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NISTAR
Nurse Led Transfer Team

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Presentation outline

Overview of NISTAR nurse led team

How its going?

Nurse led criteria

Risk assessment

Preparation and packaging

Things to consider

Holistic approach

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How was the service set up?

Children were being transferred from Northern Ireland to Dublin for cardiac surgery but there was not a dedicated service. These transfers were carried out by the critical care teams or the independent sector

- March 2019 - Money secured from commissioners for 120 transfers per year
- September 2019 - First round of recruitment (only one team member appointed)
- October 2019 - Nurse Led Criteria developed
- December 2019 - Second round of recruitment
- January 2020 - First Nurse Led transfer
- February 2020 – Third round of recruitment

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The Implementation Team

Emma Thompson

Lead Nurse

Lynsey Freeburn

Nurse Co-ordinator

Cara Barbour

Nurse Co-ordinator

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The Clinical Team

Linda McCready

Transport Nurse

Vicky Harte

Transport Nurse

Natasha Lee

Transport Nurse

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Obstacles

- Recruitment - 3 rounds of recruitment
- Brexit - Need for dual registration
- Covid - Quick changes in practice and need to support other services
- Understanding of role - Raising profile, understanding and interpretation of criteria
- Developing a Nurse Led transfer video
- A gap in service between Nurse Led and Critical Care can cause tension and uncertainty

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How has the project contributed to Nursing knowledge?

- Strict transfer criteria
- Development of SOP's
- Simulation training to troubleshoot and work through SOP's
- Working with wider teams - ACA's being the main backup

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Patient Experience

Through patient feedback, we recognised the need for:

- New transfer trolley and mattress
- Sensory equipment for the patients
- Developing a Nurse Led video that the children can watch prior to team pick up
- Continuing to allow parents to transfer through a Covid risk assessment
- Creating opportunities for children to have fun (Day trip to HEMS, time at the Children's Hospice)
- Christmas at home and birthday parties to remember

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Evolution of the service the service

Equality of Service

Children in the North and South of Ireland have the same access to Cardiac Care

No longer losing priority over a critical care call

Governance

Ability to discuss cases and learn from them

Compassionate Care

Family quality time away from the hospital setting

Orthopaedic Transfers

No need for an overnight stay in hospital for most patients

Highly skilled expert team

Day Trips

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Nursing Practice

New ways of working:

- Working with other specialities
- Covid response
- Clinical shifts

Team Development:

- Cardiac Foundation Course
- Simulation Training
- Team Days
- Critical Care Course
- APLS/EPLS

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Nurse Led Criteria

AIRWAY AND BREATHING

- Pews and baseline normal or baseline for patient.
- SVRA or <2 litres oxygen and baseline for child (no high flow)
- No chest drains – chest X-Ray post removal, completed and reviewed.
- If chest drain out for pneumothorax, it must be out > 24 hours.
- If pericardial drain in for post-op drainage, it must be out >4hours (with ECHO completed)
- NP airway if long term and stable
- No significant desaturations in past 24 hours

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CIRCULATION

- PEWS within normal range and CRT < 2 seconds
- IV fluids acceptable (no recent episodes of hypoglycaemia)
- No CPR in the previous 24 hours
- No fluid bolus' > 40mls/kg within 6 hours
- No pacing wires (out > 6 hours and ECHO completed)
- No CVS drugs (inotropes/prostin/milrinone)
- No UVC/UAC (umbilical venous catheter/umbilical artery catheter

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DISABILTY

- Alert or at child's baseline – no fluctuating GCS
- Discuss recent seizure activity with the team – no clinical signs of raised ICP
- Any abnormal blood results must be discussed with the team including recent hypoglycaemia

EXPOSURE

- Maintaining own temperature in an open cot
- Medical review prior to transfer to ensure suitability.
- Transport nurse has the ability to refuse/escalate transfer if assessed to be unsuitable for nurse led transfer

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Risk Assessment

- Each transfer represents an episode of care that is associated with increased risk for both the child and the clinical staff.
- Risk is increased due to clinical isolation and the nature of the transport environment
- **Risk of clinical deterioration** – assessment, checklists, team APLS trained
- **Risk of equipment failure** – Team all trained on how to use equipment and how to troubleshoot, having a back up plan!

