Neonatal Transport Group

Neonatal Transport Dataset

Leeds, November 2012

Background

- Interim year between old “planned/unplanned” model and new version of dataset.
- **Next year’s returns based around new dataset.**
- For this year only mostly just simple activity data.

What's different?

- Planned/unplanned has gone.
- Replaced by a 4-level categorisation
  - BAPM category of care (3 categories)
  - Primary clinical reason for transfer (4)
  - Primary operational reason for transfer (4)
  - Timescale transfer required (3)

- EVERY inter-hospital neonatal transfer categorised against these categories.

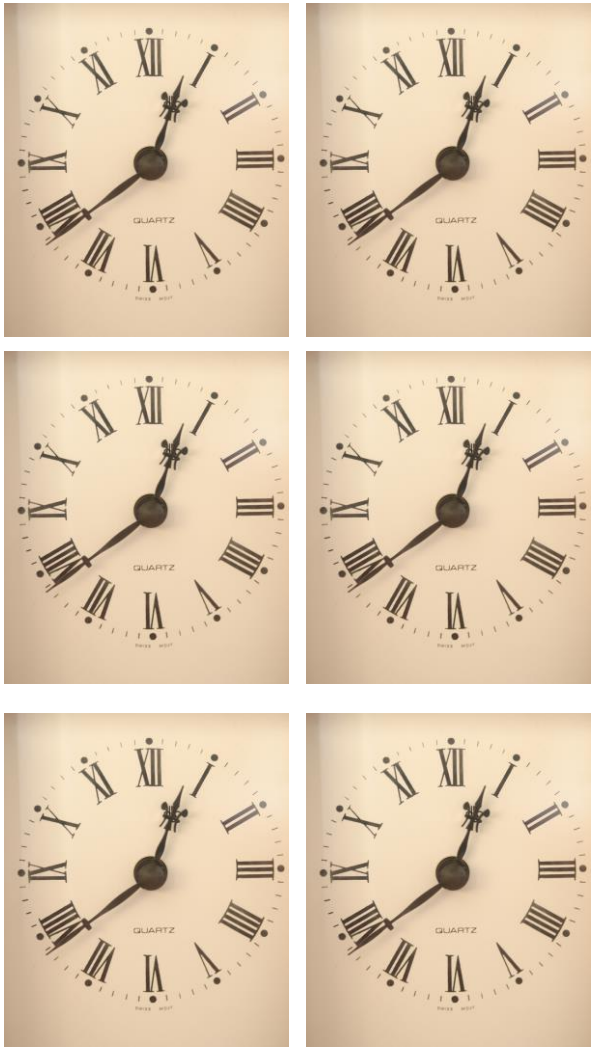
Categories

Replaced by a 4-level categorisation

Intensive Care	High Dependency Care	Special Care	
Medical	Surgical	Cardiac	Neurological
Uplift	Resources/ Capacity	Repatriation	Outpatients
Within 1 hour	Within 24 hours	>24 hours	

- EVERY inter-hospital neonatal transfer categorised against these categories.

Time



PEOPLE ASSUME THAT

TIME

IS A STRICT PROGRESSION OF CAUSE TO EFFECT

BUT ACTUALLY FROM A

NON-LINEAR

NON-SUBJECTIVE

VIEWPOINT IT'S MORE LIKE A BIG BALL OF

WIBBLY WOBBLY

TIMEY WIMEY

STUFF

Time is confusing!

There are two separate but related time categories.

1. EVERY transfer is categorised against this:

Within 1 hour	Within 24 hours	>24 hours

…where you should use the “within 1 hour” category for ANY transfer where you set-out to be mobile within 1 hour of receiving the call.

2. A subset of “within 1 hour” transfers that meet the **time critical** criteria should be flagged separately for national benchmarking of response to time-critical transfers.

2012 Data Returns

Method

- Email to transport service's medical and nursing leads in Sept 2012
- Requesting activity data from 1.1.12 to 31.6.12
- Brief additional information about each service.

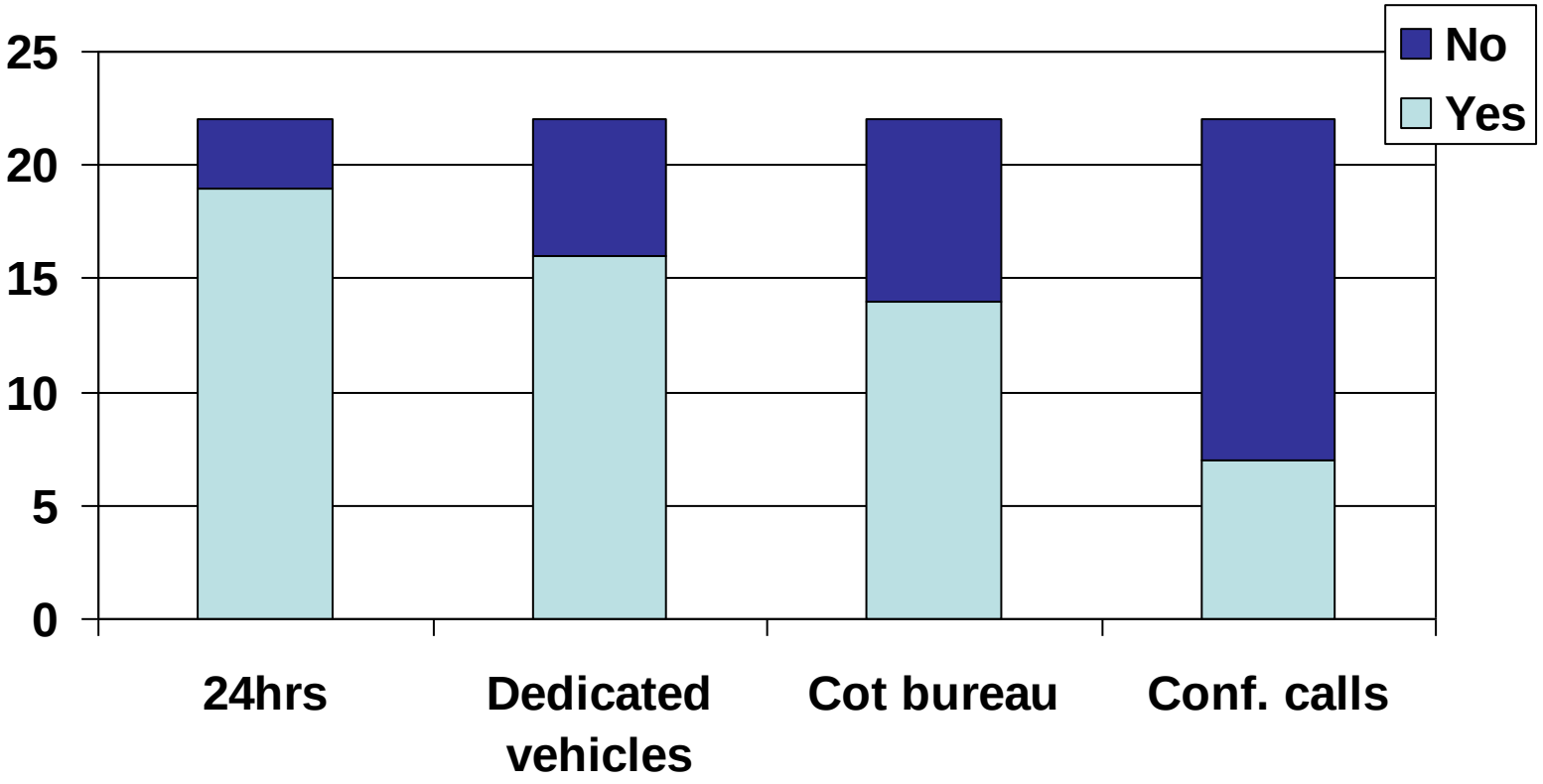
UK summary data, 1.1.12 – 31.6.12

Total transfers	**7152**
Ventilated	1889 (26%)
CPAP	847 (12%)
No resp support	3694 (52%)
Cooling	247 (3%)
iNO	99 (1%)
On inotropes	420 (6%)

