



National Policy National Procedure National Protocol National Guideline
National Clinical Guideline

**HSE National Procedure for transfer of an existing
Paediatric Homecare Package from one HSE Health Region to another.**

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Document Owner name:	Primarycare.AI@hse.ie
Document Commissioner(s): (Name and post holder title):	Maeve Raeside, General Manager National Primary Care Access and Integration,
Document Approver(s): (Name and post holder title):	David Walsh, National Director Access and Integration
Lead responsibility for regional implementation:	Regional Executive Officer's (REO's)
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Development Group Name:	Paediatric Home Care Package Coordinators Nurse Practice Group
Development Group Chairperson:	Margaret O'Meara PHCP Clinical Lead Primary Care, Primary Care Access and Integration Com

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Transfer of a Paediatric Home Care Package from one HSE Health Region to another.
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HSE Procedure to ensure the continuity of care when a child in receipt of a Paediatric Home Care Package transfers from one Health Region to another within the HSE.
Description:
This HSE Procedure has been developed to provide clear guidance to all Children with Complex Healthcare Needs (CCHN) governance groups in the HSE of the Procedure for transferring an existing Paediatric Homecare Package (PHCP) from one Health Region to another in the HSE.

³ Records details when a document is reviewed, even if no changes are made.

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1.0 Planning

1.1. Purpose

This HSE Procedure has been developed to provide clear guidance for all Children with Complex Healthcare Needs (CCHN) Governance Groups in the HSE of the Procedure involved in the transferring of an existing Paediatric Homecare Package (PHCP) from one Health Region to another in the HSE.

This Procedure should be read in conjunction with other CCHN procedures, local relevant policies/protocols/procedures that include the administration of medications, reporting of adverse incidents in the community, infection control and any other relevant documents that incorporate best practice.

1.2. Scope

This HSE guideline applies to all HSE Health Region governance groups when transferring an existing PHCP for CCHN funded under the dynamic Purchasing Framework from one Health Region to another.

Out of Scope; this guideline does not apply to homecare packages funded solely by HSE social care services or HSE agency Home Care packages not funded under the Dynamic Purchasing Framework.

1.3 Target population

The HSE Health Region CCHN governance group including the registered nurses who have responsibility for transferring the PHCP in both the original and receiving Health Region. HSE PHCP Coordinators/registered nurse who has responsibility for transferring the PHCP to a new HSE Health Region.

1.4 Target users

This HSE Procedure applies to all HSE Health Region governance groups when transferring an existing PHCP from one Health Region to another in the HSE.

1.5 Objective(s)

- Provide clear guidance to all HSE Health Region CCHN governance groups of the Procedure for transferring an existing PHCP from one Health Region in the HSE to another.
- Ensure standardisation of the Procedure when an existing PHCP is being transferred from one Health Region in the HSE to another.

1.6 Outcome(s)

There will be a standardised Procedure for transfer of an existing PHCP from one HSE Health Region to another.

1.7 Disclosure of interests

No conflicts of interest are declared.

1.8 Rationale / alignment with HSE national priorities

This Procedure was required in order to standardise the Procedure for transfer of an existing PHCP from one Health Region to another. Caring for children close to home is a key priority for Irish healthcare policy (Government of Ireland, 2018, HSE 2018a, HSE 2017). Sláintecare (Government of Ireland, 2018) identifies the need to transfer care from acute to community settings (including homecare) and outlines a strategy to expand community- based healthcare in order to achieve the delivery of care closer to home. This model of care is also supported by the HSE Strategic Plan for 2019 (HSE 2018a) and the National Model of Care for Paediatric Healthcare Services in Ireland (HSE 2017).

