

Guideline

Criteria for changing destination hospital

1 Scope

For use within the Paediatric and Neonatal Decision Support and Retrieval Service (PaNDR) for the East of England.

2 Purpose

To provide clear guidance in the event of needing to change the destination hospital.

3 Definitions and abbreviations

PaNDR Paediatric and Neonatal Decision Support and Retrieval Service
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NTS Newborn Transport Service for London

CATS Children's Acute Transport Service (based in London)

CenTre Neonatal Transport Service for the Central Newborn Network and Trent

Perinatal Network

4 Introduction

The Paediatric and Neonatal Decision Support and Retrieval Service aims to achieve safe, timely transfer for all referred infants and children in order of clinical priority, as close to home as possible. Often the referring unit identifies their preferred destination hospital at the point of referral. Factors which influence choice of destination unit include clinical needs of the infant/child, closeness to home, specialised clinical requirements of the infant/child (e.g. cardiac/surgical/ECMO) availability of transfer team and bed status.

5 Justification for changing destination

- Clinical reasons clinically better for the patient.
- Overall transfer workload significant benefits for all referred patients if destination changed. Ideally, the patient's destination will still be as close to home as possible and, as far as is possible, along agreed commissioning pathways
- Change in bed availability once the PaNDR team is involved in transfer.

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6 Options to consider

If multiple referrals occur in a short space of time, particularly around shift changeover times, all options for managing the situation should be explored and discussed with the PaNDR Consultant. Time critical transfers should be prioritised. Options for managing multiple urgent calls include:

- Mobilise an additional PaNDR team if possible (Flexibility across PIC and NIC teams)
- Call stacking according to clinical urgency
- Dispatch new team at shift change
- Involve another transport team eg NTS, CATS, CenTre team (essential if referral is a time critical neonatal call)
- Local clinicians to undertake the transfer (This should be done in all paediatric trauma and acute time critical neurosurgical cases)

7 Process for changing destination hospital

Discuss with PaNDR consultant whether a change in destination can be justified and on what grounds.

If so:

- PaNDR team to discuss with referring consultant to explain the reason for the decision. Consultant to consultant discussions between the PaNDR consultant and referring/ receiving consultants should take place if any uncertainty around decision making.
- In case of tertiary specialist service requirements the relevant tertiary hospital consultant will be brought into the call
- In case of paediatric trauma, the trauma team leader at the destination hospital will be brought in the call at the time of referral.
- PaNDR team to speak to family and initial destination hospital to explain reasoning behind change of destination.
- Clear, accurate and full documentation of process and discussions by PaNDR team.

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8 Monitoring compliance with and the effectiveness of the guideline

The PaNDR team will periodically monitor that the guideline is being adhered to and the results will be presented to the senior team at a governance meeting.

Equality and diversity statement

This document complies with the Cambridge University Hospitals NHS Foundation Trust service equality and diversity statement.

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Document management

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Author(s):	Dr Sam O'Hare, Neonatal Clinical Lead for PaNDR			
Pharmacist:	n/a			
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