The first 500 transfers of Retrieve, the South West's dedicated Adult Critical Care Transfer Service: what does the data tell us?

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Introduction

Retrieve is the South West's dedicated Adult Critical Care Transfer Service (ACCTS), commissioned to meet the needs of the COVID-19 pandemic and build a permanent legacy for the region's critical care patients.

The South West Critical Care Network (SWCCN) has long had an interest in critical care transfer and in 2020, published a retrospective analysis of its transfer activity [1]. Whilst there were limitations of the data, it identified a clear need for a transfer service in terms of activity and the need to improve the consistency and quality of transfer care.

Retrieve launched on 2nd November 2020 and undertakes all types of critical care transfer, from time-critical and urgent escalations of care to repatriations and capacity transfers. It operates two consultant-led clinical teams 12 hours a day. As a fully digital service, it has collected data about every referral and transfer since then. This dataset is essential in informing the ongoing development of Retrieve as well as other ACCTS across England.

Objectives

To describe the first 500 transfers undertaken by the Retrieve Adult Critical Care Transfer Service and compare this to existing regional data.

Methods

Using the Retrieve electronic patient record and database system, the first 500 transfers that the service undertook were identified and an anonymised dataset downloaded.
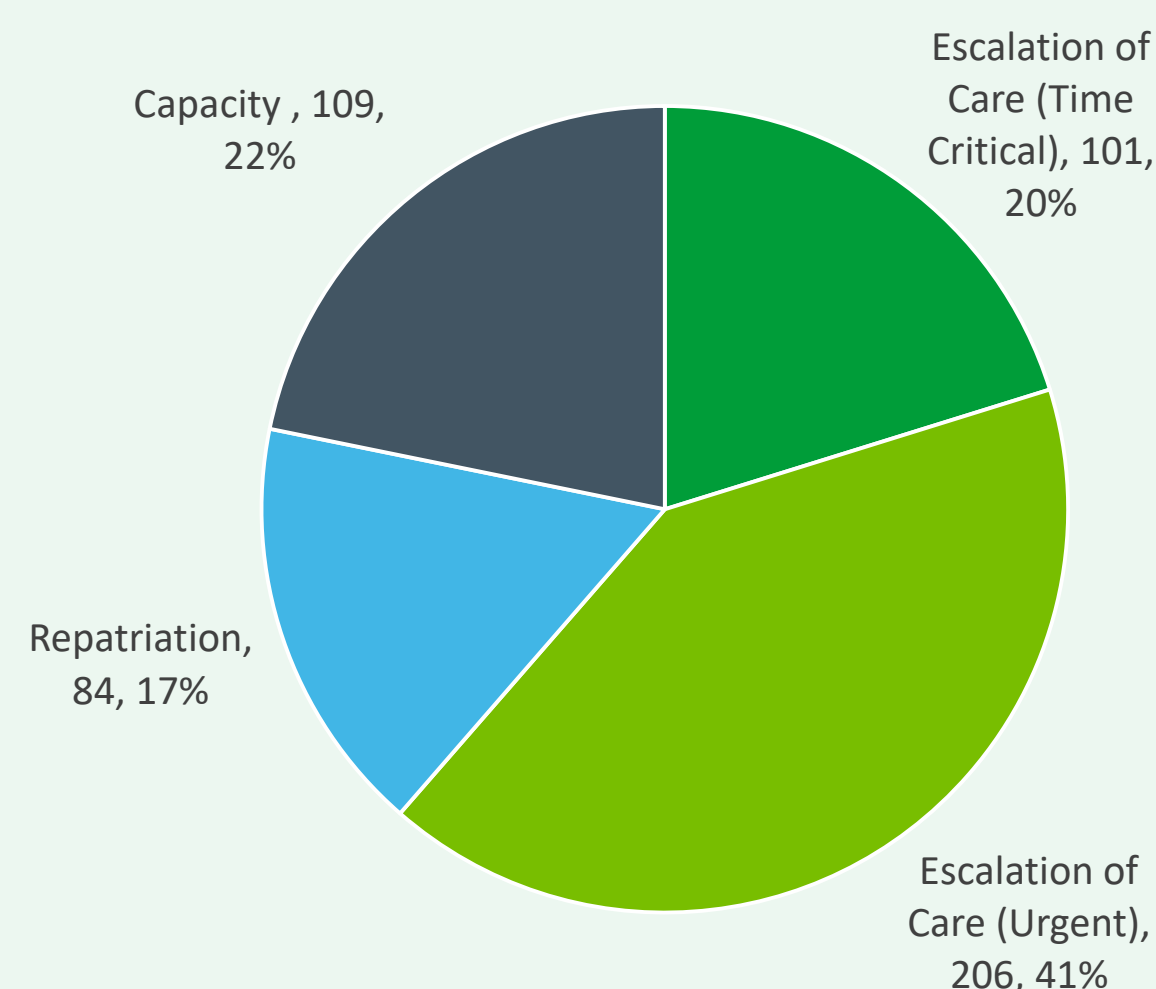
This data was categorised by type of transfer, time of day, referring and receiving hospitals, patient demographics, referring clinician and specialty. It was then compared with the existing South West Critical Care Network data from our previous publication[1] and conclusions drawn about the more recent and comprehensive data set.

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South West Critical Care Network | **retrieve** Adult Critical Care Transfer Service

- ● Cardiac Intensive Care Units
- ● Critical Care Units

Results

The first 500 transfers by Retrieve were completed in 304 days, with 160 (32%) being undertaken by the Peninsula team (covering Devon and Cornwall on the map above) and 340 (68%) by the Severn team (based in Bristol).

Sixty one percent of transfers (307) were escalations of care to specialist centres, of which 1 in 3 were classified as 'time critical'. The service undertook 84 repatriations (17% of work).

Capacity (previously called 'non-clinical') transfers comprised 22% of the activity including inter-regional mutual aid work undertaken as part of the COVID-19 wave 2 in January and February 2021.

Comparing the data to SWCCN published work, a smaller proportion of transfers were for escalation of care (61% vs 83.2%) and a higher proportion repatriations (17% vs 10.5%).

Conclusions

The Retrieve data provides valuable insight into the work of a new dedicated ACCTS and is helpful in informing future development regionally and nationally.

Based upon previously published data and our own regional work, we expected the majority (approximately 75%) of the service's activity to be escalation to specialist care and the remainder to be repatriation. Owing to the COVID-19 pandemic and change in approach with respect to capacity transfer, the first year's data is skewed by the 109 capacity transfers within the South West and retrieved from other NHS England regions. We anticipate that repatriation work will continue to rise as the service becomes more embedded and the ability to transfer and repatriate patients who have completed their specialist care but continue to require critical care becomes more straightforward.

This data should provide reassurance to those involved in ACCTS development across England that the workload and approximately breakdown of types of transfer matches that which has been anticipated.

References

1. Grier S, Brant G, Gould TH, Vopelius-Feldt J, Thompson J. Critical care transfer in an English critical care network: analysis of 1124 transfers delivered by an ad-hoc system. J Intensive Care Soc, 2020;21:33-39