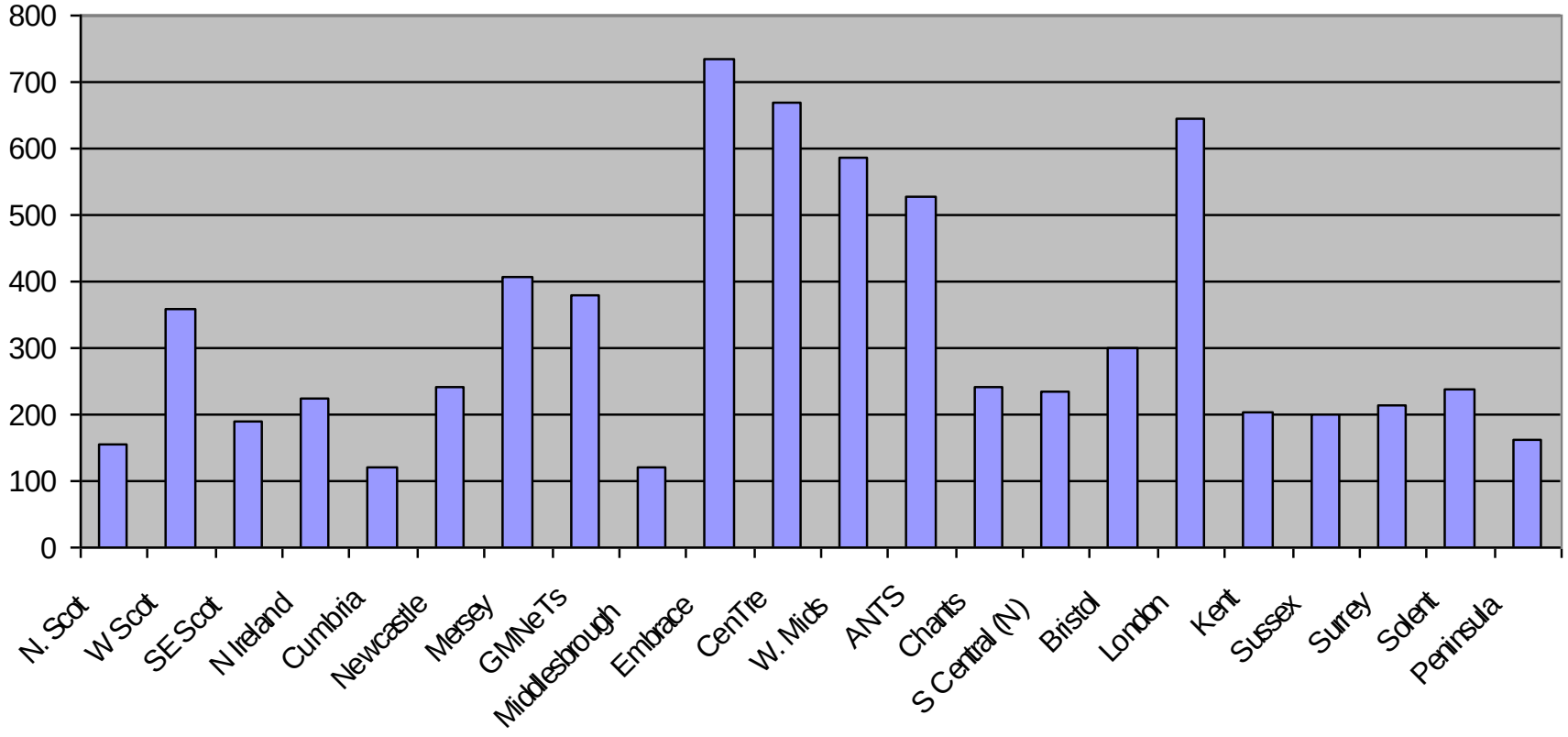
UK summary data, 1.1.12 – 31.6.12

	Total for UK	median(range)/team
Palliative care (20 teams)	22	0 (0-3)
PDA (19 teams)	91	2 (0-33)
OPA	417	8 (0-141)
Awayday treatment (21 teams)	179	6 (0-40)
Paediatric transfers (20 teams)	321	1 (0-253

