National Policy ☐ National Procedure ☒ National Protocol ☐ National Guideline ☐
National Clinical Guideline ☐

HSE Procedure for the urgent transfer to hospital of children receiving a paediatric homecare package

DOCUMENT GOVERNANCE [1]	
Document Owner name:	Paediatric Homecare Package for Children, Clinical Lead, Primary Care Access and Integration
Document Owner email: (Generic email addresses only accepted)	Primarycare.AI@hse.ie
Document Commissioner(s): (Name and title of post holder):	Maeve Raeside, General Manager Primary Care Access and Integration,
Date Document Approved: (Formal ratification by the Governance/Steering Group)	01/09/2026
Document Approved by: (Name and title of post holder)	TJ Dunford, Assistant National Director, Primary Care Access and Integration
Document Approver Sign-off: (e-signature)	
Document Approver Registration number: (where applicable)	n/a
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

DOCUMENT MANAGEMENT [2]			
Date effective from:		01/09/2026	
Date set for next review:		01/09/2029	
Your Reference No: *(if applicable)*		Click or tap here to enter text.	
Current version no:	VI	**Archived version no:**	V0
Note: Original document is Version 0. First revision is Version 1. Second revision is Version 2, and so on.			
Note: HSE National PPPGs and Clinical Guidelines should be formally reviewed every 3 years, unless new legislative/regulatory or emerging issues/research/technology/audit etc. dictates sooner.			

[1] Records the governance and approval of the document.
[2] Records the control information about the document.

VERSION CONTROL UPDATE [3]		
Version No. (most recent version first)	**Date reviewed** (most recent date first)	**Comments** (1 sentence max, if required)
V1	01/09/2026	Change to document title, HSE structures and inclusion of check list. Transferred to HSE PPPG template V7
V0	01/12/2021	Original publication Title; Guideline if Children with Complex Healthcare Needs require urgent transfer to hospital. Archived directly with document owner-HSE Primary Care Operations National Office. .

PUBLICATION INFORMATION [4]
Topic:
HSE procedure for the urgent transfer to hospital of children receiving a paediatric homecare package
National Group:
Paediatric Homecare Package (PHCP) Coordinators Nurse Practice Group
Short summary:
It is the policy of the HSE to ensure that children with complex healthcare needs who receive a PHCP are transferred safely and promptly to hospital when urgent admission is required because of clinical deterioration.
Description:
This procedure outlines the arrangements, roles, responsibilities, and communication pathways required when a child with complex healthcare needs who is receiving a Paediatric Homecare Package requires an urgent transfer to hospital. This document is intended to ensure that children receiving a paediatric homecare package are transferred to hospital in a timely, safe, and coordinated manner during episodes of clinical deterioration, acute illness, medical emergency, or any other circumstance requiring assessment or treatment in an acute paediatric setting. It provides guidance for homecare staff and community healthcare teams on how to manage urgent transfers while maintaining continuity of care.

[3] Records details of the document review or update, even if no changes are made.
[4] Records the document information required for publication on the HSE National Central Repository.

Contents

1.0 Planning

1.1. Purpose

This HSE procedure has been developed to ensure the safe, timely, and coordinated transfer of a child receiving nursing care at home with a HSE Paediatric Homecare Package (PHCP) to hospital during a medical emergency. The procedure aims to support continuity of care and effective communication between the child's caregivers, PHCP nursing staff, emergency services, and hospital teams throughout the transfer process.

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 Procedure applies to all HSE Regional Health Areas (RHA) PHCP governance groups when a nursing service is delivered in a community setting to a child receiving a HSE Paediatric Homecare Package.
Out of Scope: this procedure is specific to the community setting and does not apply to other health services e.g. acute hospital, respite services

1.2.1. Target users

This HSE Procedure applies to all staff engaged in providing nursing care in a community setting to the CCHN. It does not apply to Healthcare Assistants contracted to provide a home care service.

1.2.2. Target population

Children with complex healthcare needs (Children 0-18 years) whose paediatric home care packages are funded by HSE Regional Health Area's (RHA).

