

Network Critical Care Transfer and Retrieval Faculty – Annual Meeting

Wednesday 5th June 2013 10am-4pmThe River Meeting Room, 1st floor, 13 Lower Mall, Hammersmith, W6 9DJ.

Action Note - Draft		
Present		Apologies for absence
Jonathan Handy	(Chair) Chelsea and Westminster NHS Foundation Trust	Huw Preece – ICHT CXH, Fiona Moore – LAS, Doris Doberenz – ICHT CXH, Dave Joyce – LAS, Elaine Manderson – C&W, Joan Milton – NPH, Rohit Juneja – RMH, Gary Wares – RMH, Laura Theodossy – RMH, Pascale Gruber – RMH, Catherine Forsythe – RMH, Chris Woollard – THH, Emma Casely – THH, Tim Peters – WMUH, Jacqui Finch – NWLHT, Chris Hill – Kings, Suzanne Bench – Kings, Steven Pearce – New Bucks University,
Dilip Panan	Ealing Hospital NHS Trust	
Nordeya Gilbert	Ealing Hospital NHS Trust	
Nigel West	Hillingdon Hospital NHS Foundation Trust	
Sohan Bissoonauth	Hillingdon Hospital NHS Foundation Trust	
Deborah Addley	Hillingdon Hospital NHS Foundation Trust	
Roseanne Meacher	Imperial College Healthcare Trust	
Anthony Bastin	The Royal Brompton & Harefield NHS Foundation Trust	
Deborah Dorset	University of Greenwich	
Angela Walsh	Critical Care Network NWL	
Gezz Van Zwanenberg	Critical Care Network NWL	

Agenda	Actions	Status
	<p>Welcome and introductions</p> <p>Jonathan Handy welcomed everyone to the Annual Transfer Faculty meeting . Apologies for absence were noted as above.</p>	
1. Purpose of the Meeting	<p>The outline agenda was agreed by members and it was confirmed that the purpose of the meeting was to</p> <ul style="list-style-type: none"> • Review the previous year 's transfer strategy; • Consider continued fitness for purpose of training and all course elements and access; • Review transfer activity and reporting; • Consider actual and potential digital developments; • Consider and recommend transfer and transfer training strategy for 2013 and 2014. 	
2. Transfer training course	<p>It was agreed that the current Network transfer training course would continue with multi-disciplinary teams attending one day training as the feedback and response from all candidates was that it improved confidence and made a difference to patient care during transfer. There was a review of current course content and presentations with the following actions agreed:</p> <ol style="list-style-type: none"> 1. The updated versions of pre-transfer and Physiology (updated by JMH / JC / AB) presentations were confirmed as 	All

		<p>available for all faculty.</p> <ol style="list-style-type: none"> 2. The short films (crash and football) that complement the Physiology presentation will be made available to faculty for storing locally. 3. Slide showing the 2013 Transfer form to be put into pre transfer stabilisation presentation 4. Add slide about the context / speed of the transfer in relation to pre transfer stabilisation 5. Medico legal presentation to be reviewed with a view to making it more interactive (GW) workshop style 6. Contact RJ about NOVA film without subtitles 7. Review the faculty guidance for the workshops to ensure that they support workshop rather than moulage approach. 8. Faculty Transfer bags – including ICS recommended kit list (Laminated) plus key equipment for workshop BVM, waters bag, fluid, hand suction etc. AB and RM had spare bags. GVZ to stock - ? industry supply kit 9. 10 Additional questions for MCQ 10. Evacuation and shelter video reviewed but not included as standard into course but available to faculty as optional if time 11. Box net account for faculty with course content and supporting documentation <p>Future course developments</p> <p>It was agreed that future development of the course should build upon the success of initiatives such as the digital course which had evaluated well. Tested in one or two areas and then that template made available for all.</p> <p>JO suggested a need for HDU transfer training. It was agreed to convene a small group to look at tailoring the current course and workshop sessions to match the needs of HDU staff.</p> <p>Locally delivered shorter transfer session had been planned to support local team days. The content of these was agreed to include some of the digital materials, core transfer training messages and network documentation.</p> <p>There was also discussion about adding higher fidelity simulation into the training. It was agreed to look at potential additional training opportunities with ambulance crews and also simulation packages to report back to the next faculty meeting</p> <p>Actions</p> <ol style="list-style-type: none"> 12. Development of HDU adaptation of transfer training course 13. Explore collaboration with ambulance and paramedic teams to provide in transit simulation experience 14. Explore development of simulation package (review others already available) 	<p><i>All</i></p> <p><i>GVZ</i> <i>JMH / GVZ</i> <i>JMH</i> <i>GW/JMH/</i> <i>GVZ</i></p> <p><i>JMH / GVZ</i></p> <p><i>RM /AB /</i> <i>GVZ /</i> <i>GVZ</i></p> <p><i>All</i></p> <p><i>NW / GVZ</i></p> <p><i>JO / JF</i> <i>AW / GVZ</i> <i>JMH / GVZ</i></p>
<p>3. Digital development</p>		<p>It was agreed that the ability to access the digital products in the clinical setting was important and had been achieved. Strategies for promoting the training to a wider audience were discussed. There was agreement about development of a transfer app to support clinical staff undertaking transfers.</p> <p>The next series of training films and leads for these were agreed.</p>	