1.9 Supporting evidence

- Nurses and Midwives Act (2011).
- Health Act (2007).
- Health Information and Quality Authority (2012) National Standards for Safer Better Healthcare.
- Health Services Executive (2019a) Child Protection and Welfare Policy
- Health Services Executive (2019b) Data Protection Policy
- Health Service Executive (HSE) (2020b) Incident Management Framework
- National Quality Assurance Initiative (2021)
- Nursing and Midwifery Board of Ireland (2021) Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives
- Nursing and Midwifery Board of Ireland (2015a) Recording Clinical Practice Professional Guidance
- Nursing and Midwifery Board of Ireland (2015b) Scope of Nursing and Midwifery Practice Framework
- Health Services Executive (2011) Standards and Recommended Practices

for Healthcare Records Management

- Health Services Executive (2022v2) National Consent Policy, HSE National Office for Human Rights and Equality Policy

Legislative Documents

- Nurses and Midwives Act (2011).
- Health Act (2007).
- Pharmacy Act (2007).
- Government of Ireland (2015) Children First Act. www.irishstatutebook.ie
- Government of Ireland (2011) Nurses and Midwives Act. www.irishstatutebook.ie
- Government of Ireland (1970) Health Care Act. www.irishstatutebook.ie
- Government of Ireland (1947) Health Act. www.irishstatutebook.ie
- Safety Health and Welfare at Work Act (2005) Dublin: Government of Ireland, Stationery Office, Dublin.
- Safety Health and Welfare at Work Act (General Application) Regulations (2007) Dublin: Government of Ireland, Stationery Office, Dublin.
- Freedom of Information Acts 1997 and 2003, Government of Ireland (2003).

2.0 Methodology

2.1. List of key questions this National 3PG will answer

- What is the Procedure for transferring an existing PHCP from one HSE Health Region to other?
- How does the HSE ensure continuity of care when a child in receipt of a HSE PHCP moves from one Health Region to another

2.2. Describe and document the evidence search

The PHCP Coordinators Nurse Practice Group undertook an extensive literature review. The objective of the literature review was to establish current evidence and best practice, and seek new and emerging evidence, in relation to transfer of care from one location to another within the same health system.

A literature search was undertaken in 2024. The search terms used were “Children with complex healthcare needs” and ‘homecare package’, ‘nursing’ “homecare” “transfer of

care” “continuity of care”, “sharing of information” ‘homecare package’, ‘nursing’ “homecare” “discharge planning”. All major library search databases were used to retrieve the latest publications to inform this PPPG, including: CINAHL PubMed and Medline to access relevant peer reviewed articles. The search was limited to 2011-2024. The Cochrane Library was searched with no evidence of systematic reviews or protocols relating to the topic. The search yielded no policies and procedures for transfer of a PHCP however did identify a UK Discharge reference guide to support health and care professionals to improve practice for all children and young people requiring a complex discharge from hospital to home and beyond that referenced transfer of care of this cohort (Well Child, 2024). It also identified Irish literature that discussed the needs and requirements for discharge for this cohort which can be applied to this procedure.

When a child and family who are in receipt of a PHCP in a HSE Health Region are planning to move to another Health Region it is a key component of the provision of care that the transfer is managed effectively to ensure continuity of care for the child and family. Research reviewed has shown that there are fewer errors and better treatment outcomes when there is good communication between patients and their health-care providers, and when health care professionals are fully informed about their care requirements.” (World Health Organization, 2012). Parent(s) of a CCHN should also be involved in information sharing in order to support a PHCP within Primary care and the HSE states that “when we explain things clearly and with care and compassion, people have more confidence and trust in us and are more likely to take our advice, and follow medical guidance” (HSE, 2019). Role negotiation and collaboration between the parent and healthcare professionals is found to be fundamental to caring for CCHN (Hall *et al.* 2023, Mendes 2013). Effective communication systems are pivotal to ensure that everyone involved receives the correct level of information in a timely manner that is easily understood (DOHC 2010b). This is also seen as an essential component in discharge or transfer of care as documented in the National Rapid Discharge Guidance (HSE 2015b).

Caring for CCHN in the community requires a robust family centred care approach (Jones *et al.* 2020, Ward *et al.* 2015) and the shared responsibility for a child’s care should be negotiated between parents and healthcare professionals (Hall *et al.* 2023). CCHN by the nature of their condition have input from many professionals from healthcare, social care, and education sectors. Parent(s) interviewed for the NQAI (2021) reported that on average their child had input from 10 professionals. This finding is a key factor when considering the transfer of a child with an existing PHCP from one Health Region to another. It is essential that there are clear and effective

communication pathways in place for this cohort of children and their families in the event that their care is transferred from the acute services or within Primary Care services. Regardless of where the PHCP is initiated, similar principles and procedures apply to ensure that the child's care is continuous and the parent(s) receive the support and education that enables them to provide safe care without undue stress (Hall *et al.* 2023, Mendes 2013).