1.3 Objectives

- Ensure standardisation of HSE guidance to minimise risk if a child receiving a PHCP needs requires urgent transfer to hospital.
- Implement appropriate risk control measures to minimise the likelihood and impact of adverse events during an urgent transfer to hospital of a child receiving a PHCP
- Outline the necessary governance procedures to facilitate, enable and ensure safe nursing care by registered nurses in the event that a child a child receiving a PHCP requires urgent transfer to hospital.

1.4. Outcomes

- There will be a standardised approach across all HSE RHAs to the assessment, planning, and management of urgent transfers to hospital for children with complex healthcare needs receiving a Paediatric Homecare Package.
- There will be clear governance arrangements and accountability structures to support decision-making, risk management, and oversight of care provided in community settings when a child receiving a PHCP requires urgent transfer to hospital.

1.6. Disclosure of interests

No conflicts of interest are declared

1.7. Rationale / alignment with HSE national priorities

This procedure has been developed to standardise the approach to providing nursing care to children receiving a PHCP who require urgent transfer to hospital. 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) & Sláintecare Action Plan (2023) 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), Leading the Way; A National Strategy for the Future of Children's Nursing in Ireland 2021-2031 and the National Model of Care for Paediatric Healthcare Services in Ireland (HSE 2017).

1.8. Supporting evidence

- Health Information and Quality Authority (2016) Supporting Peoples Autonomy: a Guidance Document
- Health Information and Quality Authority (2017) National Standards for the Prevention and Control of Healthcare Acquired Infections
- Health Information and Quality Authority (2024) National Standards for Safer Better Healthcare.
- Health Services Executive (2011) Standards and Recommended Practices for Healthcare Records Management
- Health Services Executive (2019b) Data Protection Policy
- Health Service Executive (2020) Incident Management Framework and Guidance
- Health Service Executive (2020b) Incident Management Framework
- Health Service Executive (2021) National Quality Assurance Initiative
- Health Service Executive (2023) How to develop HSE National Policies, Procedures, Protocols and Guidelines: A Practical Guide
- Health Service Executive (2024) National Consent Policy
- Health Service Executive (2025) Open Disclosure Policy
- Nursing and Midwifery Board of Ireland (2025) Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives incorporating the Scope of Practice and Professional Guidance.

Legislative Documents

- Child Care Act (1991)
- Children First Act (2015)
- Data Protection Acts (1988, 2003)
- General Data Protection Regulation (2016) European Commission
- Government of Ireland (1947) Health Act. www.irishstatutebook.ie
- Government of Ireland (1970) Health Care Act. www.irishstatutebook.ie
- Government of Ireland Freedom of Information Acts 1997 and 2003,
- Government of Ireland Health Act (2007).
- Government of Ireland (2011) Nurses and Midwives Act. www.irishstatutebook.ie

- Health Act (2007).
- Nurses and Midwifes Act (2011).
- Patient Safety (Notifiable Incidents and Open Disclosure) Act (2023)
- Safety Health and Welfare at Work Act (General Application) Regulations (2007) Dublin: Government of Ireland, Stationery Office, Dublin.

2.0 Methodology

2.1. List of key questions this National document will answer

- What is the Guidance to HSE PHCP Governance Groups on the steps required to minimise risk when a child receiving a PHCP requires urgent transfer to hospital?
- How does the HSE PHCP Governance minimise risk when a child receiving a PHCP requires urgent transfer to hospital?

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 identify current evidence and best practice, and to explore new and emerging evidence, relating to risk minimisation measures required when a child receiving a PHCP requires urgent transfer to hospital.

The HSE NQAI (2021) reviewers originally prepared a literature search in 2017, and this was updated in 2021 and 2026. Search terms used included *"Children with complex healthcare needs"*, '*urgent transfer', 'emergency care', 'risk' and "homecare*". Major library databases—CINAHL, PubMed, and Medline—were searched to identify the most relevant and recent peer-reviewed publications to inform this procedure. The search was limited to studies published between 2007 and 2026. The Cochrane Library was also reviewed; however, no systematic reviews or protocols directly addressing the topic were identified. The search yielded no policies and guidelines in relation to the urgent transfer to hospital of CCHN's.

