NWTS

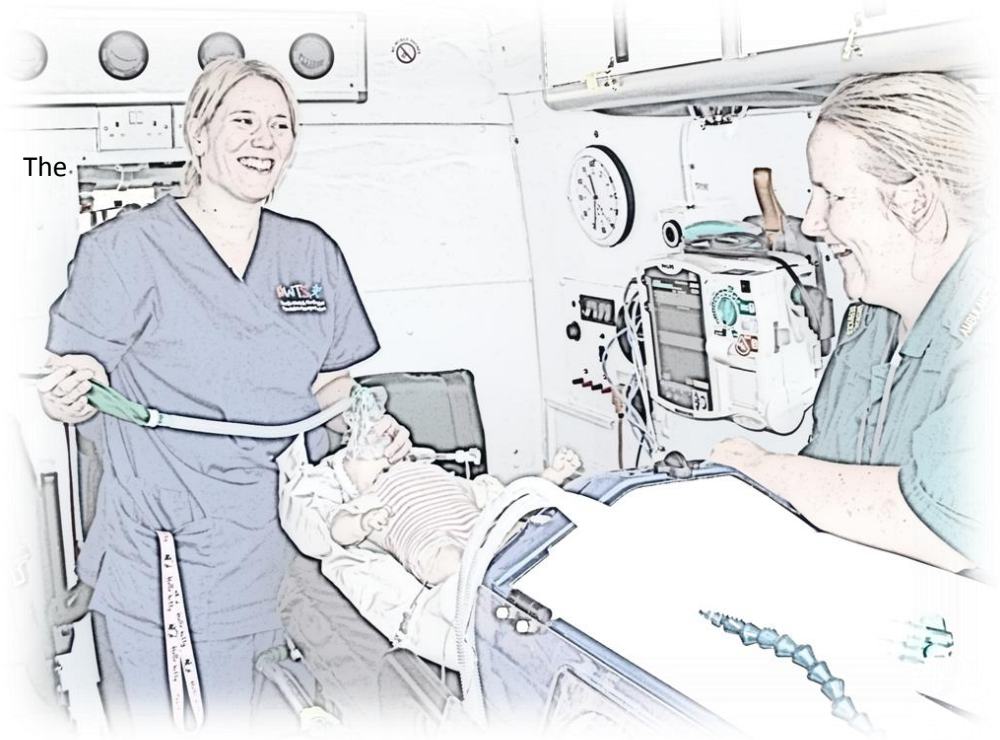
North West & North Wales
Paediatric Transport Service

2013-14
Annual REPORT

www.nwts.nhs.uk

Contents

Foreword



North West and North Wales Transport Service (NWTS) is now in its 4th year of operation. Since it's inception the Service has received over 3,000 Referrals and transferred over 2,000 children.

This has been achieved with the close collaboration of all of our District General Hospital partners and both of the tertiary centres in region.

We were fortunate as a team to secure additional funding to run our Repatriation Service for 3 months to relieve winter pressure. This again proved to be very useful.

Kate Parkins
Lead Consultant

Sarah Santo
Clinical Nurse Manager

Executive Summary

Highlights 2013/2014

- Increase in the number of children we have been involved with, either from an advice point of view or from the retrievals performed.
- Our ambulance team were winners of the North West Suppliers Award for Patient Safety
- Delivery of a combined Paediatric / Neonatal Conference
- Delivery of a Comprehensive Outreach Education Programme

Background

Role, Function and Benefits of Regional Retrieval Services

Ideally, all paediatric inter-hospital transfers should occur at the right time, be done safely by the right team to the right place (ie wherever possible each child should undergo one transfer only).

In 1995 in the UK a 10 year old boy with an acute intracranial bleed, requiring stabilisation and transport to an appropriate Specialist Paediatric Intensive Care Unit, did not receive such care.

After publication of the resulting inquiry, the Department of Health produced a landmark report on PICU development and configuration, 'A Framework for the Future' which outlined the strategic direction for streamlining children's Intensive Care Services in the United Kingdom. Its' long-term vision was of a 'high quality integrated service organised and delivered around the health care needs of children' and that a transport service must be funded and staffed on a 24 hour basis for each geographical area.

The subsequent rationalisation and centralisation of Paediatric Intensive Care (PIC) and specialist paediatric services has meant the demand for inter-hospital transfer of critically ill or injured children over the last seventeen years in the UK has increased. Initially transport teams were drawn from within the staffing of individual units. With increasing admissions to PIC, individual units have struggled to provide appropriate teams as the demands of the units are such that their immediate priority is to the children already in their care.

In addition, changes to medical training with the introduction of European Working Time Directive and Staffing Out-of-Hours (Hospital at Night) has meant that the actual time spent in the clinical area and the exposure to the more challenging aspects of critically ill infants and children is reduced.

This change in working practice affects all medical training which leaves both the referring and receiving units, by its very nature, exposed to the potential risks associated with unfamiliar clinical scenarios, the stressful environment this creates and the ability to rapidly interpret a child's clinical condition.

Evidence from literature supports the development of specialist retrieval services and demonstrates that centralisation and patient volume are associated with improved outcomes, both in morbidity and mortality rates; that practitioners who care for and transport children on an infrequent and ad hoc basis may be unable to maintain the high level of skills such care requires; that with the establishment of a dedicated retrieval team the best interests of the child and family would certainly be served.

Therefore, regional transport teams have been developed in the UK over the last 5-10 years. These are either unit-based or stand-alone and provide dedicated specialist teams for the transport of the critically ill or injured child.

