

Supported Discharge Clinic

Sue White – Sister of the Neonatal Community Outreach
Team (NCOT)

Personalisation of Care

Ashford & St Peter's Hospital NHS Foundation Trust



PENNA2015 6th National Awards
& Patient Experience Conference

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The Rep, Birmingham



Neonatal Intensive Care Unit (NICU)

- Level 3 tertiary unit providing intensive care for sick and premature infants
- Work collaboratively as part of Surrey, Sussex and Kent Network also taking referrals from across the country
- Our services include:

Therapeutic Cooling

Surgery for Retinopathy of Prematurity

Transport team and Family Support Worker

Neonatal Community Outreach Team

Human Breast Milk Bank

Nitric Oxide Therapy



Pre-Development of SDC

“Infants who have received care on NICU should have a safe, timely discharge with the transition to home being co-ordinated, smooth and supported.”(NICE Quality Standard – QS4, October 2010)

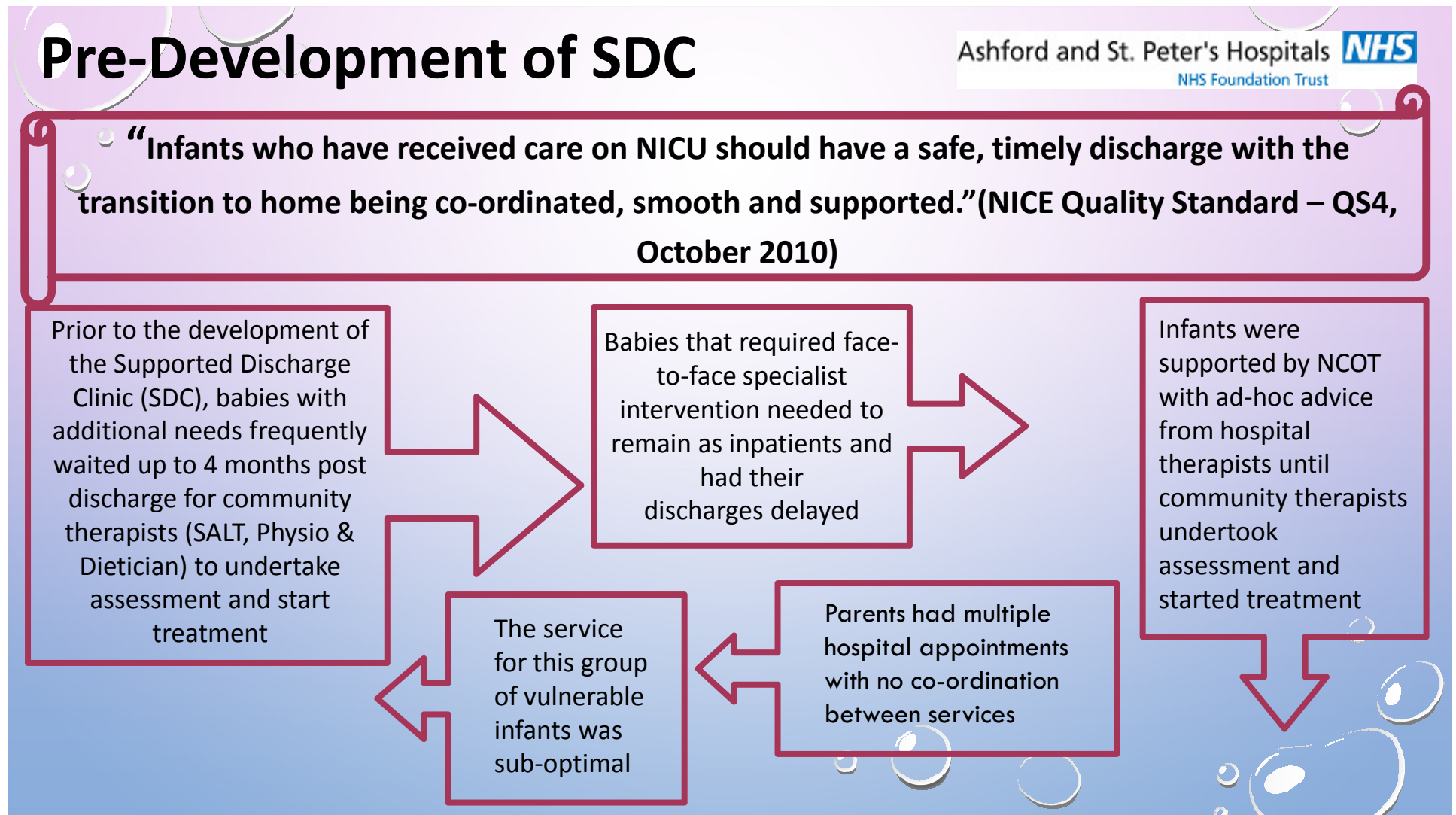
Prior to the development of the Supported Discharge Clinic (SDC), babies with additional needs frequently waited up to 4 months post discharge for community therapists (SALT, Physio & Dietician) to undertake assessment and start treatment

