**Operational workflow for treat and transfer**

The treat and transfer pathway applies to those patients received by GSTT cardiac catheter laboratory from another hospital as a planned transfer via the inter hospital transfer (IHT) system for a therapeutic intervention. Following the intervention, there are three potential destinations: 1.) a ward at GSTT; 2.) direct discharge home following appropriate recovery; or 3.) transfer back to the receiving hospital.

* Cath lab coordinator or assigned person responsible for the treat and transfer pathway receives request for treat and transfer.
* They contact the referring hospital ward/physician and gather more information.
* They ask infection status, if COVID symptoms, if swabbed / results.
They then contact
	+ Brian Clapp if interventional procedure required
	+ Mark O’Neill if EP / CRM procedure required
	+ All scheduling to go through the scheduling team which is coordinated by Ala Salameh: ala.salameh@gstt.nhs.uk
	+ **If the patient is a RED pathway patient, COVID Positive treat and transfer please see section below. Otherwise ALL treat and transfers are considered AMBER.**
* The patient will be assigned a date and time of arrival to the main door of the cath lab.
* Treat and transfer coordinator to communicate this to the referring hospital and ensure transport arranged.
* The referring hospital to be informed that patient notes are to be bagged for transfer.

**Pre-procedure**

* Patient transport to be met at the main entrance to the cardiac cath lab department at the double doors.
* The transport team are not to enter the cath lab beyond the double doors.
* The patient can be transferred directly into the **cath lab recovery bay if they are on an AMBER pathway** and transferred to the trolley.
* If patient notes have not been bagged they should be put into a bag prior to entering the cath lab department.
* Take details / contact phone number of the transport team.
* Evan Jones ward clerk to print labels and register patient (if not already performed).
* On arrival the patient is asked to use alcohol hand gel to clean their hands and place a mask.
* If not in a gown, to put a gown on and bag their personal belongings/clothes.
* Check list complete, cannula sited if applicable, and bloods taken.
* Cath lab registrar to ensure:
	+ Consent
	+ Pre-medication prescribed
	+ Site of procedure marked (if applicable)
	+ Ensure cannula in correct location (if applicable)
* Patient notes, consent form, labels, checklist to be bagged and to be brought into the cath lab only. Not to be brought into the control rooms.

**Procedure performed**

**Post procedure**

* Confirm the patient should return to referring hospital
* Arrange appropriate transfer back to returning hospital
* If transport an issue, to contact the SNP or our site transport – In hours Matron of the day 0910; out of hours SNP

**Exceptions**

1. **Treat and discharge home the same day**
* Recovery team will contact escort and assess feasibility of transfer home, location of home, is there someone to stay with the patient for 24 hours etc.
* If deemed appropriate to transfer home then nursing staff in recovery will contact referring hospital, inform of discharge and advise the escort to be contacted re patient belongings and property
* Pharmacy to be bleeped and medication to be delivered to cath lab main entrance where a signed EDL will be given to pharmacy upon receipt of the medications.
* Escort updated on time to collect patient and to meet the patient at the lower ground floor, Lambeth Wing, pick up/drop off point. They are not to enter the hospital.
* The cath lab staff to transfer patient down to pick up site above.
1. **Treat and keep**
* This is if a complication or clinical need determines the patient should remain at GSTT
* Recovery Amber pathway in the cath lab Recovery.
* Contact SNP re beds and unknown COVID status
* Call original hospital to inform the patient being kept
1. **Treat and Transfer Red Pathway**
* This is for Confirmed COVID Positive Red Patients coming from another hospital.
* It is expected to be rare to require transfer of a patient between hospitals for an intervention who is COVID positive
* If it is required as a planned procedure the patient must be admitted to a side room on Stephen ward for the day to facilitate pre and post procedure care prior to transferring the patient back to the referring hospital
* All of these cases must be identified at the scheduling point and coordination with the SNP to arrange an appropriate bed
* They will be recovered in the lab and the procedure performed as per the RED pathway
* In the case of an **emergency treat and transfer**:
	+ **Transfer and accept directly into the cath lab where procedure is to be performed.**
	+ If the lab is unavailable, the temporary holding bay will be **Lab 2**.