NWTS is a stand-alone regional transport team based in North West England. It is a specialist multi-disciplinary team, providing expert advice, stabilisation and transport of critically sick or injured children from the 29 referring centres within North West England and North Wales to one of the two lead centres providing Paediatric Intensive Care in region (Royal Manchester Children's Hospital – RMCH and Alder Hey Children's Hospital – AHCH), or further afield when necessary. Out of approximately 1.7 million children in North West England and North Wales, the 2 Paediatric Intensive Care units in region admit almost 2,000 patients per annum combined. Over the last 3 years, since launching the Service in November 2010, NWTS has transferred 2,170 children, ie between 600-700 patients per annum.

To demonstrate the role and benefits of dedicated transport teams we will describe the North West & North Wales Paediatric Transport Service (NWTS.

Role

The Service was established because the 2 PIC units found it increasingly difficult to maintain their own unit-based teams. Previously the transport team would be taken from the staff (nursing and medical) working on the unit if appropriate staff were available and the unit's workload permitted. As a consequence, almost 40% of transfers into the 2 Paediatric Intensive Care Units were being undertaken by non-specialist teams from the referring hospitals in 2009-2010. During a review of the service provision in region, referring teams voiced serious concerns about the risks involved when these transfers were done by ad hoc teams, in addition to difficulties releasing their own staff, especially out-of-hours.

Benefits of Regional Transport Teams

Equitable Access

NWTS is based centrally in region (not in one of the tertiary hospital sites) to enable the Team to provide equitable access to the service for all patients. The decision was based on local referral data, discussion with the regional emergency ambulance provider, and review of motorway access. Choosing this site ensures that the majority of referring units within the North West England and North Wales region are within 30 minutes-1 hour travelling time by road from NWTS base.

Mission Statement

The ***North West and North Wales Paediatric Intensive Care Transport Service*** aims to provide the highest quality paediatric intensive care for children and their families from the first point of contact to the final unit destination.

The Service:

- Provides easy access and service co-ordination for referring children's units
- Facilitates improvements in transport provision for critically ill children
- Co-ordinates all available regional resources to meet fluctuating demands
- Provides telephone advice and triaging facilities for all referrals
- Facilitates the delivery of the most appropriate care, in the most appropriate place, for any infant or child requiring Intensive Care in the North West / North Wales Region
- Education and outreach for the District General Hospital
- Audit and research will form part of the service provision

The Guiding Principles are:

- A collaborative service
- Close working with the 2 Paediatric Intensive Care Units
- Rigorous audit with regular presentation and dissemination of information to the two provider units
- Close collaboration with the adjacent retrieval service

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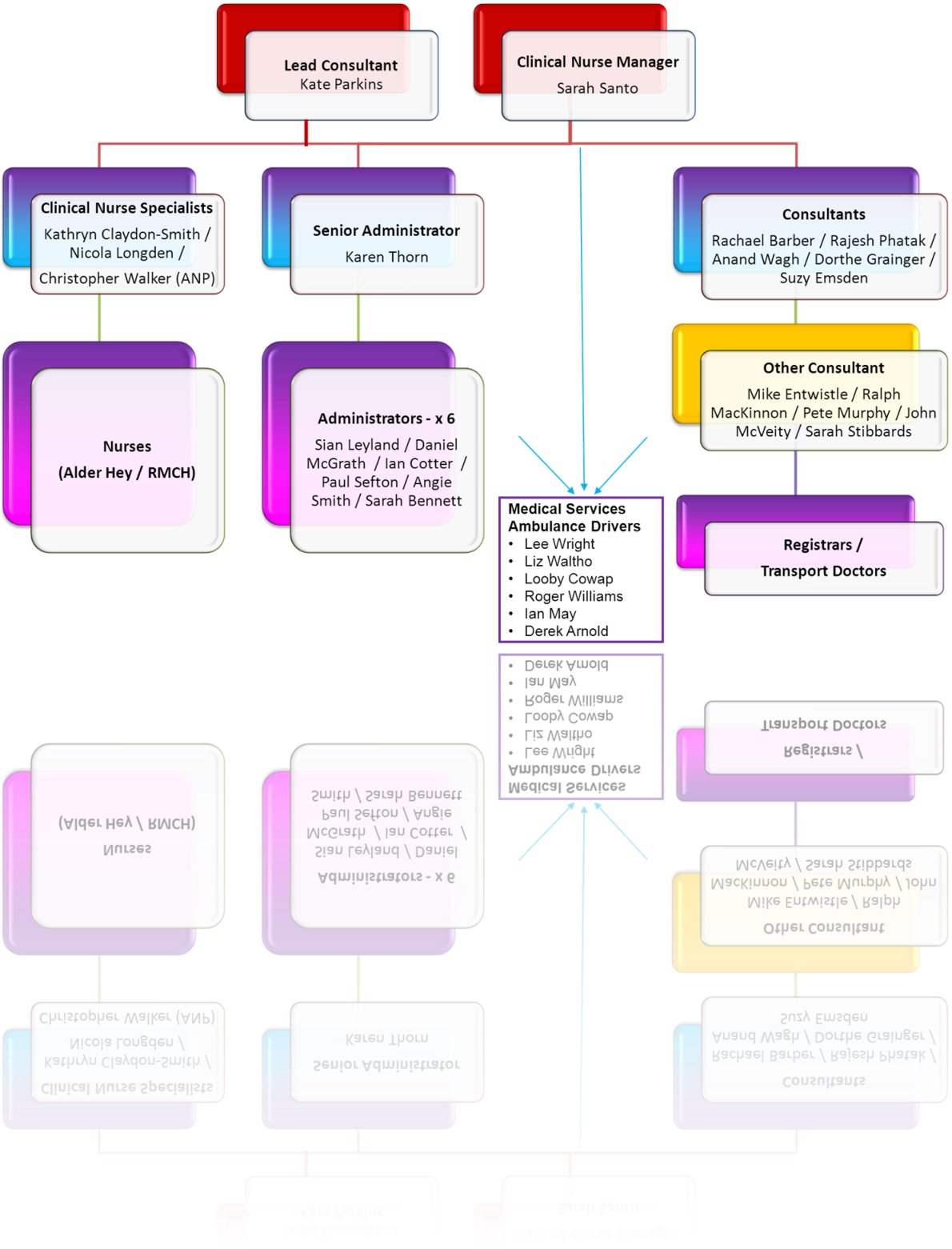
Service Standards

