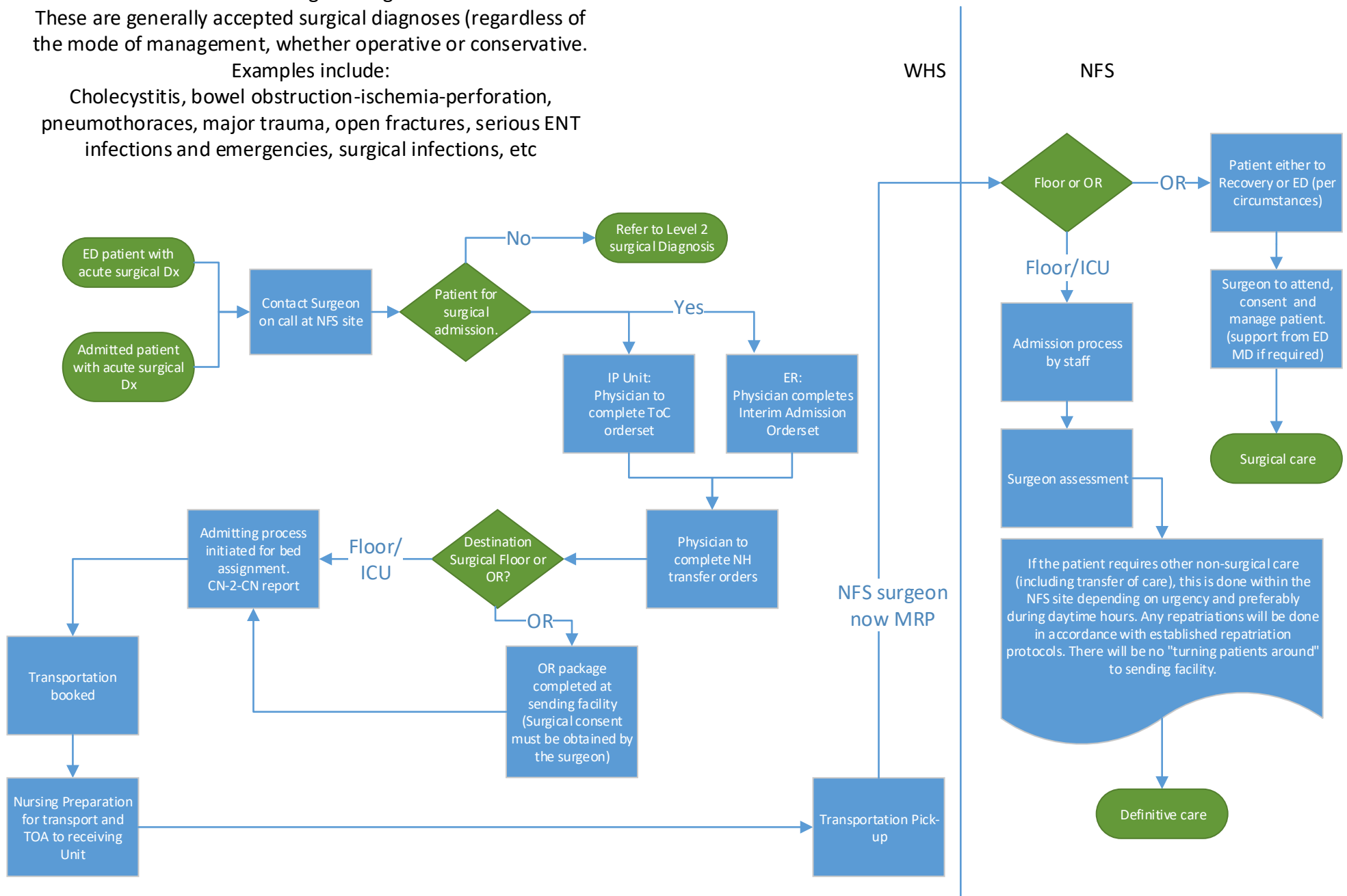


**For Level 1 Surgical Diagnosis:**

These are generally accepted surgical diagnoses (regardless of the mode of management, whether operative or conservative).

