

LOCAL NICU GUIDELINE: Transfer of Babies to Other Units for Follow On Care or repatriation to home services

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Version	2.0
Version Date	February 2012. UPDATED Dec 2014
Implementation/approval Date	April 2012
Review Date	February 2016
Review Body	NICU: Governance and Risk group.

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Summary:

This guideline provides information for professionals working in the Neonatal Intensive Care Unit (NICU) regarding transfer of babies from the unit to other neonatal care providers for follow on care. This process is also referred to as repatriation or transfer to a unit that is closest to the baby's home

Clarification of terms:

Repatriation = once ITU care is complete the baby will be returned to the unit that sent the baby to HUH NICU for ITU care.

Unit Closest to Home = where the pregnancy is booked at HUH, but the family actually live closer to another neonatal unit, then a request for the baby to go to the unit nearest to home will be made

Introduction:

The aim of this guideline is to provide the NICU team with an approach that ensures parents have, from the point of admission, a clear understanding that it may be necessary for their baby to be transferred or repatriated to another neonatal service at some point in their pathway of care.

Scope:

This guideline is for use of all staff working in the NICU. The aim of the guidance is to promote best practice, ensure clear parental communication and maintain articulate capacity management in the unit in order to support the North Central and East London Neonatal Operational Delivery Network (ODN) patient flows and pathways.

Responsibility:

All staff working in the unit need to be aware of each baby's transfer / repatriation requirements.

General Principles:

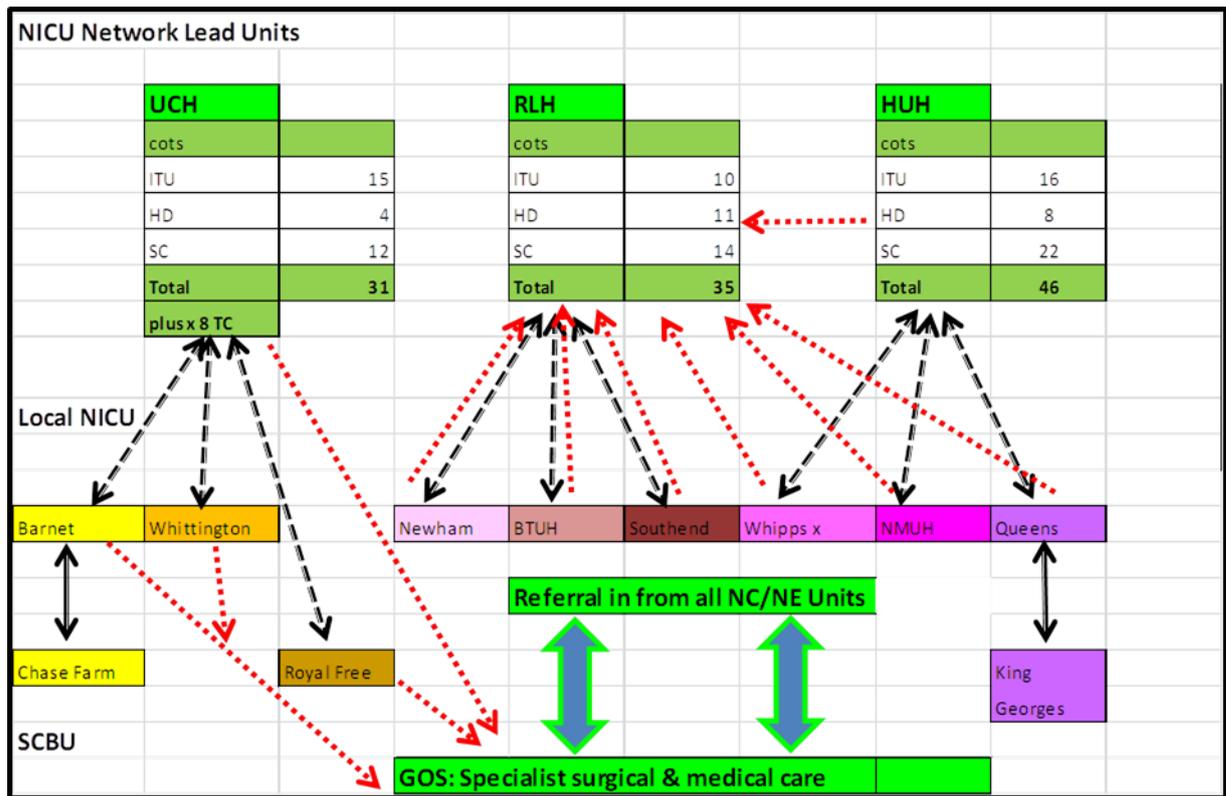
Neonatal or perinatal networks were set up in 2003, following an assessment and review of neonatal care in England. The network works on the principle of keeping babies as close to home as possible, whilst ensuring they have the right care, in the right place with the right skills set of professionals caring for them.

