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AH0300 NO REFUSAL - LIFE LIMB THREATENED ORGAN (LLTO) AND PSYCHIATRIC BEHAVIOURAL EMERGENCY PATIENTS

1.0 PURPOSE

To ensure that all critically ill or injured patients (i.e. Adult, Pediatric, Obstetrical, Neonatal) and behavioural emergency psychiatric patients are accepted by and receive definitive treatment in an appropriate facility without delay in order to prevent significant morbidity and/or mortality

2.0 DEFINITIONS

Term	Definition
Appropriate Facility:	A hospital within Interior Health (IH) with the appropriate Medical Staff and resources to provide the treatment required for a critically ill or injured patient
Appropriate Facility for Behavioural Emergency Patients:	The tertiary or service area hospital for that mental-health catchment area (KGH, RIH, VJH, PRH, EKRH and KBRH)
BCPTN – BC Patient Transfer Network:	A 24/7 provincial service to assist with the coordination of emergent/urgent unscheduled, time sensitive patient transfers requiring immediate intervention at receiving location
Psychiatric Behavioural Emergencies – LLTO Decision Tree:	IH Guidelines to assist Medical Staff members in managing patients with behavioural emergencies (see Appendix F)
Behavioural Emergency Psychiatric Patient:	A patient who presents in a highly agitated state due to a psychiatric illness, for whom a medical etiology has been ruled out and for whom rapid tranquilization is impossible or has been unsuccessful (see Appendix F).
IH Booking Interfacility Transfer Guidelines	IH Guidelines to guide priority transfers requiring emergent medical, surgical or psychiatric care not available in the IH facility where a patient is currently being treated (see Appendix D, E and F)
Life Limb and Threatened Organ:	A critically ill or critically injured patient with an immediate life, limb or organ threatening condition
Forensic Patient:	An individual remanded for psychiatric assessment by the judicial system
Support Action Plan:	An administrative support process to assist with contingency-strategy planning and associated risk mitigation (see Appendix E)

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Patient Trade:	The process by which a sending facility accepts a patient in trade, where the referring and receiving Medical Staff members agree that a patient is clinically appropriate for transfer, in order to vacate a critical-care or acute-care bed in a receiving facility for a patient being transferred under this policy. This is a "cascade" event whereby the patient trade will create bed capacity in the receiving facility
Reason for Transfer:	The patient requires a higher level of care than is available at the sending facility
Repatriation:	The requirement for a sending facility to accept its priority-transfer patients back within 24 hours when the sending and receiving Medical Staff members agree it is clinically appropriate to do so
Designated Psychiatric Facilities:	Designated psychiatric facilities are all IH tertiary and regional service area hospitals (KGH, RIH, VJH, PRH, EKRH and KBRH)

3.0 POLICY

3.1 No Refusal of Transfer

No tertiary or regional service area hospital within IH may refuse transfer of a critically ill, critically injured or behavioural emergency psychiatric patient, where the care or treatment required is available at the hospital, regardless of in-patient bed capacity, except as per 3.2.

3.2 Exceptions

In dire circumstances, a Medical Staff member may only refuse a request for transfer of a critically ill, critically injured, or a behavioral emergency psychiatric patient, if all three steps of the Support Action Plan (see Appendix E) have been implemented, including**:**

1. all local and regional on-call administrative leaders (or designates) have been notified as required
2. all internal and external contingencies have been exhausted
3. the on-call Senior Executive Team Administrator (or designate) or on-call Executive Medical Director authorizes the refusal then;
4. as per the IH Booking Interfacility Patient Transfer Guidelines (see Appendix D) and Support Action Plan (see Appendix E) the sending physician will request that BCPTN contact the closest alternate facility and appropriate physician specialist to facilitate LLTO transfer

Note: Forensic patients mandated for a psychiatric assessment by the judicial system must be assesed through regional correctional facilities, not an IH facility.

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3.3 Obligation of the Receiving Facility

A receiving facility is obligated to accept the referral of a critically ill, critically injured, or a behavioural emergency psychiatric patient; however, the receiving facility may transfer another patient to the sending hospital, when necessary and where clinically appropriate, to vacate a suitable bed at the receiving facility.

3.4 Obligation of the Referring Facility

A referring facility will accept a patient in transfer from the receiving facility, when necessary and where clinically appropriate, to vacate a suitable bed for the patient being transferred under this policy.