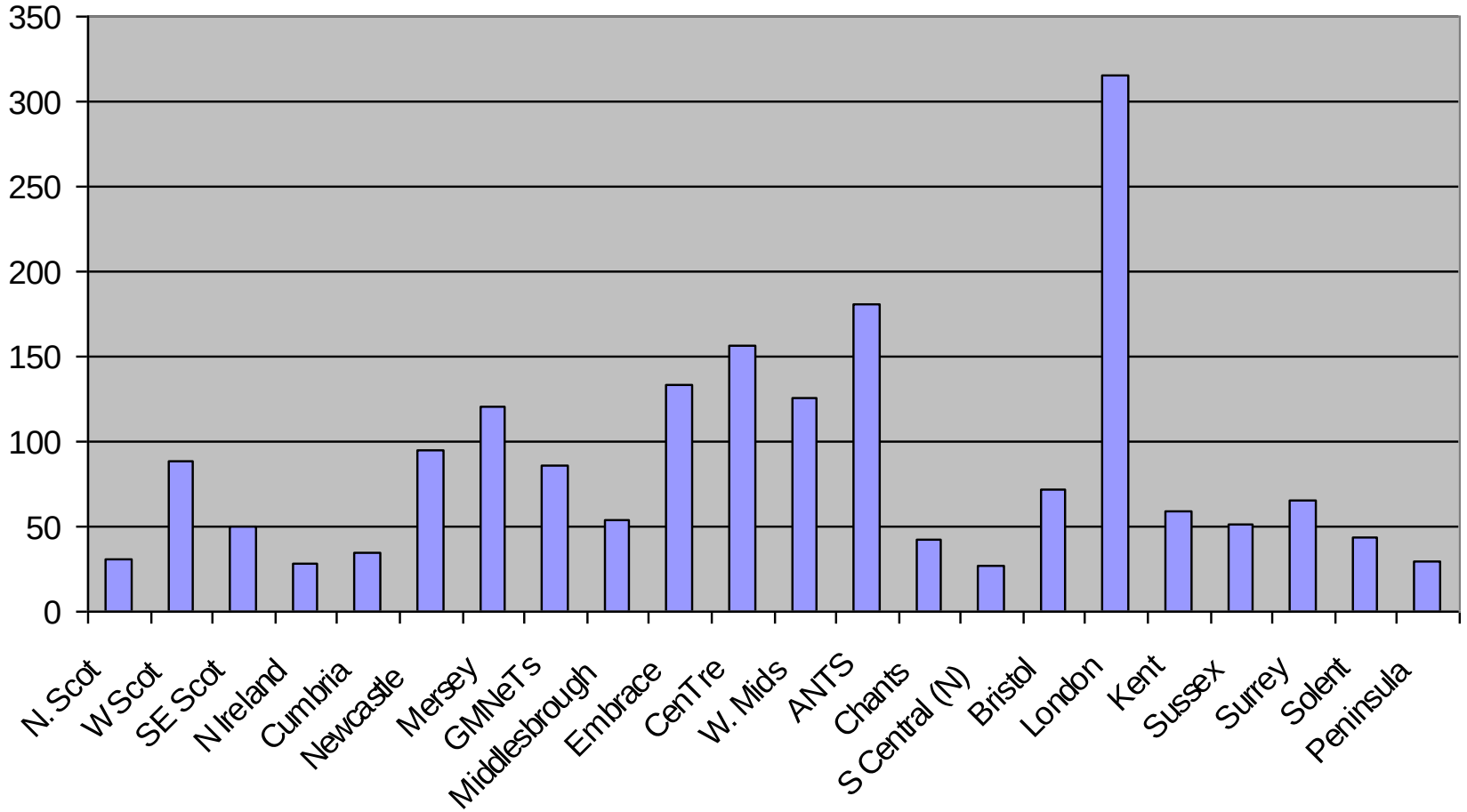
Service Characteristics



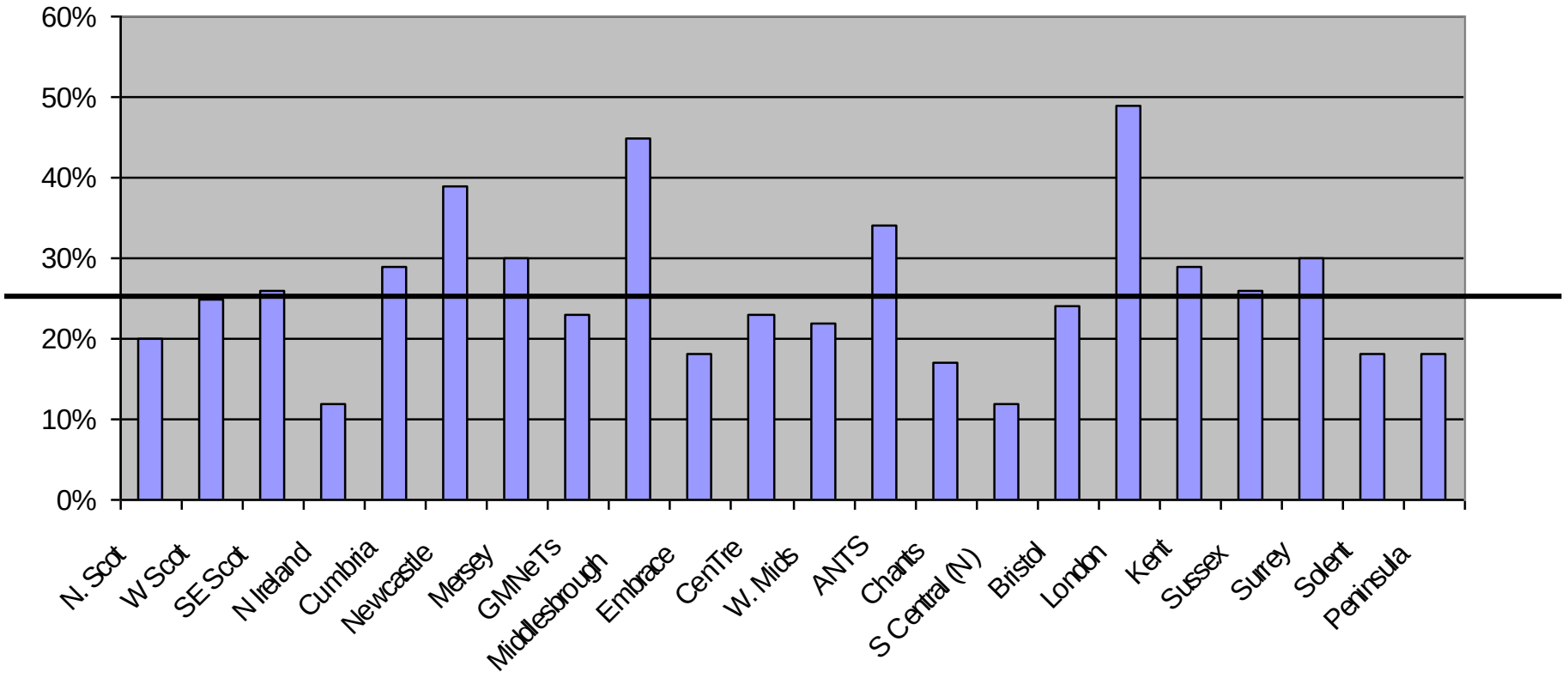
Total Transfers/team



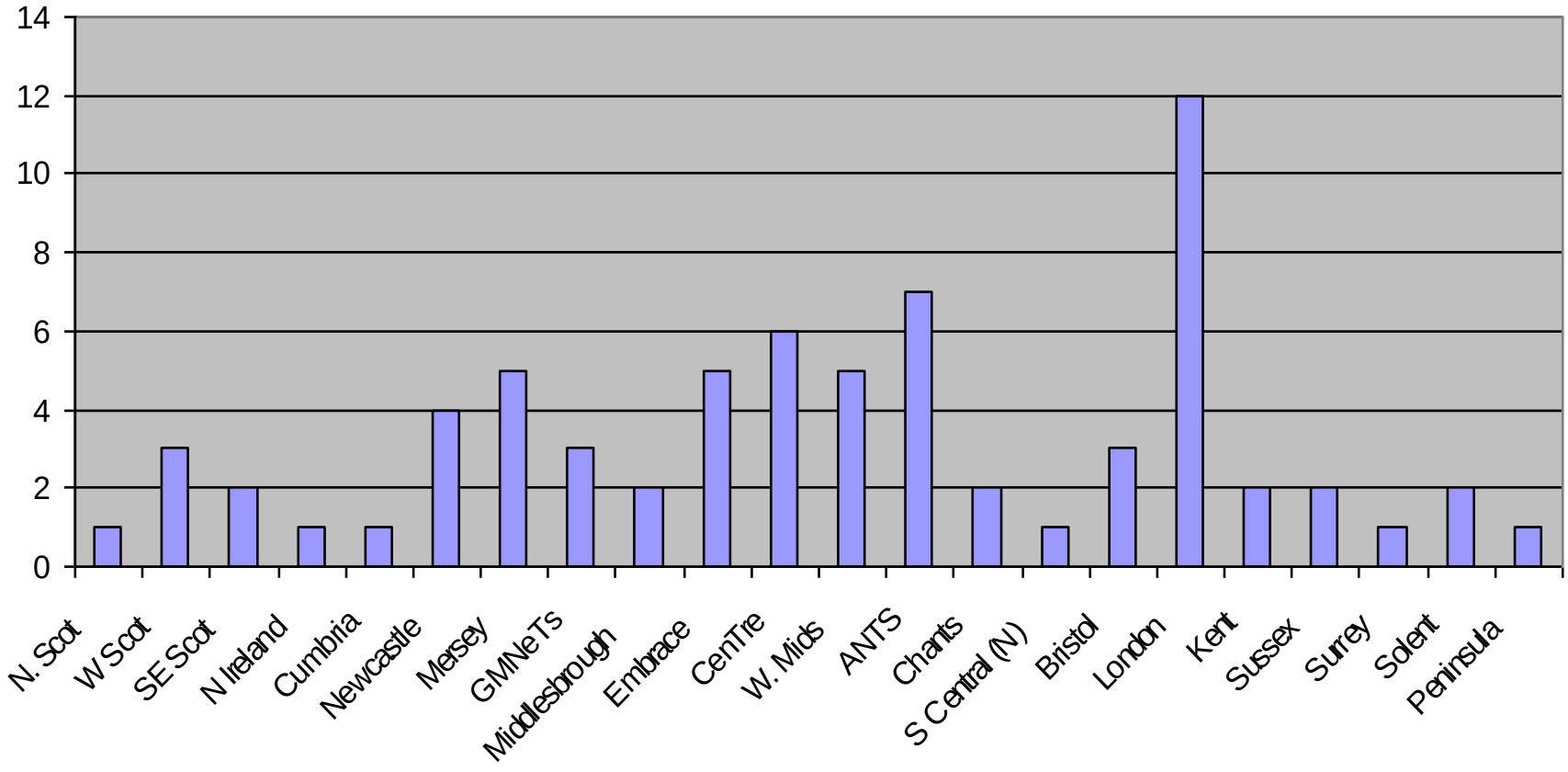
Number of ventilated transfers



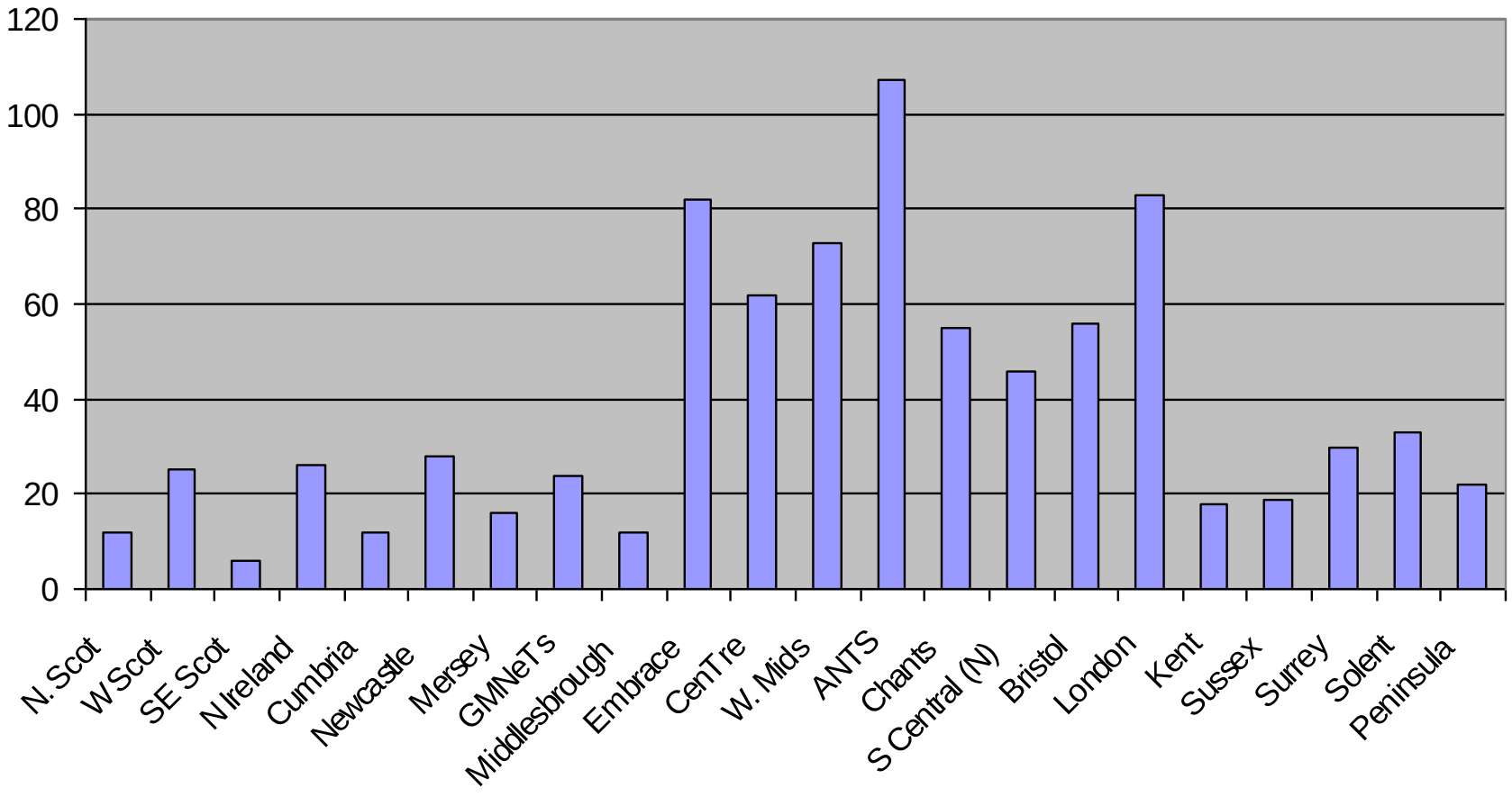
% of all transfers on a ventilator



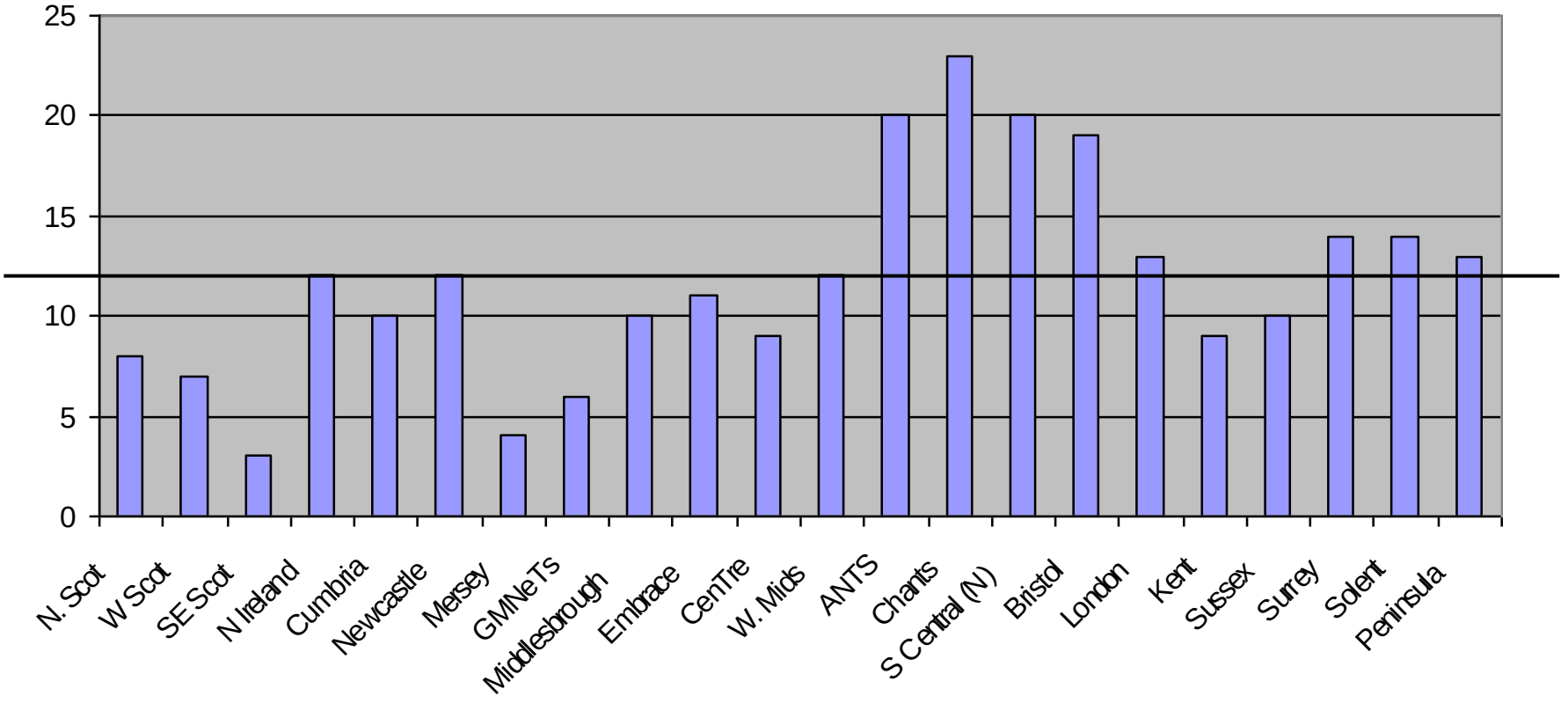
Average number ventilated transfers/week



