Local Guideline

John Hunter Children's Hospital

NSW GOVERNMENT Health Hunter New England Local Health District

Transfer from Neonatal Care

Sites where Local Guideline and Procedure applies	Neonatal Intensive Care Unit (NICU) JHCH
This Local Guideline and Procedure applies to:	
1. Adults	No
2. Children up to 16 years	No
3. Neonates – less than 29 days	Yes
Target audience	All clinicians caring for infants in NICU
Description	Provides guidance for the comprehensive transfer of care from NICU to the most appropriate location for the infant and family

Go to Guideline

Keywords	NICU, SCU, JHCH, neonate, newborn, neonatal, deterioration, escalation, CERS, clinical, review, rapid response, surveillance
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Replaces existing document?	Yes
Registration number and dates of superseded documents	Transfer of Care JHCH_NICU_02.01

Related Legislation, Australian Standard, NSW Ministry of Health Policy Directive or Guideline, National Safety and Quality Health Service Standard (NSQHSS) and/or other, HNE Health Document, Professional Guideline, Code of Practice or Ethics:

- NSW Health Policy Directive PD2020_018 Recognition and management of patients who are deteriorating
- HNELHD Policy Compliance Procedure PD 2019_020:PCP 2 Clinical Handover – Communication and Handover of Clinical Care
- HNELHD Policy Compliance Procedure PD 2009_060:PCP 5 Clinical Handover – Discharge Summaries
- HNELHD Policy Compliance Procedure PD 2019_020:PCP 1 Clinical Handover – ISBAR
- HNELHD Policy Compliance Procedure PD2012_069:PCP 1 Transport of Health Care Records Within and Between Health Care Facilities
- HNELHD Clinical Guideline HNELHD CG 13_20 Inter-Facility Transfers of HNE Health Paediatric Patients

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PURPOSE AND RISKS

This local guideline has been developed to provide guidance to clinical staff in Neonatal Intensive Care Unit at John Hunter Children's Hospital to ensure a seamless transfer of patients between services, including Home, Postnatal ward, Paediatric wards and referral Special Care Units. Staff and families will communicate, and collaborate to ensure the infant receives the appropriate level of care based on their clinical need.

The risks are:

- *Families are displaced from their local health provider*
- *Patient flow and bed management issues*

These risks are minimised by:

- *Timely and inclusive communication and care planning between service providers and families*
- *Comprehensive clinical handover to ensure seamless transition from NICU JHCH*
- *Infants are provided care in the right place, and the right time*

Any unplanned event resulting in, or with the potential for injury, damage or other loss to infants/staff/family as a result of this procedure must be reported through the Incident Management System and managed in accordance with the NSW Health Policy Directive PD2020_020: Incident Management Policy. This would include unintended injury that results in disability, death or prolonged hospital stay.

*It is mandatory for staff to follow relevant: "Five moments of hand hygiene", infection control, moving safely/safe manual handling, documentation practices and to use HAIDET for patient/carer communication: **H**and hygiene **A**cknowledge, **I**ntroduce, **D**uration, **E**xplanation, **T**hank you or closing comment.*

Risk Category: *Clinical Care & Patient Safety*

CLINICAL PROCEDURE SAFETY LEVEL

Every clinician involved in the procedure is responsible for ensuring the processes for clinical procedure safety are followed. The following level applies to this procedure (click on the link for more information):

Level 1 procedure

CONTENT

Transfer of Care (home) following Assumption of Care

NEONATAL TRANSFER SUMMARY

- The aim of all health care team members is to ensure that all infants are cared for in the right place, at the right time and by the right service
- It is vital for family/carers to be included at the centre of any communication and planning processes in regards to all care and transfer of care plans
- Transfer of care planning requires stringent communication processes between multidisciplinary teams

GUIDELINE

While not requiring mandatory compliance, staff must have sound reasons for not implementing standards or practices set out within guidelines issued by HNE Health, or for measuring consistent variance in practice.