A PHCP can be transferred at any time and the procedure must be underpinned by formal standard protocols between all services. A fundamental prerequisite of the transfer procedure must be early engagement between HSE PHCP Coordinators, managers and receiving clinicians in the community (HSE, 2014).

Hillis *et al.* (2016) goes on to affirm that the inclusion of a named care coordinator or Case Manager in a multidisciplinary team is pivotal in ensuring the discharge/transfer procedure is effective and care needs are sustained in the community. Brenner *et al.* (2021) also notes that improvements in care for the family and child existed where there is a multidisciplinary approach adopted. Peter *et al.* (2011) acknowledges that care coordination can be complex and time consuming but is clear in the message that the role remains key to the effective and sustained management of the many complex and individual issues surrounding the care of children with complex healthcare needs. Well Child report (2024) is of the view that there needs to be clear defined roles, responsibilities and accountability with the proactive involvement of parent(s) as part of the team to ensure that care in the home and community services are viable and sustainable. Clearly defined roles and responsibilities are as important to ensuring a safe and sustained care pathway is maintained throughout the discharge/transfer procedure.

The HSE have created a transfer of PHCP information sharing form (Appendix 1) that should be used in all transfers to ensure continuity of care and set out action plans for multidisciplinary teams. Although the option for transfer of a PHCP should never be rushed, there is no reason why transfer should be delayed due to a lack of clarity or familiarity with procedural arrangements and procedure.

Describe the method of screening and evidence appraisal

There was a dearth of research based literature directly related to policies and procedures for transfer of a PHCP within a health system. However, there is a number of key articles from the Irish and UK health services supporting a formalised discharge procedure and many of the principles may be applied to the transfer procedure this procedure refers to. The development group reviewed these and developed the

procedure based on this and clinical expertise.

3.0 Procedure

3.1 Children and their families with complex healthcare care and support needs may decide to move home just like anyone else: to be closer to family or to pursue education or employment opportunities, or because they simply want to live in another area. When a child and family who are in receipt of a PHCP in a HSE Health Region are planning to move to another Health Region it is a key component of the provision of care that the transfer is managed effectively to ensure continuity of care for the child and family. This transfer is co-ordinated jointly by the HSE PHCP Coordinators in the original and receiving Health Region to ensure continuity of the service and also incorporates all the various agencies involved in providing the CCHN care.

“Continuity” is making sure that, when a CCHN who is receiving care and support in one area of Ireland moves home, they will continue to receive care on the day of their arrival in the new area. This means that there should be no gap in care and support when people choose to move. It is essential for ensuring patient safety, satisfaction, and quality outcomes.

When a child is in receipt of a PHCP that is funded by the HSE and their family wish to relocate to another area of the country the following Procedure should be initiated. The HSE’s as commissioners of the PHCP are responsible for making the necessary arrangements for transfer of the PHCP to ensure that service specifications continue to be met before, during and after the transfer.

Sharing of Information between Health Regions and relevant healthcare personnel via clear communication pathways are key to a successful transfer. All PHCP transfers must be transparent, involve the CCHN and their family and be supported by a rationale/explanation of decisions undertaken. The CCHN parent(s) should be included in all steps of the procedure, invited to attend any relevant meetings and receive regular verbal updates as to the progress.

3.2

Stage 1

- Parent(s) informs HSE PHCP Coordinators of planned relocation and identifies new address. The procedure cannot be initiated until this is identified and a delay in same will impact on the progress of the transfer.
- Anticipated date of planned transfer is confirmed by parent(s) to the HSE.
- HSE PHCP Coordinator informs other members of the HSE 'Team Around the Child' (TAC) of the impending transfer. All members will direct referrals to services within the new Health Region.
- HSE PHCP Coordinator makes verbal and written contact with the HSE PHCP Coordinator in the new Health Region.
- A written transfer referral form (Appendix 1) is forwarded to the new Health Region Director of Public Health Nursing / HSE PHCP Coordinator detailing all personal, clinical and medical information including the child's Paediatric Community Assessment Tool (PCAT) assessment history and result of most recent PCAT assessment (Appendix 1).
- This referral will include details of the child's PHCP including number of approved PHCP hours, roster of service delivery and private provider company name who are currently delivering the service.
- The HSE PHCP Coordinator in the new Health Region if required may meet with the child and family in the original Health Region to ensure that their needs for the transfer are met.
- Any equipment or consumables required are identified and ordered. Equipment may also be transferred from previous address as appropriate.