3.5 IH Call

Members of the IH Medical Staff on call for the appropriate service at a designated IH facility will accept and admit patients from their call-coverage area just as they would if they were providing coverage for one facility.

The facility at which this member of the Medical Staff is based must make appropriate resources available to accept these patients. The facility's senior administrator must ensure that a process is in place to inform the admitting department and other departments as appropriate (e.g., Emergency, OR, ICU) of the pending admission.

3.6 Repatriation

When clinically appropriate, a referring facility must accept its patient back within 24 hours of notification.

3.7 Higher Level of Care Not Available

Critically ill, critically injured or behavioural emergency patients who cannot receive the required level of care within IH will be transferred to another Health Authority.

3.8 No Bed Available For Psychiatric Patient

Where a highly agitated psychiatric patient requires admission to a psychiatric unit and no bed is available, the sending facility will follow the "Psychiatric Behavioural Emergencies – LLTO Decision Tree" (see Appendix F), and request to speak to the on-call Psychiatrist for the intended receiving facility. The on-call Psychiatrist will assist with recommendations for stabilization of the patient and support the staff of the sending facility until an alternate accepting designated psychiatric facility is secured through the IH Booking Interfacility Patient Transfer Guidelines (see Appendix D) and Support Action Plan (see Appendix E).

3.9 Accountability

Patients referred and admitted through this process will be reviewed by the Chief of Staff and Site Administrator and, if necessary, by the Medical Advisory Committee to confirm and evaluate:

- appropriateness of transfer
- contingencies required for treatment
- treatment outcome
- impact on services
- complaints, concerns and QI opportunities

Refusal of a critically ill or injured patient, or a behavioural emergency psychiatric patient, will result in a **Critical Incident** report for review by the appropriate Chief of Staff, Psychiatry Department Head, and Health Service Area Psychiatry Clinical Lead, Executive Medical Director and Site Administrator. The review will include:

- diagnosis/condition
- referring institution
- contingencies attempted
- reasons for refusal
- diversion destination
- treatment outcomes
- QI opportunities

3.10 Critical Incidents

All critical incidents will be referred to the Executive Medical Director for follow-up. The Executive Medical Director may refer these on to the Regional Medical Advisory Committee for review and further action.

4.0 PROCEDURE

4.1 Referring Medical Staff Member

- contacts BCPTN to coordinate a transfer for a critically ill, critically injured, or behavioral emergency psychiatric patient that requires emergency treatment not available in the referring facility per the IH Booking Interfacility Patient Transfer Guidelines (see Appendix D)
- coordinates through BCPTN arrangements to transfer patient to another health authority if no transfer within IH is available for the critically ill or critically injured patient
- for behavioural emergency patients (see Appendix F) – the referring medical staff member will contact BCPTN and request to speak to the on-call catchment area Psychiatrist
- speaks directly to and collaborates with the on-call catchment area Psychiatrist to assist with assessing and managing the behavioural emergencies for the psychiatric patient

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- when a patient transfer request under this policy is **refused**, complete a '**Transfer Refused Referring Institution'** form (see Appendix A) and submit it to the facility Chief of Staff and Site Administrator for follow-up

NOTE: a primary care facility may hold a certified psychiatric patient (whether that patient is a psychiatric behavioural emergency patient or not) until the patient is stable for transport to a designated facility.

4.2 Receiving Medical Staff Member

For non-psychiatric emergencies, the member of the IH Medical Staff at a tertiary or regional hospital who accepts the referral of a critically ill or injured patient will:

- notify the Emergency Department of the anticipated arrival of the critically ill or injured patient
- notify the Admitting Department of the anticipated arrival of the patient
- notify the Anesthetist on-call, appropriate Surgeon on-call and Operating Room if surgery is required
- notify the Intensive Care Unit of the requirement for a critical care bed in anticipation of the admission if appropriate
- notify the obstetrician and pediatrician or neonatologist on-call and the nursery for acute obstetrical and neonatal emergencies
- notify the pediatrician on-call and the pediatric unit for pediatric emergencies
- complete a '**Transfer Accepted but Inappropriate**' form (see Appendix C) if the accepted transfer is subsequently deemed to be inappropriate, and submit it to the facility Chief of Staff and Site Administrator for follow-up

