**ScotSTAR neonatal emergency referral feedback**

**Introduction:**

Many thanks to all of you who completed this feedback questionnaire, it has been very useful to us as we strive to improve our service. The feedback has been hugely positive which is fantastic for our hardworking teams. There is still work to be done and areas to be improved on, this has been very helpful in identifying those.

I have collated the ratings for each section and presented them as a pie chart for ease of viewing. I have then put selected comments with a response under each section. The full comments are in an appendix at the end of this piece. They are verbatim and unedited.

All ratings 1-5 where 1 is poor/not at all beneficial and 5 excellent/highly beneficial

**Survey findings:**

**Location of respondents**

**Professional role of respondents**

**Initial call handling**



Median 4

**Initial call handling- selected comments and responses**

“efficient in answering promptly , some call handlers are very unwilling to accept any specific requests at that stage e.g. when making a 'heads up' contact rather than a definite transfer request. If all details about the baby and parent are not available this seems to halt the process before it starts”

* Thanks for this feedback; this should not be the case. We encourage referrers to have as complete a picture as possible when calling us, however we recognise that that is not always as straightforward as it sounds. We will feed back to the SSD team to ensure that they are aware that enquiries such as this are put through to the relevant team.

“I prefer calling NNU directly, if they are open and the north transport team is on, there is no need for any complicated arrangements.”

* While we recognise that ringing a local unit that you are familiar with is attractive, we request that all emergency calls go through the ScotSTAR emergency line. This brings the benefits of recorded calls for governance purposes, a conference calling facility and use of standardised processes that avoid confusion around destination etc.

“Calls are answered quick but setting up the conference calls can take up to 30-45mins depending on patient complexity and multiple teams involved. This keeps referring physician away from an already sick patient.”

* We recognise that this can be an issue and are just as frustrated as you at times! The time taken is usually due to difficulties in getting a hold of people to join the calls in a timely manner. This can be due to a number of factors but often relates to hospital switchboards not having up to date rotas, or difficulties in contacting the on call clinicians. It would be hugely appreciated by all if perinatal practitioners ensured that their local switchboards had up to date rotas and contact details, and made themselves contactable easily whenever on duty.

“It takes some time to be ble to give the information to the initial call handler. THis is then often repeated with subsequent calls

* We are aware that colleagues do not like unnecessary repetition and endeavour to minimise this. Ensuring that all involved in clinical care have the information that they require is vital however. Please remember that conference calling is available and can be used to avoid repeated conversations.”

**After initial call answering, were you connected to the correct team?**

**Experiences of being connected to the transport teams**

“There are some patients where it may be advantageous to have both the paediatric and neonatal team staff in the call.”

* We do this regularly, with the conference calling facility this should not be a problem.

“It might help to have the official names of the other teams and their function available to referring units so anyone contacting SCOTstar knows the righ twords to use when seeking contact”

* ScotSTAR has three services:
  + EMRS- for adults
  + Paediatrics- for children
  + Neonates (three teams, North, South East and West, who have primary responsibility for covering those areas and cross cover)
* The SSD dispatchers will help with guiding you to the most appropriate service, if there is uncertainty then more than one team or service can be brought into a conference call to discuss. The neonatal and paediatric teams work cooperatively to ensure an appropriate and timely response to a transfer request.

“The regional level 3 unit should be the default correct team, for ongoing care and for the transport. Things may get a little complicated when they are not on. We would not need to ask about a correct team if the correct team is in place.”

* Any of the teams can be out at any point in time and therefore another team may be required to undertake a transfer. Similarly capacity or clinical issues may mean that an alternative destination may be more suitable.

“Different rules of engagement of the neonatal and paediatric teams. Think it would benefit on being complimentary. There should be no expectation of the referring clinician to find an appropriate intensive care bed.”

* SSD will assist in finding an intensive care bed. Many clinicians prefer to discuss with a local centre before organising a transfer, however there is no expectation that they do so.

**Handling of the referral by the transport team**



Median 5

“Can be critical following an emergency situation by consultant rather than discuss. We all strive for the same result”

* I would be disappointed if any of the teams were critical during a referral, as you say we are all working for the benefit of our patients. I would be grateful if you could get in touch to share more details of your experiences if you have experienced undue criticism.