Stage 2

- On receipt of transfer referral the DPHN/ HSE PHCP Coordinator and the new Health Region CCHN governance group will discuss and agree a plan for transfer of the PHCP.
- Funding approval for the PHCP is required in the new Health Region.
- HSE PHCP Coordinator, in the new Health Region, confirms with originating Health Region that all relevant referrals have been forwarded to local services in new Health Region e.g. CDNT, local paediatric services, GP.

- HSE PHCP Coordinator in original area confirms with parent that any other services that may be providing care to the child have been informed of the planned relocation e.g. Laura Lynn, Jack and Jill to allow these organisations to transfer care, if available, in the relocated Health Region.
- If the private provider who has been delivering the PHCP in the original Health Region has a presence in the new Health Region the HSE PHCP Coordinator in the relocated Health Region will make contact with the private provider locally to determine if they can fulfil the PHCP at the new address and if agreed the company will commence recruitment to fulfil the PHCP in the relocated Health Region.
- If the company does not have a presence in the new Health Region or cannot fulfil the PHCP the HSE PHCP Coordinator, in the relocated Health Region, will undertake a mini tender competition under the Dynamic Purchasing System, for PHCPs, so that the care package for the child can be delivered by a new provider



Stage 3

- When the family have access to the new address, the HSE PHCP Coordinator in the new Health Region will make contact with the parent(s) and organise a home visit to the new address.
- The HSE PHCP Coordinator completes an environmental paediatric home nursing risk assessment. Control measures are identified and applied to any risks identified. The HSE will endeavour to lessen as far as is reasonably practicable all realistically foreseeable risks associated with caring for a child with complex healthcare needs in the home or during a planned parental absence.



Stage 4

- When the following elements are in place , a date for transfer and activation of the PHCP in new Health Region is finalised
 - When the private provider has a completed roster to meet PHCP requirement.
 - Funding in new Health Region

- the Service Arrangement has been revised,
- the Agreement of Care signed by family, HSE and private provider.
- planned parental absence (if required) and
- nursing care plan is in place.
- The Care Plan should include a date for a multidisciplinary “Team Around the Child” TAC meeting. The meeting may involve any or all of the professionals involved at management or case assessment level and include the family.



Stage 5

- If pre-school or school hours are a component of the PHCP the National Council Special Education or Better Start National Early Years are informed of the transfer and once the parent(s) have enrolled the child in a new pre-school or school the HSE PHCP Coordinator will be contacted by the Early Years specialist or Special Education Needs Officer to commence extension of PHCP to the new pre-school or school.



Stage 6

- All PHCPs should be reviewed on a regular basis and this relocated PHCP will be reviewed as per national PHCP Review PPPG within 3 months of the transfer to the new Health Region and then 6-12 monthly or more frequently thereafter depending on the nursing care needs of the child. The HSE, private provider, child and their family can request a review as appropriate. If the nature or level of needs changes significantly, the scheduled review of the child should be brought forward as the PHCP may need to be increased/decreased or may no longer be required.

3.3 Specific roles and responsibilities

3.3.1 Primary Care Access and Integration

The REO's are accountable and responsible for ensuring that this procedure, and its framework, are adopted and implemented throughout HSE community primary care.

3.3.2 Health Region CCHN Governance Group

The Health Region CCHN governance group are responsible for ensuring that all healthcare staff who are involved in any aspect of the child's transfer from one area to another read, sign, implement and adhere to the Procedure within the scope of their work practice (Appendix 6). The Health Region CCHN Governance Group will oversee the transfer procedure, where necessary, to ensure quality systems for compliance with NQAI recommendations and standards, positive service user experience and safety and provide assurance of CCHN CHO governance to Primary Care Access and Integration.

