Comments received on proposed escalation policy

GP comments on proposed escalation policy

I have taken a quick look through this. As you know I was at the meeting. It all looks great I think. Shiva was wondering if it needs to go into a policy format but it looks to me as if his secretary has already put it into policy format ?

KP comments on proposed escalation policy

General comment: I think it is somewhat overcomplicated

The terms ICU (intensive care unit) HDU, SBCU should be replaced with IC, HD and SC as the former refer to physical spaces not levels of care

Transitional care should not be include in the escalation policy because if the unit is geographically separate from the NNU (as in Stoke) then the staffing will have to be considered separately - eg. even if there was only 1 baby on TC this would still require one nurse. Also how do you factor in a hybrid model of TC as will happen in Stoke where some of the TC babies will be on the TCU cared for by the neonatal nursing team and others will be on the PN ward with intermittent input from the TC nurses (e.g. IV antibiotic babies)

I agree with Ruth that the term 'availability of free cots taking into account imminent delivery…' needs very clear definition as otherwise there is likely to be inconsistence in interpretation both within and between units. I suggest that only women on deliver suite are included (i.e. not those on the antenatal ward) and only if they are expected by the obstetric team to deliver within the next 4 ours.

When assessing availability of cots any discharges planned for that day need to be considered.

I found the was in which the staff:patient ratio changed with each escalation level to be very complicated and not intuitive. I suggest that it would be much easier to interpret if we were to calculate a score for the dependency of the babies currently on the unit using the ratios for green escalation i.e. 1 point per IC baby, 0.5 points per HD baby and 0.25 points per SC baby (TC babies excluded for reasons given above) then we have a number which can be used at each escalation level and then compare this against a score for the nurses which again will only need to be calculated once. Each nurse would score 1 point. This reflects the nurse:paitent ratios recommended by BAPM so 1 nurse could care for 1 IC or 2 HD or 4 SC or 1HD and 2SC babies. Then you compare the 2 scores and set a standard for each escalation level - perhaps nurse score > baby score is green, nurse score = baby score is amber, nurse score < baby score = red.