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

<table>
<thead>
<tr>
<th>Intensive Care</th>
<th>High Dependency Care</th>
<th>Special Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td>Surgical</td>
<td>Cardiac</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Neurological</td>
</tr>
<tr>
<td>Uplift</td>
<td>Resources/ Capacity</td>
<td>Repatriation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Outpatients</td>
</tr>
</tbody>
</table>

| Within 1 hour | Within 24 hours | >24 hours |

• **EVERY** inter-hospital neonatal transfer categorised against these categories.
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:

<table>
<thead>
<tr>
<th>Within 1 hour</th>
<th>Within 24 hours</th>
<th>&gt;24 hours</th>
</tr>
</thead>
</table>

...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.
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.
<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total transfers</td>
<td>7152</td>
</tr>
<tr>
<td>Ventilated</td>
<td>1889 (26%)</td>
</tr>
<tr>
<td>CPAP</td>
<td>847 (12%)</td>
</tr>
<tr>
<td>No resp support</td>
<td>3694 (52%)</td>
</tr>
<tr>
<td>Cooling</td>
<td>247 (3%)</td>
</tr>
<tr>
<td>iNO</td>
<td>99 (1%)</td>
</tr>
<tr>
<td>On inotropes</td>
<td>420 (6%)</td>
</tr>
</tbody>
</table>
## UK summary data, 1.1.12 – 31.6.12

<table>
<thead>
<tr>
<th>Service</th>
<th>Total for UK</th>
<th>median(range)/team</th>
</tr>
</thead>
<tbody>
<tr>
<td>Palliative care (20 teams)</td>
<td>22</td>
<td>0 (0-3)</td>
</tr>
<tr>
<td>PDA (19 teams)</td>
<td>91</td>
<td>2 (0-33)</td>
</tr>
<tr>
<td>OPA</td>
<td>417</td>
<td>8 (0-141)</td>
</tr>
<tr>
<td>Awayday treatment (21 teams)</td>
<td>179</td>
<td>6 (0-40)</td>
</tr>
<tr>
<td>Paediatric transfers (20 teams)</td>
<td>321</td>
<td>1 (0-253)</td>
</tr>
</tbody>
</table>
Service Characteristics

- 24hrs
- Dedicated vehicles
- Cot bureau
- Conf. calls

24hrs:
- No: 2
- Yes: 18

Dedicated vehicles:
- No: 10
- Yes: 10

Cot bureau:
- No: 15
- Yes: 5

Conf. calls:
- No: 17
- Yes: 8
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

From 0% to 6% of total workload
Number transferred on iNO
% of ventilated transfers transferred on iNO
% 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 ANNPs development – will shortly have 7 WTE dedicated neonatal transport ANNPs (GMNeTS)
- ANNPs-led transfers
- Supernumerary clinical staff – Specialist Trainee x 2 deanery posts plus dedicated ANNPs 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 unforeseen sickness and absence.
• 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 liaising 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

The diagram shows the number of non-neonatal transfers across various regions.

- N. Scot
- W Scot
- SE Scot
- N Ireland
- Cumbria
- Newcastle
- Middlesbrough
- Embrace
- Centile
- W. Mids
- ANTS
- Chants
- S Central (N)
- Bristol
- London
- Kent
- Sussex
- Surrey
- Solent Peninsula

The graph indicates a significant number of transfers in the Centile region, with very low numbers in other regions.