Introduction

The aim of all health care team members is to reunite infants and families as soon as possible in the most appropriate location and by the most appropriate pathway. All members of the health care team are responsible for gathering and imparting accurate information relating to admission, ongoing care and transfer of care planning. The family is included at the centre of any communication and planning process. Care is provided in partnership with all members of the health care team and the family, with the goal to ensure the infant is cared for in the right place, at the right time and by the right service when any transfer of care is involved.

Transfer of Care to another Hospital Top

The goal of transferring care to another hospital is to manage patient flow and safety. Infants may be transferred to another facility to ensure hospitalisation in the most appropriate location with the right support and services for the families.

Planning for Transfer to another Hospital Top

- Discussions with the family should occur early as part of the transfer planning process
- Infants should be deemed medically suitable for transfer by the Neonatal Intensive Care Unit (NICU) medical team
- Liaise with postnatal ward (PNW) in-charge if mother is still an inpatient so that maternal transfer may also occur (where appropriate)
- NICU in-charge to phone receiving hospital to confirm bed availability and source the name of the Paediatrician on service
- NICU Registrar or Neonatal Nurse Practitioner (NNP) to phone Paediatrician to gain medical acceptance for transfer and provide clinical handover.
- Once accepted and bed available NICU in-charge to provide clinical handover including current patient and family requirements to accepting Nurse Unit Manager (NUM)
- NICU in-charge to complete the Newborn & Paediatric Emergency Transport Service (NETS) ‘Request for Elective Transfer’ form and email to NETS
- NICU in-charge to complete transfer book and update patient flow portal with transfer plan
- Once transfer confirmed, medical handover to accepting Paediatrician to occur and to be documented in patient’s healthcare record and discharge plan

- NICU Registrar or Neonatal Nurse Practitioner (NNP) to ensure that NICUS and CAP are up to date and accurate
- Allied Health to provide clinical handover to accepting unit (where applicable)
- NICU nurse to commence discharge checklist in preparation for transfer
- Ensure all appropriate education and information has been provided to the family
- Keep parents/carer advised of transfer plans, including limited luggage capacity on flights and possibility that transfer can be cancelled at any time

Staffing for Transfer
Depending on location will depend on transfer mode and process (see Table 1)

DESTINATION	NURSE ESCORT / STAFFING CONSIDERATIONS
• **Newcastle Airport (i.e. Williamtown)** • **Newcastle Private Hospital** • **The Maitland Hospital**	**Nurse escort is the allocated nurse caring for the infant on shift** (*The nurse escort is required to handover other patients to the access nurse*)
Road transfers beyond The Maitland Hospital and as far as Manning Base Hospital (*travel time < 2 hours, further distances are to be negotiated on a case by case basis*)	**An extra staff member must be sourced** (*For a minimum of a 4 hour shift*)

Table 1: *Nurse escort Guidance (If there are any staffing or safety concerns these need to be discussed with the Nurse Manager/NUM)*

Day of Transfer

Top

- NICU in-charge to phone the receiving unit two hours prior to transfer to confirm bed availability
- Communicate with parents/carer regarding planned transfer time
- Rounding with family prior to transfer to be attended by NICU nurse
- Nurse escort to be allocated to the transfer
  *Note; nurse escort must have current basic life support (BLS) accreditation
- Ensure all patient belongings are packaged appropriately, including expressed breast milk (EBM) if applicable, and labelled with patient details for transport
- Ensure discharge documentation is completed including checklist, discharge summary and Personal Health Record (PHR), also known as the ‘blue book’
- All transport equipment, including resuscitation equipment, must be checked by Nurse escort

Prior to Transfer

- Assess that the infant is still suitable for transport
- Ensure two correct identification bands are on the infant
- Transfer infant to transport system (always secure the infant immediately using system harnesses)
- Place transport oximeter on infant

