The Newcastle upon Tyne Hospitals NHS Foundation Trust

Guideline for seeking NNeTS Consultant advice and support in responding to referral and advice calls

Version No.:	1.0
Effective From:	14/12/2017
Expiry Date:	01/12/2020
Date Ratified:	13/12/2017
Ratified By:	Newcastle Neonatal services/NNeTS
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1 Introduction

The Northern Neonatal Transport Team (NNeTS) has designated Consultant cover 24 hours a day. Practically this is achieved by having a specific Transport Consultant through the daytime hours of the working week. Out of hours and at the weekends, responsibility for oversight of NNeTS activity rests with the RVI NICU (ward 35) Intensive Care ('red area') Consultant.

2 Guideline scope

It is essential that calls referred to the NNeTS hotline are triaged to the most suitable person for advice and subsequent logistic planning. In addition, there may be some occasions where liaison with other teams are required (for example for out of region referrals) when it is necessary to access the skills and experience of the Consultant on call forNNeTS. This guideline outlines the occasions on which a referral or advice call to NNeTS which mandate the Consultant on call for NNeTS to be conferenced into the call.

3 Evidence Review and Evaluation

There is currently a paucity of evidence around the effectiveness of reducing morbidity by provision of a specialist neonatal transport team (vs. non-specialist transfer) in the wider neonatal population (Chang et al, 2015) but the ability to minimise delay in transfer by providing such a service improves access to intensive care in a timely fashion. Outcomes observed in Victoria (Australia) show that outcomes at discharge for preterm babies <30 weeks born in non-NICU centres are similar to those inborn if attended by a specialist NICU team (Boland et al 2016). In addition, it has been shown in paediatric transport that specialist teams reduce the incidence of 'intensive care incidents' during intensive care transport (Edge et al, 1994). The occurrence of adverse events is in neonatal transport is most frequent during emergency intensive care uplift (van den Berg et al 2015). The model of provision of care at NNeTS is Consultant *led* and ANNP/non-Consultant medic *delivered*. In order, therefore, to optimise both patient management by referring teams and by the team in transport it is essential that there is guidance to identify those cases in which expert advice can be provided by involvement of a

Neonatologist will make a difference. This also includes involvement in the process of referrals for intrauterine transfer as the Consultant Neonatologist on call for NNeTS will be best placed to identify where the most appropriate place of delivery will be for the given fetus based on knowledge of services provided across the network.

4 Specific Guidance

NNeTS has access to call conferencing via the call queueing system. Call recording facilities are currently not available. The Consultant covering NNeTS can easily be conferenced into the telephone call from a referring centre in order to support clinical decision making.

The following situations should result in involvement of the Consultant on call for NNeTS as part of the decision making process by call conferencing (or otherwise) **as routine**:

- IUT ***OR*** EUT of babies <27 weeks gestation, **BEFORE** a destination is confirmed and that receiving unit is contacted by NNeTS
- Any surgical referral requiring intensive care
- A referral meeting criteria for *time-critical* uplift
- *Out of hours referral* for anything which *appears* to be for a low acuity transfer†
- Transport of any baby requiring intensive **or** high dependency care support (e.g. non-invasive ventilation) en–route to receiving centre, ***before*** NNeTS team leaves referring unit
- ANY instance where capacity/resource/'clinical category' might require NNeTS to contact NECTaR for support in completing the uplift OR vice-versa*

†Referral for routine/low priority transport should happen during daytime hours. If a referral for these occurs *out of hours* (e.g. for an outpatient appointment) it requires discussion with the NNeTS Consultant on call to ensure that there is no hidden agenda: the timing of the call *out of hours* may point to there being undisclosed complicating factors.

*In this instance there should be immediate discussion via conference call between the referring centre, the NNeTS Consultant on call and the Specialist Transport Nurse +/- B7 to decide on appropriate course of action with current status of deployment/availability of NNeTS assets. In the *unlikely* event that NECTaR needs to be asked for support, this should be done Consultant-to-Consultant and logged in the transport red-book.

Referring centres SHOULD NOT BE ASKED TO CONTACT NECTaR after contacting NNeTS

During daytime hours the default position should be to discuss the majority of transport referrals with the Transport Consultant for that day.

Out of hours: after the night-time ward round, the NNeTS team should routinely discuss ongoing and anticipated activity with the Consultant on call. The Consultant *may*, at their discretion, decide to modify the circumstances (above) under which they wish to be called, if not in person on NICU. This must be explicitly agreed with the transport Specialist Nurse and NICU Band 7 on duty, and the NICU registrar on night shift must be aware of the agreement before departing the NICU.

Note: NNeTS exclusion criteria

The default should be to say '**yes**' to referrals. If in doubt, ask the Consultant on call for NNeTS.

Exclusion criteria for a NNeTS transfer are:

- Baby > 6kg weight or > 6 months old
- Clearly a 'non-neonatal' reason for transfer (e.g. poly-trauma, meningococcal sepsis)

5 Training, Implementation, Resource Implications

The equipment for this change is in place and the only resource implication is publication of notification of the change.

Scripts for efficient and standardised use of conference calling are being developed in parallel to this guidance and will be trialled before revision and adoption on a permanent basis. NNeTS administration and clinical staff who are involved in answering referral calls will receive training on how, when and whom to conference into a referral call.

6 Monitoring Section

This guidance will be reviewed 1 year after implementation to ensure that the correct patient groups are being discussed with the Consultant on call for NNeTS, and that this is allowing the effective and appropriate use of NNeTS assets in supporting regional transport and NICU activity.

7 References

Chang, ASM, Berry, A, Jones, LJ, Sivasangari, S. Specialist teams for neonatal transport to neonatal intensive care units for prevention of morbidity and mortality, *Cochrane Database of Systematic Reviews*: 10; 2015

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