEQM (Margate) | 24 | | | | | | √ | | | |
| William Harvey (Ashford) | 24 | | | | | √ | | √ | | |
| **SUSSEX Hospitals** | | | | | | | | | | |
| Conquest (Hastings) | | | | Helenswood College | | √ | | √ | | PPCI alternates between Conquest & Eastbourne |
| Eastbourne | 24 | | | | | | √ | √ | √ | |
| Princess Royal (Haywards Heath) | | | | Sports Pitch | | | √ | | | |
| Royal Sussex (Brighton) | | | | East Brighton Park | * | | √ | √ | √ | *Adult only MTC (>16) |
| St. Richards (Chichester) | | | | Rugby Pitch 'site A' | | √ | | | * | *HASU 0900-1700 Mon - Fri |
| Worthing | | | | adjacent park with trolley push | | √ | | | √ | |
| **SURREY Hospitals** | | | | | | | | | | |
| East Surrey (Redhill) | | | | Helipad in hospital grounds | | √ | | | √ | |
| Epsom | | | | | | | √ | | √ | |
| Frimley Park (Camberley) | * | | | * Elevated deck - check staffing | | √ | | √ | √ | |
| Kingston | | | | | | | √ | | | |
| Royal Surrey (Guildford) | | | | | | √ | | | | |
| St. Peters (Chertsey) | | | | | | √ | | √ | √ | |
| **LONDON Hospitals** | | | | | | | | | | |
| King's College | 24 | | | 2° site - Ruskin Park | √ | | | √ | √ | |
| Royal London | | | | 2° site - Victoria Park | √ | | | √ | √ | |
| St. Georges | | | | | √ | | | √ | √ | |
| St Marys | | | | | √ | | | √ | √ | |
| **BORDER Hospitals used by AAKSS** | | | | | | | | | | |
| Basingstoke | | | | | | √ | | | | |
| Broomfield (Chelmsford) | | | | Secondary site when helideck closed | | * | | | | *on site burns centre |
| Southampton | 24 | | | | √ | | | √ | √ | |
| QA Portsmouth | | | | | | √ | | √ | √ | |
| Queens, Romford | | | | | | * | | | √ | *neurosurgical unit |