A risk is something that could happen and an incident is something that has happened (HSE, 2017). Risk management and governance frameworks for home-based care for children with complex health and social care needs were developed as a component of the NQAI (HSE 2021) and are presented to meet this identified gap in knowledge and experience. Developing and applying clinical governance and risk management frameworks are a component of service delivery leading to improving outcomes for CCHN and their families and are key to safe service delivery (Lewis & Noyle, 2007). A fundamental aspect of risk management in everyday practice is recognising the risks specific to the service and ensuring that appropriate systems and processes are in place to reduce the likelihood of those risks occurring. Where risks cannot be prevented, measures should be implemented to minimise their impact and ensure the safe delivery of care. (HSE, 2017). Potential risks associated with CCHN at home includes the management of technological dependent children in the community setting, sudden deterioration of clinical status, risk of complications due to multiple treatment regimes , accidental injury or death from unobserved disconnection or malfunction of a ventilator, airway obstruction, power outage or falling from a wheelchair. Nationally, parents of children receiving a PHCP reported that there were 144 unplanned admissions to tertiary hospitals, and 199

to local/regional paediatric units, in year before the NQAI review was completed (NQAI, 2021). The majority of parents reported that they manage most illness at home with the support of the PHCP, thereby averting unplanned hospital admissions however on occasion children required urgent transfer to hospital to stabilise their clinical needs. Some families did describe difficulties they had when their child was being transferred or readmitted to hospital; however, some feedback was positive when parents described clear re admission/transfer pathways that worked very well (HSE, 2021). All healthcare staff within the scope of their role and practice have a responsibility to identify report, manage, and learn from risks and incidents arising in the home environment where a Paediatric Homecare Package (PHCP) is in place (HSE, 2017). Responsibility for the overall management of identified risks rests with line management. Managers and members of Paediatric Home Care Package (PHCP) governance groups should ensure that risk management is integrated into routine practice to support the safe and effective delivery of care to Children's with Complex Healthcare Needs (CCHN) (HSE, 2021).

The delivery of safe and appropriate care as close to home as possible must be integrated with close links to the National Ambulance Service. Urgent and ambulatory care centres are a key component of the wider model of care for paediatrics (HSE, 2018). There are currently three paediatric urgent care departments in Dublin, which will transition to a single paediatric urgent care department at the National Children's Hospital. Across the regions, there are 16 urgent care departments with direct access to on-site paediatric medical expertise (HSE, 2018). All families and homecare staff should be informed about the services available at urgent and ambulatory care centres and understand when it is appropriate to attend each type of service.

Standardised national clinical guidelines and referral pathways within primary care services must be integrated with urgent care networks and acute paediatric services (Sláintecare, Government of Ireland, 2018) & (Sláintecare Action Plan (2023). This integration must ensure free flow of information and expertise between the various settings.

Children with complex healthcare needs receiving a PHCP require clearly defined escalation pathways for urgent transfer to hospital when there is acute clinical deterioration, significant deviation from baseline condition, respiratory compromise, altered consciousness, equipment failure, or when care needs exceed the capability of home management. Homecare staff should follow individual emergency care plans and local escalation policies to ensure timely recognition, communication, and safe transfer to acute services (NHS, 2026; Hunt et al, 2025).

2.3. Describe the method of screening and evidence appraisal

There is limited research-based literature specifically addressing the delivery of nursing care to children with complex healthcare needs in a community setting who require urgent transfer to hospital. However, some key articles from the Irish, UK and Canadian health services supporting the provision of urgent care to children with complex healthcare needs were sourced. The development group reviewed these publications and, drawing on both the evidence and their clinical expertise, formulated this procedure. The National Ambulance Service was consulted to develop the HSE 999 Alert Card.

2.4. Attach any copyright or permissions sought

None sought.

