**Sydney Local Health District**  
**Policy & Procedure**

**Urgent transfer of acutely unwell patients secondary to a new onset ST elevation myocardial infarct between Canterbury Hospital and facilities in the SLHD**

<table>
<thead>
<tr>
<th>TRIM Document No</th>
<th>SD16/2142</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy Reference</td>
<td>SLHD_PD2016_003</td>
</tr>
<tr>
<td>Keywords</td>
<td>STEMI; transfer; acute; new onset; ST; elevation; myocardial; infarct; Canterbury;</td>
</tr>
<tr>
<td>Applies to</td>
<td>All Clinical Staff within Intensive Care Units, Emergency Departments &amp; Coronary Care Units at all SLHD Facilities.</td>
</tr>
</tbody>
</table>
| Clinical Stream(s) | Cardiovascular Services  
Respiratory & Critical Care Services |
| Tier 2 Sign-off | Professor Phil Harris, Clinical Director Cardiovascular, 7 March 2016 |
| Date approved by SLHD Policy Committee | 10 March 2016 |
| Date approved SLHD Clinical Council | 23 March 2016 |
| Author | Dr John Sammut, Emergency Medicine Consultant Advisor, Sydney LHD |
| Status | Active |
| Review Date | March 2019 |
| Risk Rating | H (High) |
| Replaces | N/A |

**Version History**

| Date | V.1 – Published 31 March 2016 |
Urgent transfer of acutely unwell patients secondary to a new onset ST elevation myocardial infarct between Canterbury Hospital and facilities in the SLHD

1. Introduction
This policy outlines the approach for expeditiously transferring patients who are situated in Canterbury Hospital (ED or wards) acutely unwell secondary to a new onset ST Elevation myocardial infarct (STEMI) to a SLHD tertiary level centre.

2. The Aims of this Policy and Procedure
To ensure a consistent, streamlined and rapidly accessible approach for transferring patients who are situated in Canterbury Hospital (ED or wards) acutely unwell secondary to a new onset STEMI to a tertiary level centre within the SLHD.

3. Risk Statement
Relates to SLHD Enterprise Risk Management System (ETMS) Risk # 401 – RISK TITLE: Transferring Unwell/ Trauma Patients:
- Delays in securing access via Intra-Hospital transfer to time critical, definitive therapy or therapies not available at Canterbury Hospital in patients with a potentially life threatening illness.

4. Policy Statement
Patients situated in Canterbury Hospital with a new onset STEMI who are acutely unwell and potentially in need of urgent Percutaneous Coronary Intervention (PCI) will be rapidly transferred to a tertiary facility under the care of the On call Cardiology Consultant to facilitate timely assessment and intervention.

5. Scope
All Clinical Staff within Intensive Care Units, Emergency Departments & Coronary Care Unit at all SLHD Facilities.

6. Resources
Within existing resource allocation.

7. Implementation
Directors of SLHD’s Emergency Department’s will evaluate operational effectiveness and identify issues to the attention of the Clinical Director Cardiovascular, as required.

8. Service Measures
- Monitoring of transfer times for those patients who have activated the pathway.
- Monitoring of adverse events through the Incident Information Management System (IIMS) arising from issues associated with the utilisation of this pathway.
9. Procedure

First determine the need for an intensive care admission: Is the patient in need of Intensive Care Level service?

9.1 No Intensive Care Level service required

- Canterbury Hospital will determine if the patient is suitable for thrombolytic therapy (and administer the drug where indicated and not contraindicated) for the new onset STEMI.
- As part of this process, the Concord Cardiology Advanced Trainee (AT) will be notified to alert them to the details of the patient and where appropriate, seek their advice on therapies required.
- The Cardiology AT automatically accepts the admission under the cardiology consultant of the day on the basis of the patient being acutely unwell secondary to a new onset STEMI.
- The Cardiology AT notifies the Concord Hospital Bed Manager, the Cardiology Consultant on call and the Medical Officer in Charge (MOIC) Concord/ ED department, and notifies the Cardiology Interventionalist on Call for the cardiac angiogram suite (aka – the ‘cath lab’) if the patient is likely to go to the cath lab urgently.
- The patient is immediately transferred by ambulance to Concord ED for initial assessment if after 10pm, or to CCU if there is a bed available and it is before 10pm.
- During the transfer period, the Cardiology AT liaises with the Concord bed managers to alert them to the impending arrival of a CCU patient. If the patient is to be received in ED, the ED department will be notified by the AT.
- No patient should be refused transfer on the basis of CCU bed availability.

9.2 Patient requiring Intensive Care Level service

- Canterbury Hospital will determine if the patient is suitable for thrombolytic therapy (and administer the drug where indicated and not contraindicated) for the new onset STEMI.
- Whilst continuing resuscitation and intensive level care, the responsible Canterbury registrar calls the Concord ICU registrar via contacting the Ward Secretary on 97676404. The Concord ICU Registrar will then immediately discuss the details of the case with the ICU consultant on call and aim to accept the patient within 10 minutes of notification.
- All avenues will be explored to try to accommodate patients requiring ICU/HDU level care at Concord, including opening of surge beds to make a bed available. The ICU consultant will be involved immediately in the consultative process on every occasion.
- As such, no patient will be refused admission without discussing the case and exploring all available options with the ICU consultant on call.
- If Concord has an available bed: the ICU registrar returns the call to the relevant Canterbury registrar and notifies them of such. The admission will be under the relevant Cardiologist On Call at Concord, and the ICU registrar at Concord will notify Cardiology AT at CRGH of the impending admission whilst the Canterbury staff will continue to stabilise and organise retrieval.
- In the very unlikely event the patient cannot be accommodated into an ICU bed at Concord, and only if all surge bed capacity has been exhausted, the Concord ICU registrar will notify the responsible Canterbury registrar within 10 minutes of the initial request for a bed.
- The responsible Canterbury registrar will then notify the RPA ICU admitting registrar of the details of the case, the unavailability of a bed at Concord ICU and the need to transfer the patient to RPA. The RPA ICU registrar will notify the RPA Cardiology registrar on call of the impending transfer to RPA.
The responsible Canterbury registrar will continue to resuscitate the patient and organise retrieval services to RPA ED in the first instance.

The Cardiology registrar on call at RPA will contact the responsible registrar at Canterbury for further information (handover) pending their arrival to the ED.

*The whole process will strive to ensure Canterbury has a destination determined within 10 minutes of initially contacting Concord ICU.*

9.3 Flowchart – transfer of acutely unwell patients secondary to a new onset STEMI between Canterbury and facilities within SLHD

10. Definitions

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>STEMI</td>
<td>ST segment elevation myocardial infarction</td>
</tr>
<tr>
<td>Cardiology AT</td>
<td>Cardiology Advanced Trainee</td>
</tr>
<tr>
<td>CCU</td>
<td>Coronary Care Unit</td>
</tr>
<tr>
<td>Cath lab</td>
<td>Cardiac Angiogram Suite</td>
</tr>
<tr>
<td>MOIC</td>
<td>Medical Officer in Charge</td>
</tr>
</tbody>
</table>
11. Consultation
Clinical Director, Respiratory, Critical Care, SLHD
Clinical Director Cardiovascular Services SLHD
Director Cardiology Concord Hospital
Acting Director ICU Concord Hospital
Director Cardiology RPAH
Director ICU RPAH
Director Emergency Department, Canterbury Hospital
Director ED RPAH

12. References
NSW Health, Inter-facility Transfer Process for Adults Requiring Specialist Care (PD2011_031)