Life, Limb, and Threatened Organ (LLTO) Transfer

1. Introduction

This policy outlines the procedures for transferring patients in Life, Limb, and Threatened Organ (LLTO) situations to Vancouver Coastal Health (VCH) and/or Providence Health Care (PHC). This document is to be used by referring and receiving physicians, VCH and PHC Staff, and by the Provincial Patient Transfer Network (PTN).

1.1. Scope

This policy applies to patients who have suffered LLTO injury or illness and require immediate transportation to another facility that can provide the required advanced level of care. This policy applies to both VCH and PHC. This policy does not apply to Higher Level of Care (HLOC) transfers, which are outlined in the Higher Level of Care (HLOC) Transfers policy.

2. Policy

VCH and PHC will provide the quaternary care that patients need. Intra-Provincial and Intra-VCH and PHC transfers for LLTO will follow procedures outlined in this policy.

2.1 Life Limb Threatened Organ (LLTO)

Patients requiring LLTO will be guaranteed access without exception to a VCH or PHC acute care facility that has the programs and services necessary to care for the patient. No patients categorized as LLTO will be refused treatment by VCH or PHC designated hospitals except in the most extreme of circumstances (i.e. Code orange or major infrastructure failure).

LLTO cases require immediate transfer and are considered PTN Red Color which indicates transfer must occur within 2 hours.

LLTO is defined by patients who have a clinical condition, illness or injury that is immediately threatening to life, limb or organ, and requires immediate intervention at the receiving site. If the LLTO definition does not apply, the physician or delegate will consider the transfer to be HLOC and follow procedures in the Higher Level of Care (HLOC) Transfers policy.

For some populations, there are additional considerations which will affect the transfer procedures and time frame:

- Critical Care: For critically ill patients requiring transfer to an Intensive Care Unit (ICU) due to lack of service capability or capacity at sending site, the transfer should be to a site that can provide level of care required. This is determined using Service Capabilities – Referral Centers Guideline.

  Critically ill patients should not be transferred to alternate ICUs if they are already being cared for in a critical care setting, unless such transfers are to a HLOC, as this would

unnecessary expose critically ill patients to the increased risk associated with transferring the patient.

- **Mental Health and Addiction Patients:** LLTO transfer is required for mental health patients certified under the Mental Health Act as they must be transferred to a site with secure rooms and/or security. Within VCH, this applies to rural sites that do not have designated facilities.
- **Perinatal (Maternal/Newborn) and High Risk Pediatrics:** All transfers must be initiated through the PTN single access number and identified as "specific population."

2.2. Initiation of Transfer: The Sending Site

To initiate a transfer, the referring physician contacts the PTN at 604-215-5911 or toll free at 1-866-233-2337.

During the conference call, the priority of transfer is identified as LLTO by the physician or delegate from the transferring site. The PTN Category for LLTO is Priority 1: PTN Color Red.

2.3. Assessment of Eligibility: VCH and PHC Service Referral Centers

When assessing patient eligibility for transfer and which site should receive the patient, VCH, PHC and PTN Staff will consult the Service Capabilities – Referral Centers Guideline for a list of service capabilities at various VCH or PHC sites and the diagnoses/clinical conditions that qualify for LLTO.

2.4. Coordination of Transfer: The Patient Transfer Network (PTN)

The PTN facilitates all transfers between and within British Columbia health authorities for LLTO patients. The VCH and PHC Primary Referral Pattern guideline will be used by PTN as a guideline for decision making (see Appendix A). Any existing VCH, PHC and/or provincial protocols for Trauma, STEMI, Stroke, Maternal Child and Youth, and Mental Health will override Primary Referral Patterns.

Patients will be transferred to acute care sites within VCH or PHC according to the capabilities as outlined in the Service Capabilities – Referral Centers Guideline.

2.5. Receiving the LLTO Patient: The Receiving Site

The **receiving site must accept** the referral of an LLTO care patient when the services needed for the patient do not exist at the sending site, unless a more suitable site is identified.