“Occasionally there are problems when the receiving unit is closed or when a different team covers the region. Who is responsible for supporting the referring team and who has the final responsibility for making a decision becomes somewhat less clear when out of pathway solutions are being used.”

* We are always happy to discuss any issues that arise like this so that we can improve how they are handled. I would hope that with clear communication and the use of conference calling the referring teams would always be clear as to the lines of responsibility.

**Other members of the transport team being brought into the call**



Median 4

“As above - my only suggestion would be to confirm exactly who of the team on the call will be coming out on the transport as part of the final summary.”

* Good suggestion, we will share that

**Other clinicians (cardiology, surgery, receiving neonatologists etc) being brought into the call**

Experiences of other clinicians being brought into the call

“It is often the case that discussions have already happened prior to decision to transfer. As receiving unit we would often have had phone calls for advice at an early stage. When referring for specialist input we would usually have discussed with specialist in advance of requesting transport - this is optimal management for patients. Flexibility in realising the value of this and adapting conference calls according would be appreciated. I have provided an example below (box 17)”

* We would always aim for reasonable flexibility within the bounds on a standardised approach. Involving specialists again where advice has already been given is not always necessary. There may be times however where the transport team wish to have the relevant clinician on the call to clarify management plans and discuss the transport implications of advice already given.

“Receiving clinician is beneficial but more than one receiving physician cause problems. For example surgical opinion in a regional centre differed from a surgical opinion where the patient eventually went because the regional unit was closed.”

* This does not sound ideal, however resolving different clinical approaches is outwith the remit of the transport service.

“Would have been, just it took 45mins to get everybody on the same call, ultimately ended up waiting 75 mins to actually talk to the receiving consultant after the line broke up 3 times and had to call the receiving consultant myself.”

* As stated above, getting a hold of the right people in a timely manner can be a challenge.

**General comments**

“Main concern is receiving constructive analysis or learning outcomes than critism”

* I am concerned that you are feeling criticised during the referral process, I would be most grateful if you could get in touch to give me more details on the issues that you have encountered

“Please stop using names of the hospitals but rathe geographic location or at least both”

* We have already made using both location and name our standard approach, there are a number of confusing or unclear hospital names around Scotland.

“I was caring for a patient with a possible cardiac issue, An ECHO was performed which was then discussed by specialists via VC link. A diagnosis was then made which necessitated transfer. I phoned SCOTSTAR to arrange transfer: conference call then included all of us that had been on VC in addition to transport team. The call facilitator (gently) told us off for not following SCOTSTAR protocol and being inefficient!”

* Please accept my apologies, I would not want referring colleagues to be “told off”, however gently! As above, there are times when it is very useful to the transport staff to involve receiving specialists in the call to clarify issues regarding the management during transfer.

“Agreed checklists of information likely to be required by the team would be helpful for different scenarios as I think that will help new staff to be prepared and ensure any missing details can be found while the team is preparing to attend. Especially if the transfer will be to an area other than NICU where staff names and expectations may be different. Names and phone numbers for destinations would be helpful for this too.”

* The neonatal transport website [www.neonataltransport.scot.nhs.uk](http://www.neonataltransport.scot.nhs.uk) has information for referring clinicians and a directory of hospitals in Scotland with phone numbers etc.

“I would prefer if simple transports (e.g. Elgin-Aberdeen or even Aberdeen-Aberdeen) could be arranged on a local level. One example from last night: Transport between RACH and AMH - the ambulance had to be requested via the central number because Aberdeen team was not on (the doctor informally came from home to do the transport but the driver was not on). After having been waiting for 20 min I checked what was going on and I realized that the central number booked the ambulance at a wrong time.”

* Please accept our apologies for this delay, however as described above there are a number of benefits to emergency transfer requests going through SSD and a standard approach is preferred. Local arrangements that bypass these processes can go wrong.

“It may be useful at the start of a call with many representatives on the line to have a clear chairperson (?probably transport consultant/senior representative) who organises the call and maybe states at the start the order in which folk should speak? It may be simple to protocolise this - eg referrer speaks first then receiving unit then transport consultant then transport team or something like this?”