The following Core Standards apply:

- All infants and children requiring critical care will receive the appropriate treatment, in the right place, at the right time.
- The retrieval service will undertake to find an appropriate Paediatric Intensive Care Bed within the North West Region (or appropriate alternative) for those deemed to require intensive care.
- Any child within the North West Region PICU can usually expect the retrieval team to be mobilised within 30 minutes from the decision to retrieve.
- When the teams are on retrieval, it will be necessary to prioritise referrals according to clinical needs.
- Early expert clinical advice and management by Consultants trained in Intensive Care is available to referring hospitals at all times.
- The Clinical team comprises of a Transport Doctor (with at least 6 months experience in the intensive care environment) and a Band 6 or above with relevant experience in PICU, with an appropriate ITU qualification. Both staff groups will be APLS accredited.
- Education and training of the retrieval staff is a fundamental part of the Service.
- Outreach education for referring units is provided.

Organisation Chart



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Advice

Since launch in November 2010, NWTS has provided a 24/7 365 days/year service, via a single referral telephone number. NWTS are able to offer specialist paediatric critical care advice and a triage facility for all PIC referrals. A major improvement since launch is that once a patient is accepted for transport it is the transport teams' responsibility to arrange an appropriate PIC bed, which allows the referring team to concentrate on stabilisation of the patient. NWTS are also able to bring appropriate specialists into the referral call using a conference call facility. This is a more efficient use of time, ensures that the referring team receive appropriate advice early in the stabilisation period, and reduces confusion that can occur if specialists are perceived to give conflicting advice via 2 separate calls.

Early referral to regional retrieval teams, who are able to provide advice from a consultant paediatric intensivist on patient management, may prevent deterioration and the need for transfer to Paediatric Intensive Care. Approximately 30% of referrals to the NWTS Team do not result in transfer to a tertiary centre, ie the patient improves following appropriate discussion, advice and shared management responsibility between the transport consultant and the referring consultant. With this comes the humanitarian cost saving with regard to the issue of separation of the child and family, as the child is managed closer to home. Patients are followed up for a minimum 24-48 hours to ensure that their condition stabilises.

Advice given is based on the information provided, and clear communication about a patient's history and clinical state is essential to this process. To improve this, NWTS have a Referral proforma to help the referring teams gather the information required. Essentially it is important that a brief history including relevant past medical history is included, with up-to-date observations, an ABC assessment including examination findings and any blood results including blood gases and a lactate.

Clinical advice on stabilisation of the child is delivered using an ABC approach. Neonates and children come in a variety of ages and sizes, and emergency on-line drug calculators (eg www.crashcall.net which is used in our region) in addition to regional/national guidelines help to improve confidence in prescribing and administering appropriate drugs. NWTS, like other regional transport teams, have their Guidelines on their websites to improve access.

NWTS audits into various groups of patients referred have shown the positive patient benefits of advice and use of Regional Guidelines over the last 3 years. These include the increased use of Non-Invasive Ventilation (NIV) for the management of bronchiolitis patients. The audit cycle included 2 winter periods 2 years apart and showed an increased use of NIV before contacting NWTS (22% (24/110) versus 97% (89/91) and a reduction in PICU admissions (61.8% (68/110) versus 38% (35/91)). This is over the period of time that nationally admission data from PICANet (Paediatric Intensive Care Audit Network) has shown an increased number of patients admitted to PIC in UK for bronchiolitis.

Another area of improvement is the management of patients with prolonged status epilepticus. The first audit 2010-2011 highlighted that the majority of patients (> 65%) were extubated within 24 hours of admission to PIC. At the time of the first audit Regional Guidelines were introduced and NWTS

highlighted the benefits to patient care of local extubation during education sessions at referring units and at regional conferences. These Guidelines emphasise that a group of patients with status epilepticus are suitable to be extubated in the referring hospital after a normal CT scan, if their neurology returns to normal. The 3 audits have demonstrated that confidence in managing these patients has improved with the support of NWTS, ie numbers of those extubated at the referring hospital have increased (19% (11/58) versus 38.7% (19/49) versus 52% (39/75)) over the last 3 years. These patients are usually extubated within 2-4 hours of intubation and none have required reintubation. It is important to highlight that if the local anaesthetic team have too many demands on their team NWTS will mobilise a team to assess patient and extubate locally or transfer if appropriate.

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Triage and Use of Resources

NWTS provide specialist paediatric transport teams, including consultants when needed, which aim to deliver a safe, therapeutic environment for paediatric patients that require urgent or emergency transfer between hospitals, ie a mobile paediatric critical care bed. The team aims to provide early stabilisation and initiation of advanced care at the referring hospitals, with continuation of critical care treatment and monitoring en route to tertiary care hospital.