Examples include:

Cholecystitis, bowel obstruction-ischemia-perforation, pneumothoraces, major trauma, open fractures, serious ENT infections and emergencies, surgical infections, etc



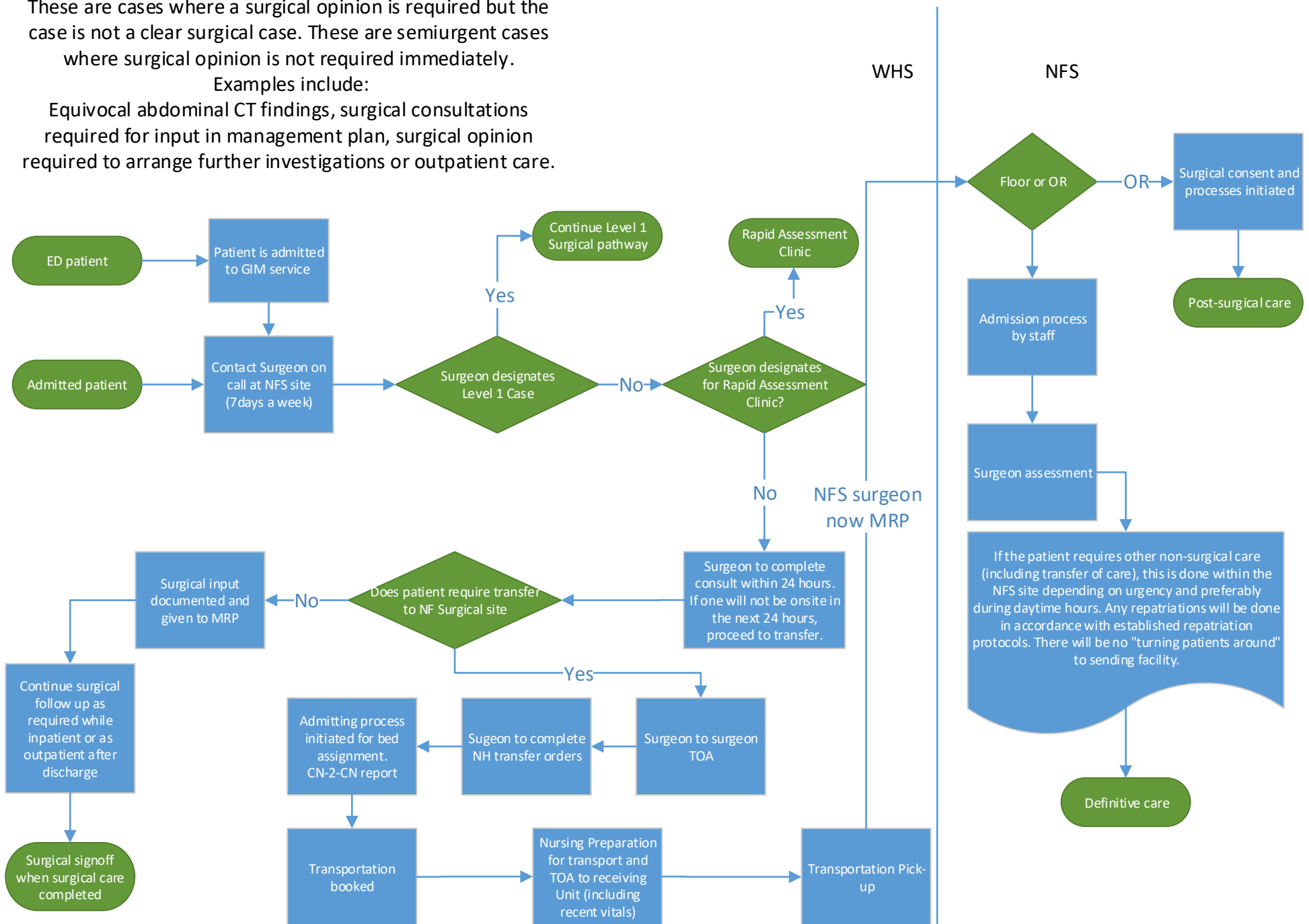
Internal Use Only

**For Level 2 Surgical Diagnosis:**

These are cases where a surgical opinion is required but the case is not a clear surgical case. These are semiurgent cases where surgical opinion is not required immediately.