* The senior member of the transport team would be expected to chair and ensure the smooth running of a conference call. Please feed back to us if you have experiences where this does not run well and we can look into them.

“It owuld be helpful if we had the form that Scotstar use to gather informaiton so that we can complete it before calling”

* Excellent idea, we have added that to our website (http://www.neonataltransport.scot.nhs.uk/about-us/advice-for-referring-centres)

**Overall rating**



**Median 4**

**ScotSTAR actions:**

Reinforce the need to avoid referrers having to repeat information unecessarily by ensuring the guidance used and training of SSD staff is optimised and that the confernce calling facility is utilised appropriately

Ensure that the referring centres are aware of the team composition

Remind senior transport clinician of the importance of clear chairing of conference calls

Ensure consistent use of hospital name and location together to avoid confusion

Remind SSD that the neonatal teams are happy to accept any queries from referring units, even if full details are not available.

Referral sheet added to Website to allow referring units to see the information that will be required.

**Conclusions:**

This feedback exercise has provided very valuable feedback to the ScotSTAR neonatal transport service and we are very grateful to all who contributed. The overall positive scores and numerous positive comments will be well received by the hard working staff who endeavour to provide an excellent service to our colleagues across the Scottish neonatal services.

Areas to be improved are noted and will be worked on, with a repeat of the excerise planned to ensure that these have been effective and to ensure that standards remain high.

**Appendix- full comments:**

**Initial call handling comments**

essential demographic data and purpose of call, need for others to be brought in established efficiently, effectively and politely

The call handlers have got the hang of it - they had a steep learning curve in first few weeks and are very helpful and efficient.

helpful staff

excellent prompt service

very helpful

Calls answered promptly

there was an occasion where I felt the call handler had no knowledge regarding the context of the call

efficient in answering promptly , some call handlers are very unwilling to accept any specific requests at that stage e.g. when making a 'heads up' contact rather than a definite transfer request. If all details about the baby and parent are not available this seems to halt the process before it starts

Always answered quickly - information taken efficiently

great service all calls answered promptly

I prefer calling NNU directly, if they are open and the north transport team is on, there is no need for any complicated arrangements.

The initial response is always very polite and professional.

Clearly identified staff. Ensure they take down relevant details

Friendly prompt response

Usually straightforward in regard of timing. Sometimes lengthy explanations are necessary, as the call handler does not know special conditions of certain locations.

The call handlers are informed and efficient.

Calls are answered quick but setting up the conference calls can take up to 30-45mins depending on patient complexity and multiple teams involved. This keeps referring physician away from an already sick patient.

Call handlers can often seem very nervous and unsure of issues. There are often redundancies in questions being asked by receiving centre and by call handler.

The call handler was very helpful

Significnatly improved recently

efficient friendly and reassuring

It takes some time to be ble to give the information to the initial call handler. THis is then often repeated with subsequent calls

Mixed, but mostly really good.

sometimes quite slow

Very prompt

Recent experience (Nov17). One call and it was all co-ordinated from that call. Excellent!

Generally very concise and appropriate

**Experiences of being connected to the transport teams**

Usually relatively quick

generally very helpful as we need help and advice usually immeadetly so good to get through to the on call neonatologist

There are some patients where it may be advantageous to have both the paediatric and neonatal team staff in the call.

Efficient

no problems in using this

I have always found the service to be extremely organised. The call handlers are always courteous and helpful.

No problems experienced

It might help to have the official names of the other teams and their function available to referring units so anyone contacting SCOTstar knows the righ twords to use when seeking contact

I am now finding the system extremely good. Call handlers much more au fait with handing the medical details; much slicker; very helpful.

seemed straightforward which is imperative when lone working

always been connected to the right team

The regional level 3 unit should be the default correct team, for ongoing care and for the transport. Things may get a little complicated when they are not on. We would not need to ask about a correct team if the correct team is in place.

It’s much quicker and all relevant people included in the call

There's occasionally significant delay in finding the right team causing further delays.