3.3.3 HSE PHCP Coordinator

Under the leadership of the Health Region CCHN governance group the HSE PHCP Coordinator will be responsible for the management of Nursing Services to children cared for in the community who have Complex Healthcare Nursing Needs. HSE PHCP Coordinator will organize the transfer of services for CCHN in receipt of a PHCP and will work collaboratively with parent(s) to support them in their role as the Primary Carer to ensure a seamless transfer of care where their child's health and development needs are met and that the best possible care is provided thereby maintaining their child at home. HSE PHCP Coordinator will develop and manage working relationships with a team around the child multidisciplinary team to ensure continuity of services following transfer of care into the new Health Region.

4.0 Consultation

4.1 Stakeholder involvement

This procedure came about from service user feedback and was also reviewed by patient partners.

National consultation workshop with HSE PHCP Coordinators group to inform and agree Procedure for transfer of PHCP.

Consultation with acute services nurse specialists department.

Consultation with PHN and CCHN services within primary care

All feedback received was reviewed and agreed by the development group. Agreement was reached on whether to accept or reject the feedback. The procedure was developed following this and all feedback received is retained by Margaret O'Meara

4.2 External review

The Procedure was reviewed by the Nurse Practice Development Coordinator for PHNs ONMSD.

5.0 National implementation plan

5.1 Resource implications

It is necessary for all Health Region's to have an active PHCP Governance group and a HSE PHCP Coordinator for CCHN's identified.

Regional Health Areas will disseminate the Procedure to all relevant staff via the Health Region PHCP Governance Groups. The Procedure will be available to staff on The HSE National PPPG Central Repository

5.2 Describe the structure and governance of your national implementation team.

HSE has approved this procedure

List tools and resources developed to support local implementation of your National 3PG.

- Transfer of existing PHCP from one Health Region to another Health Region Form
- Parent Information Leaflet
- Agreement of Care
- PCAT Assessment Form

5.3 Expected date of full implementation of your National Procedure

1st October 2024

6.0 Governance and approval

The Procedure was commissioned by the HSE to support delivery of PHCP services. Following development of the Procedure, a checklist was used in assessing that the Procedure met the standards outlined in How to Develop HSE National PPPGs – A

Practical Guide, and signed and dated by the Chairperson of the Development Group.

The PHCP Coordinators Nurse Practice Group recommended the Procedure to HSE management with a signed and dated copy of the checklist and submitted the final document and checklist to for sign off by National Director of Access and Integration.

Once approved, the final version was converted to a PDF document to ensure the integrity of the Procedure and uploaded to the HSE National Central Repository. A signed and dated copy of the checklist was attached to the master copy, which is retained in Primary Care Access and Integration.

7.0 Communication and dissemination plan

- This Procedure will be issued through the RHA governance structures for dissemination to IHA PHCP Operational Governance Groups.
- The Procedure will also be issued to each of the approved service providers.
- The Procedure will be issued to the acute children's services including CHI and local paediatric units.

The document can be accessed only on the HSE National Central Repository which is the single trusted source for accessing, storage and document control for National 3PGs. No duplicate copies of the procedure should be accessible in any secondary electronic locations, only the link to the document on the Repository should be used on other locations. This link will automatically update in all locations if changed on the Repository.

It is the responsibility of each Health Region PHCP Clinical & Corporate governance group to implement the procedure in each IHA outlining actions required, specific roles and responsibilities, and timelines etc. As part of the implementation it is essential there are IHA PHCP Operational Governance Groups.

8.0 Sustainability

8.1 Describe the plan for national monitoring and audit

It is the responsibility of each Regional PHCP Clinical and Corporate Governance Group and IHA PHCP Operational Governance Group to outline actions required, specific roles and responsibilities, and timelines etc. As part of the implementation it is essential there is a Regional PHCP Clinical and Corporate Governance Group and IHA PHCP Operational Governance Group. A barrier to the implementation of this procedure is the absence of active Governance groups.

Managers are required to monitor and audit the implementation of this procedure within their area of responsibility using the Audit Checklist in Appendix 5 and maintain evidence of same.

9.0 Review / update

9.1. Next review date

This Procedure will be reviewed in 3 years unless there is a change in best practice

- Method for amending Procedure if new evidence emerges.