- Complete a baseline set of observations onto Standard Newborn Observation Chart (SNOC) including:
    - Temperature of transport system
    - Axilla temperature of patient
    - Heart rate (HR)
    - Respiratory rate (RR)
    - Oxygen saturations (SpO_2)
    - Nasal cannula oxygen (where applicable) being delivered

Upon Departure from Unit

- Nurse escort to ensure clinical handover of any other patients in their care is provided to immediate colleague and/or access nurse
- Ensure parents/carer are aware of departure details
- Nurse escort to inform in-charge of imminent departure
- In-charge to phone the receiving unit to inform them of departure time from NICU

During Transfer

Top

- Attend and document the following observations at 15 minutely intervals:
    - Temperature of transport system
    - HR
    - RR
    - SpO_2
    - Nasal cannula oxygen (where applicable)
- Attend and document the following observations at 30 minutely intervals:
    - Axilla temperature

Handover to Receiving Team

FLIGHT TRANSFERS	ROAD TRANSFERS
• Verbal handover to occur within the NETS vehicle with the accepting team • Air Ambulance nurse to then exit the NETS vehicle before physical transfer of infant • Ideally, NETS driver to position the transport system next to the stairs of the aircraft for ease of infant transfer. The infant is then transferred from the transport system into the Air Ambulance by the Air Ambulance nurse **Note; If the infant is receiving nasal cannula oxygen it must not be disconnected and use of the transportable cylinder is required* • Where weather not permitting, the NICU nurse escort is to transfer infant from inside the NETS vehicle and pass the infant to the Air Ambulance nurse who should be positioned next to the NETS vehicle on the tarmac **Note; the NICU nurse must never hold infant and step in or out of vehicles for transfer of any infant*	• Verbal handover to occur at the bedside with the accepting team • NETS driver to move the transport system next to infant inpatient bedspace for ease of infant transfer. Infant is then transferred from the transport system into the admission bed by NICU nurse escort **Note; If the infant is receiving any respiratory support it must be set-up and ready for use prior to transfer into admission bed*

- NICU nurse escort to attend and document all observations upon handover to accepting team
- NICU nurse escort to provide verbal clinical handover to accepting team

Following Transfer Top

- On return to the unit inform the NICU in-charge and NICU ward clerk of handover time
- Document the time of handover in the patient healthcare record and admission book
- Document relevant information regarding transfer in the patient healthcare record
- Place completed Inter-hospital Patient Transfer Form into the patient healthcare record
- Restock the back transfer transport bag (where applicable)

Transfer to Paediatric Wards/Services Top

All infants requiring long term care will be transferred to the Paediatric ward or Paediatric Intensive Care Unit (PICU) when deemed appropriate by treating team. The neonatal period is up to 44 weeks corrected gestation and transfer should be considered prior to this time.

Arranging Transfer Top

- Discussions with the parents/carer should occur early as part of the transfer planning process. Once infant is deemed medically suitable for transfer by managing medical team, consultation between services should commence in regards to transfer planning
- Parents/carer orientated to Paediatric ward/Paediatric Intensive Care Unit (PICU)
- Ensure the following are completed and documented appropriately:
    - Well ‘baby’ check
    - Immunisations (where applicable)
    - Hearing screening
    - Clinical handover to all teams involved in care. If patient has complex requirements, a multidisciplinary team meeting should be held to ensure thorough handover.
- Complete observations onto Standard Paediatric Observation Chart (SPOC) for 24 hours prior to transfer, including:
    - Axilla temperature
    - Heart rate (HR)
    - Respiratory rate (RR)
    - Oxygen saturations (SpO_2)
    - Nasal cannula oxygen being delivered (where applicable)

Day of Transfer Top

- Paediatric unit managers and NICU unit managers to communicate regarding suitable time for transfer
- NICU medical team to provide up to date verbal handover to Paediatric consultant
- Infant to be escorted to the receiving ward/unit by the NICU nurse
- Rounding prior to transfer to be attended by NICU nurse
- NICU clinical handover provided on the ward to nursing and medical team
- Provide paediatric services with discharge documentation
- All infant healthcare records and healthcare record accompany the infant on transfer
- Time of handover/admission to receiving unit is recorded in NICU admission book and provided to NICU ward clerk

Transferring to Postnatal Ward Top

If mother remains an inpatient on the PNW and the infant is deemed medically ready for discharge from NICU care, planned transfer should commence.

