



## **AMBULANCE SERVICES CLINICAL GOVERNANCE FRAMEWORK.**

31 January 2020

Thank you for the opportunity to provide feedback.

This response is being submitted on behalf of the Paediatric Society of New Zealand Transport Special Interest Group (PSNZ Transport SIG).

The PSNA Transport SIG was formed to provide guidance to ensure safe transport of children between hospitals throughout NZ. The membership reflects the various services within NZ including level three tertiary services such as NICU and PICU as well as services which are responsible for moving unwell babies and children who require ward or high dependency care.

For the purposes of this feedback 'paediatrics' will refer to term neonates through to the 15 year old.

Neonates will be referred to separately. It should be noted that babies born at home under the care of a midwife will call for assistance from ambulance services directly.

"Transports" will be in reference to retrievals, repatriations and movement of a patient from one facility to a higher level of care e.g. rural setting to a secondary/tertiary predominantly adult health facility with the view that retrieval may then be required to another facility such as Starship Child Health.

Inter-hospital transport (IHT) is not a gap between episodes of care but is a continuation of clinical management in more challenging and clinically unsupported environments; this includes the fixed wing and rotary wing aeromedical environment and the back of road ambulances through the unique and often isolating geography and climatic conditions that NZ experiences, particularly encountered in the South Island.

The skill and experience of accompanying clinical crew are the most important factors in reducing risk during transport. Transport personnel must be trained and experienced in delivering the level of care needed by the patient. They must be able to operate safely without the usual clinical support. Transport personnel should have the relevant clinical experience that matches the care needs of the patient including transport knowledge and skill (PSNZ, 2015).

Paediatrics and neonates have entirely different physiology and physiological requirements to adults. There are distinct anatomical differences that are dynamic and change as developmental stages are achieved. Physiological compensatory mechanisms are different and decompensation can be rapid and dramatic necessitating quick and skilled intervention. Pathophysiologies encountered are not the same as in an adult and have vastly different treatment regimes. Whilst there are transports that do not require a fully-fledged NICU/PICU transport team they do require personnel that have experience and training in this demographic including specific psychosocial knowledge and specific equipment for the size of the patient.

As per NZ8156 2019, organisations providing IHT shall ensure that clinical management during transports meets the clinical needs of the patient.

**Category 1:** intensive care level patients

**Category 2:** high dependency level patients – high dependency care required can include invasive or non-invasive monitoring, multiple infusions and non-invasive ventilation.

**Category 3:** medium to low dependency – patients are clinically stable with a low potential for deterioration

**Category 4:** clinically stable, generally requiring no clinical intervention

It is internationally and nationally recognised and supported by literature that paediatric and premature infant transports regardless of category are specialised transports necessitating trained transport personnel who have paediatric and premature infant knowledge and skill set.

Category 1 and 2 paediatric patients throughout NZ can often only receive the appropriate level of care from the Starship Child Health PICU transport team. For neonates especially the premature this care should be via the regional NICU team. These transports require a high priority to ensure best patient outcomes. Certainly in the Northland region, since the National Ambulance Sector Office review, the ability for the NICU and PICU teams to respond via RW has become an issue as IHT work is seen as less urgent than primary response work.

Of concern within NZ is the referring process and safe transportation of paediatrics that sit between category 2-3; i.e. they do not require an intensive care transport team but need personnel that recognise an increased potential for the paediatric patient to deteriorate and have the knowledge and skill set to safely and appropriately respond to this. This includes babies transported after a home birth. Local resources may not always be in a position to provide the appropriate transportation. These voices need to be listened to.

**The Paediatric Society of NZ Transport Special Interest Group, notes that there is no paediatric and premature infant representation on the suggested committee and believes there should be.**

There are concerns that the re-organisation of transport services has had limited input from IHT providers and this has had serious impact on such services. Not only has there been a lack of consultation but there has been little if any follow-up to identified problems.

In general this discussion document is non-specific and lacks detail. There is no suggestion of how any of the proposed work is going to be measured and shared, neither is there any definition as to how the Network proposes to communicate with all the stakeholders throughout NZ or how there will be accountability. This document does not inspire confidence in service provision.

From the paediatric and premature infant perspective:

- It is noted that there is no representation on the suggested committee for this demographic and there should be.
- As a national service there is no representation from PICU.
- There is no representation from a NICU service or maternity service.

There is no rural health representation where a lot of patients including paediatrics reside and require transportation to larger health centres.

In the suggested committee list, who is 'other medical college placeholder'?

**The skills and competencies of the Chair:**

- To be currently working in the ambulance sector of NZ and to have sound working knowledge of both road and air ambulance services including current tasking practices.
- To have had recent frontline, 'on the ground' working experience within the ambulance sector
- Good knowledge of NZ geography and climatic conditions that impact on resources and tasking
- Advanced clinical knowledge and experience
- Have a thorough understanding of IHT work in NZ including how much is undertaken
- Be willing to consult with clinicians – medical and nursing - and specialist groups who have advanced knowledge as users of the ambulance sector in NZ.
- To consult with frontline staff working throughout NZ. The lack of this type of consultation has to date been a major failing.
- Impeccable communication skills (including listening), to be inclusive but also able to delegate, lead and make decisions.
- To be able to constructively manage the dynamics of a large working group and ensure measurable and accountable progress is being made.

On behalf of the Paediatric Society of NZ - Transport Special Interest Group

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