3.0 Procedure

3.1 Situations requiring urgent transfer to hospital

An urgent transfer of care should be initiated if the child experiences any of the following:

- Severe respiratory distress or respiratory failure
- Significant oxygen desaturation not responding to prescribed interventions
- Cardiac arrest or life-threatening deterioration
- Seizure activity that does not respond to the prescribed rescue medication plan
- Altered level of consciousness or unresponsiveness
- Severe allergic reaction or anaphylaxis
- Uncontrolled bleeding
- Suspected sepsis or serious infection
- Acute deterioration as identified in the child's individual urgent care plan
- Any condition where immediate hospital assessment is deemed necessary by the nurse, parent or healthcare provider

(HSE, 2026; NICE, 2025; NHS, 2026)

3.2 Risk reducing measures prior to urgent transfer to hospital

- Care plans should include readmission pathway of the nearest local hospital. This pathway should be clarified during the discharge process (see guideline; Initiating a Paediatric Homecare Package for Children with Complex Healthcare Needs in HSE Primary Care).
- All care plans should include a completed HSE Paediatric Homecare Package 999/112 Alert Card (Appendix 5). This alert card should be discussed with parents, HSE staff and private provider staff and be signed by all three parties.
- Ensure all equipment is connected to an electricity power supply whenever possible so the battery can remain charged.
- Ensure annual servicing of equipment to include checking the battery supply
- All equipment should be checked at the beginning of the Registered Nurses (RN) shift to ensure it is charged and in working order.
- Care plans should document the battery life of all equipment supplied.
- Care plans should include a check list of equipment required for urgent transfer to hospital.

Note:
Children whose clinical care needs fall outside of the standard NAS protocols of care may require a specific Ambulance Urgent Care Plan tagged on the NAS system. This is required if the child's care necessitates something that conflicts or is outside NAS policies, procedures or clinical practice guidelines The request for inclusion on the NAS system is made by the Hospital Consultant and acute care team at the time of discharge from hospital directly to NAS. This is not initiated in the community.
Please note NAS systems will only tag an address, rather than a specific patient. Therefore, if that patient becomes unwell away from home and a 112/999 is made, the NAS system does not tag the patient.

3.3. Immediate Assessment and Stabilisation

The nurse should:

- Assess airway, breathing, circulation and neurological response.
- Initiate urgent treatment according to the child's care plan and clinical protocols.
- Administer urgent medications if prescribed and indicated.
- Inform Parent/identified responsible adult (if not present)
- Document time deterioration was identified
- Maintain ongoing monitoring and documentation.
- If the situation permits, discuss the child's condition with his/ her parents and agree an appropriate course of action. Parents should be involved in recognising deterioration and escalation decisions when possible (MacDonell et al., 2025).
- **Dial 999/112.** If the child's health is rapidly deteriorating or they are showing acute, life-threatening symptoms, dial **999** or **112** for the National Ambulance Service immediately
- Using the HSE Paediatric Homecare Package **999/112 Alert Card** clearly state (Appendix 5)
    - Child's name and age
    - Home address and access instructions
    - Nature of the emergency
    - Current clinical condition
    - Any specialist equipment required
    - Relevant diagnoses

999/112 Alert Card provides a structured verbal handover to NAS call centre personnel using the ISBAR communication framework to promote clear, accurate, and timely clinical handover.

I – Identify: *Identify yourself, your role, the patient, and where the patient is.*
S – Situation: *State the immediate reason for the communication.*
B – Background: *Provide relevant clinical background and medical history.*
A – Assessment: *Describe your clinical assessment, observations, and concerns.*
R – Recommendation: *State what is needed, such as urgent review, transfer,*
(HSE, 2024)

3.3. Preparation for Transfer by homecare nurse;

- Document time of call to ambulance service in the child's care plan.
- Check how much time is left on all battery packs- both ventilators/ suction etc and plug in as appropriate.
- Gather the following items and send with the child:
    - Recent observations and clinical notes including care plan
    - Current Paediatric-Medication Prescription Administration Record(P-MPAR) to include what has been administered that day and during the episode of illness
    - Medications
    - Allergy information
    - Hospital correspondence/ readmission letter
    - Key Identification details of child
    - All Specialist equipment required during transport
    - Personal Items

- Document all nursing care in accordance with NMBI regulations (2025).
- Contact and inform the service provider nurse manager.
- The service provider nurse manager will inform the HSE PHCP coordinator of the transfer to hospital immediately or on the next working day if occurs out of hours.

3.4 Handover to National Ambulance Service (NAS) by homecare nurse;

- Document time of arrival of ambulance service to child's home.
- Provide a structured verbal handover to ambulance personnel using the ISBAR communication framework to promote clear, accurate, and timely clinical handover.