NWTS is currently staffed to provide 650 PIC transfers per year, with nursing and trainee medical staff that rotate from either of the 2 regional PICUs. Consultants and the senior nursing team are primarily based with NWTS. Staffing resources allows NWTS to run 1 team 24/7 all year round, and an extra team for 12 hours/day during winter (3 months only) to meet times of high demand. If multiple simultaneous calls are received the NWTS consultant will triage referrals based on clinical need.

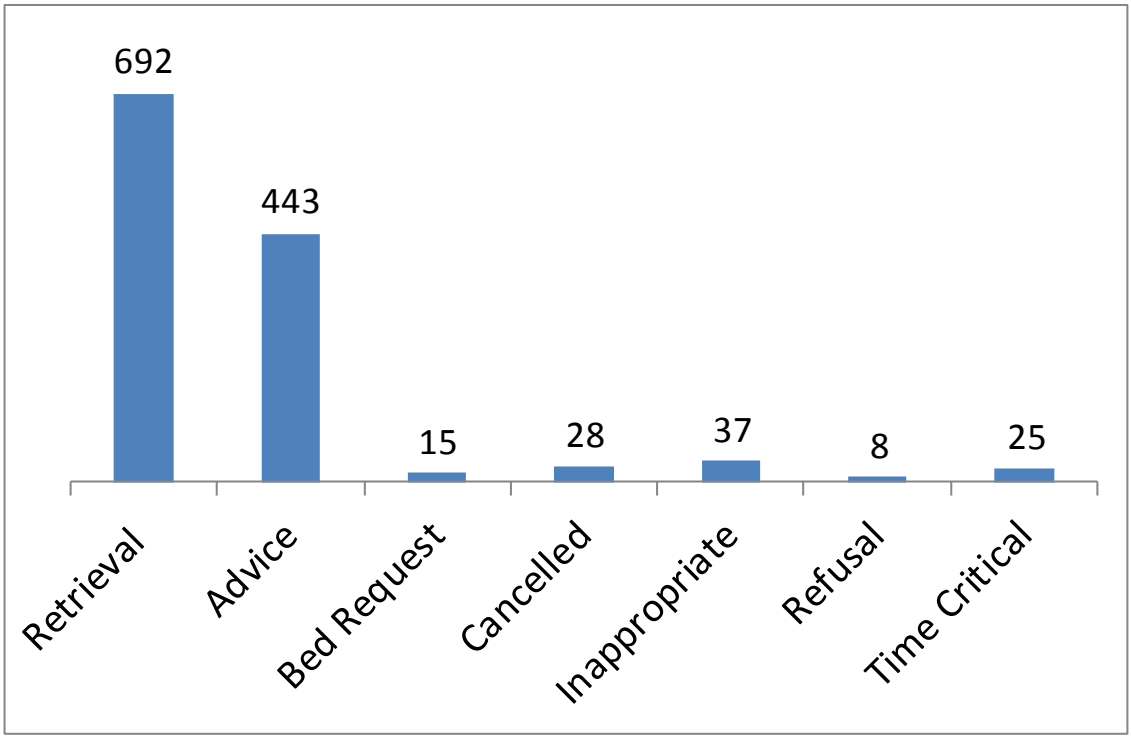
NWTS will transfer a patient from the North West and North Wales region to an appropriate PIC bed whether that is in-region or out-of-region (eg for ECMO or semi-elective transfers to quaternary services).

NWTS co-ordinate all referrals to PIC in region, reducing the number of calls made by referring teams especially at times of peak demand. The average PIC transfer by NWTS (unless time critical) takes approximately 4 hours. This knowledge allows the receiving PICUs to plan their admissions and discharges more effectively and has led to better utilisation of PIC beds in-region with reduction of out-of-region transfers for capacity reasons. Prior to NWTS, between 50-100 patients per year were transferred out-of-region, due to lack of PIC capacity in-region. Since NWTS started in November 2010: 2 (2011-12), 7 (2012-13) and 18 (2013-14) have been transferred out-of-region due to lack of capacity.

