

SEVERN MAJOR TRAUMA OPERATIONAL DELIVERY NETWORK

MAJOR TRAUMA PATIENT REPATRIATION POLICY

REVIEW	6 months after formal approval and then annually
DISTRIBUTION	Severn Major Trauma Operational Delivery Stakeholders Severn Major Trauma Centre Steering Group
APPROVAL/ADOPTED	DATE
MTC Stakeholder Event	16.02.12
TMT	14.02.12
CD's GM's	13.02.12
Severn Operational Delivery Network Trust Trauma Unit Leads	01.03.12
AMENDMENTS	DATE
Addition to section 4. to include point 4.9	12.02.12
Amendment to section 5 to amend notification stage and notification form. Agreed by Network committee	03.05.12
Amendment to section 4 to include point 5 and amendment of repatriation notification form	14.12.12
Wording changed in point 5 of section 4	09.01.13
Amendment to section 5 after discussion with MTC site team and TU's re designated emails	04.05.16
Personnel, logo and phone number edits	11/01/23
RELATED POLICIES	Major Trauma Centre Automatic Acceptance Policy SUECN Repatriation and Prompt Transfer Policy
AUTHOR/FURTHER INFORMATION	Aimee White, Julian Thompson, Andrew Riddick, David Lockey, Ben Walton
THIS DOCUMENT WAS CREATED	June 2011
THIS DOCUMENT REPLACES	New policy
This Document was reviewed	May 2016, January 2023



1. INTRODUCTION AND PURPOSE OF THE POLICY

The repatriation of major trauma patients to their local hospitals has the potential to be challenging for the patient, carers and organisations involved. Unnecessary delays are unhelpful in a number of ways:

- They can impede care packages for patients
- They can be inconvenient or distressing for both patient and relatives
- They are a source of frustration in relationships between hospitals
- They can prevent acutely ill patients being admitted into designated beds
- Can affect patient flow and operational running of the Major Trauma Centre (MTC)

The purpose of this policy is to provide direction and guidance for actions from key individuals and organisations to reduce the challenge and improve the patient pathway and quality of care for major trauma patients. It also aims to replicate the automatic acceptance principle that ensures acceptance of patients from the Trauma Units (TU) to MTC during the early phase of care. It will provide the MTC with an effective means of returning patients to their original or local Trust following their initial acute treatment and therefore ensure capacity is available in the MTC for any further patients requiring major trauma care.

2. SCOPE

2.1 The policy will be formally agreed and accepted amongst all organisations within the Severn Trauma Operational Delivery Network (ODN) and relate to those patients admitted to North Bristol NHS Trust (MTC) following major trauma.

2.2 This policy applies only to TARN inclusion criteria major trauma patients. For operational purposes, major trauma patients are those that have been received following triage according to the Major Trauma Triage Tool (Appendix 1). It does not apply to patients other than those deemed to have major trauma injuries at time of transfer.

3. SUMMARY OF THE POLICY

3.1 The policy will ensure that all patients are repatriated to their local health care provider when they are medically fit or have completed specific treatment at the MTC.

3.2 It will ensure that all relevant parties are aware of their specific roles, responsibilities and prevents delay to patient transfer.

3.3 It will provide clear guidance for action when patient pathways become blocked.



4. PRINCIPLES

- 4.1 The process outlined in this policy applies twenty-four hours, seven days a week to all organisations within the Severn Trauma Network.
- 4.2 The MTC is committed to automatically accepting major trauma patient transfers into the centre. As such to maintain flow it is critical that there is a robust and reliable process for repatriation to TU. A principle of automatic acceptance for repatriations needs to be approved by TU.
- 4.3 MTC clinical teams will make contact with the receiving Trust clinical team and agree the transfer and acceptance of care using the Repatriation Notification Form (Appendix 2).
- 4.4 The MTC and other hospitals should maintain communication throughout the patient's stay at MTC as appropriate.
- 4.5 The MTC will provide as much notice as is reasonably possible of repatriation and endeavor that this is no less than 48 hours before repatriation is required.
- 4.6 All relevant clinical and social information is to be provided to the receiving Trust upon referral.
- 4.7 An escalation policy will be triggered if a bed is not allocated to a major trauma patient within 24 hours of them being ready for transfer.
- 4.8 Transport will be organised by the MTC, providing necessary escort arrangements, together with all necessary documentation including a formal typed discharge summary to accompany the patient.
- 4.9 If the patient has critical care needs, transport arrangements can be discussed with Retrieve – 0300 030 2222.
- 4.9 Lack of rehabilitation facilities within the receiving organisation should not affect the repatriation of patients.
- 5.0 A patient must be accepted by a senior doctor (ST3 and above) doctor within the specialty required before the repatriation process can begin. Please note that for quadriplegic patients returning to hospitals within the Network an accepting consultant in the receiving specialty is required.