If new evidence emerges, the Paediatric Home Care Package Coordinators Nurse Practice Group will be reconvened and the new evidence will be considered for integration into the Procedure.

10.0 References

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11.0 Glossary of terms

CCHN ; Children with Complex Needs Healthcare	Children with Complex Healthcare Needs have substantial medical healthcare needs as a result of one or more congenital, acquired or chronic conditions, with functional limitations that often requires technology assistance and ongoing nursing care primarily to support their parent(s) to care for them at home thereby preventing hospital readmission, in some instances to avert death and in others to provide palliative and end of life care. A home care package is required when a child has nursing needs that cannot be met by existing Primary Care services and Children's Disability services. (Elias E et al, 2012)
Heath Region	Health Region is the Health Service Executive (HSE) new health area structures which commenced in 2024 and delivers health services in the community through 6 Health Region in the Republic of Ireland.
Health Region CCHN governance group:	Health Region governance group for CCHN is tasked at local Health Region level to develop and implement governance, quality, service delivery, and performance monitoring and risk management structures for the cohort of CCHN specifically.
HSE PHCP Cordinator:	This term applies to the HSE case manager for CCHN who has responsibility for co-ordinating PHCP.

NQAI	HSE National Quality Assurance Initiative (2021) was commissioned by the HSE to determine planning, development and delivery models nationally and to inform the development of a national standard service framework for Children with Complex healthcare needs.
PHCP Paediatric Home Care Package	is a home nursing service provided by Primary Care Access and Integration when a child has healthcare and/or nursing needs that cannot be met by existing Primary Care services and social services.
Service/Private Provider	Is a company commissioned by the HSE to administer a Paediatric homecare Package to Children with Complex Healthcare Needs and a service arrangement is drawn up. The Private Healthcare Provider is responsible for providing staff with the relevant skills/competencies for the child as identified. The reporting relationship will be to the service provider nurse manager on professional and clinical matters. Clinical Governance for care of the Child remains with the service provider.
Team Around the Child (TAC)	Team Around the Child (TAC) is "an individualised and evolving team of the healthcare practitioners who see the child and family on a regular basis to provide practical, coordinated support in therapy and treatment. The purpose is to provide a more coordinated thorough and consistent approach to supporting a child and their family.
Service Arrangement	The HSE enter into an arrangement for the provision of services to Service Users. The terms and conditions of the clinical, corporate and financial governance standards are specified in the agreement and in relation to the catchment area which may be defined.

12.0 Appendices

Appendix 1: Transfer Of PHCP Form

Child's Name: Current Address: New Address: Eircode:	Date of Birth:	
	Medical card /LTI No.:	
	Male <input type="checkbox"/> Female <input type="checkbox"/>	PCAT Score: Date of PCAT:
Name & Address of Parents/Guardians: No. of children in the family: Child's position in the family:	Phone 1: Phone 2: Email: Have parents/guardian consented to transfer and sharing of information with relevant healthcare teams? Yes <input type="checkbox"/> No <input type="checkbox"/> Parent/Guardian signature: ----- -----	
Primary Consultant:	Is Consultant aware of transfer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Current GP Name & Details:	Current PHN & Health Centre Details:	
New GP Name & Details	New PHN & Health Centre Details:	
Diagnosis:		
		Date of diagnosis (if known) birth

Monthly Consumables Required: (Attach Copy of Order)
Other professionals involved:
Please list current medications:

Has the child any allergies? If yes please specify:	Are there any safety concerns at home? If yes please specify:
Has child Advance Treatment Plan: (Please include copy of same)	Has the child been referred to any other services? If yes please specify:
Referrer Name & Address:	Contact details Phone:
	Email:

Please include copies of all relevant letters, risk assessments and correspondence including contact details for Medical and Nursing Teams in Tertiary and Local Hospitals.