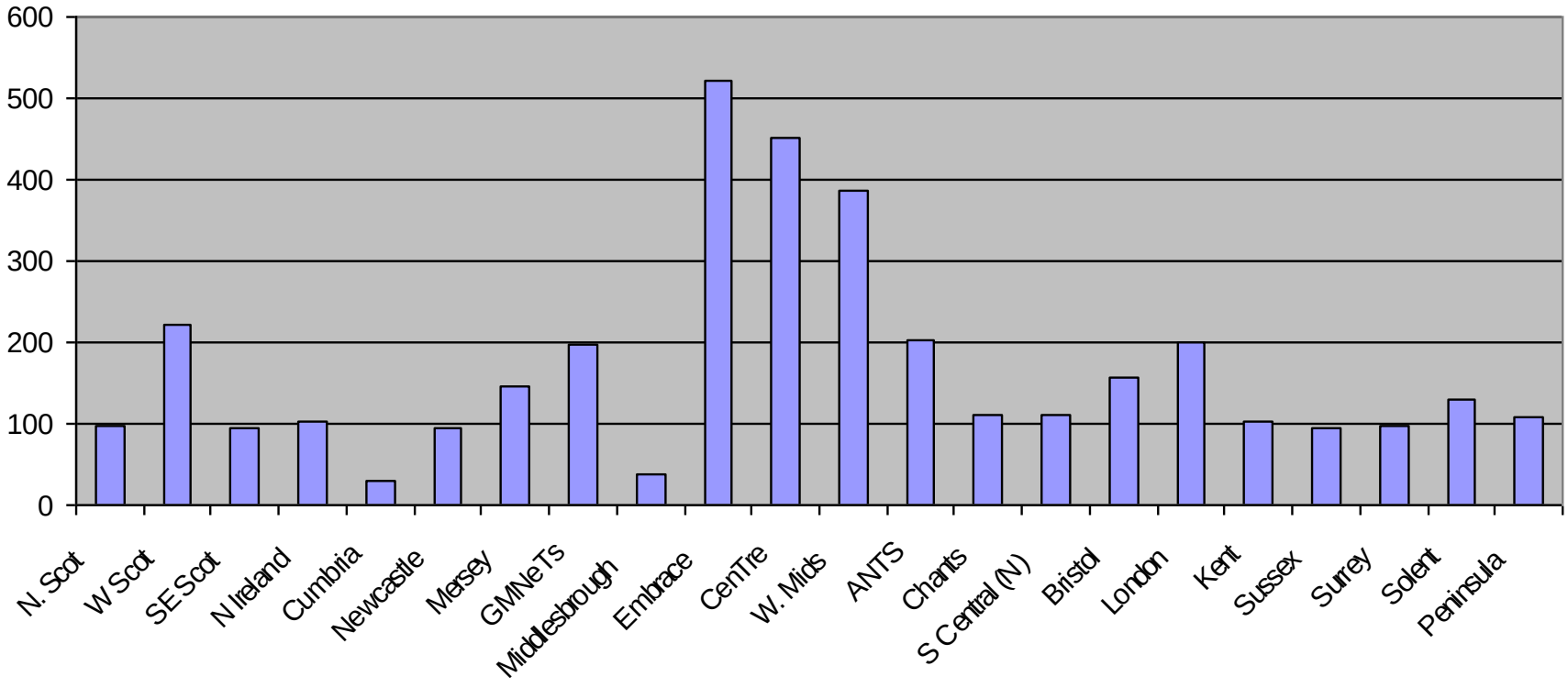
Number on CPAP/high-flow



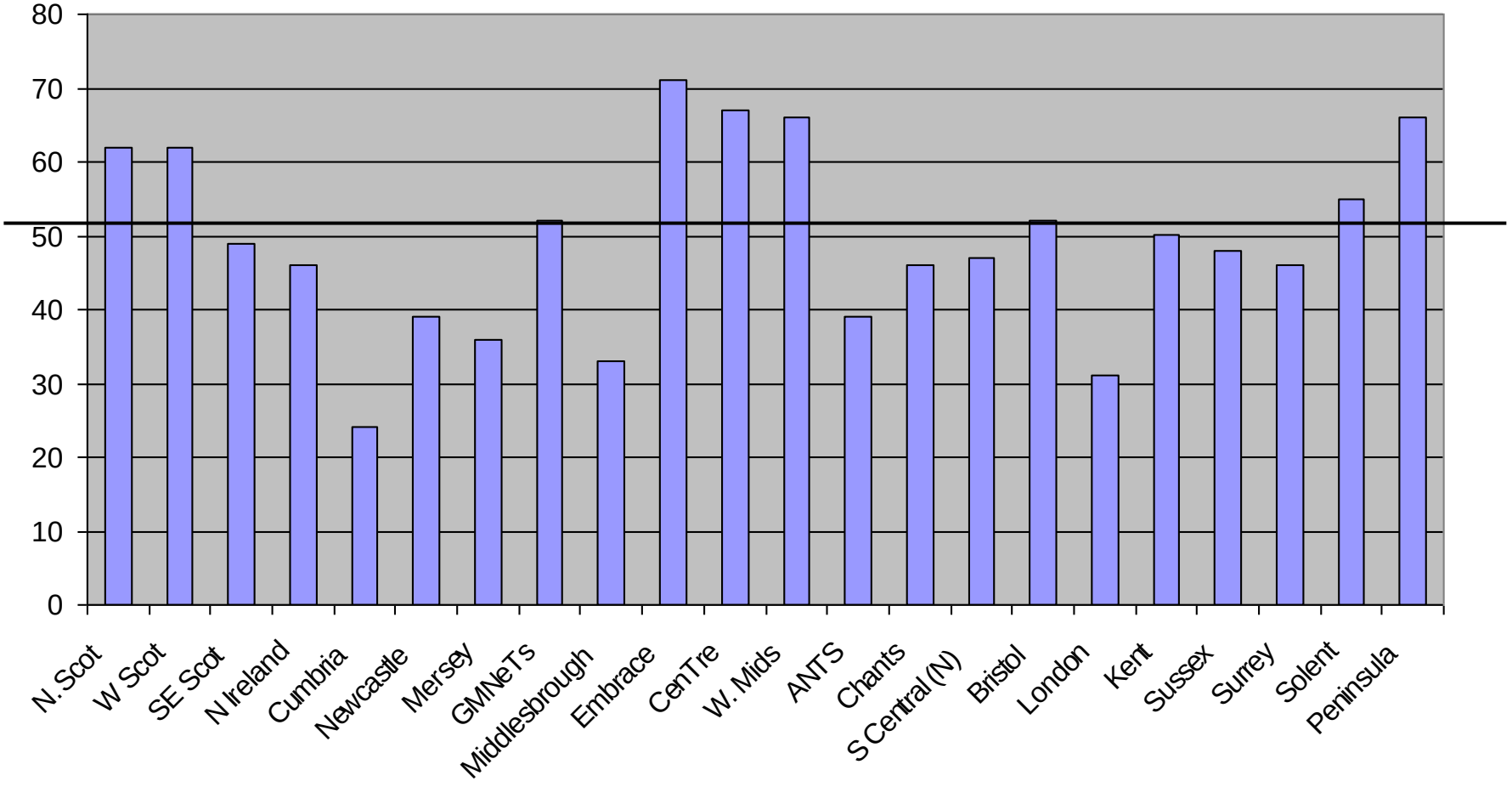
% of all transfers CPAP,high-flow



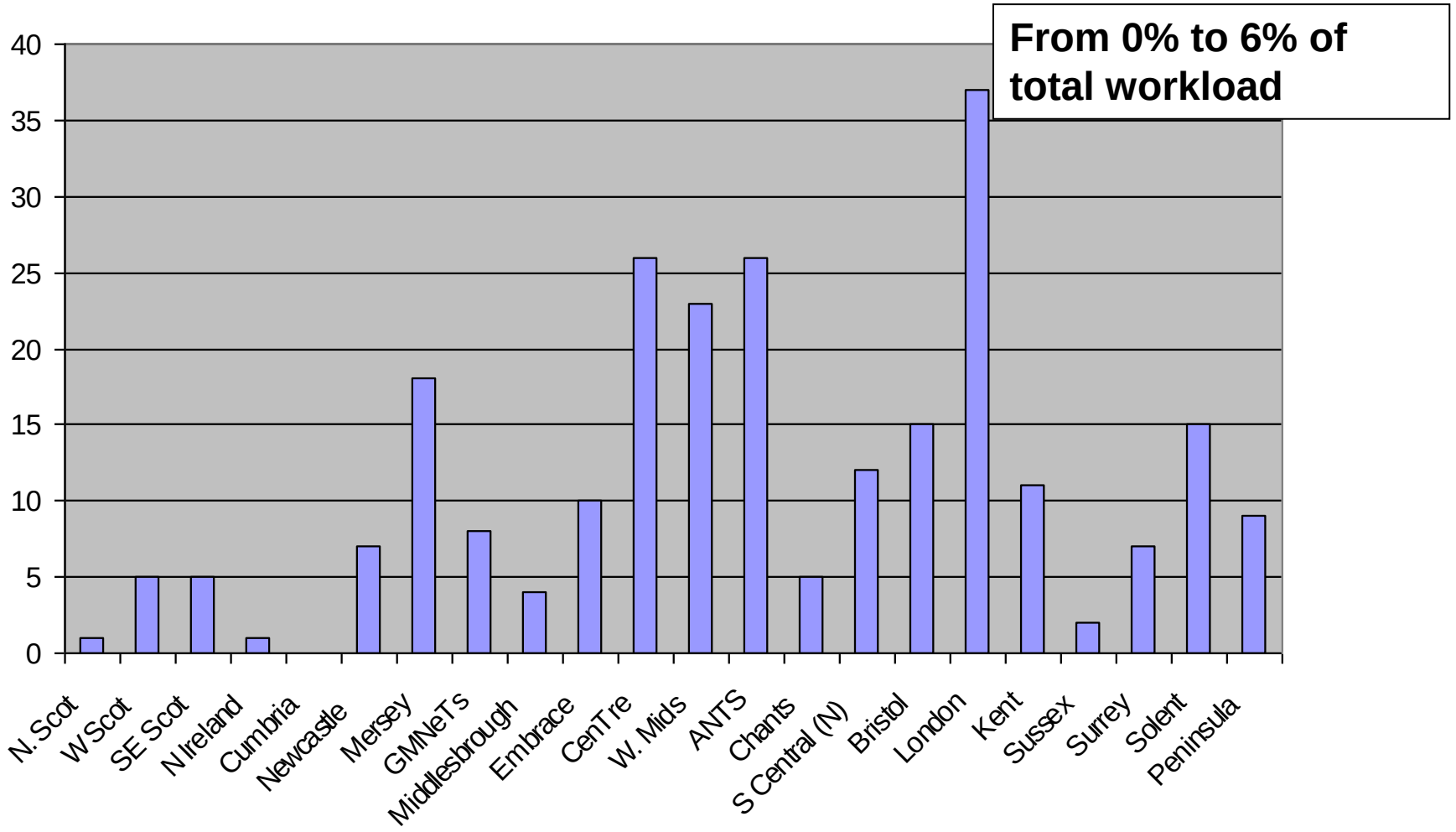
Number receiving no respiratory support



