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EDUCATION ISSUES

Bridging the gap: A survey of neonatal community care provision in England

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KEYWORDS

Preterm;
Community care;
Survey

Abstract *Background:* Neonatal community services can offer significant benefits for families and infants there are no national guidelines in the UK on the provision of these services.

Aim: To determine current provision of community neonatal services within the UK.

Methods: This was a telephone survey using a purpose-designed questionnaire of 183 neonatal units in England.

Results: The 45% (83/183) of units surveyed had a dedicated neonatal community team. Nineteen percent (34/183) had a paediatric team which also looked after neonates. Thirty-six percent of units (66/183) had no community team provision. Of units who provided community cover 48% (56/117) had weekend cover and 16% (19/117) had an on call service after 5pm. Eighty-five percent of all units with teams surveyed felt that having a team facilitated earlier discharge of infants. Eighty percent (94/117) provided nasogastric tube feeding support within the home. Ninety-two (108/117) looked after babies on home oxygen. Additional services provided by units with community teams were phlebotomy 75% (88/117), palliative care 70% (83/117) and phototherapy 8% (10/117).

Conclusions: Neonatal community teams play an integral role in managing infants within the home who would otherwise have required special care or transitional care beds. Our survey demonstrates that neonatal care in the community within the UK is provided by a wide range of nurses and subject to huge regional variation. Infants discharged from 55% of neonatal units do not have access to specialist neonatal teams There is scope for further developing these services to promote optimum ongoing care of this vulnerable population of infants.

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Introduction

Advances in perinatal care over the past three decades, have resulted in a dramatic improvement in the survival of very low birth weight and premature infants (Saigal and Doyle, 2008). Despite improved care these infants remain at high risk for long-term morbidity (Saigal et al., 2007). Moderately premature infants are at lesser risk of morbidity but make up a greater percentage of all deliveries and up to two thirds of infants' hospitalisation costs (Russell et al., 2007). Early discharge of either group of infants from special care has the potential advantages of uniting families sooner and decreasing healthcare costs (Langley et al., 2002; Kotagol et al., 1995; Cruz et al., 1997). Although it is widely recognised that neonatal community services can offer significant benefits for families and infants there are no national guidelines in the UK on the provision of these services. There is also currently little information on what is available nationally in this area.

Objectives

The primary objective of our study was to determine current provision of community neonatal services within the 24 Neonatal Networks in England. A secondary aim was to assess what systems were in place in community services across the Neonatal Networks to allow for safe discharge of infants.

Methods

In August-December 2008 we conducted a telephone survey of all 183 neonatal units in the 24 neonatal networks in England. We used a structured telephone questionnaire which was designed by our local medical and nursing community team leads to determine community service provision in England (see Appendix 1). This was designed to elicit the total number of dedicated neonatal teams, staffing, clinical care provided by the teams, plans for future development and problems facing these services. The questionnaire was also designed to elicit factors related to safe discharge. Questions included whether teams had criteria for discharge, availability of structured medical input, out of hours and weekend community team cover and whether teams audited their re-admission rates of patients under community care. We sought responses from senior community nursing staff at each unit. In the absence of a community team we addressed the questionnaire to a senior member of nursing staff. We obtained responses from all (100%)

units. Formal approval by a local research ethics committee was not required for this survey of current practice.

Results

We surveyed all hospitals within England's 24 Neonatal Networks including: 43 level 1, 91 level 2, and 48 level 3 neonatal units. Forty-five percent (83/183) of units surveyed had a dedicated neonatal community team. Nineteen percent (34/183) had a paediatric team which also looked after neonates. Sixty-six units (36%) had no community team provision. Twenty-six percent of level III, 50% level II and 56% level I units did not have a neonatal community team (see Table 1). One-third of units without teams were considering developing a neonatal community team. Of units who provided community cover ($n = 117$) 48% had weekend cover and 16% had an on call service after 5 pm. Eighty-five percent of all units surveyed felt that having a team facilitated earlier discharge of infants. Ninety-one percent of units with community teams felt that having a team facilitated earlier discharge, 3.7% were unsure. Seventy-three percent of units without teams felt that it would be beneficial for 30% of units had community team provision throughout their Networks. No Networks had consistent guidelines for community team provision across the Network.

Within dedicated neonatal community teams the median number of nurses was 2 (range 1–10). In terms of full time equivalent (FTE) posts many of the positions were part time; median allocated time: 1.5 (range 0.2–7.5 FTE) Neonatal teams ($n = 83$) were often staffed by senior nursing staff with 1.2% having band 8 nurses 72% band 7, 77% using band 6 and only 28% band 5 and 19% band 4 nurses. Nineteen percent of teams employed nursery nurses. Twenty-four percent of community paediatric teams surveyed ($n = 34$) had band 8 nurses on the team, 82% band 7, 82% band 6 and 27% band 5 and 6% band 4.

Within the 45% of units surveyed who had a community or paediatric team ($n = 117$) 80% provided nasogastric tube feeding support within the home. Ninety-two percent looked after babies on home oxygen. Sixty-nine percent looked after infants with cardiac anomalies, 51% looked after infants with neonatal abstinence syndrome. Seventy percent of teams were involved in providing palliative care to infants. Seventy-four percent played an active role in looking after infants where there were child protection issues. Additional services provided by units with community teams were phlebotomy 75% and phototherapy 8% (see Table 1).

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