I – Identify: *Identify yourself, your role, the patient, and where the patient is.*
S – Situation: *State the immediate reason for the communication.*
B – Background: *Provide relevant clinical background and medical history.*
A – Assessment: *Describe your clinical assessment, observations, and concerns.*
R – Recommendation: *State what is needed, such as urgent review, transfer, treatment, or escalation*.
(HSE, 2024)

Include information on:

- Child's diagnosis and medical history
- Baseline condition
- Events leading to the emergency
- Interventions provided
- Current observations
- Medications administered and times given (including any emergency medications administered)
- Equipment in use
- Family contact information

- NAS will assume responsibility for urgent transport and continue urgent treatment and monitoring during transfer.
- NAS/paramedic will provide a direct, face-to-face clinical handover to the receiving ward or Emergency Department staff as appropriate

Parent/nominated responsible adult must accompany the child to hospital in the ambulance if agreed by NAS.
If no parent or nominated responsible adult member is available, the nurse should accompany the child to hospital.

3.5 Following transfer

The homecare nurse in conjunction with homecare manager should:

- Complete incident-reporting requirements.
- Document the sequence of events, interventions, and communications.
- Participate in any HSE post-incident review or debrief.

3.6Training requirements for homecare staff

All nursing staff supporting the child should:

- Maintain current certification in Paediatric Basic Life Support
- Be familiar with the child's urgent care plan.
- Receive training in the use of specialist equipment.
- Participate in urgent transfer simulations where available.

3.7 Specific roles and responsibilities

3.7.1 Regional Executive Officer

The REO have lead responsibility for regional implementation to ensure this procedure, is adopted and implemented throughout HSE RHA.

3.7.2 RHA PHCP Governance Groups

The Regional Health Area (RHA) Paediatric Home Care Package (PHCP) Governance Group is responsible for ensuring that all healthcare staff involved in any aspect of a child's home nursing care have read, signed, implemented, and adhered to this procedure within the scope of their role and professional practice.

The RHA PHCP Governance Group will oversee the implementation and monitoring of this procedure to ensure compliance with the National Quality Assurance Initiative (NQAI) recommendations (HSE, 2021) and the HSE Paediatric Home Care Package Standard Operating Procedure (2025). This includes promoting quality and safety, supporting a positive service user experience, and ensuring the delivery of safe, high-quality care.

3.7.3 HSE PHCP Coordinator

Under the leadership of the RHA PHCP governance group, the HSE PHCP Coordinator will be responsible for the monitoring and audit of the procedure.

3.7.4 PHCP Private Provider Nursing Staff

Homecare nursing staff will be responsible for the implementation of all steps of this guideline. Private Providers must ensure that all staff providing care for the child are aware of and comply with the outcome of the processes described in this procedure. Private providers will provide training for staff in caring for the CCHN to comply with this procedure.

Nursing staff will determine her/his scope of practice and make a judgement as to whether she/he is competent to carry out a particular role and function and take measures to maintain the competence necessary for professional practice (Code of Conduct incorporating Scope of Practice, NMBI, 2025).

3.0 Consultation

4.1 Child Safeguarding Considerations

The safety and welfare of the child must remain paramount when delivering care in the home during an urgent transfer to hospital. All healthcare professionals, homecare providers involved in supporting a child with complex healthcare needs have a responsibility to remain vigilant to safeguarding risks and to act in accordance with Children First: National Guidance for the Protection and Welfare of Children and HSE Child Protection and Welfare Policy.

Potential safeguarding concerns during an urgent transfer to hospital may include, but are not limited to:

- Inadequate supervision of the child.
- Exposure to environments or situations that may place the child at risk of harm, neglect or injury.
- Failure to maintain appropriate staffing levels or support arrangements.

- Failure or delay to respond appropriately to changes in the child's health status or care needs.

Where a safeguarding concern is identified, the registered nurse must:

- Take immediate action to ensure the child's safety where required.
- Report concerns in accordance with Children First and HSE safeguarding procedures.
- Inform the relevant line manager and designated safeguarding personnel as appropriate.
- Document the concern, actions taken, and outcomes in accordance with local and national policies.
- Participate in any subsequent safeguarding assessment, investigation, or review process.