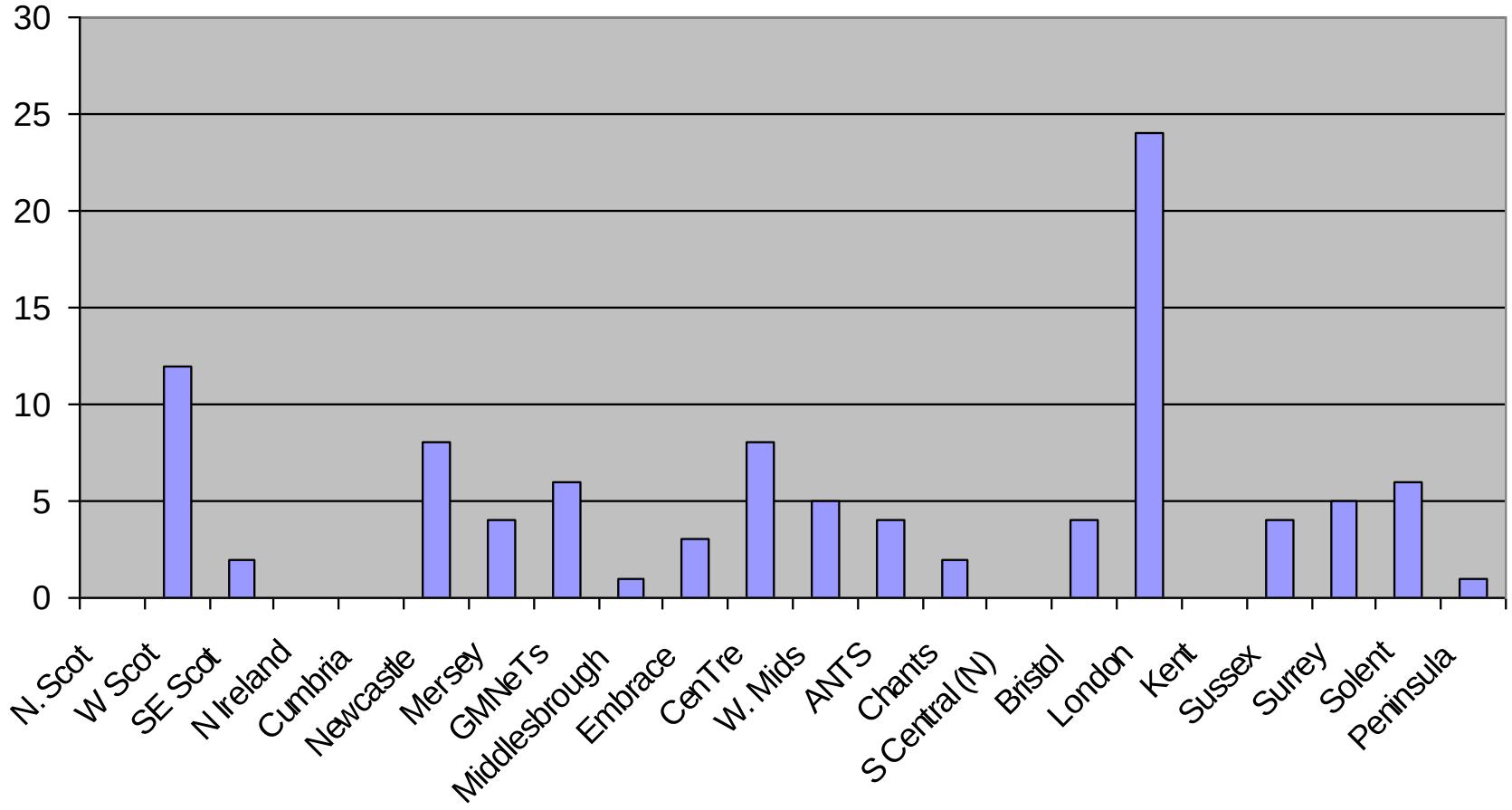
% of all transfers receiving no respiratory support



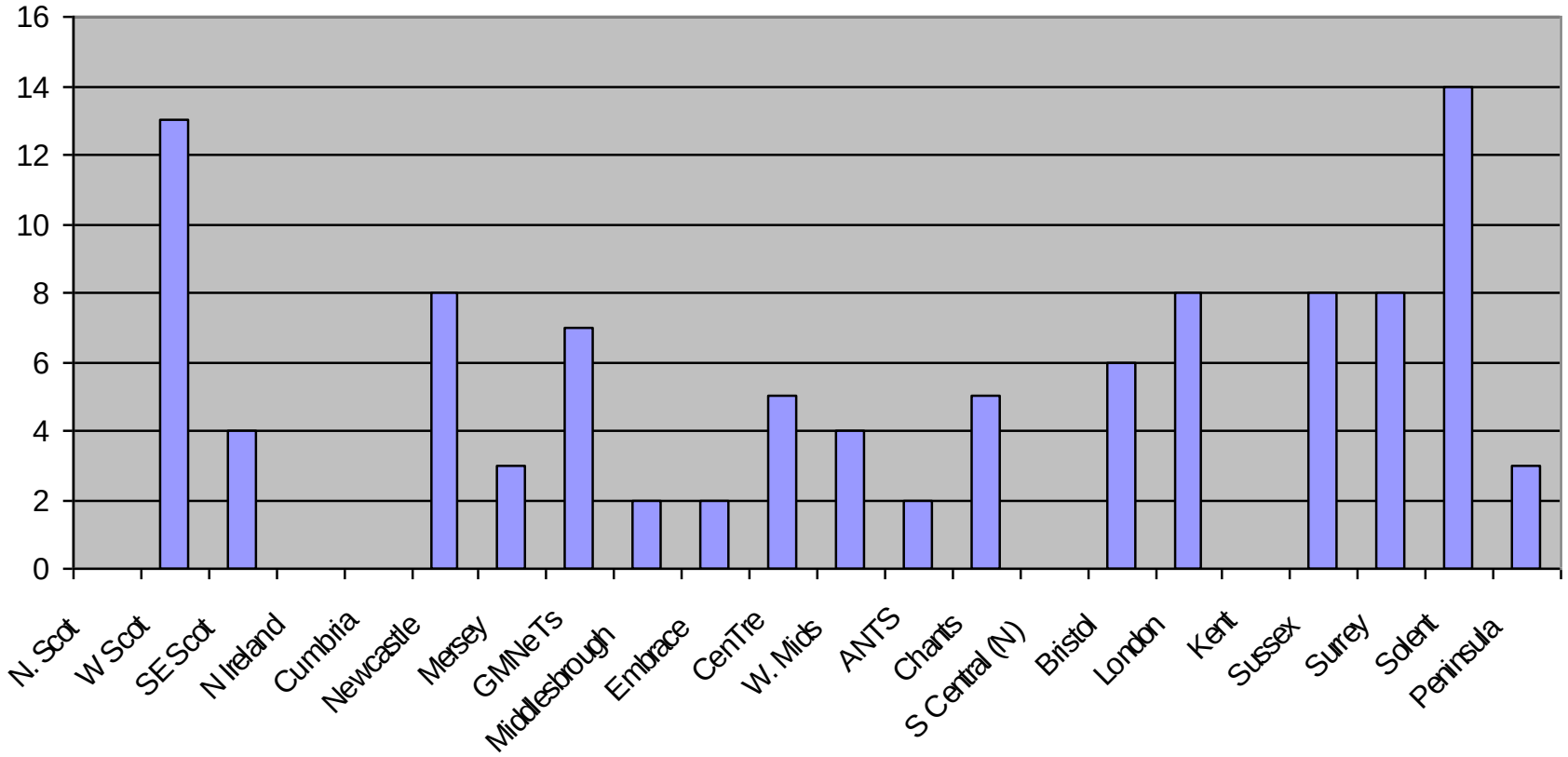
Number transferred for cooling or assessment for cooling