Call handler arranged this and transport team called

Most recent experience of contact has been very good - some intiial probelms with worng personnel and remain diffifualties in connecting a cardiologist as part of the call

Mostly works well. Occasionally problems if noone is available to take the call

Different rules of engagement of the neonatal and paediatric teams. Think it would benefit on being complimentary. There should be no expectation of the referring clinician to find an appropriate intensive care bed.

a bit slow on occasions

Excellent. Took a bit of time but that was only to ensure we had a cot and a team to retrieve the baby.

**Handling of the referral by the transport team**

Polite, appropriate SBAR style communication, helpful discussion where there were management queeries

Very professional, careful to avoid unnecessary repetition

usually very poitive

Sometimes the referring consultant is dropped out of the conversation.

As a midwife practising in remote and rural practice have always felt very supported by the neonatal transport team.

Can be critical following an emergency situation by consultant rather than discuss. We all strive for the same result

phone back efficient. updates regarding any changes being dealt with promptly

very positive experience, not a bad word to say about this service

I have always found the neonatal transport team to be helpful, efficient and supportive.

Generally knowledgeable and helpful, it is useful to have the checklist of details that are likely to be needed so we can be prepared and avoid delay due to having to access mother's notes etc if the transfer is urgently after resuscitation. THis should be better since maternity Badger is in use

Always efficient with due acknowledgement of urgency or otherwise of situation

The WOS team are always extremely efficient and helpful. Nothing is ever a problem.

Generally positive experience but at times with more junior individuals difficult to get them to fully understand what you are requesting

always prompt response and kept updated with times etc

Occasionally there are problems when the receiving unit is closed or when a different team covers the region. Who is responsible for supporting the referring team and who has the final responsibility for making a decision becomes somewhat less clear when out of pathway solutions are being used.

Well, I am usually the transport team, so, 5 stars it is!

Appropriate advice given. They have loaded tonfobd the most appropriate centre for the baby to go to

Sometimes difficult to hear - quiet line

Once in contact with the transport team, ongoing arrangements were always straightforward.

gave advice and also expected time of arrival. Polite and professional.

As previous response. SOmetimes takes a while and needs repeated with furhter calls

much repetition of information

Good at avoiding unnecessary repetition by getting all the right folk on line - though this can take a little time

very good

**Other members of the team being brought into the call**

As above - my only suggestion would be to confirm exactly who of the team on the call will be coming out on the transport as part of the final summary.

Helpful

The call works much better when the relevant parties are included in the call.

plan of care prior to arrival discussed and confirmed.

Efficient and helpful.

Occ adds unnecessary complexity and extends call?

there were well coordinated comments from each team member who all took turns to add their input without interrupting or duplicating - that helps a lot. I have not tried to have more than one person involved at the referring end so do not know if an equivalent inter-disciplinary approach would work at both ends. Usually there is agreement for a second call e.g. to nurses

good to share info rather than repeating

Sometimes the whole process of bringing people into the call involves ones hanging on the telephone for a considerable period of time and then the story gets repeated. It at times does not feel very efficient

normally called back by the consultant on call then called by the ANNP and registrar

As described above, sometimes the responsibilities are blurred when a different team or out of pathway unit are involved especially if the usual unit had been already consulted.

I do not mind.

There is only one clinician involved in transport and it is the Consultant. Therefore 1 star for the role of any additional clinician/ANNP (they do not exist where I work).

Helps having all the relevant people for the transfer in the call

Usually connected only to ANP/reg, never spoke to the consultant directly.

This has happened rarely but always seems a sensible thing to do where possible to avoid the transport representative having to repeat information. Having too many people in the call can delay things and increase confusion in conversation but I have never had any experience of this being an issue

Very useful practical discsusuions - some ommission of key clicnial advice - ie use prostin not picked up by initial call in absence fo cardiology involvement

very straightforward

often very repetitious, esp when need for transfer absolutely clear

Generally the more people involved in the call, the more difficult it can be to tell who is speaking at a given time and to manage chairmanship of the call. However in practice this rarely causes any difficulties

**Other clinicians being brought into the call**

Experiences of other clinicians being brought into the call

Been a while for ex utero transfers so no specifics; but despite the larger group in the phone call this usually works well.