In order to support this approach networks were formed with units of varying levels in expertise's to allow intensive support and follow on care.

Within the North Central /East ODN, there are operational policies that support the process of repatriation. The specialist commissioners for neonatal care define in their contractual service specification return to home or near to home neonatal units as being part of contractual obligation to allow patient

flows through the regional or NICU services. The Homerton is a regional NICU.

Network Pathways: The chart below shows the agreed patient pathways for NC and NE London. These pathways should be taken into consideration within the context of repatriation and unit closest to home transfers.



Network Units: the map below shows the network units and boundaries. Although the network is joint; the patient flows and pathways remain those that were put in place in 2008 during the network formation.



Unit Closest to Home: When defining the unit closest to home use of the London boroughs is supportive and works within the principle of CCG's catchment areas and also many of the neonatal outreach teams.

Boroughs for NCEL Neonatal ODN



Network Unit Communication: In order to ensure that there is a robust process in place for repatriations the nursing team undertake a weekly ring round of all the units who have a baby that will require repatriation. This ring round starts from the point of admission and also ensure the home unit have a regular update of how their babies are progressing and therefore a guide at to when repatriation is likely to be requested. The ring round takes place every Sunday.

Boundaries of the Networks Pathways: Where the home address of the baby is on a boundary line between networks, the bough application should be made.

NICU Capacity: Ensuring optimal capacity within the regional / level 3 or NICU's is essential and therefore the unit closest to home approach between these service should be applied carefully to avoid lower care level cot blocks. Any transfer request from a level 3 units should be discussed with the Consultant on duty considering the following factors:

- Maternal place of booking
- Transfer at appropriate care level
- Home address and CCG area
- Outreach team boundaries
- Follow on care
- Searching of the baby's postcode on google maps or similar applications is not good practice.

Child Protection: Where there are known child protection concerns or plans this information must be included in transfer details for the infant and where repatriation is concerned insurance that the neonatal team communicate with the accepting team and also the borough of transfer social services team.

Cot Crisis: This is a term that can be applied to a service when there is an unpredicted surge in activity, that then creates a risk in the service and very high over occupancy. Articulate capacity management will support avoidance of cot crisis, but very occasionally due to the nature of neonatal care a cot crisis will occur.

If a service calls a cot crisis then all units in the network should try to support transfer of babies to make the service with the crisis safe, on these rare occasions the key focus is patient safety and the unusual boundaries and principles are disregarded. The NTS team and EBS should be notified of a cot crisis so they are able to support relocation of babies.

Parents: Ensuring that all parents whose baby is in the unit have a full understanding and awareness that their baby or babies may be transferred at some time during their care as part of the ODN pathway and for follow on care is important.

At the point of admission all parents should be given a copy of the information sheet which provides details about transfers and repatriation.

Exceptions to the transfer policy of the service should be very rare and only on the grounds of extreme situation, for example maternal death in the home unit, significant complaint or dissatisfaction with the home or transfer service, this must be a Consultant and or Senior Nurse decision.

Homerton NICU Parents Information sheet

Homerton University Hospital

NHS Foundation Trust

Transfer of Babies to Other Units for Follow on Care

Information for parents

Our service at Homerton is a regional service for the sickest and most vulnerable babies across the North East of London. We transfer babies into our service to support their intensive care needs, but we need to ensure that we have cots open as often as we can for new patients to come to the unit for intensive care. Therefore once babies are progressing and stable we will be looking at transferring them to a unit closer to home. We also move some babies for other reasons e.g.; surgery or much specialised opinion.

We work closely with the other neonatal units in London who look after babies once they are more stable and at a lower care level.

Whilst we fully understand that you may feel concerned about transferring to another hospital, we want to reassure you that all of the other services that we work with provide excellent care.

Making these transfers supports us to follow pathways of care for babies born in North East London. These pathways are in place to allow all babies the best possible care in the most appropriate neonatal unit.

If we do not transfer babies when their care levels decrease we can “cot block” our intensive care cots and this means that sick babies who need our service may not be able to be admitted.

Preparing for Transfer

When the Consultant team are happy with a baby’s condition and confident that the baby is ready for transfer this will be arranged. The doctors and nurses will talk to you about transfer as this time approaches, so you will have an idea that this will soon be happening.

If your baby has been at Homerton for a long time we suggest you may find it very helpful to go and visit the unit where your baby will be transferred to before the transfer. Seeing where the bay will be transferred to and meeting staff there is often reassuring for parents.