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- **Gas failure** – carry out oxygen calculations prior to transfer, switch to ambulance oxygen while in transit.

- **Transport environment** – ensuring patient is appropriately secured to the trolley, the trolley is secured within the ambulance, all bags stored in cupboards, seatbelts worn, equipment secured onto trolley.

- **Risk of vehicle breakdown** – High visibility jackets, warm clothing, extra oxygen and drugs, fluids etc.

- **Equipment checks** at start of each shift to ensure all equipment is in working order and readily available.

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- **Clinically isolated** – always take the mobile phone. **Communicate** with both referring and receiving hospitals regarding ETA.

- Suspected Covid, **infection control risk** – ensure adequate PPE and team is fit tested.

- **Speed** – Lights and sirens should not be used - except in exceptional circumstances

- **Acceleration and deceleration forces** associated with this sort of driving technique are increased and may affect the team in terms of their comfort and ability to perform their duties.

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Preparation and Packaging

A to E patient assessment. Aim is to move the appropriate treatment environment with the patient.

- Prepare equipment
- **Airway** – Suction, guedel airway
- **Breathing** – Oxygen, nasal specs, non-rebreathe, ambu-bag and mask. Saturation monitoring
- **Circulation** – Sufficient circulation monitoring. ECG monitoring if cardiac patient. BP cuff. Are IV fluids required? IV access?

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- **Disabilty** – Blood glucose level if on IV fluids. ? History of seizures – do parents carry buccal midazolam.
- **Exposure** - Any rash, bruising , wounds (any safeguarding concerns). Temperature – thermal regulation for neonates and infants
- Ensure adequate pain relief prior to transfer if required
- Timing of feeds – bolus feeds/bottle feeds pre-transfer. Continuous feeds should be held during transfer.
- Documentation for receiving hospital.
- **Communication** – contact receiving hospital with ETA

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Holistic Approach

- Family centred care
- Toys for play/distraction therapy
- NISTAR Youtube video

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Safety

- Secure the child on to the transport trolley using an appropriate harness.
- Ensure pressure points protected
- IV lines secured
- All monitor cables secured
- Ensure the child is comfortable, appropriately dressed.
- Blankets/hats in winter.

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In The Ambulance

- Connect to power supply
- Connect to ambulance oxygen supply
- Secure all equipment and bags
- Wear a seat belt
- No one should stand up while the ambulance is moving, always ask the driver to stop when safe to do so to carry out interventions.
- The infant's temperature should be measured regularly
- Appropriate warm clothing for staff
- Continuous monitoring and record observations ½ hourly.

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On Arrival to Receiving Unit

- A thorough handover of all patient history and care.
- Transfer of patient from trolley to bed (adhere to manual handling policy, careful of lines and tubes).
- Handover documentation from DGH and copy transport documentation for patient's notes.

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Evaluation of the Service

- Clinical Team Feedback
- Service User Feedback
- Governance Days - Presentations
- Team Debriefs
- Case Reviews

498 transfers completed in 2021

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The Future

- PGD's for the Transport Nurses
- DEDICATED children's ambulance - Charity Collaborative
- Team development
- ANP's - to meet gap in service
- New base - Joint service working

CHILDREN'S HEARTBEAT TRUST
Northern Ireland's Children's Heart Charity

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“A team of highly skilled and compassionate nurses which is reassuring for a child and parent who need to transfer off site or out of region for radiotherapy or other specialist treatment. NISTAR is a dependable service which is flexible and patient centred.”