For psychiatric emergencies, the on-call Psychiatrist for a mental-health catchment area who receives a request for a referral for a behavioural emergency psychiatric patient will:

- ascertain whether there is an appropriate psychiatric bed or locked seclusion room available;
- notify the psychiatric unit that a behavioral emergency psychiatric patient is being accepted
- if no appropriate psychiatric bed or locked seclusion room is immediately available, work with the charge nurse or Senior Administrator On-Call to create such a bed
- if no appropriate psychiatric bed or locked seclusion room can be created anywhere in the facility, then as needed the psychiatrist will continue to support the sending physician with managing the behavioural emergency until the next closest alternate designated psychiatric facility is secured by the sending facility, through the IH Booking Interfacility Patient Transfer Guidelines (see Appendix D) and Support Action Plan (see Appendix E).
- complete a '**Transfer Accepted but Inappropriate**' form (see Appendix C) if the accepted transfer is subsequently deemed to be inappropriate, and submit it to the facility Chief of Staff and Site Administrator for follow-up

Note: When a patient transfer request under this policy is **refused,** the requested Receiving Physician or Psychiatrist must complete a '**Transfer Refused Receiving**

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Institution' form (Appendix B) and submit it to the facility Chief of Staff and Site Administrator for follow-up

4.3 Senior Administrator On-Call or Designate - Receiving Facility

- assist with arranging an appropriate bed for the critically ill, critically injured, or behavioural emergency psychiatric patient being transferred including consideration of trades and repatriation
- arrange for a 1:1 staff member – as appropriate or required
- assist with coordination when transferring another patient to the sending facility as clinically appropriate and required
- complete a critical incident report if the requested transfer is **refused** (see Appendix B - **Transfer Refused Receiving Institution** form), and submit a report to the appropriate Executive Medical Director for follow-up

4.4 Senior Administrator On-Call or Designate - Referring Facility

- agree to accept, in consultation with the referring Medical Staff member, a patient in transfer if necessary to accommodate the critically ill, critically injured patient, or behavioral emergency psychiatric patient in the receiving hospital

4.5 Executive Medical Director

- assist / participate as accessed through the Support Action Plan
- review critical incident reports as they are generated
- recommend and ensure appropriate follow-up action

5.0 Health Authority Medical Advisory Committee (HAMAC)

- review this policy, its implementation and operationalization one year after its approval by the IH Board of Directors

6.0 Appendices

Appendix A – Transfer Refused Referring Institution Form
Appendix B – Transfer Refused Receiving Institution Form
Appendix C – Transfer Accepted - Inappropriate Receiving Institution Form
Appendix D – Booking Interfacility Patient Transfer Guidelines
Appendix E – Support Action Plan
Appendix F – Psychiatric Behavioural Emergencies LLTO Decision Tree

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APPENDIX A

Interior Health

Transfer Refused
Referring Institution

AH0300 – No Refusal Policy

(To be completed by)
Referring Physician/Facility

Name of Referring Facility	**Name of Referring Physician**
Facility to which Patient Referred	**Patient Identifier (Hospital Number)**
Diagnosis/condition of Patient	**Date/Time of Request for Transfer** *(dd/mm/yy)*
Declining Physician/Facility	**Reason(s) for Refusal**
Contingencies attempted (eg: Patient Trade)	

BC Patient Transfer Network Called ☐ **Yes** ☐ **No**	
Patient's Final Destination	**Date/Time of Transfer** *(dd/mm/yy)*
Condition of Patient at Time of Transfer *(if different fom above)*	
Pertinent Information	

Submit to Executive Medical Director

Medical Director

Obtain completed forms from refusing facility Chief of Staff, attach and refer to next Executive Medical Directors meeting for final review

826100 June 2015

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APPENDIX B

Interior Health

Transfer Refused Receiving Institution

AH0300 – No Refusal Policy

(To be completed by)
Receiving Physician/Facility

Name of Receiving Facility	Name of Receiving Physician
Name of Referring Facility	**Name of Referring Physician**
Patient Identifier (Hospital Number)	**Stated Diagnosis/Condition of Patient**
Date/Time of Referral *(dd/mm/yy)*	**Date/Time of Arrival** *(dd/mm/yy)*
Reason(s) for Refusal	
Pertinent Information	

