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Meeting	Maternity Governance <b>Appended as:</b> <b>Annex 4 to CNST – Year 3 and Year 4 Report to QSAC meeting, October 2021</b>
Paper Title	Transitional Care Audit
Date of meeting	20/10/2021
Date paper was written	30 <sup>th</sup> September
Responsible Director	Hayley Flavell, Director of Nursing
Author	Sarah Whitehead
Presenter	Sarah Whitehead
Executive Summary	
<p>This paper is to provide assurance that transitional care is audited in line with the standards as directed by BAPM and reflected in the maternity guideline.</p> <p>In line with the CNST maternity incentive scheme safety point three this paper supports the process of auditing Transitional Care Services</p> <p><u>July- September 2021 audit</u></p> <ul style="list-style-type: none"> <li>• Reason for admission – 100 % reason recorded</li> <li>• Reason recorded and appropriate as guidance – 100%</li> <li>• Observations and investigations as guidance –100 %</li> <li>• Use of Green discharge proforma – 100 %</li> <li>• Daily Neonatal Team review – 100%</li> <li>• Appropriate NIPE – 100 %</li> <li>• Appropriate coding –100%</li> </ul> <p>See recommendations for further details</p>	
Previously considered by	

The Board (Committee) is asked to:			
<input checked="" type="checkbox"/> Approve	<input checked="" type="checkbox"/> Receive	<input type="checkbox"/> Note	<input checked="" type="checkbox"/> Take Assurance
To formally receive and discuss a report and approve its recommendations or a particular course of action	To discuss, in depth, noting the implications for the Board or Trust without formally approving it	For the intelligence of the Board without in-depth discussion required	To assure the Board that effective systems of control are in place

Link to CQC domain:				
<input type="checkbox"/> Safe	<input checked="" type="checkbox"/> Effective	<input type="checkbox"/> Caring	<input type="checkbox"/> Responsive	<input type="checkbox"/> Well-led
Link to strategic objective(s)	<i>Select the strategic objective which this paper supports</i> <input type="checkbox"/> PATIENT AND FAMILY Listening to and working with our patients and families to improve healthcare <input checked="" type="checkbox"/> SAFEST AND kindest Our patients and staff will tell us they feel safe and received kind care <input type="checkbox"/> HEALTHIEST HALF MILLION Working with our partners to promote 'Healthy Choices' for all our communities <input type="checkbox"/> LEADERSHIP Innovative and Inspiration Leadership to deliver our ambitions <input type="checkbox"/> OUR PEOPLE Creating a great place to work			
Link to Board Assurance Framework risk(s)				

Equality Impact Assessment	<input checked="" type="radio"/> Stage 1 only (no negative impact identified) <input type="radio"/> Stage 2 recommended (negative impact identified and equality impact assessment attached for Board approval)
Freedom of Information Act (2000) status	<input checked="" type="radio"/> This document is for full publication <input type="radio"/> This document includes FOIA exempt information <input type="radio"/> This whole document is exempt under the FOIA
Financial assessment	

## Main Paper

### Situation

Transitional care is not a place but a service and can be delivered either in a separate transitional care area, within the neonatal unit and/or in the postnatal ward setting.

Principles include the need for a multidisciplinary approach between maternity and neonatal teams; an appropriately skilled and trained workforce, data collection with regards to activity, appropriate admissions as per HRGXA04 criteria and a link to community services.

The philosophy of transitional care is to keep mothers and babies together, mothers become the primary care provider for their babies with care requirements in excess of normal newborn care but do not require admission in a neonatal unit and ensures a smooth transition to discharge home.

The monthly transitional care audit will be inline with the standards set out in the guideline:

- ❖ Reason for admission to Transitional care
- ❖ Reason Recorded and appropriate as guidance
- ❖ Observations and investigations as guidance and documented appropriately
- ❖ The use of green discharge proforma
- ❖ Daily neonatal team review
- ❖ Appropriate NIPE examination
- ❖ Coded inline with HRG criteria
- ❖ Outcomes

This audit will be done based on the monthly transitional care audit of 8 transitional care babies per month which is approximately 20-25 % of babies who are admitted under the transitional care pathway, recommendations will be shared on a quarterly basis.

### Background

The transitional care guideline has recently been amalgamated with the neonatal guideline and updated, we have introduced NEWTT (Newborn Early Warning Trigger and Track) on 14/09/2020 which gives a clearer definition of babies requiring transitional care as below:

#### Criteria for transitional care from birth

- Late Preterm babies from 34 – 35+6 weeks gestation
- Babies receiving intravenous antibiotics or other intravenous medications
- Babies at risk of neonatal abstinence syndrome (NAS) requiring observations
- Congenital anomaly likely to require tube feeding (eg cleft lip/palate)
- Low birth weight (  $\leq 2^{\text{nd}}$  Centile but more than 1.8 kgs)

#### Care for transitional care from NNU

- Baby who is having 'step down care' following admission to NNU who is more than 1.6 kgs and maintaining temperature
- Step down care tolerating a minimum of 3 hourly feeds

Transitional care babies are cared for in a four bedded bay and 2 side rooms on the postnatal ward, with a staffing model of 1 Band 6 midwife and 1 WSA to support.

## Assessment

On average each month there are 30-35 transitional care babies per month on the postnatal ward, with length of admission dependent on the circumstances.

The audit took place as a retrospective review of patient medical notes and medway documentation based on 24 babies who were admitted onto the transitional care pathway

In July there were 45 transitional care babies, August 47 and September 41.

Out of the total number of babies in the quarter 85 % received IV antibiotics, 10 % were preterm and 5 % were low birth weight.

### **Analysis**

Overall the audit has highlighted a 100% compliance rate in line with the Transitional Care guideline, this is ongoing following for the last 2 months (No data available for April 2021).

All babies noted in the audit were seen daily by the appropriate neonatal team with clear documentation and plan of care, including necessary referrals to other departments within the hospital.

All babies received NIPes within the allocated time frame of 72 hours and by the appropriate professional.

100 % of the sample highlighted that the reason for TC was clearly documented onto the green proforma.

100% of the sample had the appropriate NEWTT observations completed and documented onto Medway Maternity System.

## Recommendation

### **Recommendations**

The audit highlighted a 100% compliance rate in line with updated Transitional Care guideline. A recommendation would be to continue with the monthly audit to ensure and assess compliance in accordance with the TC guideline and present on a quarterly basis to neonatal governance.

## Appendix 1

Reason For Admission To TC from birth	Number	Percentage
Late Preterm babies	12	10%
Babies receiving IVAB	113	85 %
Babies at risk of Neonatal Abstinence Syndrome	0	0%
Congenital Anomaly	0	0%
Low birth weight	7	5%

Reason For Admission to TC from NNU	Number	Percentage
Step down care' following admission from NNU who is more than 1.6kgs and maintaining temperature	0	0.00%
step down care' tolerating a minimum of three hourly feeds	0	0%

	Reason Recorded	Hospital Notes	Obs in line with GL	Green Proforma	NIPE	Seen Daily
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[Type text]

Yes	24	24	24	24	24	24
No	0	0	0	0	0	0
Total Percentage - Yes	100%	100	100.00%	100%	100%	100%
Total Percentage - No	0%	0%	0.00%	0%	0%	0%