5. REPATRIATION PROCESS

Organisation	Staff Group	Step	Comment
MTC	Major Trauma Practitioners	A major trauma patient is admitted to MTC.	Daily database of MTC patients sent to TU coordinators and site teams via designated email address.
MTC	Major Trauma Practitioners Patients clinical team	Approx 24 hours before discharge: status update – confirm that discharge is on schedule. Clinical Team to notify Site team if this has changed	<ul style="list-style-type: none"> • Medical Notes Photocopied • All relevant social information provided • Rehabilitation prescription complete • Arrangements for any specialist rehab and contact details • Transport booked • Comprehensive handover provided to receiving team
MTC	Clinical Team Major Trauma Practitioners MTC Site team	The patient has been referred and accepted at the receiving trust with a confirmed accepting consultant and specialty.	<p>MT Coordinators will email the receiving Trust with a repatriation notification and copy in MTC site team.</p> <p>Confirmation from the MTC site team that patient is now ready for repatriation to receiving Trust Site Management Team.</p> <p>Note: This notification is an indication that a suitable bed should be allocated within 24 hours.</p>
Receiving Trust	Ward staff and bed manager/site team	<p>The Bed Manager assigns/reserves an appropriate bed.</p> <p>The receiving consultant/team confirms clinical arrangements.</p>	<p>All Trusts are expected to allocate a suitable bed within a 24 hour window from the time the patient is ready for transfer.</p> <p>If a bed is not found within 24 hours, the escalation process described above will be initiated described below.</p>



6. ESCALATION PROCEDURES

24 Hours

If repatriation has not occurred within 24 hours of patient being fit for transfer then the Operations Manager at the MTC will be informed and will communicate with the Operational Lead at the receiving Trust. Out of hours this will be the site team lead or the manager on call.

48 Hours

If repatriation has not occurred within 48 hours of patient being fit for transfer then the Deputy Director of Operations at the MTC is to be informed and communicate with their equivalent at the receiving Trust.

72 Hours

If following discussion between Directors of Operations, no agreement can be reached, a time for repatriation will be established by the MTC approximately 72 hours from patient being ready for transfer and this will be confirmed with the Trauma Unit, who must identify a receiving team and ward, the patient will then be transferred.

7. REVIEW

This policy will be monitored jointly by all Trauma Unit clinical and managerial leads and the Severn Major Trauma Operational Delivery Network Board. A formal review will be undertaken annually and amendments will be made as necessary.



Appendix 1: Major Trauma Triage Tool



Major Trauma Triage Tool

Consider early
critical care or
HEMS activation

Consideration
of special
patient groups
to heighten
suspicion of
injury:

- Children aged 12 and under
- Pregnancy
- Anticoagulants

Suspected Major Trauma?



Do serious injuries include any of the criteria below?



PHYSIOLOGY

Sustained RR less than 10 or more than 29
Sustained systolic BPs less than 90mmHg or absent radial pulses
GCS motor score of 4 or less (flexing to painful stimulus)

OR

ANATOMY

Extensive chest wall injury.
Suspected open, depressed or basal skull fracture - only if GCS Motor score <4
Amputated limb
Bilateral femoral fracture
Crushed, degloved or mangled limb
Suspected major pelvic fracture**

NO*

YES

EXCLUSION CRITERIA

Patient is a Nursing Home resident
OR
Clinical Frailty (Rockwood) score of 5 or over

NO

Can Airway and Catastrophic
Haemorrhage be safely managed?

YES

Can MTC be safely reached in
<60 minutes?

YES

Contact Trauma Advice Line on 0300 369 0510 and
provide them with an ATMIST and location. Trauma
Advice line will then contact the MTC TTL to arrange
admission. If approved proceed to MTC.

Go to nearest Trauma Unit

The Trauma Advice Line can be
contacted if required

- ** Suspected major pelvic fracture, where mechanism of injury is suggestive of a pelvic fracture AND is accompanied by any one or more of the following:
- Haemodynamic instability/signs of shock
 - Deformity on examination
 - Suspected open pelvic fracture due to bleeding PU, PV or PR (or scrotal haematoma)

* DECISION SUPPORT

If clinician remains concerned contact Trauma Advice Line 0300 369 0510 for advice on management or destination.



Appendix 2: Major Trauma Repatriation Notification Form

MAJOR TRAUMA REPATRIATION NOTIFICATION FORM

Name		DOB	
Address		Male / Female <i>(delete as appropriate)</i>	
		Post Code	
NHS Number			
MRSA Status		Swabbed Y / N <i>(delete as appropriate)</i>	
COVID Status and last swab		COVID Vaccination Status	
CPE Status		Swabbed Y / N <i>(delete as appropriate)</i>	
MOI & Interventions			
Current care requirements			
Receiving hospital			
Time & Date of Referral		Current Ward & contact number	
Referring Clinician at MTC & specialty			
Accepting Clinician & Specialty		Special considerations (i.e., 1:1 specialised)	
Major Trauma office contact number	0117 414 1540 majortrauma@nbt.nhs.uk		

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Receiving Trust to contact the Southmead Operations Centre on 0117 414 0700 within 12 hours if there any concerns with the above information

Major Trauma Centre Coordinators to Complete Top Section and Email to Receiving Trust