As a team we like parents to be well informed. We have given this letter to you so that you are aware that a transfer may take place during the time your baby needs to be in hospital.

Thank You

The NICU Team

References:

NICE (2010) Specialist Quality Standard for Neonatal Care. At www.nice.org.uk

Department of Health (2010) Toolkit for High Quality Neonatal Services. At www.dh.gov.uk

British Association of Perinatal Medicine (BAPM) (2010) Standards for hospitals providing neonatal intensive and high dependency care. At www.bapm.org.uk

NHS London SCG (2012) Contract Service Specification.

NHS England; E08/S/a 2013/14 NHS Standard Contract for Neonatal Critical Care. @ <http://www.england.nhs.uk/wp-content/uploads/2013/06/e08-neonatal-critical.pdf>

NELPN Back Transfer Guideline. 2010. Network Board Approved.

Appendix 1 - Consultation

List of all staff consulted as part of guideline development

Consultation

Medical team

Dr Zoe Smith; Lead Consultant NICU
Dr. Ravi Prakash: Neonatal Consultant
Dr Shad Husain: Neonatal Consultant
Dr. Swee Fang: Neonatal Consultant
Dr. Philippa Chisholm: Neonatal Consultant
Dr. Olga Kapellou : Neonatal Consultant
Dr .Elia Maalouf: Neonatal Consultant
Dr Neil Murray: Neonatal Consultant
Dr Narendra Aladangady: Neonatal Consultant
Dr Paul Fleming: Neonatal Consultant

Senior Nurse Team

Jacki Dopran: Senior Nurse
Basani Mabyalane: Lead Nurse
Angela Williams: Acting Lead Nurse

Neonatal Sisters

Jill Ashton
Johnette Brown
Nicola Openshaw-Lawrence
Rachel Job-Vinu
Mariamma Eapen
Maria Serapio
Annamma Alexander
Cheng Lee Ning
Peng Wong
Fiona Stacy
Patience Dafimu
Jacquie Tan
Kezia Alex
Betty Mathew
Mina Wanti
Mini Tiny
Sujatha Ashok Pilla

Committee Consultation:

Neonatal Clinical Governance forum

Appendix 2 - Equalities Impact Assessment

This checklist should be completed for all new Corporate Policies and procedures to understand their potential impact on equalities and assure equality in service delivery and employment. The assessment is being completed for this local guideline as parts of the guide will be given to service users.

Policy/Service Name:	Local NICU Guideline; Transfer for follow on care.
Author:	Jacki Dopran
Role:	Senior Nurse NICU
Directorate:	CSDO
Date	April 2012/ review Jan 2015

Equalities Impact Assessment Question	Yes	No	Comment
1. How does the attached policy/service fit into the trusts overall aims?	yes		Specific to NICU
2. How will the policy/service be implemented?			By communication across the NICU team
3. What outcomes are intended by implementing the policy/delivering the service?			Managed approach for back transfer to support neonatal capacity.
4. How will the above outcomes be measured?			Monitoring of patient flows through service and capacity availability
5. Who are they key stakeholders in respect of this policy/service and how have they been involved?			Senior neonatal team members
6. Does this policy/service impact on other policies or services and is that impact understood?		X	
7. Does this policy/service impact on other agencies and is that impact understood?		X	
8. Is there any data on the policy or service that will help inform the EqIA?		X	
9. Are there information gaps, and how will they be addressed/what additional information is required?		X	

10. Does the policy or service development have an adverse impact on any particular group?		X	
11. Could the way the policy is carried out have an adverse impact on equality of opportunity or good relations between different groups?		X	
12. Where an adverse impact has been identified can changes be made to minimise it?			N/A
13. Is the policy directly or indirectly discriminatory, and can the latter be justified?		X	
14. Is the policy intended to increase equality of opportunity by permitting Positive Action or Reasonable Adjustment? If so is this lawful?		X	

EQUALITIES IMPACT ASSESSMENT FOR POLICIES AND PROCEDURES

2. If any of the questions are answered 'yes', then the proposed policy is likely to be relevant to the Trust's responsibilities under the equalities duties. Please provide the ratifying committee with information on why 'yes' answers were given and whether or not this is justifiable for clinical reasons. The author should consult with the Director of HR & Environment to develop a more detailed assessment of the Policy's impact and, where appropriate, design monitoring and reporting systems if there is any uncertainty.
3. A copy of the completed form should be submitted to the ratifying committee when submitting the document for ratification. The Committee will inform you if they perceive the Impact to be sufficient that a more detailed assessment is required. In this instance, the result of this impact assessment and any further work should be summarised in the body of the Policy and support will be given to ensure that the policy promotes equality.