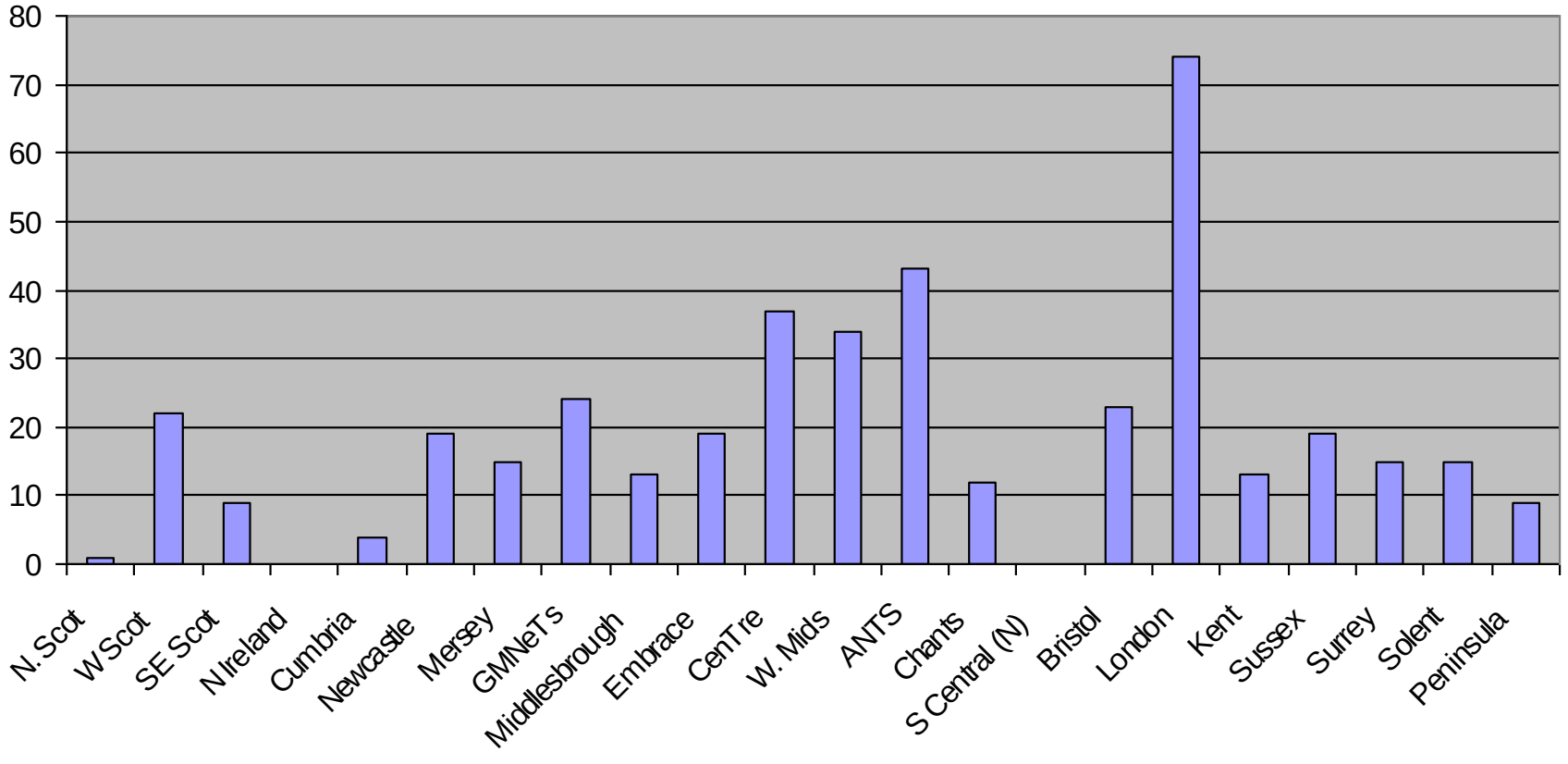
Number transferred on iNO



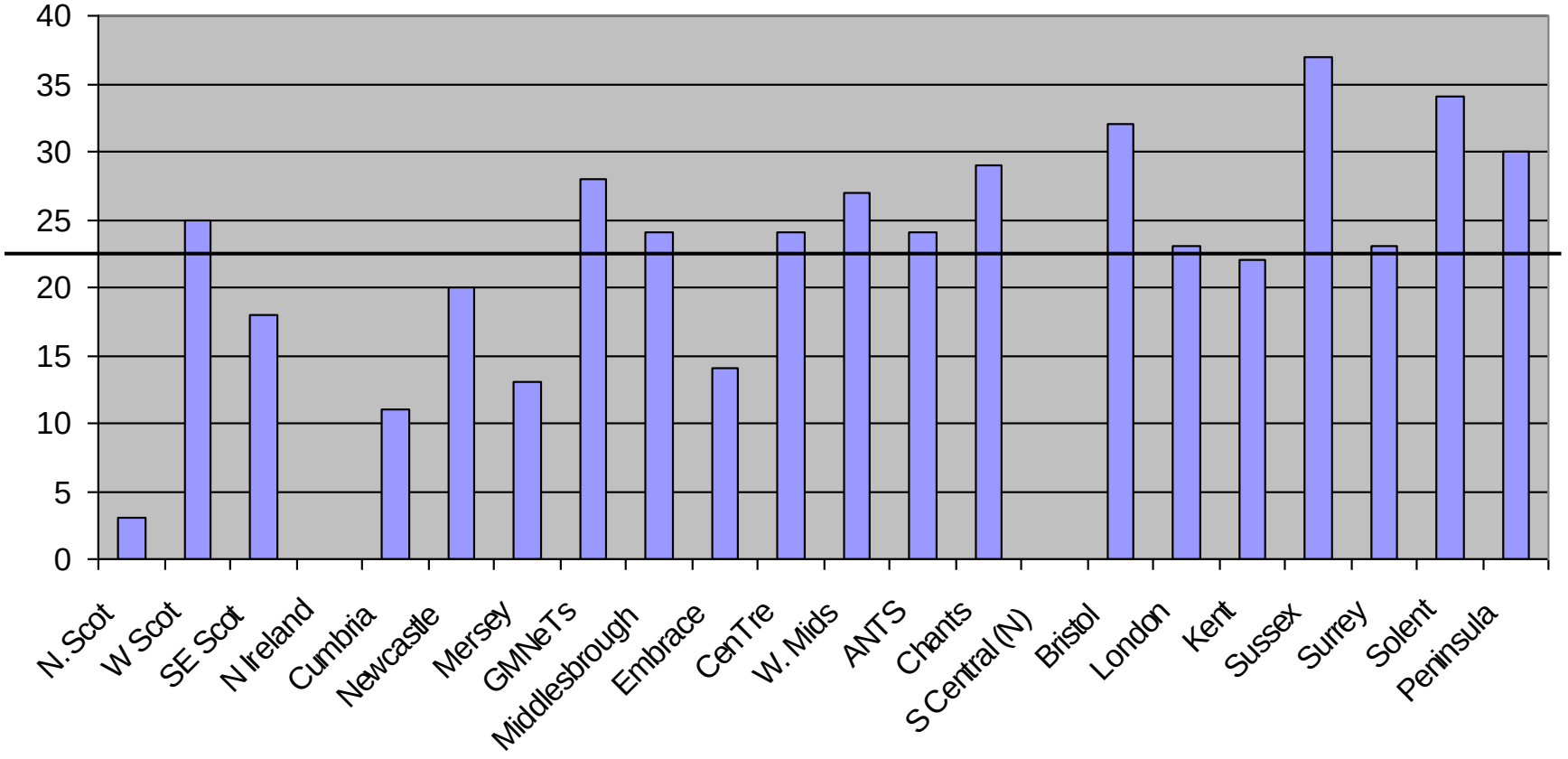
% of ventilated transfers transferred on iNO



Number on inotropes



% of ventilated transfers on inotropes



Data

- Interim year so quantity, not quality, oriented.
- Data belongs to the group.
  - Send-out to service leads.
  - Many projects are possible, following leads in the data.

Most important service achievement

- Themes
  - Staffing
  - Ambulances
  - Parents
  - Money
  - Equipment

Staffing

- Keeping a 24/7 service despite unfilled posts
- Recruitment of nursing staff and improved availability
- Progressive ANNP development – will shortly have 7 WTE dedicated neonatal transport ANNPs (GMNeTS)
- ANNP-led transfers
- Supernumary clinical staff – Specialist Trainee x 2 deanery posts plus dedicated ANNP Weekend cover (Mersey)
- Keeping the service going in the face of regular shortages in middle grade medical staff
- More secure medical staff OOH rota.
- Continuing to provide the high standard of service we do with the current service model utilised. We do not have a supernumerary, stand-alone transport service. It is currently staffed from within exiting nursing establishment. Additionally despite often having a registrar available during the day, gaps in the medical rota also makes this difficult.
- 24 hour service

Ambulances

- Air capability - fixed wing to move all levels of patients and helicopter to get staff to patients (Embrace)
- New ambulances approved (London)
- New clamps on incubators, allowing incubator to be fitted securely in dedicated neonatal ambulance and in some of the new front line ambulances (N Scot)

Parents

- Taking Parents on Transfers for all transfers – (ANTS, Bristol)

Money

- Completing a year of 24 hours service and only going marginally over budget.

