Inter-hospital transfer

- A Telemedicine System Using the Remote Diagnostic Imaging App "Join" for Emergency Medicine Throughout Wakayama Prefecture in Japan
- Practical Use of a Communication Application on Mobile Devices by Our Stroke Team
- Outcomes after inter-hospital transfer of intensive care patients with haemorrhagic stroke: a 5year retrospective review
- 'Burr holes in the bush': Clinician preparedness for undertaking emergency intracranial haematoma evacuation surgery in rural and regional Queensland
- The impact of inter-hospital transfer on early mortality in patients with severe traumatic brain injury
- Uncovering a Failed Pediatric Patient Population in Rural America: A Statewide Analysis of Over 1,000 Dog Bite Injuries
- High-resolution CT with arch/neck/head CT angiography on a mobile stroke unit
- A geospatial examination of specialist care accessibility and impact on health outcomes for patients with acute traumatic spinal cord injury in New South Wales, Australia: a population record linkage study

Inter-hospital transfer refers to the process of moving a patient from one hospital to another hospital or healthcare facility. This may be necessary when the patient requires specialized care or treatment that is not available at the current hospital.

Inter-hospital transfers may be initiated by the referring hospital or the receiving hospital, depending on the situation. For example, if a patient is in critical condition and requires immediate access to specialized medical equipment or expertise, the referring hospital may initiate the transfer to a hospital that can provide the necessary care. On the other hand, if a patient has been stabilized and is ready to receive specialized care, the receiving hospital may initiate the transfer to their facility.

Inter-hospital transfers may involve transporting patients by ambulance, helicopter, or other modes of transportation, depending on the distance between the hospitals and the urgency of the situation. Communication between the referring and receiving hospitals is crucial during the transfer process to ensure that the patient receives appropriate care and treatment.

Inter-hospital transfer (IHT) of intensive care patients is a limited resource. Kam et al. assessed the outcomes of patients with hemorrhagic stroke requiring IHT and intensive care and aimed to identify early prognostic factors of poor neurological outcomes.

They conducted a retrospective observational cohort study of patients admitted to a single tertiary intensive care unit (ICU) with hemorrhagic stroke after IHT between January 2014 and December 2018. The primary outcome was poor neurological outcome (modified Rankin Scale \geq 4 at the time of discharge from the hospital or rehabilitation unit). Secondary outcomes were mortality rate, rate of intervention, rate of organ donation surgery (ODS), and potentially avoidable transfer (PAT). PAT was defined as a transfer where the patient did not receive an intervention and had a poor neurological outcome.

Ninety patients were included in this study, 48 with intracerebral hemorrhage (ICH) and 42 with subarachnoid hemorrhage (SAH). Fifty-one (56.7%) patients had a poor neurological outcome, including 30 (33%) who died. Factors significantly associated with poor neurological outcome included

age > 80 years, lower presenting Glasgow Coma Score (GCS), and bilaterally fixed and dilated pupils. Stepwise logistic regression demonstrated a history of hypertension as significantly associated with poor neurological outcomes in patients with ICH (P = 0.021). Seven (7.8%) patients had ODS. Sixtyfour (71.1%) patients received the intervention and 20 (22.2%) transfers were potentially avoidable.

Patients in this cohort are at high risk of poor neurological outcomes. Prognostic factors identified in this study may help referring, retrieval and to receive clinicians to discuss futility prior to pursuing IHT 1)

1)

Kam JKP, Dodds JM, Kam JKT, Dawes BH, Ghani M. Outcomes after inter-hospital transfer of intensive care patients with haemorrhagic stroke: a 5-year retrospective review. ANZ J Surg. 2023 Mar 22. doi: 10.1111/ans.18426. Epub ahead of print. PMID: 36947603.

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