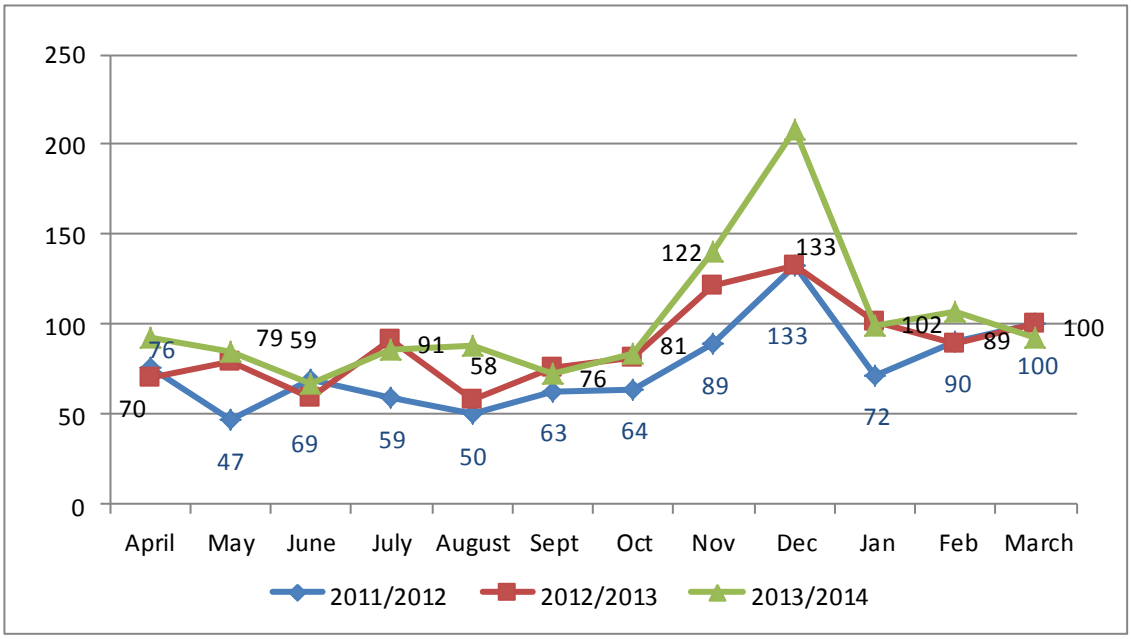
An additional NWTS team is mobilised to cover any out-of-region semi-elective transfers for quaternary treatment (eg transfer to London for tracheal surgery) to ensure that the region still has a team to cover any emergency transfers. NWTS transfers between 20-30 patients per annum out-of-region for specialist treatment.

Data

Total Number of Referrals 2013/14: **1223**



NWTS Referrals Comparison DATA



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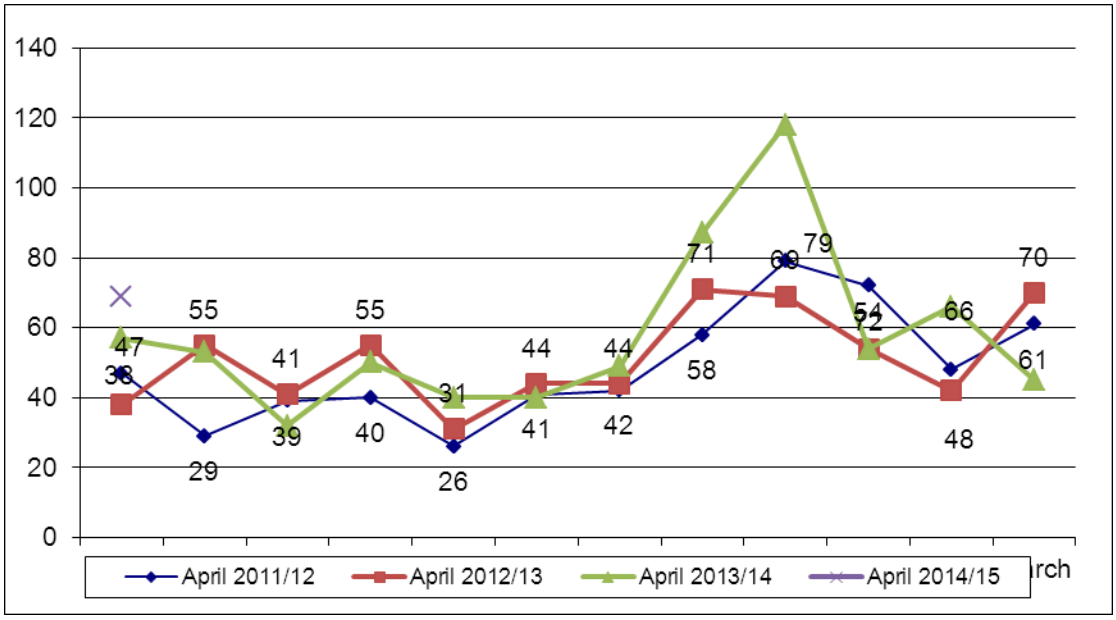
NWTS Retrieval Comparison DATA



Clinical Governance

Quality Improvement & Key Performance Indicators

As part of an on-going quality and safety program a number of performance indicators are continuously audited by the North West and North Wales Paediatric Transport Service. These quality performance indicators are also part of national standard monitoring.

1. All children referred should be placed within their defined catchment area

Within the North West region we are fortunate to have the two largest children's hospitals not only in the UK but in Europe.

The Royal Manchester Children's Hospital is a 'state of the art' new facility built in 2006.

Alder Hey Children's Hospital in Liverpool is in the process of being rebuilt at an adjacent site.

This means that very few children have to travel outside the region to receive specialist paediatric care.

It also means that there is a large capacity of children's intensive care beds; however this is finely balanced as they serve a very densely populated area, with a very mixed demography.

When the NWTS Service was set up the placement of children between both tertiary centres was very closely monitored. Each referring centre has its Lead Centre; these were allocated on contracts and historical pathways. This means that the child is placed as near to home as possible.

The number of children referred to NWTS was 1223; the number of times the team were mobilised was 692.

Of the 692 transfers only 18 children were transferred out-of-region due to the lack of capacity in the North West Region.

This is a refusal rate of 2.6%, meaning that the target was met 97.4%.

2. Total Number of Refusals

The NWTs Service also has to measure the number of times they are unable to transfer a child due to capacity.

Each referral is discussed with a NWTS Consultant and the referring centre as to the appropriateness of the referral. If it is agreed that the child does need Paediatric Intensive Care, then a NWTS team will be mobilised; however if the team are already out, the following will be explored:

- Can the child be stabilised at the referring centre and wait for the team to become available.
- Can a second or sometimes third team be mobilised using the North West Ambulance Service as the means of transportation.
- Can a team be mobilised by one of the tertiary centres.