Equipment

- Purchase of a tecotherm for transport to facilitate active cooling.

Mysterious…

- “Good start to our first”

Single biggest challenge

- Themes
  - Staffing
  - Ambulances
  - Logistics

Staffing

- Problems with the number of middle grade medical staff.
- More secure medical staff OOH rota.
- Keeping the service going in the face of regular shortages in middle grade medical staff.
- covering unforseen sickness and asence.
- the threat by London Ambulance Service to pull the paramedics from our service
- employing more experienced ANNP’s
- Every adverse staffing challenge to our nursing tier
- Finding appropriate cover for all nursing, medical and driver shifts.

Ambulances

- Re-procurement of ambulance provider.
- Safe means of securing incubator into ambulance following an air transport by Kingair.
- Ambulance provision.
- Recruitment of regular Ambulance crew
- Only one ambulance between the two teams

Logistics

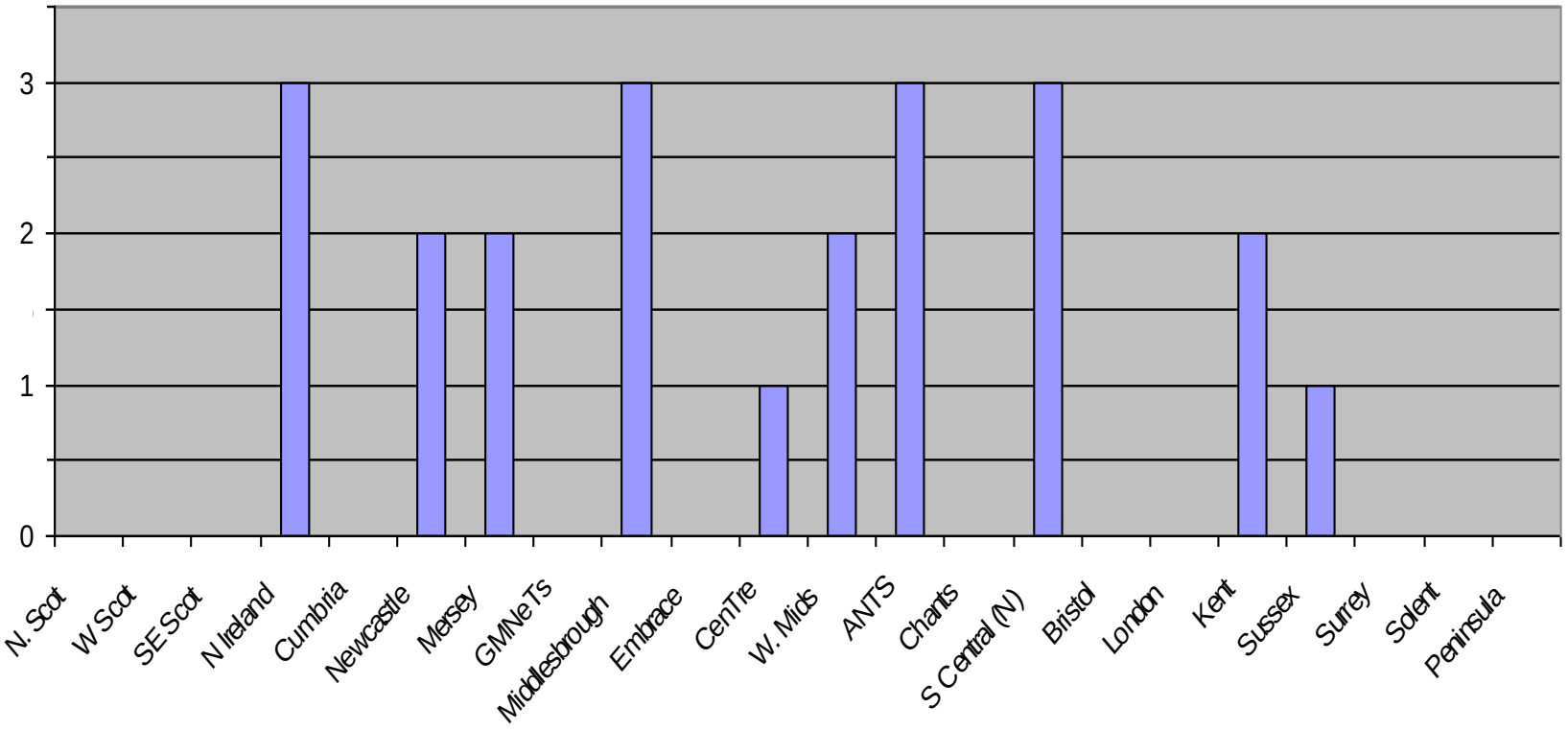
- Over-runs.
- Response times.
- Continuing to provide the transport service we do with the current service model utilised.
- Dovetailing with local paediatric retrieval team making sure that transfers are performed by appropriate team - each team liasing with the other when there are difficulties in performing all the transfers requested

The future…

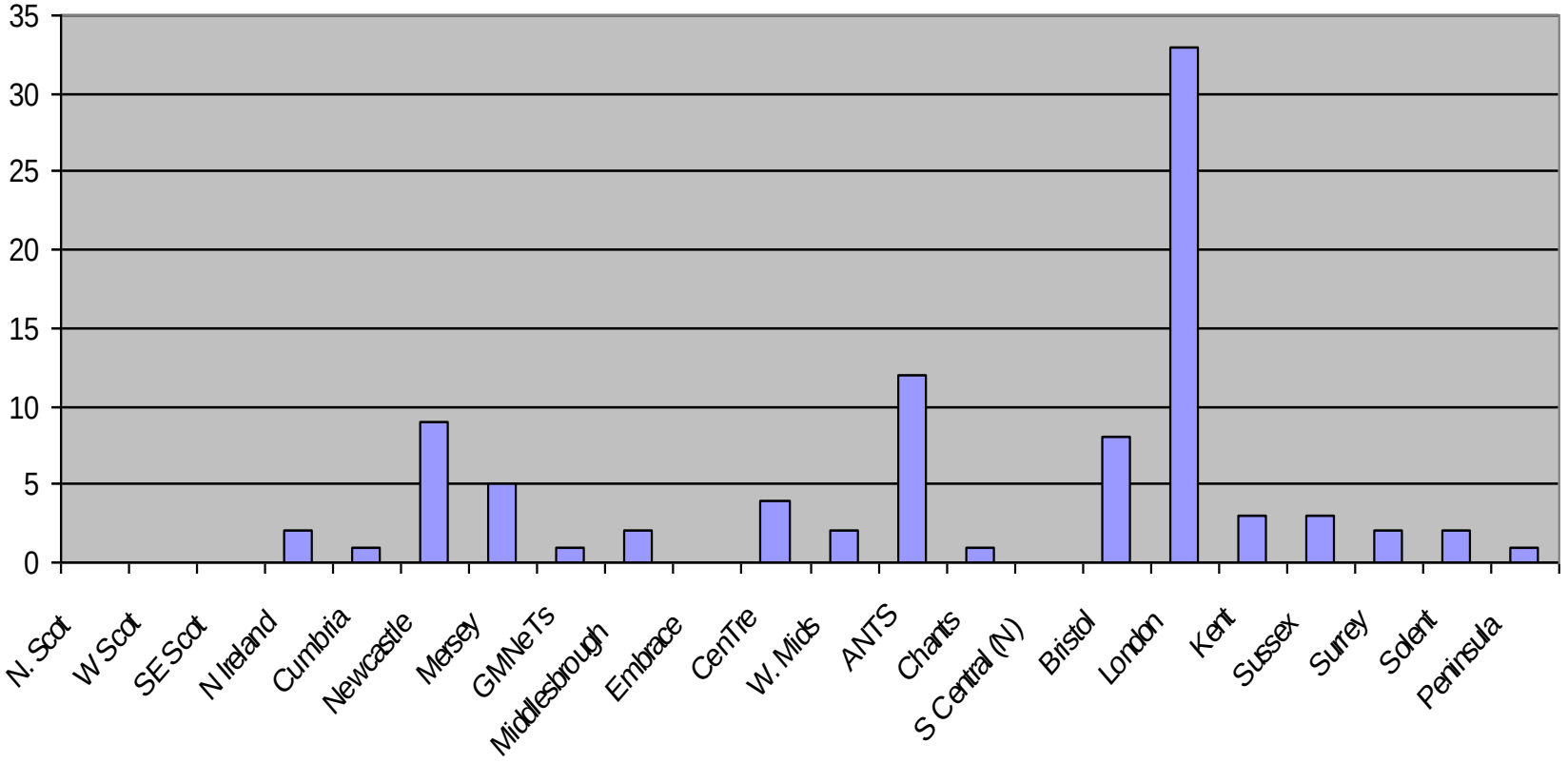
- It’s a major first to have data back from every team.

- The serious work starts next year, with the new dataset and meaningfully comparable, quality-oriented data comparisons.