Submit to Facility Chief of Staff

(To be completed by)
Facility Chief of Staff

Question	
In your opinion was this refusal appropriate?	☐ Yes ☐ No
Could anything else have been done by the Physician(s) to accommodate this patient?	☐ Yes ☐ No
Are there any Quality Improvement opportunities identified in this case?	☐ Yes ☐ No
Referred to Medical Advisory Committee	☐ Yes ☐ No

Submit to Executive Medical Director

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APPENDIX C

Interior Health

Transfer Accepted-Inappropriate Receiving Institution

AH0300 – No Refusal Policy

(To be completed by)
Receiving Physician/Facility

Name of Referring Facility	**Name of Referring Physician**
Name of Receiving Facility	**Name of Receiving Physician**
Patient Identifier (Hospital Number)	**Diagnosis/Condition of Patient**
Date/Time of Referral *(dd/mm/yy)*	**Date/Time of Arrival** *(dd/mm/yy)*
Contingencies Required (*patient trade*)	
Impact on Services in Receiving Facility	
Why Transfer Inappropriate	

Submit to Facility Chief of Staff

(To be completed by)
Facility Chief of Staff

Are there any Quality Improvement opportunities identified from this case?	☐ **Yes** ☐ **No**
Referred to Medical Advisory Committee	☐ **Yes** ☐ **No**

Submit to Executive Medical Director

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APPENDIX D

Patient Transfer Guidelines*

*all times are communicated in Pacific Time (PT)

Patient meets **Life, Limb, Threatened Organ (LLTO)** criteria or requires **immediate intervention** at receiving location

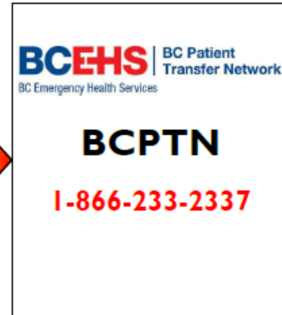
RED (Emergent, Unscheduled, Time Sensitive)

YELLOW (Urgent, Unscheduled, Time Sensitive)

Clinical condition may include but not limited to:

- Compromised airway and/or breathing
- Compromised circulation
- Acute myocardial infarction (STEMI)
- Aortic dissection or ruptured aortic aneurysm
- Major/polytrauma
- Major burns
- Hot stroke
- Intracranial hemorrhage
- Major head injury
- Acute surgical emergency
- Psychiatric behavioural emergency
- Pediatric emergency
- Acute obstetrical and neonatal

Refer to IH No Refusal Policy AH0300
http://insidenet.interiorhealth.ca/infoResources/policies/Documents/No%20Refusal.pdf
Refer to On Call Specialist for single system injury without major mechanism of injury;
Refer to Emergency Physician for major trauma and/or single system injury with major mechanism
Refer to Psychiatric Behavioural Emergencies – LLTO Decision Tree
http://insidenet.interiorhealth.ca/infoResources/forms/Documents/845006.pdf



Patient **hemodynamically stable** (all levels of acuity); organized and/or scheduled; may include a time constraint

GREEN (Scheduled, All Levels of Acuity)

BLUE (Scheduled Repatriation, Discharge)

Presentation may include but not limited to:

- Scheduled higher level of care consultations (e.g. emergency department to higher level of care)
- Scheduled cardiac catheterization
- Acute care admissions (e.g. medical, surgical, intensive care to intensive care)
- Procedures (e.g. gastro-intestinal procedures)
- Medical treatment (e.g. radiation treatments)
- Diagnostic imaging (e.g. ultrasounds)
- Repatriation
- Discharges (assisted care criteria, refer to Non-Medical Algorithm (algo))

Escalation of Serious Transportation Challenges
Refer to IH Support Action Plan http://insidenet.interiorhealth.ca/Clinical/transport/Documents/Support%20Activation%20Diagram.pdf

Non-Medical Algo http://insidenet.interiorhealth.ca/Clinical/transport/Documents/Non-Medical%20Transport%20Algorithm.pdf

Patient Fees http://insidenet.interiorhealth.ca/infoResources/forms/Documents/825090_English.pdf

Revised December 7, 2016

APPENDIX E

Support Action Plan

Patient Care and Non-Patient Care Events

Purpose: The goal is to bring together individuals with the appropriate authority to collaboratively problem solve critical issues in a timely manner on a 24/7 basis.