Bernie McShane, Lead Nurse of Paediatric Haematology Oncology Team

“I am so privileged to work on daily basis with the Nurse lead NISTAR Team, they are an amazing group of girls who work so passionately with our group of Paediatric Cardiology Children. They are a Professional, Dynamic and empathetic team that ensure family centred nursing with both the patient and parents in mind. The Nurse led team really go the extra mile, all of the Team from the Nurses to the NISTAR management Team are extremely approachable and accommodating. I don’t know how the cardiology service has survived so long without this team, and I am excited to see how there service develops in the future.”

Emma Gregg, CHD Co-ordinator

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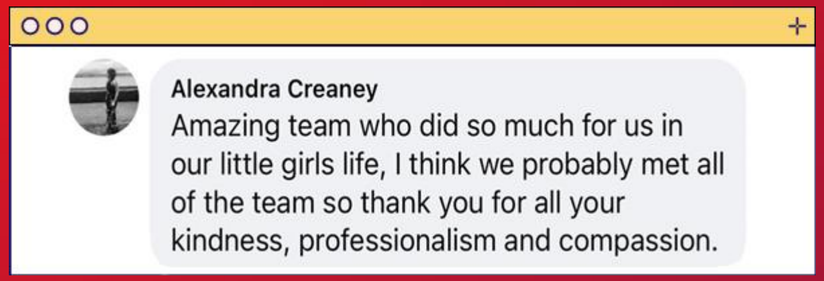
A professional team always going the extra mile to enhance the care for the child and their families. They cover more than clinically required transfers by looking at other ways to make life more manageable for our sickest children.

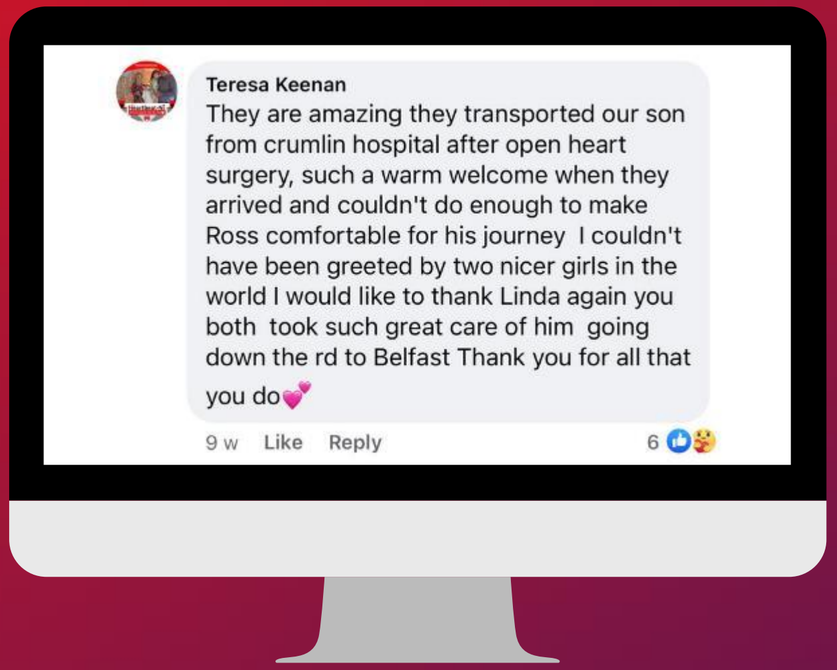
This includes trips to see a helicopter for a child who loves them and could only leave hospital with a dedicated team of professionals and for a child to meet up with their siblings at a time when leaving hospital is not an option. You really make a difference on so many levels.

Thank you for brightening up the lives of our children and making me proud to work with you.

Moira Kearney
Co-Director Child Health Services
& NISTAR

What our families say





"Friendly, helpful paramedic driver and nurse. Ensured my comfort on the transport trolley. Excellent service. Positive experience."

"Thank you so much. There are no words for Cara and Johnny's kindness, especially during such a stressful time. They went out of their way, above and beyond to bring us back from Dublin and we are so grateful."

"Thank you so much for all you have done for my son. I will be forever grateful. You should be so proud of yourselves. You are truly special."

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