Examples include:

Equivocal abdominal CT findings, surgical consultations required for input in management plan, surgical opinion required to arrange further investigations or outpatient care.

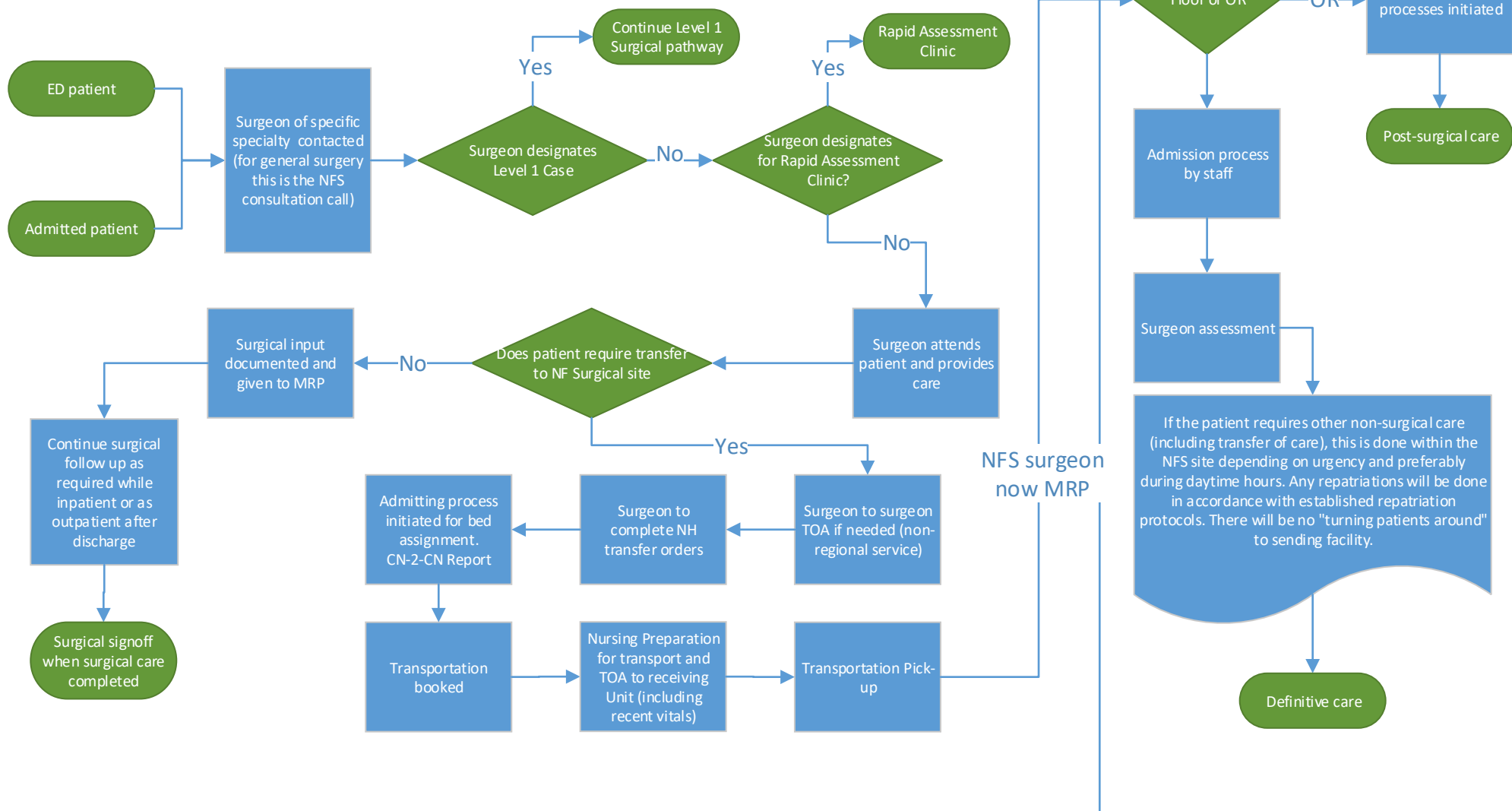


Internal Use Only

For Level 3 Surgical Diagnosis:

These are cases where a surgical opinion and out-of-operating-room intervention is required. These are generally interventions that are done at the bedside or as an outpatient. Examples include:

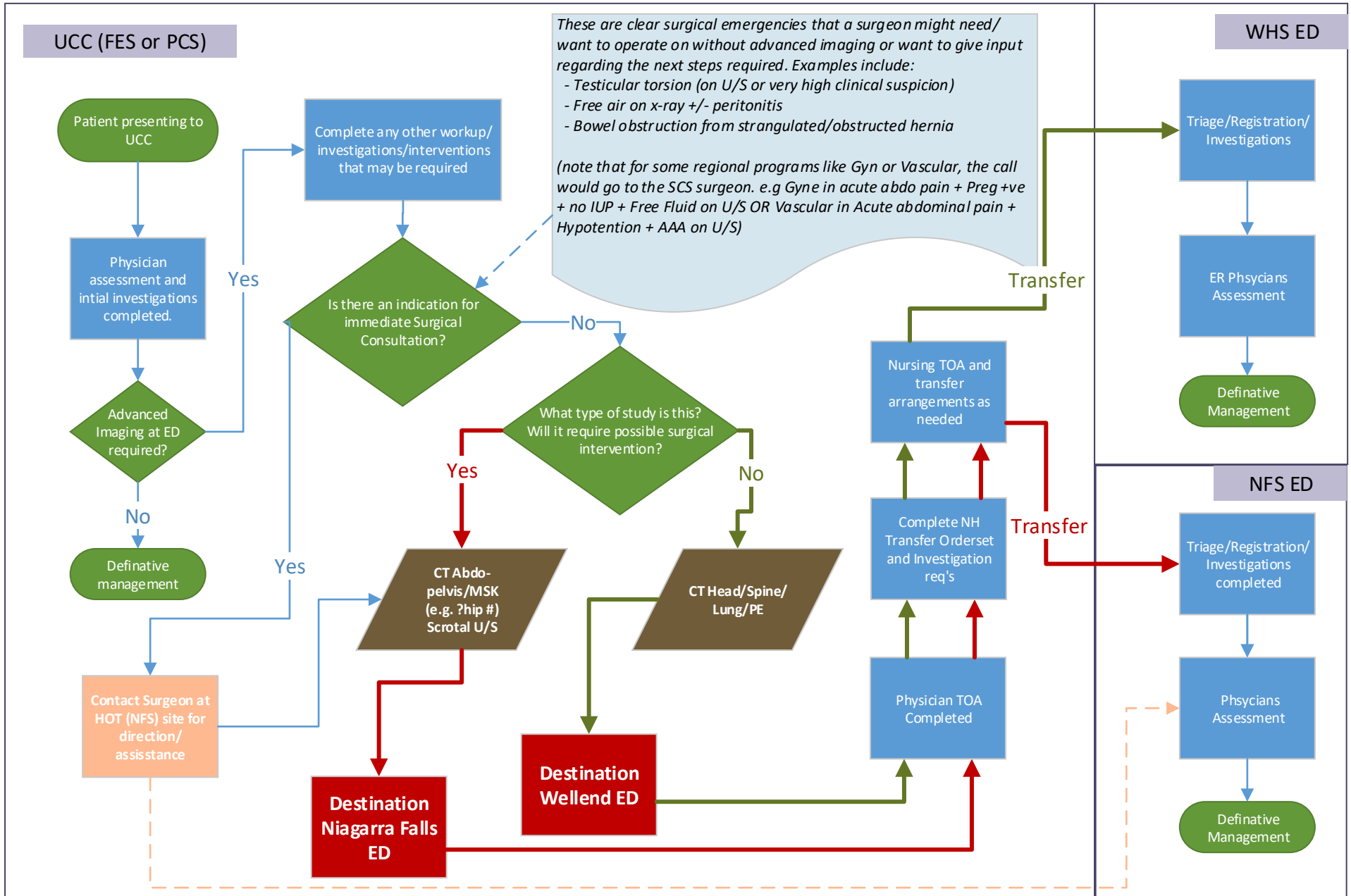
Non-emergent chest tube, bladder catheterization (urethral or suprapubic), phimosis/paraphimosis, priapism, peritonsillar abscess, bedside laryngoscopy, orthopedic reductions.