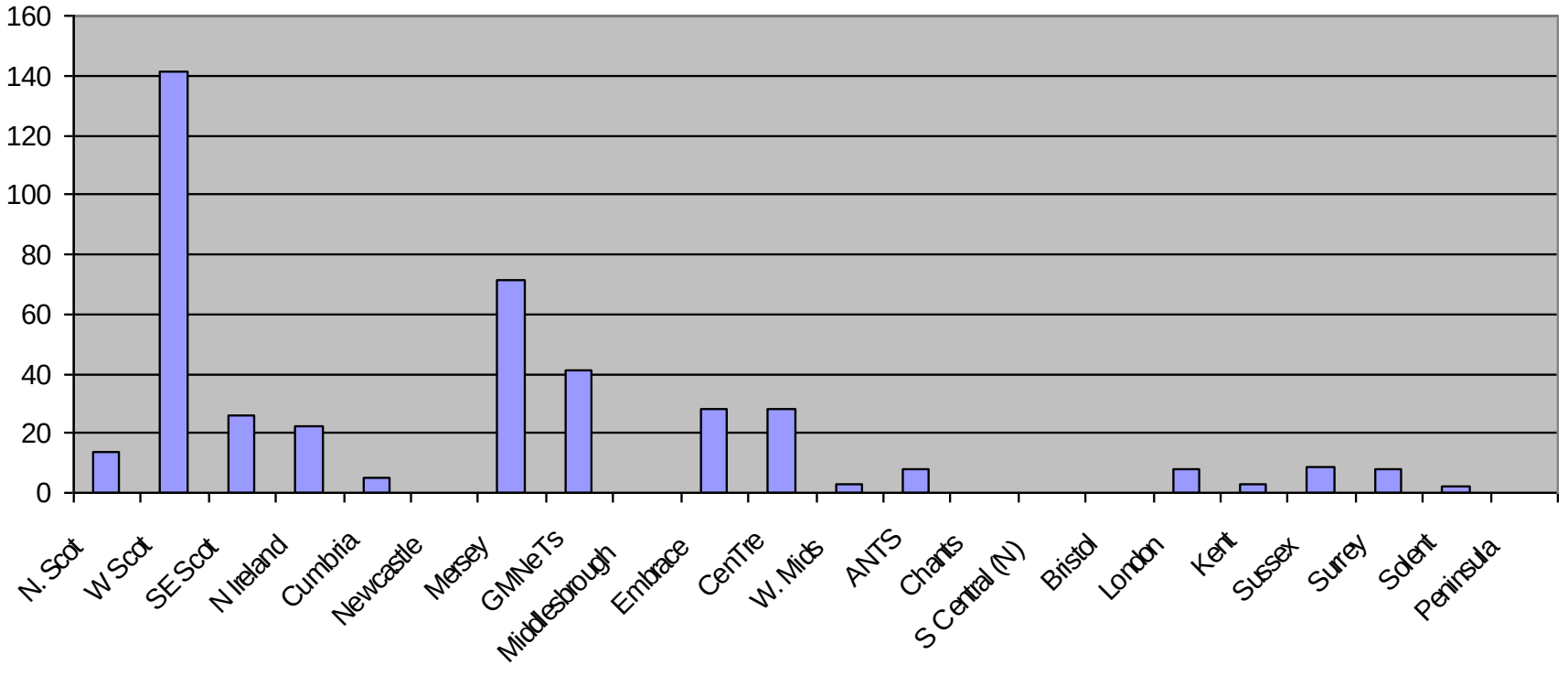
Number transferred for palliative care



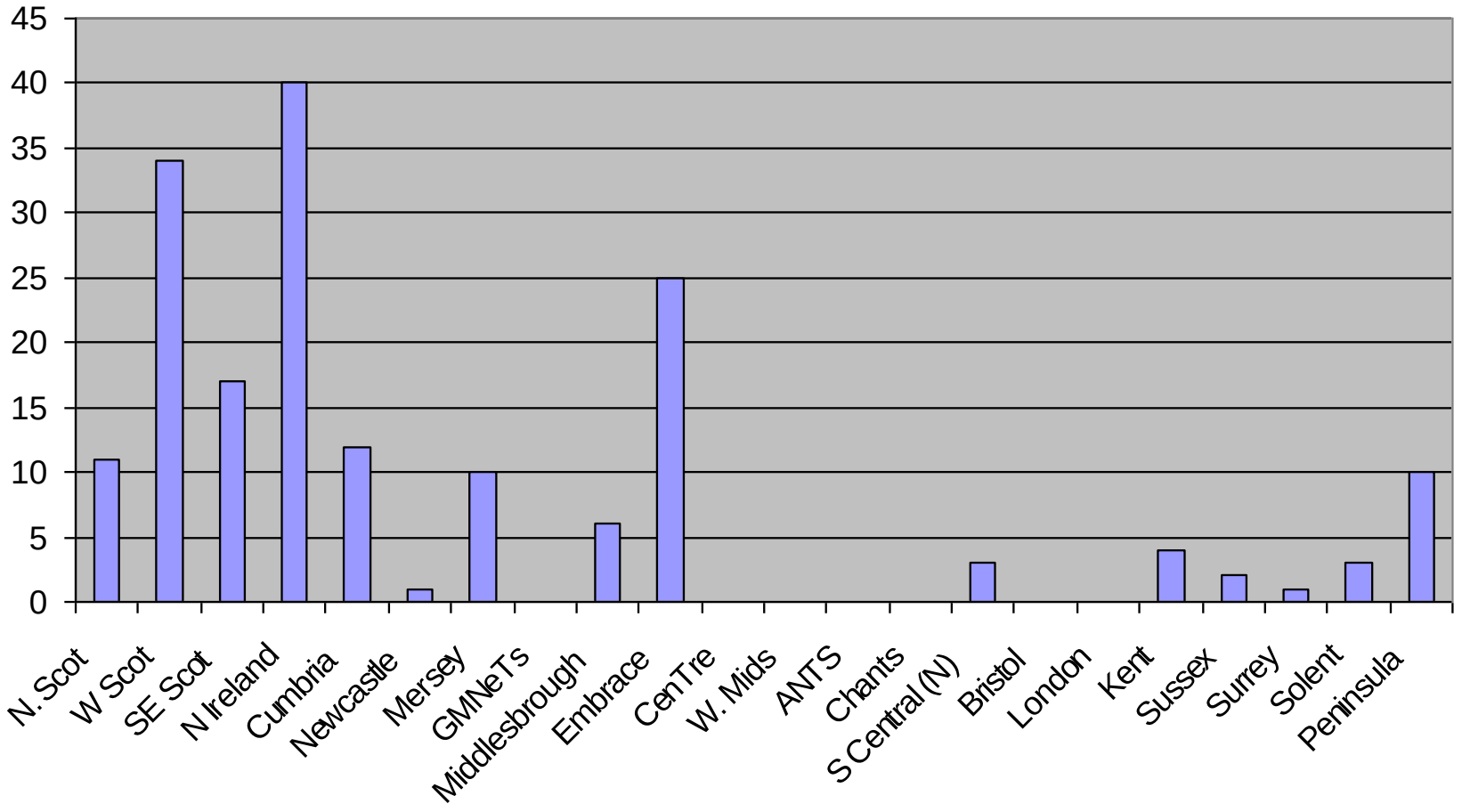
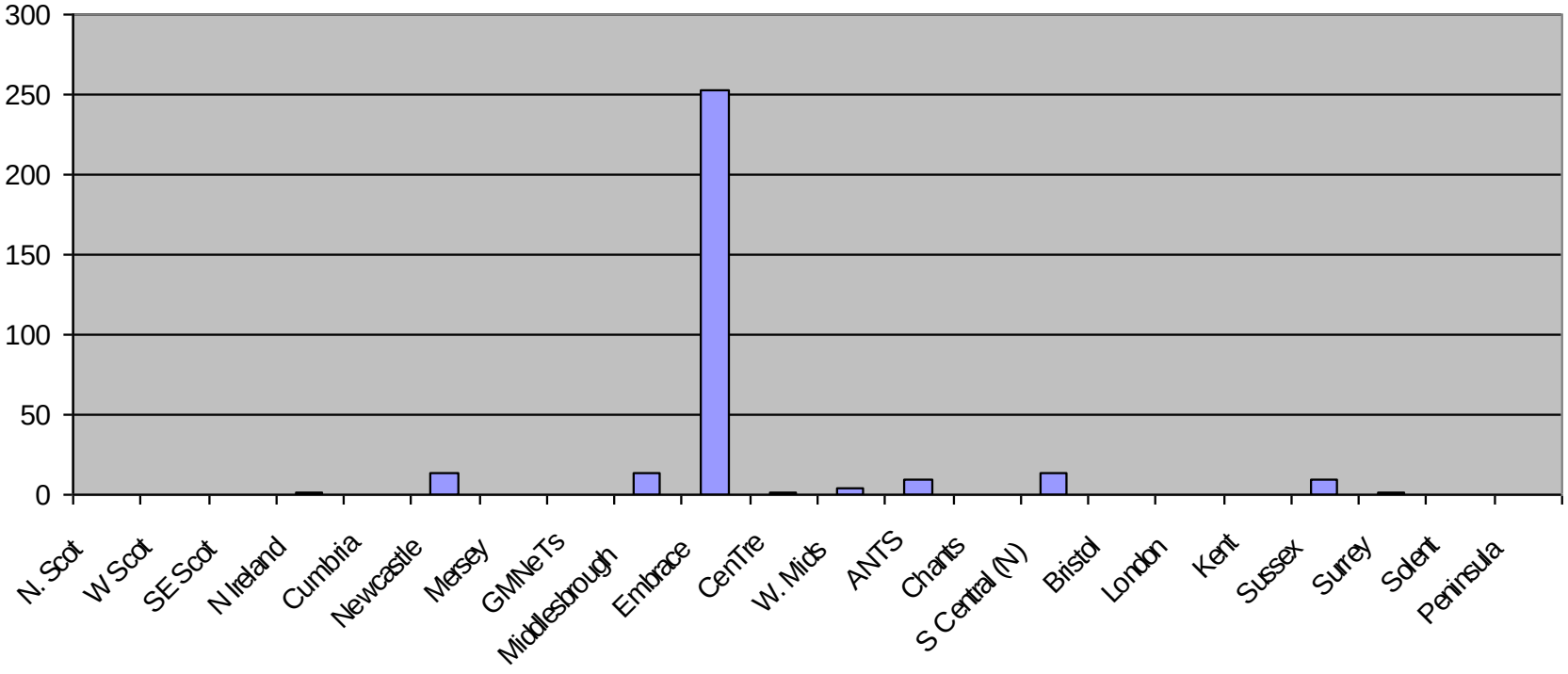
Number transferred for PDA ligation



Number transferred for OPA/wait-and-return



Number transferred for day-case procedure (not incl. PDA)



Number of non-neonatal transfers