Arranging Transfer

Top

- Discussions with the family should occur early as part of the transfer planning process
- PNW in-charge is contacted by the NICU in-charge to discuss an appropriate time for transfer of care
- The NICU Registrar or NNP to complete NICUS, CAP and Discharge Summary
- The NICU Registrar or NNP will complete the infant check and PHR if NICU admission has exceeded 48 hours
- Ensure that the pulse oximetry screening has been completed and recorded in the PHR prior to transfer
- Rounding prior to transfer to be attended by NICU nurse

Day of Transfer

Top

- Document in the healthcare record the decision to transfer and the date and time of transfer from NICU care. If the infant is not deemed suitable for discharge home, this should be handed over to PNW and clearly documented with an inpatient plan of care documented
- The infant's healthcare records are to be placed in a pink folder (found at reception) and are to accompany the infant to the PNW. This should include the discharge summary, healthcare record with inpatient management plan and discharge management plan
- Complete a baseline set of observations onto Standard Newborn Observation Chart (SNOC) including:
    - Axilla temperature
    - HR
    - RR
    - SpO_2
- Clinical NICU handover of care is to be given on PNW with parent/carer present (where possible) this handover should also be documented in the healthcare record
- The date, time and location of transfer are recorded in the NICU admission book
- The NICU ward clerk (or admissions office) is notified by the NICU nurse of the date, time and location of transfer

Shared Care with Postnatal Ward

Top

In the event infants do not require admission to a neonatal unit, primary care is provided by maternity services with the support of neonatal services, in this instance the infant remains with the mother in the postnatal environment with medical care provided by the neonatal team. This includes:

- Infants requiring intravenous antibiotics (IVAB) who are clinically stable
- Infants with Neonatal Abstinence Syndrome (NAS) requiring observation and primary pharmacological therapy (i.e. morphine) (mandatory 7 day stay)
  *Note; midwives will be responsible for performing all routine NAS scores, administering oral morphine as prescribed

Transfer to Shared Care Model

Top

- Discussions with the parents/carer should occur early as part of the transfer planning process
- Rounding prior to transfer to be attended by NICU nurse
- PNW in-charge is contacted by the NICU in-charge to discuss an appropriate time for transfer of care
- Document in the healthcare record the decision to transfer to shared care and the date and time of transfer

Time of Transfer

- The infant's healthcare records are to be placed in a pink folder and are to accompany the infant to the PNW
- This should include healthcare record with inpatient management plan included
- Clinical NICU handover of care is to be given on PNW with mother present (if possible)
- This handover should also be documented in the healthcare record

During Shared Care

- The NICU nurse will visit mother and infant twice a shift at a minimum to review progress and offer support or assistance. Progress will be documented in infant's healthcare record by NICU staff at least once per shift
- NICU nurse to complete a set of observations onto Standard Newborn Observation Chart (SNOC) at 4/24 interval, including:
    - Axilla temperature
    - HR
    - RR
- The NICU medical team will review infant progress and review the discharge plan each day, documenting same in healthcare record

Transfer of Care Home

Top

The parents/carer should be part of the ongoing conversation in preparation for transfer home.