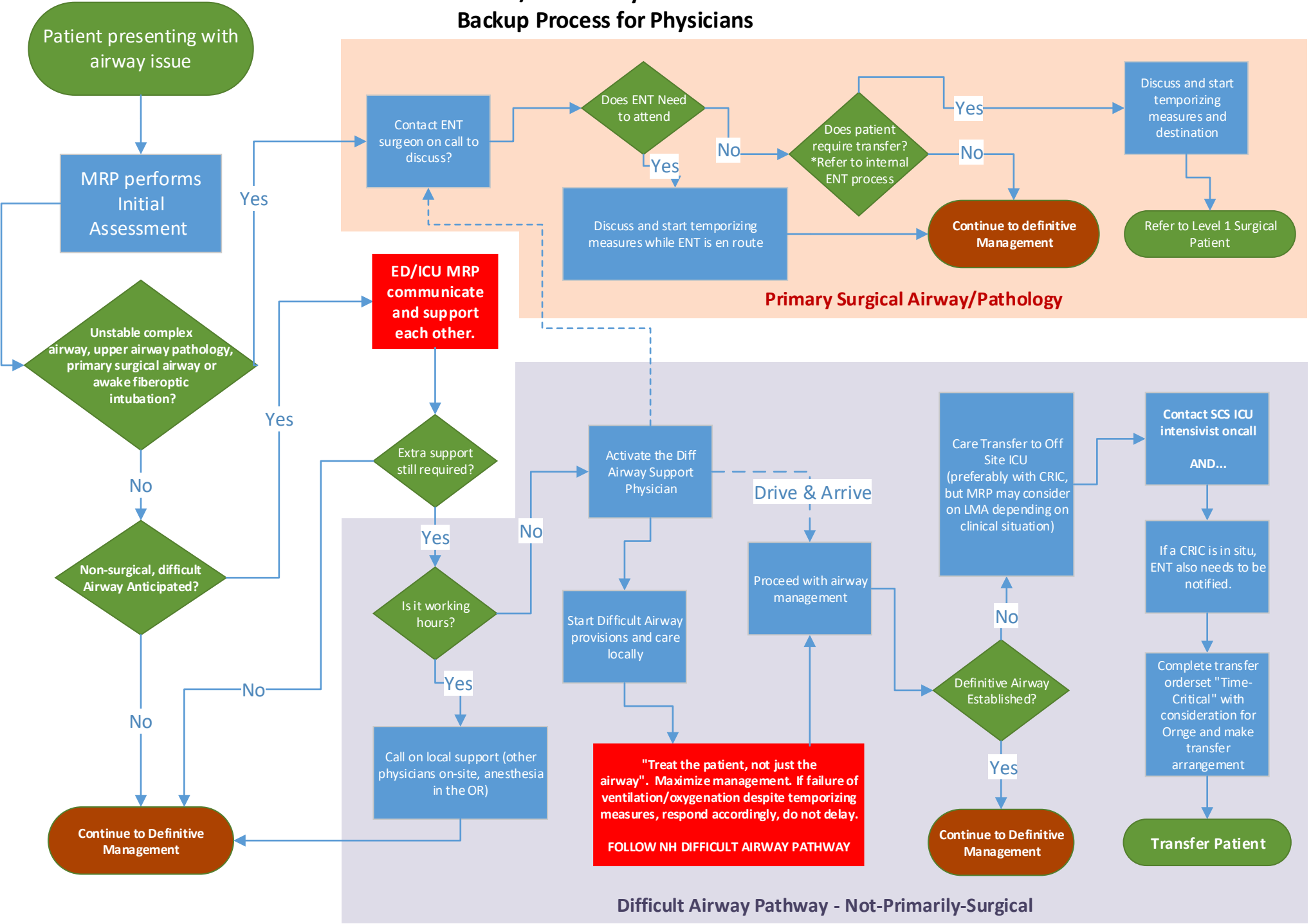
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For Level 4 Transfer:

These are UCC to ED transfers for advanced imaging like CT or U/S



# Welland ED/ICU Airway Assessment and Backup Process for Physicians

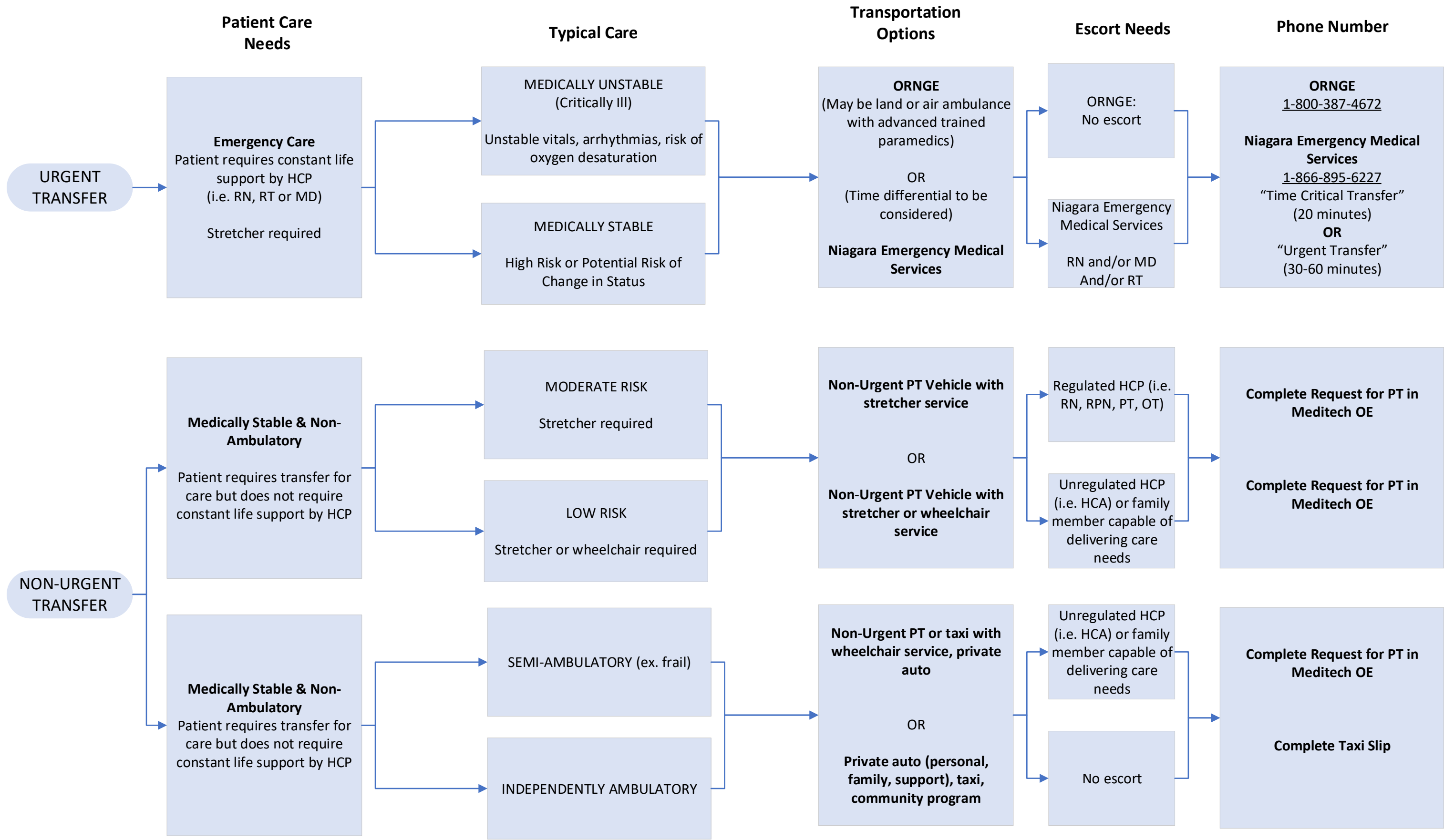


Difficult Airway Pathway - Not-Primarily-Surgical

Role	Physician	Surgeon	Sending Nurse	Sending Charge Nurse	Sending Bed Monitor	Receiving Bed Monitor	Receiving Charge Nurse	Manager / Manager on call
Responsibilities	<p>Contacts NFS on call surgeon</p> <p>Completes orders:</p> <ul style="list-style-type: none"> <li>- Transfer orders with time stamp</li> <li>- Admission (ED) OR ToC (IP)</li> </ul> <p>Mode of transport in collaboration with surgeon (critical, urgent, and non-urgent).</p>	<p>Designates for surgical admission and destination of landing.</p> <p>Confirms if opting out of notification of arrival from receiving CN.</p> <p>Mode of transport in collaboration with physician (critical, urgent, and non-urgent).</p>	<p>TOA from nursing unit completed.</p> <p><i>Patient reassessed before transfer (30-60 minutes) and escalates to the appropriate service if change in status.</i></p>	<p>Contacts bed monitor. Enter communication: NHTRANSFER order entry in meditech. Order prints at both WS&amp;NFS in patient reg.</p> <p>Arranges transportation to NFS.</p> <p>Calls receiving site upon departure from WS.</p>	<p>Contacts bed monitor at receiving site and requests 'regional surgical bed' for one-way surgical transfers.</p> <p>Verify that CN has entered NHTRANSFER order entry.</p>	<p>Assigns surgical bed in collaboration with receiving CN.</p> <p><b>If bed availability is in question, refer to escalation below.