Babies that required face-to-face specialist intervention needed to remain as inpatients and had their discharges delayed

Infants were supported by NCOT with ad-hoc advice from hospital therapists until community therapists undertook assessment and started treatment

The service for this group of vulnerable infants was sub-optimal

Parents had multiple hospital appointments with no co-ordination between services



Planning and Delivery



Initially I proposed that hospital therapists continued to provide face-to-face care for these infants until community services commenced



This could be achieved if we jointly saw the infants in a Multi-Disciplinary Clinic within the hospital setting, called the Supported Discharge Clinic



Discussion with Neonatal Consultant to gather support and arrange provision of supervision of the SDC



Information given to parents about the SDC and how their infant could be discharged with the continuation of hospital therapists assessment and treatment

Delivery



Trial period of supported discharge clinic with NCOT only



Discussion with therapists to explain proposed clinic structure and purpose



Following their backing a suitable venue and day of the week was identified



Guideline written to identify the suitability of an infant for clinic attendance



Neonatal Consultant cover was allocated



The SDC was created and the first clinic took place August 2014

Supported Discharge Clinic (SDC)

Ashford and St. Peter's Hospitals **NHS**
NHS Foundation Trust

Led by Neonatal Community Outreach Team (NCOT) in collaboration with Speech and Language Therapist (SALT), Dietician and Physiotherapist who attend as requested by NCOT

Medical supervision provided by a Neonatal Consultant who can be called upon to review an infant, prescribe changes to medication or specialist formula

Some infants will have commenced treatment or supervision whilst on NICU and appointments at the clinic are arranged prior to discharge

Monitoring, care, review of infants discharged from NICU who have on-going health needs not yet met by a community agency



Therapists notified by NCOT each week, regarding which infants will be attending

Up to 6 infants can be seen each week in a designated room on NICU

Post Development of SDC

Reduced number
of separate
outpatients
appointments

Continuation of
specialist review
and monitoring
commenced prior
to discharge

Reduction in
parental anxiety,
financial burden
and time spent in
the hospital

Each infant is able
to access the
therapists they
require, therefore
individualising
their care



The SDC enables NCOT to make a rapid referral to any or all of the therapists, when problems develop post discharge with feeding, weight gain or physical development, even if the infant has not used the service as an inpatient

Clinic Eligibility

Criteria for follow-up in SDC:

NCOT	SALT	DIETICIAN	PHYSIO
Feeding difficulties	NGT fed at discharge	Faltering growth	Infant suffering with GORD
Weight less than 2kg at discharge	Delay in transitioning to suck feeds whilst an inpatient	Infant suffering with GORD	Extreme preterm infants not achieving midline positioning
Nasogastric tube feeding	Infants suffering with GORD	Milk intolerances	Congenital abnormalities affecting movement
Preterm (< 36/40) on day of discharge	Congenital abnormality e.g. cleft lip or palate	Nutritional needs not being met	Neurological problems affecting tone
Home oxygen therapy	Feeding difficulty identified on NICU	Dietetic support after NCOT discharge	Birth injury e.g. shoulder dystocia
Infant using Breast Milk Fortifier post discharge	Oral aversion	Parental encouragement regarding weight gain.	Plagiocephaly affecting head movement or feeding
Complex health needs			

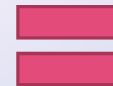
Impact and Results

The impact of running these clinics can be displayed in a number of ways:

- ✓ 68 contacts with NCOT and at least one other therapist
- ✓ A saving of up to 4 months awaiting community referrals
- ✓ Co-ordinated timely discharges occurred with intensive support
- ✓ More cots available for Intensive Care admissions
- ✓ Reduction in family exposure to hospital environment and separation from their infant- improved bonding and attachment
- ✓ Shorter hospital stays for 6 infants who were NGT fed at home, saving 143 hospital days
- ✓ Breast Milk fortification continued post discharge = continuation of breast feeding

What makes SDC stand out?

When parents take home their precious infants from NICU they have already had a journey like no other parent. None of their expectations of a normal pregnancy, normal delivery or normal postnatal period have come true.



The SDC acknowledges this and allows parents to gradually take over the care of their infant, in a supported fashion, at a pace dictated by the parents and infant. It builds confidence and encourages bonding and attachment. Problems are quickly and efficiently dealt with and potential re-admissions to hospital can be avoided.

How the Parents Feel

"We saw the NICU community team (NCOT), who weighed our son, gave him his RSV injection and gave us support with feeding and general care. They were always amazingly helpful and supportive no matter what your question was. They really made you feel like you weren't on your own."

"It was fantastic to have all the specialists input at the same appointment as going to and fro from the hospital is logistically difficult and expensive (parking etc.) but having them all together also meant that my husband could take the time off from work and come too, Little things like that make a big difference"



How the Parents Feel



“Two weeks after we were discharged from NICU we had an appointment at the SDC clinic. It was excellent to know that we were still being supported despite now being back at home with our baby.”

“We saw the physio who was really helpful and gave us exercises to help with improving our sons head control.”

Thank you for listening

Any questions?