



## Provincial Council for Maternal and Child Health Maternal-Newborn Advisory Committee

### Retro-transfer Implementation Work Group Terms of Reference

#### **Background / Context**

Building a brighter future for children begins by ensuring a good start to life with access to appropriate levels of care for mothers and newborns in Ontario. We require an integrated and coordinated provincial system of maternal and neonatal services capable of delivering timely, equitable, accessible, high quality, evidence-based, family-centred care in an efficient and effective manner.

#### **The Issue**

In June, 2008 the Maternal-Newborn Advisory Committee (M-NAC) was convened by the Provincial Council for Children's Health (now PCMCH) and the MOHLTC to address system issues related to maternal-newborn care in Ontario. M-NAC has initiated several work groups to address a number of system issues that affect access to tertiary services including: fetal fibronectin testing; remote screening for retinopathy of prematurity; infection prevention and control policies for maternal-newborn units; access to maternal-newborn services; transport services for mothers, newborns and children, including retrotransfer.

The Access to Care Work Group recommended that practices related to retro-transfer be addressed with the goal of streamlining the process, improving consistency of practice and removing barriers to the system. The overarching goal is right care in the right place at the right time and by the right provider. Access to Level III care for mothers and newborns relies on timely transportation to tertiary centres with the capacity to provide the highest levels of care. This capacity is reduced when the tertiary centres are not able to affect timely retro-transfers. As the demand for specialized maternal and newborn services in Ontario increases, additional pressure is placed on the already stressed maternal and newborn care system.

#### **Work Group Purpose:**

The Retro-transfer Implementation Work Group will review and plan for the implementation of the recommendations of the Retro-transfer Work Group.

## **Objectives:**

The Retro-transfer Implementation Work Group recommendations address the following objectives:

1. To implement processes to facilitate retro-transfers in a consistent and timely manner.  
These include:
  - a. Implement a traffic light system to increase attention to discharge planning in all NICUs/SCNs.
  - b. Participate in an expanded pilot test of the electronic CritiCall repatriation tool.
  - c. Develop a web accessible inventory of services available for professional reference by all sites in order to support rapid identification of site specific services.
  - d. Designated vehicle and human resource (RN / RRT) for retro-transfer transport, starting with the GTA.
2. To implement a process to educate and communicate with providers so they, in turn, can educate and communicate with patients and families. The education should inform both staff and families that transfer and retro-transfer are a part of a regionalized system of perinatal care and promote right care in the right place at the right time by the right provider.
  - a. Identify stakeholders who require education.
  - b. Develop written and electronic communication tools to meet the needs of healthcare providers, patients and families.
  - c. Develop education strategies to support the communication of retro-transfer process and availability of resources for families.
  - d. Measure impact of education strategy by utilizing a focus group of women who have experienced transfer of either themselves or their newborn.
3. To implement a process to ensure that standards of care including recommended guidelines for screening and assessment of premature infants are not delayed or missed because of a transfer to another centre.
  - a. Implement use of provincial transport forms for maternal and neonatal transfer and retro-transfer that are mandatory and included in the medical record.
4. To implement a means of measuring the “health” of the retro-transfer process, that is: the right care in the right place at the right time and by the right provider.
  - a. Implement metrics for evaluation of the retro-transfer system which are listed in the Retro-transfer Work Group Report.

## **Membership**

Clinicians and administrators representing all LHIN's in Ontario including:

- Level III
- Level II C
- Level II B

CritiCall representation as required

**Reporting Relationship**

The Retro-transfer Implementation Work Group will report to the PCMCH Maternal-Newborn Advisory Committee.

**Frequency of Meetings**

To be determined

**Timeframe**

September 2012 to February 2013

**Decision-Making Process**

Members share accountability for decisions. There should be open and direct communication based on honesty, respect and transparency, to ensure that all perspectives are heard. Decisions should be evidence or most-promising practice-based. Decisions will be made by consensus whenever possible.