Patient Care Event: An event in which the patient has a medical and/or resource requirement that exceeds the facility's ability to manage it.
The lead is the referral facility until a contingency is found.
Patient centered focus: right care, right facility, right time, and as close to the patient's home as possible.

Non-Patient Care Event: An event that poses extreme risk to normal Health Service Operations and/or the public's confidence in the health care service.

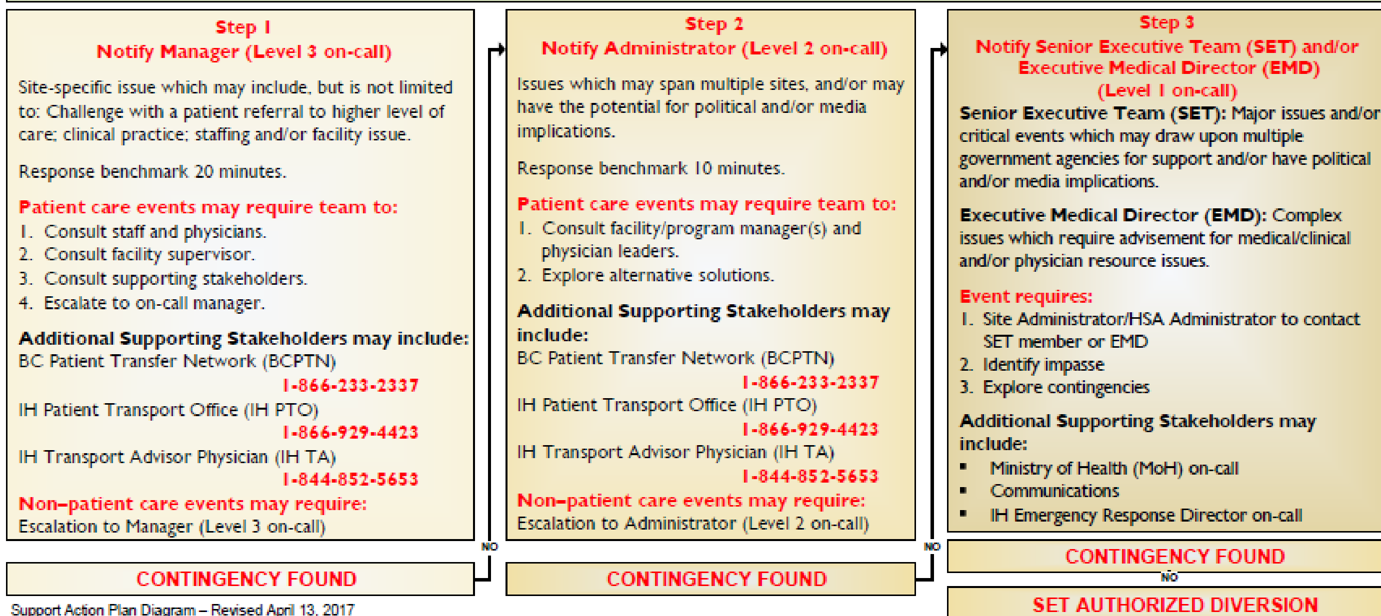
Support Action Plan Activation Numbers

1. Call appropriate toll free Activation number
2. Request applicable area/site/program Contact

Acute and Residential	1-855-851-4070
Tertiary	1-855-851-4085
Community Integration	1-855-851-4194
Mental Health & Substance Use	1-855-851-4194
Health Protection	1-855-851-4184
Communications	1-855-851-4195
Medical Health Officer	1-866-457-5648
Emergency Response	1-855-851-4193
IH Transport Advisor Physician	1-844-852-5653
SET & EMD	1-855-851-4195

Notification of Senior Executive Team (SET) on-call 1-855-851-4195

Senior Executive Team (SET): SET on-call should be contacted for all major issues and/or critical events related to patient, staff, safety or any incident outside of normal activities regardless of Step. Manager (Level 3 on-call) to inform the Administrator (Level 2 on-call) who will in turn contact SET (Level 1 on-call).
Contact Communications on-call 1-888-851-4195 for any issues that may have the potential for political and/or media implications.



Support Action Plan Diagram – Revised April 13, 2017

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