Preparing for Transfer

- Discussions with the parents/carer should occur early as part of the planning process
- Ensure the following are completed and documented correctly prior to going home:
    - Immunisations (where applicable)
    - Newborn Screen Test (where applicable)
    - Hearing screening (SWISH)
    - Hip Ultrasound (if Breech)
- Medical staff or NP will complete the infant check in the PHR and retain the hospital copy in the patient healthcare record
- NICU nurse will complete the nursing section of the PHR recording length and weight. The hospital copy is to be placed in the infant's healthcare record
- NICU nurse will complete the oxygen saturation monitoring test and record results in the PHR and healthcare record
- All follow up appointments are to be documented on the discharge summary and communicated to the family
- Prior to going home, the family should be informed that they will receive a follow-up phone call from NICU staff within 24 hours of discharge
- NICU nurse will record the date and time of going home in the patient healthcare record, NICUS database and NICU admission book

Transfer of Care (home) following Assumption of Care

Top

Department of Community Justice (DCJ) may assume care of an infant at any time during their stay in hospital. Preparation for discharge planning occurs when the infant is transferred to NICU following an assumption of care order being served.

A copy of the assumption of care order is placed in the infant's notes and visitation arrangements and restrictions are to be documented. The DCJ case worker name, branch and contact details should also be readily available in the patient healthcare record for discharge planning communication to be upheld between NICU and DCJ.

Once a recognised carer is allocated to the infant, they will be required to present a confirmation of placement letter and photographic identification before they enter the unit. This identification should not be photocopied or placed in the patient healthcare record. Education is provided to all carers in relation to basic life support as well as relevant health needs prior to discharge.

In preparation for discharge the NICU nurse should use the NICU Transfer to Home envelope. The PHR is to be completed and transferred with the infant/carer on discharge. Do not duplicate the PHR. The PHR is to be de-identified of the birth mothers address and date of birth.
A copy of the medical discharge summary is given to the carer. The medical discharge summary is also to be de-identified of the birth mothers name, address and date of birth.
Please see NSW Health ‘Assumption of Care of the Newborn’ Policy for more information.

IMPLEMENTATION PLAN

The clinical guideline will be:

- Circulated to Head of Department and Managers in NICU
- Circulated to the clinicians via the Children Young People and Families Network and the Women's Health and Maternity Network
- Made available on the intranet (PPG) and HNEKids website
- Presented at facility/unit meetings and tabled for staff to action

MONITORING AND AUDITING PLAN

- The person or leadership team approving the clinical guideline is responsible for ensuring timely and effective review of the guideline.
- Evaluation will require a review of the most current evidence as well as consideration of the experience of Neonatal staff at JHCH in the implementation of the clinical guideline.
- Data derived from monitoring and evaluation should inform the review of the clinical guideline either as required or scheduled.
- Implementation, education support and monitoring compliance be completed by local Clinical Educators and Unit Managers.
- Amendments to the guideline will be ratified by the Clinical Director and Manager of Newborn Services prior to final sign off by the JHCH.

CONSULTATION WITH KEY STAKEHOLDERS

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APPENDICES

1. Glossary & Abbreviations

REFERENCES

1. NSW Health Department (2019) New South Wales Mother and Babies 2018. Twenty-first annual report on mothers and babies in NSW.
2. NSW Health Department (2019) Policy Compliance Procedure – Assumption of Care of the Newborn.

FEEDBACK

Any feedback on this document should be sent to the Contact Officer listed on the front page.

APPENDIX 1

GLOSSARY & ABBREVIATIONS

Acronym or Term	Definition
BLS	Basic Life Support
DCJ	Department of Community and Justice
EBM	Expressed Breast Milk
HR	Heart Rate
IVAB	Intravenous Antibiotics
NAS	Neonatal Abstinence Syndrome
NICU	Neonatal Intensive Care Unit
NETS	Neonatal Emergency Transport Service
NNP	Neonatal Nurse Practitioner
NUM	Nurse Unit Manager
pHITH	Paediatric Hospital in the Home Service
PHR	Personal Health Record (‘blue book’)
PICU	Paediatric Intensive Care
PNW	Postnatal Ward
SNOC/SPOC	Standard Newborn Observation Chart/Standard Paediatric Observation Chart
SpO_2	Peripheral Oxygen Saturation
SWISH	State Wide Infant Screening Hearing Program