This is essential.

Clinical guidance which is appropriate to the level of care available with contingency options until team arrive.

Receiving clinicians always very supportive and everyone very helpful

I mostly at receiving end

It is often the case that discussions have already happened prior to decision to transfer. As receiving unit we would often have had phone calls for advice at an early stage. When referring for specialist input we would usually have discussed with specialist in advance of requesting transport - this is optimal management for patients. Flexibility in realising the value of this and adapting conference calls according would be appreciated. I have provided an example below (box 17)

V occ unnecessary complexity esp if contact has already been made with receiving clinicians and transfer agreed.

Depends n the individuals involved and their familiarity with the process

The times when it would be useful to have clinicians on the call are for surgical referrals and they won't play. If I am making a referral to the medical team I will have discussed this in detail and agreed transfer prior to making the call to the transport team.

It again can take some time

Can be time consuming if working alone

Receiving clinician is beneficial but more than one receiving physician cause problems. For example surgical opinion in a regional centre differed from a surgical opinion where the patient eventually went because the regional unit was closed.

yes, in general, although, too many people in the call can feel a bit confusing especially if there are different teams and different units taking the initial calls and then providing the service / receiving the baby.

They didn’t realky add anything. For surgical babies I’d speak to surgeon separately then make the vall

Would have been, just it took 45mins to get everybody on the same call, ultimately ended up waiting 75 mins to actually talk to the receiving consultant after the line broke up 3 times and had to call the receiving consultant myself.

Always useful to avoid duplication of information.

Got a little confusing as to who was talking

Very helpful and slick discussions - in and out of call as needed

Often need to repeat information already given.

Depends on circumstances, discussion has often taken place before the call so ltd value

to ensure we were transferring to appropriate/closest unit

It is always useful to have the receiving clinician involved in the call.

**General comments**

Thanks.

Main concern is receiving constructive analysis or learning outcomes than critism

Please stop using names of the hospitals but rathe geographic location or at least both

I was caring for a patient with a possible cardiac issue, An ECHO was performed which was then discussed by specialists via VC link. A diagnosis was then made which necessitated transfer. I phoned SCOTSTAR to arrange transfer: conference call then included all of us that had been on VC in addition to transport team. The call facilitator (gently) told us off for not following SCOTSTAR protocol and being inefficient!

Agreed checklists of information likely to be required by the team would be helpful for different scenarios as I think that will help new staff to be prepared and ensure any missing details can be found while the team is preparing to attend. Especially if the transfer will be to an area other than NICU where staff names and expectations may be different. Names and phone numbers for destinations would be helpful for this too.

I would prefer if simple transports (e.g. Elgin-Aberdeen or even Aberdeen-Aberdeen) could be arranged on a local level. One example from last night: Transport between RACH and AMH - the ambulance had to be requested via the central number because Aberdeen team was not on (the doctor informally came from home to do the transport but the driver was not on). After having been waiting for 20 min I checked what was going on and I realized that the central number booked the ambulance at a wrong time.

It’s a much better service now!!!

Hot desk needs to work seriously on conference call skills, huge delay, easier clearing the issue directly with clinicians and then making the conference call just for the retrieval.

System was set up to run all official communication through it, but it lags usefulness at the moment with the lags.

It may be useful at the start of a call with many representatives on the line to have a clear chairperson (?probably transport consultant/senior representative) who organises the call and maybe states at the start the order in which folk should speak? It may be simple to protocolise this - eg referrer speaks first then receiving unit then transport consultant then transport team or something like this?

Find all staff on calls polite and helpful

Service has very significnalty improved over last year - becoming state of the art in my view - both in neoantal and paedaitric retreival advice - do miss contact for advice with our local centre - oftern easier to discuss cases with clinicians who you know and who know our setup - both PICU and neonates

My recent experience was very positive I felt reassured and supported in the decision to transfer

It owuld be helpful if we had the form that Scotstar use to gather informaiton so that we can complete it before calling

Thanks for very helpful service

Excellent service. Reassuring for us in remote and rural areas to know we have support on the other end of a phone especially if there is a delay in retrieving.