4.2 Stakeholder involvement

- National consultation workshop with HSE PHCP Coordinator group to inform and agree HSE Procedure for the urgent transfer to hospital of children with complex healthcare needs receiving a paediatric homecare package within HSE Regional Health Areas.
- Consultation with National Ambulance Service and 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 the whether to accept or reject the feedback. The Procedure was developed following this and all feedback received is retained by Margaret O'Meara.

4.3 External review

The Nurse Practice Development Coordinator reviewed the Procedure for PHNs ONMSD.
The National Ambulance Service reviewed the Procedure Alert card.

5 National implementation plan

5.1 Resource implications

It is necessary for all RHA's to have a Regional PHCP Clinical and Corporate Governance Group and for each IHA to have an IHA PHCP Operational Governance Group and a HSE PHCP coordinator for CCHN's identified. The RHA will disseminate the Procedure to all relevant staff through the RHA 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 the national implementation team.

HSE management has approved this procedure

5.3 List tools and resources developed to support local implementation of the National document.

HSE **999/112** PHCP Alert Card

5.4 Expected date of full implementation

1/9/26

6 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 Communication and dissemination plan

This Procedure will be issued through the RHA governance structures for dissemination to lHA PHCP Operational Governance Groups.
The Procedure will also be issued to each of the approved service providers.
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 RHA PHCP Clinical & Corporate governance group to implement the procedure in each lHA outlining actions required, specific roles, responsibilities, etc.

8 Sustainability

8.1 Describe the plan for monitoring and audit

It is the responsibility of each Regional PHCP Clinical and Corporate Governance Group and lHA 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 lHA PHCP Operational Governance Group.A barrier to the implementation of this procedure is the absence of active PHCP Governance groups. PHCP Governance groups will ensure that the implementation of this procedure is monitored and audited within their area of responsibility using the Audit Checklist in Appendix 4 and maintain evidence of same.

9 Review / update

9.1. Review of national document

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 References

- Complex Care at Home for Children (n.d.) *Hospital Discharge of the Child with Medical Complexity*. Available at: https://complexcareathomeforchildren.com/healthcare-professionals/hospital-discharge-child-medical-complexity/ (Accessed July 2026).
- Elias E, Murphy NA (2012). Home Care of Children and Youth with Complex Health Care Needs and Technology Dependencies. Paediatrics : 129: 996 – 1005
- Hall N., Rousseau N., Hamilton DW., Simpson AJ., Powell S., Brodlie M. and Powell J. (2023) Providing care for children with tracheostomies: a qualitative interview study with parents and health professionals. BMJ Open. 13(1), e065698.doi:10.1136/bmjopen-2022-065698
- Health Information and Quality Authority (2024) National Standards for Safer Better HealthCare Dublin: Health Information and Quality Authority
- Health Services Executive (2012) Quality and Patient Safety: Clinical Governance Information Leaflet
- Health Service Executive (2014) Review of current policy and practice in the provision of home care to children with Complex medical conditions HSE, Dublin
- Health Services Executive (2014) Integrated Care Guidance: A practical guide to discharge and transfer from hospital HSE, Dublin
- Health Service Executive (2017) Integrated Risk Management Policy Part 1 Managing Risk in everyday Practice a Guide for Managers. HSE, Dublin
- Health Service Executive(2020) Clinical governance and operational arrangements for supporting a model of care for children with life limiting conditions towards the end of life in the community in Ireland (Bee Wee Report)
- Health Service Executive (2021) National Quality Assurance Initiative for Children with Complex Healthcare Needs. HSE, Dublin.
- Health Service Executive (HSE), 2023. *Risk Assessment Guidance and Enterprise Risk Management Policy and Procedures*. Dublin: HSE
- Health Service Executive (HSE), 2024. *Quality Improvement Guide and Toolkit*. Dublin: HSE.
- Health Service Executive (HSE). (2024). *Safe Care with ISBAR³*. National Healthcare Communication Programme.
- Health Service Executive (HSE) (2026) *The Irish Paediatric Early Warning System (PEWS) V2: National Clinical Guideline Summary*. Dublin: HSE.
- Hunt, A., Kirk, S., Fraser, C. and colleagues (2025) 'Hospital-to-home transitions for children with medical complexity: a scoping review of healthcare professionals' experiences', *Journal of Pediatric Nursing*.
- MacDonell, R., Fitzsimons, J., Horkan, S. and Lambert, V. (2025) *The Irish Paediatric Early Warning System (PEWS): Top Tips for Safe Use*. Dublin: Health Service Executive.
- National Model of Care for Paediatric Services in Ireland (2017). HSE & Royal College of Physicians of Ireland: Dublin.
- NHS(2024) Guideline for the Transfer of Infants Children and Young People 0-16 years Within and Between Hospitals (excluding NICU)
- NHS (2025) Greater Glasgow and Clyde (n.d.) *Complex Care Management for Children and Young People with Exceptional Healthcare Needs Protocol*. Glasgow: NHS Greater