</b></p>	<p>Ensures patient is re-assessed on arrival to NFS. If variance from TOA, contact Surgeon on call. Escalation to appropriate service if needed (ex. CCRT during the day).</p> <p>Stable patient, contacts surgeon on call upon arrival of patient, unless opted out.</p>	<p>Manages escalations as they arise.</p>
	Escalate	Escalates to site lead if needed or Program Chief if needed.	Escalates to manager on site or on call if needed	Escalates to manager on site or on call if needed	Escalate to manager on site or on call if needed.	Escalates to manager on site or on call if needed	Escalates to director on site/on call as needed	

<b>Urgent Transfers: NEMS: 1-866-895-6227</b>	<b>Non-urgent, medically stable transfer</b>
<p>Critical (20 minutes – life/limb cases)</p> <p>Urgent (30-60 minutes)</p> <p>Non-urgent (4 hrs)</p>	<p>Non-ambulatory: Non-urgent OPT with stretcher or wheelchair service</p> <p>Semi-ambulatory: Private auto (personal, family, support) or non-urgent OPT with wheelchair</p> <p>Independently ambulatory: Private auto (personal, family, support person), taxi, or OPT.</p>

# Transportation Guidance (Short-form)



## Surgical

Patients admitted under Surgical MRP at NFS with no active surgical issues, but cannot be discharged. Consider patients transferred from Welland.

Medically Stable?

NO

Assess for Repatriation to Welland site under GIM

Surgeon to GIM/  
Hospitalist TOC\*

Transfer to Welland site

YES

Patient remains under Surgeon. ALC designated or Rehab appropriate (including all NH Complex Care)