		<p>Actions</p> <ol style="list-style-type: none"> 15. All units asked to check <i>intranet</i> access to films and report any access issues to GVZ 16. Transfer App – GW/RJ/NW to look at app development 17. Streaming resilience – GVZ / AW to liaise with Web hosting team 18. You tube access – use the transfer film as promo on you tube with 1st few minutes and then direct to the website for complete film and all training materials. 19. Links to wider audience - explore ICS, FICM, BACCN, RCN, RCoA links to NWLCCN website 20. AB - lead on ECMO film – outline of key messages and ideas for format of film by Aug 21. NW - lead on Managing critically ill child – outline of key messages and ideas for format of film by Aug 22. Approach industry with collaborative film idea regards equipment checking for transfer kit 	<p>All NW, RJ, GW, JMH, AW/ GVZ AB NW AW /GVZ/RJ</p>
4.	<p>Network Transfer documentation</p>	<p>The 2013 reprints of the Network inter hospital transfer form and the transfer training aide memoire were shared. Delivery from the printers to the Network office was expected by the end of June and a replacement plan was in place for the transfer documentation. All units would have new books by the 21st July 2013. The minor changes to the 2013 reprint were discussed and it was agreed to audit the completion of the pre transfer stabilisation box on the 2011 version with the 2013 version to see if moving the box made a difference to documented pre transfer stabilisation This would inform the training session / presentations. It was also agreed to audit the given reasons for capacity transfers. It was agreed that staff undertaking intra trust transfers between sites should also have access the network documentation to support their patient transfers</p> <p>Actions</p> <p>Inter hospital</p> <ol style="list-style-type: none"> 23. Replacement plan for 2013 transfer forms in place 24. Audit last year capacity transfers for reason i.e., no bed, no staff , no equipment 25. Audit pre transfer stabilisation tick list 2012/13 and this year 26. Any suggestions for changes to next reprint of forms to be sent to Network 27. Old books to be offered to HEIs as training support 28. Audit if the transfer trained staff were trained by network 29. Agreed that intra trust but between site level 3 and 2 transfers should have documentation – work with split site trusts to develop better capture. Network Transfer documentation to be incorporated into Team days and induction <p>Intra hospital</p> <ol style="list-style-type: none"> 30. Shared learning from those sites that had implemented the intra hospital transfer form was that the form design and implementation was influenced by the margin being wide enough to be hole punched which is essential element of record keeping and that this was essential to get the form sanctioned through trust governance. Audit and evaluation from those pilot sites to be followed up by network. 	<p>AW / GVZ JMH/AW/G VZ All GVZ JO / RM / JF / AW / GVZ All</p>

		<p>Aide memoire</p> <p>31. The 2013 reprint of the transfer course aide memoir was shared. There were some minor design changes. Faculty packs would include new network aide memoire</p> <p>Annual report</p> <p>32. The previous annual report format and content was discussed. It was agreed that short diagrammatic and pictorial representation would be the format for 2013-14..</p> <p>33. Any other comments / suggestions would be welcomed.</p>	All JMH / AW All
5.	Transfer standards in London – published February 2013	<p>The Network had already undertaken a comparison / compliance document with the London and ICS standards which was shared. It was discussed that the network already meets most / all anticipated standards relating to critical care transfers.</p> <p>Action</p> <p>34. AW agreed to circulate intelligence around contracting (caveat that it is not formally agreed yet) as they become available.</p>	AW
6.	Reconfiguration issues	<p>It was agreed that the various reconfigurations taking place now and into the future created the potential for an increase in patient transfers and capacity challenges.</p> <p>Currently</p> <ul style="list-style-type: none"> - Individual patient transfers reviewed daily by Network staff. - Transfer data shared monthly with units and quarterly with Joint Clinical Forum Board. - Transfer data used to inform local workshops and transfer training in the Network. - Transfer data also previously shared with PCTs. <p>Action</p> <p>35. To consider how the SAHF reconfiguration process might utilise transfer data and capacity as part of their quality measures or programme measures</p>	All GS/AW
7.	HSJ Patient Safety Finalist Award 2013	<p>Congratulations and thanks to all faculty for achievement of being finalists.</p> <p>Action</p> <p>36. Agreed to continue to apply for other awards as method for promoting training materials for use by others</p> <p>37. Any suggestions for awards to be sent to Network for consideration.</p>	All
8.	Independent ambulance matrix tool – info only	<p>Actions</p> <p>38. Any units requiring further laminated copies of the tool to contact GV</p> <p>39. Review of tool every 2 years, due May 2014</p>	All

9.	Imperial/ Helen Hamlyn patient safety project on transfers - info	JMH reported on this project and the request for support regards access to transfer data. Action 40. It was agreed that JMH would represent the Network at this external project.	JMH
10.	Summary	The meeting agreed that this would form the recommended transfer training and transfer strategy for 2013-14. The next meeting would be in late spring 2014. Review of progress will be via the joint Clinical Forum Board and Network strategy meetings	