When VCH or PHC physicians or surgeons receive an LLTO referral from the PTN, the physician will accept the patient and the PTN will initiate the transfer with clearly determined timelines in which the transfer is expected to occur. The receiving physician (which is always the Most Responsible Physician) determines the receiving area: (i.e.) Emergency Department, Cardiac Catheterization Lab, Intensive Care Unit, etc.

Generally, patients will be received in the Emergency Department unless arrangements have been made for transfer directly to the ICU or to a designated inpatient Mental Health unit.

The PTN will notify the designated patient flow lead who will in turn notify appropriate care providers and coordinate the delivery of necessary resources including the initiation of site and regional Contingency Plans.

2.6. Repatriation of LLTO Patients

While an LLTO transfer is not dependent on Repatriation specifically, the no refusal aspect of the duty to receiving sites is completely dependent on effective Repatriation processes jointly agreed upon by the Health Authorities and facilitated by PTN in alignment with the Repatriation Memorandum of Understanding (MOU) and the Intra-health Authority Repatriation policy. Repatriation to the initial sending Health Authority or Home Community should occur when the patient is no longer requiring quaternary or tertiary services in VCH or PHC. Repatriation will be coordinated by the PTN.

2.7. Diversion of a Transfer

In situations where VCH or PHC cannot provide the service requested, VCH or PHC will proactively alert PTN that the service is not available, and the estimated period of time for the diversion.

If the designated patient flow lead at the receiving site firmly believes that the necessary resources cannot be mobilized or accepting transfer will place patients or Staff at an inappropriate risk, the designated patient flow lead at the sending site with PTN will discuss with the VCH or PHC physician the option of an expedited transfer to the nearest available resource.

3. Responsibilities

3.1. VCH and PHC Staff

VCH and PHC Staff will manage sending and receiving processes and information requirements as outlined in this policy in a timely and professional manner providing clear, concise, and up to date information to the PTN as required. VCH and PHC Staff will identify the site specific point of contact person.

3.2. PTN

The PTN will use a standardized streamlined process as the provincial point of contact for advice/transfer requirements for all inter-facility and intra-facility patient transfers. The PTN will ensure clinical/medical oversight for complex/high acuity patient transfers. The PTN will provide a coordinated communication function between clinicians/sites with the identified site specific point of contact person.

4. Compliance

The Safety Learning System (SLS) will be used to identify any quality concerns regarding any LLTO transfers.

The designated patient flow lead at the sending site is to contact the designated patient flow lead at the receiving site to resolve refusals of LLTO transfers.

5. Supporting Documents

5.1. Related Policies

- Repatriation MOU
- Higher Level of Care (HLOC) Transfers <link to be updated when updated policy implemented>
- Intra-Health Authority Repatriation

5.2. Guidelines/Procedures/Forms

- Patient Transfer Network
- VCH and PHC Service Capabilities: Referral Centers Guideline
- Transport from MSJ: Urgent Life, Limb or Threatened Organ (LLTO) and Higher Level of Care(HLOC)

6. Definitions

"**Contingency Plan**" means a plan devised for an outcome other than in the usual plan.

"**Higher Level of Care**" (**HLOC**) means that a patient's care needs exceed the service capabilities that are currently provided at a site and that the patient needs to be transferred to another site that can provide the required service.

"**Life, Limb and Threatened Organ**" **(LLTO)** means that a patient's life, limb or organ condition are deemed to be life threatening and require immediate transfer to a facility providing care to remediate utilizing extraordinary measures if necessary.

"**Most Responsible Physician**" means the physician accepting care of the patient.

"**Patient Transfer Network**" (**PTN**) means the provincial service that provides the coordinated approach for all inter-facility transfers of patients in B.C.

"**Repatriation**" means returning the patient to a site of origin or home community.

"**Staff**" means all employees (including management and leadership), Medical Staff Members (including physicians, midwives, dentists and Nurse Practitioners), residents, fellows and trainees, students, volunteers, contractors and other service providers engaged by VCH and PHC.

7. References

Mental Health Act

8. Appendix

VCH and PHC Primary Referral Patterns

Questions:

Contact Regional Emergency Services Program

Appendix A – VCH and PHC Primary Referral Patterns