Patient transferred to appropriate post acute bed. When available MD to MD TOC

# South Niagara Repatriation Algorithm

## Medical

Patient Admitted under Medicine @ NFS identified for transfer to Welland site

- Dialysis
- Welland Resident
- Load levelling

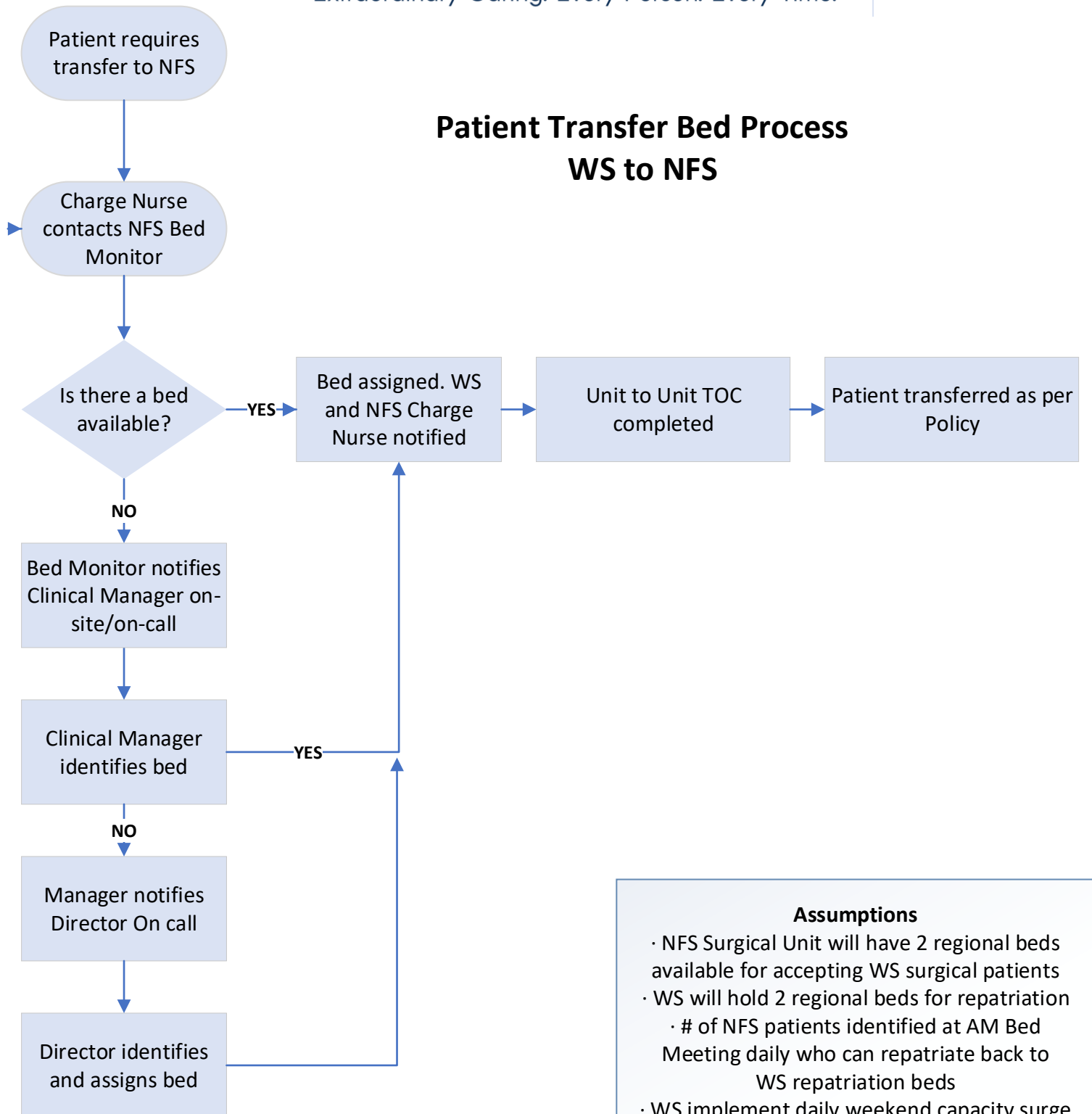
MD to MD TOC

Discharge Summary or TOC note done day of transfer

Patient transferred to Welland Site



## Patient Transfer Bed Process WS to NFS



### Assumptions

- NFS Surgical Unit will have 2 regional beds available for accepting WS surgical patients
- WS will hold 2 regional beds for repatriation
  - # of NFS patients identified at AM Bed Meeting daily who can repatriate back to WS repatriation beds
- WS implement daily weekend capacity surge plan to accept NFS Repatriations