If this service isn't available and their child needs rapid transportation then the referring centre will need to transfer the child. This is classed as a NWTS Refusal. The referring team, however, will be given advice throughout the process if required.

NWTS Refusals for April 2013 to March 2014 were 8.

This is a refusal rate of 1.9%, meaning that the NWTS Teams transferred 98.1% of children requiring Paediatric Intensive Care.

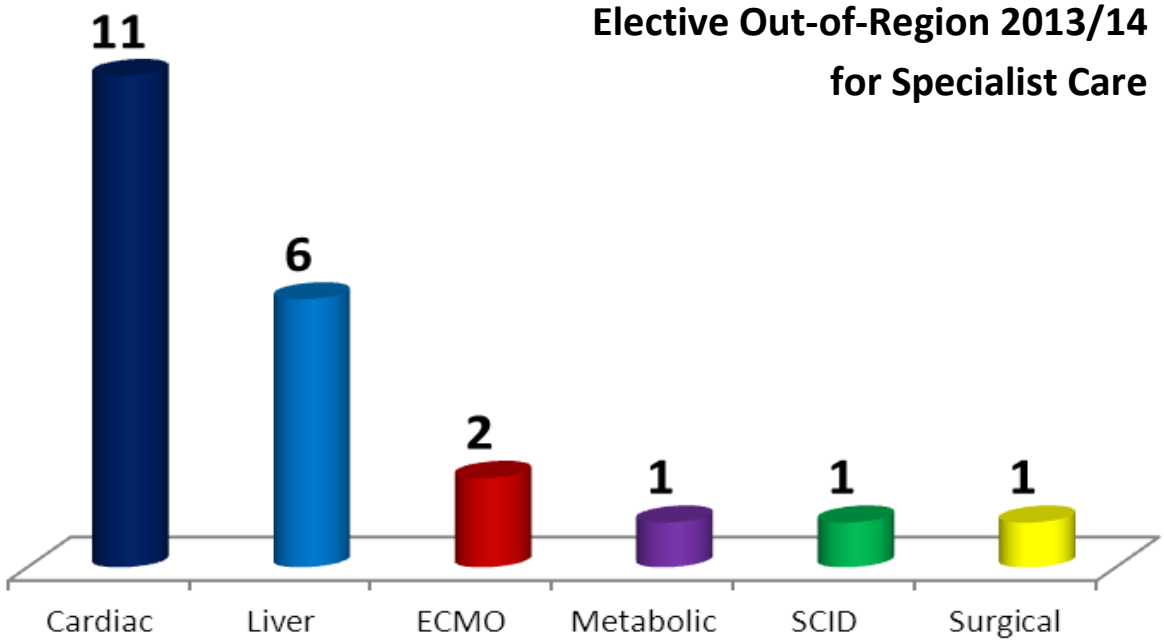
Out-of-Region Transfers

Prior to NWTS set up we were aware that up to 50-100 patients per annum were transferred out-of-region (OOR) due to lack of availability of PIC beds, often by a local DGH Team. This usually entailed multiple phone calls by the referring teams, and long delays before transfer. This year the number was reduced to **18** OORs transferred in total due to no beds.

Elective Out-of-Region Transfers

Some patients require transfer out-of-region for quaternary treatment (eg cardiac, liver or lung transplant patients; tracheal or complex cardiac surgery, ECMO). Some are transferred out-of-region for a second opinion. This entails long-distance transfers, often done on a semi-elective basis. We aim to provide a second team specifically for these transfers to ensure that a NWTS Team is always available for any transfers within region. During 2013-2014, 22 patients were transferred out-of-region for specialist treatment not available locally.

Elective Out-of-Region 2013/14 for Specialist Care



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Mobilisation

NWTS provide advice on stabilisation whilst mobilising a team to a referring centre and aim to mobilise within 30 minutes of agreeing that a patient requires transfer to PIC (national UK agreed target). Currently, NWTS mobilise within 30 minutes for 91.6% of retrievals; those more than 30 minutes occur if a patient referral comes in close to team handover or if the team is already out on another transfer.

Regional transport teams also are required to be at a patient's bedside within 3 hours of agreement of need for transfer to PIC (national target). To improve NWTS ability to meet this target the whole team (nursing, medical and ambulance) is based on one site with aligned shifts, and their only clinical responsibility is transport.

Previously, teams from both PICUs in region were often delayed in mobilising as nursing, medical and ambulance teams had different shift patterns, and they all had responsibility for the care of other patients. Previously, both unit-based teams utilised the local 999 ambulance provider for all transfers, which often led to delay in mobilisation due to lack of availability of suitable vehicles.

NWTS now has a dedicated ambulance team based with the team, improving mobilisation times.