Glasgow and Clyde. Available at: https://www.clinicalguidelines.scot.nhs.uk/ (Accessed: June 2026).

- NHS Greater Glasgow and Clyde (2026) *Paediatric Early Warning Score (PEWS)*. Glasgow: NHS Greater Glasgow and Clyde.
- National Institute for Health and Care Excellence (NICE) (2025) *Suspected Sepsis in Under 16s: Recognition, Diagnosis and Early Management (NG254)*. London: NICE. Available at: https://www.nice.org.uk/guidance/ng254
- Nursing & Midwifery Board of Ireland (2025) Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives. Dublin.
- Resuscitation Council UK (2021) *Paediatric Basic Life Support Guidelines*. London: Resuscitation Council UK.
- Sheffield Children's NHS Foundation Trust (2025.) *Time Critical and Acute Transfers*. Sheffield: Sheffield Children's NHS Foundation Trust. Available at: https://www.sheffieldchildrens.nhs.uk/embrace/transfers/time-critical-and-acute-transfers/ (Accessed: June 2026).

11 Glossary of terms

CCHN ; Children with Complex Healthcare Needs	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 HSE and Children's Disability services. (Elias E et al, 2012)
HSE PHCP Coordinator	This term applies to the HSE case coordinator for CCHN who has responsibility for managing PHCP's.
Health region (RHA)	Regional Health Area. The Health Service Executive (HSE) new structures to commence in 2024 delivers health services in the community through 6 Regional Health Areas in Ireland.
IHA PHCP Operational Governance Group	The Integrated Health Area (IHA) Paediatric Homecare Packages (PHCP) Operational Governance Group provides operational management and coordination of PHCP for Children with Complex Healthcare Needs (CCHN) within the designated Integrated Health Area (IHA).
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.
NAS	National Ambulance Service

PHCP Paediatric Home Care Package	is a home nursing service provided by HSE when a child has healthcare and/or nursing needs that cannot be met by existing HSE and social care services.
P-CAT	The P-CAT assessment will identify clinical nursing needs in children with complex healthcare needs. It also supports the process of determining eligibility for a paediatric home care nursing support package and ensure consistent and comprehensive consideration of an individual's clinical nursing needs.
P-MPAR	Paediatric Medication Prescription Administration Record used to prescribe and document administration of medications to children receiving a PHCP.
REO's	Regional Executive Officers who are accountable and responsible for the HSE operational service delivery within their respective regions
RHA PHCP Clinical & Corporate Governance Group	The Regional PHCP Clinical and Corporate Governance Group is a governance management group whose role is directly concerned with establishing, developing and implementing RHA wide quality and safety structures, processes, standards and oversight across the PHCP service which promote compliance with NQAI recommendations and standards, service user experience and safety.
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.
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.

12 Appendices

Appendix 1: Membership of Development Group
Appendix 2: Membership of Approval Governance Group
Appendix 3: Sample implementation plan template
Appendix 4: Annual PPPG audit template
Appendix 5: HSE PHCP 999/112 Alert Card
Appendix 6: Signature sheet

Appendix 1: Membership of Development Group

Membership of PHCP Practice Development Group	
Name	**Role and position**
Margaret O'Meara (Chair)	PHCP Clinical Lead Primary Care Access & Integration
Breeda O Farrell	HSE PHCP Coordinator
Monica Corcran	HSE PHCP Coordinator
Aishling Banks	HSE PHCP Coordinator
Shirley King	HSE PHCP Coordinator
Tara Galligan MacNamara	HSE PHCP Coordinator
AnnMarie O Gorman	HSE PHCP Coordinator
AnnMarie Healy	HSE PHCP Coordinator
Suzanne Dromey	HSE PHCP Coordinator

The development group would like to acknowledge the kind assistance of Breeda Barrett NAS Paramedicine Practice Development Lead, for her specialist knowledge, expertise and guidance.

