17 September 2025

Patient Transport Policy

The policies for moving patient's that were in place in April 2022. If they differ from today's policies.

Clarification Requested 05/09/2025 to confirm what information is required.

Clarification provided 08/09/2025:

The information and policies i would like to see, are for internal bed allocation and changing between wards within RVH. Around date, April 2022. Are policies any different for a patient who is on end of live care?

Who decides what ward a patient gets transferred to and what notes and records are to be kept for this decision?

Is it normal to suddenly move a patient after midnight between wards, especially when the patient is on end off live care, palliative care. Who is responsible for making such decisions and recording notes, would this ever happen without recording notes for such a move?

This is a complex and dynamic process that relies heavily on clinical judgment, real-time information, and multidisciplinary collaboration.

Who decides what ward a patient gets transferred to and what notes and records are to be kept for this decision?

Decisions regarding internal patient moves are made by the Patient Flow Team based at the RVH, a group of senior, highly experienced nurses who possess the clinical expertise, confidence, and oversight to assess patient needs accurately. These nurses take a "helicopter view" of the hospital to ensure each patient is in the most appropriate bed, within the correct specialty, and receiving care from the team best equipped to meet their needs.

Patient Flow staff work in close two-way communication with ward teams and the senior nurse in charge at the time. This ensures that decisions are made collaboratively and always in the best interest of patients. Patient flow teams keep their own record for approximately six months.

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There is no single policy that can cover all internal patient moves as each patient presents a unique clinical picture.

However, the Patient Flow Team consistently consider a range of important factors including:

- Clinical need and specialty alignment (e.g. cardiology, Hepatology, respiratory)
- Nursing skill mix and required expertise for every Patient
- Ward specialism – ensuring patients are cared for in the correct "host" ward for their condition and speciality team.
- Infection prevention and control and the need for side rooms
- Need for specialist equipment or clinical support example breathing apparatus
- Capacity within the hospital and staffing levels and skill mix across all wards
- Providing flow through ED and other acute areas to promote safety

Each decision is patient-centred and considers both immediate clinical needs and the ability of the receiving ward to provide safe and appropriate care.

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It is not normal to move a patient suddenly after midnight between wards. The overarching aim of internal patient moves at any time of the day or night is to ensure safe, timely, and effective care for every individual. By ensuring that patients are nursed in the most appropriate setting, under the correct specialty and with the right team, we uphold both the quality of care and the functionality of the hospital system.

Internal moves involving palliative care patients are approached with sensitivity and are never taken lightly. The decision to move a palliative patient is after significant communication between ward staff and Patient flow based on a clear understanding of their current clinical status recognising that palliative care includes a broad spectrum, and not all patients are in the final stages of life.

Some palliative patients may be clinically stable and appropriate for ward-level care within a specialty setting. In such cases, moves are considered only when they are in the patient's best interest and with input from the nurse in charge of the ward. Patient Flow staff are experienced, compassionate, and demonstrate empathy in every situation. Their communication with ward teams ensures these decisions are made carefully, collaboratively, and respectfully. It is usual practice for the ward staff to document in the nursing notes any conversations that were had between different teams

These decisions are made in a dynamic, interdependent environment, influenced by incoming patients, current pressures, and the evolving needs of those already admitted. A flexible, case-by-case approach is essential, as each patient is different, and therefore no rigid policy could accommodate the wide range of scenarios seen in acute hospital settings.

All incidents are taken very seriously. We recognise and take seriously the impact internal moves between wards have on Patients and families .We are committed to listening to our service users and learning from incidents.

We welcome feedback from our service users and remain open to engaging directly to ensure that concerns are addressed effectively and with compassion.