Median Time in Minutes (Range)	Pre-NWTS RMCH (2009-10)	Pre- NWTS AHCH (2009-10)	Post NWTS 2012-2013
Team Mobilisation Time (acceptance to team departure)	**65 mins (25-295)**	**60 mins (15-365)**	**30 mins (10-90 mins)**
Response Time (time from acceptance to patient bedside)	**130 mins (45-445)**	**110 mins (20-410)**	**70 mins (20-420) 92% within 180 mins**

Team Members

Teams mobilised vary in composition depending on the level of care an individual child needs and the ability of the transport lead on duty (who may be either medical or an Advanced Nurse Practitioner). Consultants are available 24/7 to join the team to improve the level of care delivered, reduce risk during transport for the patient and to provide education and training to members of the team. Medical trainees come from a variety of specialities eg Anaesthetics, Emergency Medicine and Paediatrics, including Paediatric Intensive Care medicine. An individual, who is competent to work on Paediatric Intensive Care or elsewhere, may struggle to deliver the same level of care whilst out on transport (in the ambulance, during a flight or in the referring hospital). In addition to clinical expertise, an individual needs good team-working and communication skills, flexibility and adaptability to cope with the demands of an individual patient, unfamiliar clinical environments, work with unfamiliar clinical teams, and multiple simultaneous referrals. Assessment of competencies during transport is made by a senior NWTS team member before an individual performs a transfer without direct senior supervision (nursing or medical). National Paediatric Intensive Care Transport Competencies are currently being developed by the UK Paediatric Intensive Care Society (PICS) Acute Transport Group.

In addition to competency assessment, regional transport teams must provide annual training for their team members, and this includes scenario training in addition to workshops and lectures. Mortality and critical incident review, in addition to audit, are all part of on-going training and review of how well the team is performing, and inform the on-going development of the team.

Staff must be aware of the hazards of fatigue and it is important to have regular fluid and food during any shift to maintain concentration levels. NWTS drivers are encouraged to take a break, especially after longer journeys, before assisting the team preparing for transfer back to PICUs. Emergency snack-packs are carried by the team to use if they have been unable to take adequate meal breaks during a shift.

"I had a great time working with you all and I learnt A LOT!

Thank you for putting up with me for 6 months! Hopefully the Service will continue a long time into the future and will continue to be fantastic."

Equipment

Regional transport teams have access to dedicated equipment and kit including specific ventilators, monitors and infusion pumps that can cope with variety of sizes of paediatric patient (ie from neonate to 16 years) and are robust with sufficient battery life to cope with transport without requiring recharging. Part of induction and on-going training at NWTS includes equipment to enhance familiarity with its operation. At each shift the equipment is checked to ensure that it is fit to be used for a transfer, and any faults are referred to the Biomedical Department.

NWTS use checklists to ensure that the team make adequate preparation for each transfer. This includes one to ensure that appropriate equipment is taken from base to the referring unit, in addition to a pre-departure ABC-based checklist prior to transferring a patient to the receiving PICU. For all patient journeys equipment is packed and easily available to address events which occur infrequently, eg re-intubation kit. In addition, most children may require a bolus of fluid or drugs during their transfer, so these are prepared before transfer and kept close to hand.

Infants and children must be secured safely to the transport stretcher before departure.

NWTS use the BabyPOD™ for those under 5 kg and an appropriate 5-point harness for older children eg ACR harness (Paraid) or similar. To improve ability to maintain temperature NWTS use either transwarmers (chemically activated warming device) or Inditherm™ as active heating devices, especially for those under 1 year old. All equipment must be safely secured to the ambulance trolley during transfer to prevent danger of injury to patient or staff during the journey.

NWTS use a dedicated ambulance. The ambulance has been adapted for purpose, with provision of piped air and use of cupboards for additional equipment. This provides NWTS with the ability to do back-to-back transfers without the need to return to base, reducing any delays which may otherwise occur, especially at times of peak demand.

During transfer, for safety the team and parent(s) must wear seatbelts. The trolley fixation has been moved more centrally to allow a member of the team to be able to reach to adjust either pumps or ventilation without removing their seatbelt. If any other patient intervention is required, the ambulance pulls over to allow the team to stabilise the child before transfer continues.

Education & Training

The NWTS Team is commissioned to provide support, education and training for the local referring teams who may, at times, face the challenges of the management of a critically ill or injured child. Over the past 3 years, senior members of the NWTS team have travelled out to each hospital trust (29 in total) within the region to provide an agreed programme of education. The aim is to provide a once-a-year session to each hospital with a key objective to attract all teams that may be called to assess and deliver acute care to critically sick children.

2013 Data	**Number of Attendees**
25 Centres NWTS provided outreach	617
Additional sessions delivered 4 Debriefs	65
2 Regional Conferences: Metabolic Day Neonatal Day	 58 53
Nurses Conference	53
Anaesthetic/ED Consultant Day	42
2 Link Nurse Days	42
Adhoc Training Days (UCLAN, HDU module etc)	28

NWTS utilise a variety of teaching methods, not just the traditional lecture format. For example, NWTS have 2 high fidelity simulators (baby and small child). Simulation has many advantages in developing team working, communication and practical skills. Workshops are used to discuss difficult cases or to demonstrate practical solutions to common problems eg how to utilise 2 points of intravenous access to safely deliver more than 4 different drugs by infusion.