Appendix 2: Membership of Governance/Steering Group

Membership of PHCP Governance/Steering Group	
Name	**Role and position**
TJ Dunford	Assistant National Director, Primary; Care Access and Integration
Maeve Raeside	General Manager Primary Care Access and Integration
Margaret O'Meara	PHCP Clinical Lead Primary Care Access & Integration
Nora Quinn	DPHN Mid-West RHA

Sign-off by Chair of Approval Governance Group

HSE Procedure for Urgent transfer to hospital for children receiving a HSE Paediatric Homecare Package
was formally ratified and recorded in the minutes of the Approval Governance Group on 01/09/2026

Name: (print)	TJ Dunford
Title:	Assistant National Director, Primary; Care Access and Integration
Signature: **(e-signatures accepted)**	
Registration number: **(if applicable)**	n/a

Appendix 3: Sample implementation plan template

National Document Title**: HSE Procedure for the urgent transfer to hospital of children receiving a paediatric homecare package**
Expected date of full implementation (refer to 5.4): 01/09/2026

IMPLEMENTATION ACTION	Implementation barriers / enablers	List of tasks to implement the action	Lead responsibility for delivery of the action	Expected completion date	Expected outcomes
PHCP memo circulated to RHAs	Memo with integrated PPPGs circulated to RHA's	Notice	National Director Access and Integration		Implement Procedure
HSE PHCP Coordinators group	Notice to all HSE PHCP Coordinators	Notice	PHCP Clinical Lead		Implement Procedure
Private Providers	Notice To all Private Providers	Notice	PHCP Clinical Lead		For Information
Dissemination and action of Health Region staff	No Governance Group	Roll Out	REO		Implement Procedure

Education / training required to implement the National document:

HSE 999/112 Alert Card

Adapted from National Clinical Effectiveness Committee (NCEC) Implementation Guide and Toolkit (Department of Health 2018)

Appendix 4: National Audit Tool

HSE Procedure for the urgent transfer to hospital of children receiving a paediatric homecare package

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: 100%

Is standard/criteria being met for the following statements: The Development Group should identify the core statements that should be audited at least annually.	**Yes**	**No**	**N/A**	**Evidence**
Statement 1 All annual servicing of equipment is documented				
Statement 2 All equipment checks are documented at the beginning of the Registered Nurses (RN) shift.				
Statement 3 All care plans include a re-admission pathway to the nearest local hospital				
Statement 4 All care plans should include a completed HSE Paediatric Homecare Package 999/112 Alert Card				
Statement 5 All sections of the HSE Paediatric Homecare Package 999/112 Alert Card are completed				
Statement 6 The HSE 999/112 alert card is signed by parents, HSE staff and private provider staff.				
Statement 7 Time of child's clinical deterioration is documented in care plan				
Statement 8 Time NAS contacted is documented in care plan				
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%				

Appendix 5

Paediatric Homecare Package

999/112 Alert Card

Childs Name			
Eircode	**Home**	**School**	
Contact Number		**AGE/ DOB**	
Address			
Diagnosis			
Any specific medical requirement for the child			
Any Access or Egress Issues			

Signature		**Date**
HSE PHCP Coordinator		
Parent/Caregiver		
Homecare Manager		

When you have made contact with the NAS Ambulance Dispatcher;

- Stay talking on the phone to the dispatcher
- Inform them of what medical event has occurred
- Inform them if any treatment/medication has been given

Appendix 6: Signature sheet

I have read, understand and agree to adhere to this Procedure

Document Title: HSE Procedure for the urgent transfer to hospital of children receiving a paediatric homecare package

Print Name	Signature	Job Title	Date