For office use only

Date Received: Accepted Not
Accepted

Ref. No: _____ Received
by: _____

Appendix 2; Membership of Procedure Development Group


Members of PHCP Coordinators Nurse Practice Group	
Name	Role and position
Margaret O'Meara	PHCP Clinical Lead Primary Care, Primary Care
Claire Lynott	HSE PHCP Coordinator
Aishling Banks	HSE PHCP Coordinator
Breda Lowry	HSE PHCP Coordinator
Tara Galligan MacNamara	HSE PHCP Coordinator
AnnMarie O Gorman	HSE PHCP Coordinator
Shirley King	HSE PHCP Coordinator

Appendix 3: Membership of Approval Governance Group

Membership of PHCP PPPG Approval Group	
Name	Role and position
David Walsh	National Director Primary Care Access and Integration
Maeve Raeside	A/Assistant National Director Primary Care Access and Integration
Patrick Lynch	Senior Manager Primary Care Access and Integration
Margaret O'Meara	PHCP Clinical Lead Primary Care Access and Integration
Helen Martin	Director Of Public Health Nursing Galway
Joan Johnson	HSE Patient Partner

Sign-off by Chair of Approval Governance Group

This PPPG was formally ratified and recorded in the minutes of the Approval Governance Group on 01/10/2024.

Name: (print)	David Walsh
Title:	National Director Access and Integration
Signature: (e-signatures accepted)	

Appendix 4

Sample implementation plan template

National 3PG Title: HSE National Procedure for transfer of an existing Paediatric Homecare Package from one Health Region to another.					
Expected date of implementation 01/10/2024					
Implementation lead/role: Health Region CCCHN Governance Group					
IMPLEMENTATION ACTION	Implementation barriers/ enablers	List of tasks to implement the action	Lead responsibility for delivery of the action	Expected completion date	Expected outcomes
Memo	Memo	Notice	National Director of Access and Integration	Oct 2024	Implement Transfer of PHCP Procedure
HSE PHCP Coordinators group	Notice to all HSE PHCP Coordinators	Notice	PHCP Clinical Lead	Oct 2024	Implement Transfer of PHCP Procedure
Private Providers	Notice To all Private Providers	Notice	PHCP Clinical Lead	Oct 2024	For Information
Dissemination and action of Health Region staff	Governance Group/No Governance Group	Roll Out	REO	Oct 2024	Implement Transfer of PHCP Procedure
Information/Education / training required to implement the National 3PG:					
National memo's To all Health Regions and PHCP CCHN Governance Groups,					

Appendix 5: National Audit Tool

Each CHO CCHN governance group must ensure that robust governance and accountability Procedure for monitoring and evaluation this procedure.

Audit Aim:

The aim of the audit is to:

Measure compliance with the Transfer of a PHCP from one HSE Health Region to another procedure. **Frequency:** Audit must be completed annually by the HSE Health Region CCHN governance group in accordance with the service arrangement.

Methodology

Population: A sample of target users

Sampling: A total of 10% or 10 target users, whichever is greater, should be selected.

Frequency: To be determined locally at least annually.

Method: Record **Y** for **Yes**, if the criteria are met. Record **N** for **No**, if criteria are not met or **N/A** for **Not applicable**.

Compliance requirement:

[Should have a 100% compliance requirement unless your National 3PG allows flexibility – compliance levels should be set].

Is standard/criteria being met for the following statements:	Yes	No	N/A	Evidence
Statement 1 <i>All CCHN requesting a transfer of PHCP from one HSE Health Region to another were provided continuity of service throughout the procedure</i>				
Statement 2 <i>All CCHN requesting a transfer of PHCP from one HSE Health Region to another had a transfer form completed</i>				
Statement 3 <i>All CCHN requesting a transfer of PHCP from one HSE Health Region had an active PHCP in place on day of transfer</i>				
Statement 4 <i>All CCHN requesting a transfer of PHCP from one HSE Health Region had a risk assessment completed at new address</i>				
Statement 5 <i>All CCHN requesting a transfer of PHCP from one HSE Health Region will have their PHCP reviewed within 3 months of the transfer date</i>				
Statement 6 <i>All members of CCHN Governance groups will have read the procedure and signed Appendix 6</i>				

Date of Audit:
Audited by (name/title):
Compliance Rate %:
Calculation of Compliance Rate %: The score, expressed as a percentage, is calculated by dividing the number of “yes” and “no” answers. “Not applicable” answers are excluded from the calculation of the percentage score. Example: If there are 6 “yes” and 2 “no” answers, the score is calculated as follows: 6 (yes answers) divided by 8 (total of yes and no answers) multiplied by 100 = 75%