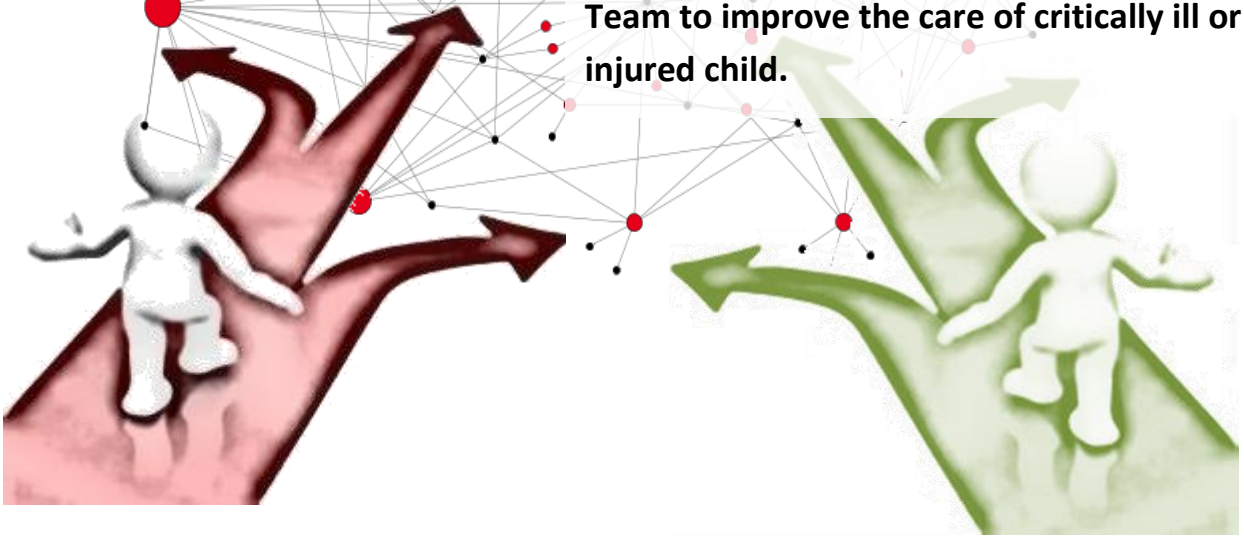
NWTS also delivers multiple regional Critical Care Update days, Link Nurse and medical non-training grade sessions, and regional conferences each year. These are held at a central site to provide equitable access for all teams, and are aimed at the multi-disciplinary team involved in the care of critically ill infants and children.

Networks & Guidelines

NWTS are part of the Paediatric Critical Care Network in region, and have worked with clinicians from both referring units and specialist centres to develop regional Guidelines to help inform the care of the critically ill or injured child.

The Status Epilepticus Guideline was one of the first to be developed with the NWTS Team, and utilising education sessions to highlight the benefits has improved care for children in-region as demonstrated by the audits highlighted.

Other paediatric networks in region eg major trauma, long-term ventilation and paediatric cardiac networks also work with different members of the NWTS Team to improve the care of critically ill or injured child.



Parents

Paediatric Intensive Care Society (UK) Standards 2010 state "wherever possible and appropriate, parents should be given the option to accompany their child during the transfer". Parental stress is increased by not being able to travel with their child (1).

Pre-NWTS, unit-based PIC transport teams were unable to take parents due to restricted number of seats when using the local NHS front-line ambulance provider. NWTS' Service Level Agreement with the private ambulance provider states that the ambulance must have four seats to ensure at minimum one parent can travel. Now, 56% NWTS transfers have one parent, and 9% transfers have both parents travelling with the team in the ambulance. Approximately, 22% of parents decline, opting to travel separately in their own car, and NWTS refused to take a parent in 1% transfers due to alcohol intoxication.

Pre-NWTS, staff voiced many concerns, including potential difficulties managing parents in the confined space of the back of an ambulance if their child deteriorated during transfer. Post NWTS, the majority of staff have recognised the positive benefits of parent(s) travelling in the ambulance, especially if their child is very unstable and may not survive the journey. The NWTS Team have been able to appropriately manage any necessary patient interventions during transfer with parents present. Parental feedback has been very positive – '***NWTS not only kept our daughter alive, but kept our family together at a very difficult time - thank you.'***

Feedback from the parents of a child transferred by NWTS

"Thank you so much for everything you did for J in those crucial hours whilst moving him from A to B. They were quite possibly the worst hours of our lives, but we were reassured knowing that he was in the best possible hands.

You all do an amazing job and provide such a valuable service to the Children and families of the North West and North Wales.

We will always be grateful for everything you did."

REFERENCES

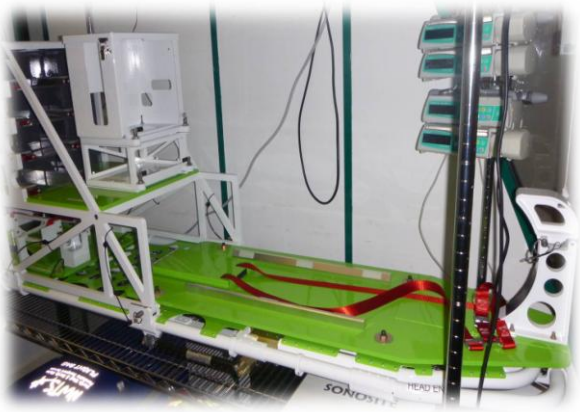
1) "The worst journey of our lives": parents' experiences of a specialised paediatric retrieval service. Intensive Critical Care Nurse 2003 19(2):103-8 Colville G et al

NWTS Charitable Donations

NWTS have been fortunate as a Service to receive substantial donations.

The Service has been supported by a core of families, endlessly fundraising to help provide vital pieces of equipment.

To date fundraisers have provided funding for:



- **Ventilator**
- **High fidelity Mannequin**
- **Large TV Screen for our Education Room**
- **Stretcher for Helicopter**
- **Inter-phase Sled for Helicopter Transfers**
- **Sonosite**

We would like to take this opportunity to thank all the families involved in this fundraising.

If you would like to help you can discuss any donation or fundraising efforts you would like to plan with the NWTS Team, on the following number:

01925-853550

Or, you can also contact the Trust's fundraising department by:

Phone: 0161-276-4522
Email: charity.office@cmft.nhs.uk

Consultant Referral Line

08000-84-83-82

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