Case for Change
Newborn babies who are inpatients at a Neonatal Intensive Care Unit (NICU) or Special Care Nursery (SCN) regularly require transfer to another hospital for:
- a diagnostic appointment
- to be closer to home when they no longer need specialist care.
While these patients no longer need intensive care, transporting them is a niche and specialistised service, requiring appropriate coordination, equipment and trained clinicians. Often it is the baby’s first time outside the NICU and demand on neonatal beds increases the urgency of these transfers.

NSW currently has no policy or guidelines to determine safe infant transport resulting in varied expectations for transfer.

PTS is responsible for non-emergency patient transport in the Greater Metropolitan Sydney Area (GMSA) however non-emergency neonatal transfers were not an inclusion during the establishment of PTS.

While PTS has responded to these transfer requests, clinical complexities, lack of specialised equipment and appropriately trained staff, the needs of NICU staff, parents and carers are not being met.

**Objective**

1. To define agreed KPIs for response and request time by May 2018
2. To provide a governance framework for non-emergency neonatal transfers by May 2018
3. To improve satisfaction NICU and SCN with regard to reliability from 40-70% by December 2018
4. To improve the experience of families based on patient stories by December 2018

**Method**

Project Planning and Initiation
- Problem statement and business case submission
- Steering group formation
- Range of stakeholders involved in transfer journey including NICU, SCN, LHD, NetS, Metro or other relevant stakeholders

**Diagnostic**

- Literature review
- Resources and staff (LHD, SCHN and PTS) engaged in detailed site survey, data analysis of PTS and LHD activity
- Process mapping and prioritisation of improvement areas

**Solution Design**

- Identification of key areas of improvement and prioritisation
- Identification of current tools and processes

**Implementation Planning**

- Development of risk and quality management plan and schedule
- Development of post-implementation plan

**Implementation**

- Development of蒐集 data and feedback analysis
- Development of state-wide policy for non-emergency neonatal transport
- Approval and implementation

**Acknowledgements**

- Kylie, Grayson’s mum, for sharing her experience with us
- Contributing experts from Neonatal Units and Specialist services across NSW
- Dr Emma McConchie; Director Clinical Operations - SCHN
- Jennifer Van Cleef; Director, Patient Support Services - HealthShare NSW
- Melanie Frost, Manager Patient Transport Service
- Paul Crowe; Clinical Program Director, Critical Care, SCHN
- Jenny Elliott, Operational Manager, PNS NSW
- ACS – Centre for Healthcare Redesign Steering Committee
- Christie Graham, Clinical Redesign Manager, SCHN

**Contacts**

Romana de Beer
Innovation Manager, Patient Transport Service
Romana.debeer@health.nsw.gov.au

Fionnuala Torrisi
Project Manager, SCHN
Fionnuala.Torrisi@health.nsw.gov.au

**Results**

1. Interim arrangement established by PTS

The “BABY BUS” is established as of 29 May 2017
- Daily staffed minibus vehicle
- 09:30 – 17:30 7 days
- Speciality training to Patient Transport Officers
- Daily call to each NICU, Sydney Greater Metro Area Baby Bus data from June 2017 to March 2018 shows:

- 719 completed transfers

2. Development of Statewide Policy Directive

- Advisory group held on 22 November 2017 including medical staff from PNS, NETS, NSW Ambulance, LHD NICU & SCN
- Established the scope & criteria for non-emergency neonatal transfer policy
- Equipment required for transfers including the use of a medical bed, a nurse and an ambulance
- Explored KPIs for pick up times
- Nursing staff requirements
- February to March 2018: work streams developed standard guidelines
- Policy Directive to be finalised in May 2018 and submitted for formal approval

**Sustaining Change**

- Policy to define standards and expectations for future service provision
- Recommendations for future direction to be submitted for consideration to NSW Ministry of Health with regard to establishing a financially viable model for NSW
- Partnerships established through STORKS between SCHN, HealthShare NSW and LHD stakeholders to provide formalised governance of process in future

**Conclusion**

- STORKS showcases the importance of broad stakeholder engagement to ensure the experiences and needs of consumers are considered
- Neonatal transport is a specialist function requiring specialist equipment, trained staff and formalised standards to ensure expectations are clear for all stakeholders and providers.
- Establishing a financially viable, safe and efficient service model will be challenging due to the unique nature of this patient cohort.