



# Sky Care Ltd

## Policy for Levels of Care and Team Skill Mix



Bringing Care to the Skies,  
Where Every Journey Matters.

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## Introduction

The aeromedical service provided by SkyCare repatriation shall ensure that the appropriate level of care is provided to meet each patient's needs according to their age group, medical diagnoses, history, any disabilities, with due consideration to cultural and religious beliefs and personal preferences. The level of care provided shall include consideration of mode of transport, clinical team skill mix, clinical equipment and drugs carried.

## Service Scope

SkyCare repatriation provides the following clinical services:

Description	Scope
Adult	Full intensive care provision
Neonatal	Full intensive care provision from 1kg weight
Paediatric	High dependency provision in-house Full intensive care provision in partnership with an NHS intensive



	care transport team working under contract for SkyCare
Mental health	Secure escort service with restraint and sedation capability

## Excluded Services

SkyCare does not currently provide the following services:

- Obstetrics
- ECMO
- Nitric Oxide
- Oscillatory ventilation
- Neonatal patients under 1kg / requiring incubator
- Aortic balloon pump
- Dialysis / renal replacement therapy / hemofiltration

Where a transfer request falls out of scope, the Senior Management Team may choose to turn down the request, or subcontract to a trusted provider. Exceptionally the Senior Management Team may choose to facilitate transfer on a SkyCare aircraft by a hospital team with the skill-mix and equipment required to provide the care.

## Information gathering

During the preparation phase of each mission, information shall be gathered from the patient and their family, their treating clinical team, and if necessary, primary and secondary care services in their usual place of residence. Sufficient information must be gathered to ensure that the patient can be mapped within the following matrices with confidence.

Exceptionally a mission may go ahead without complete clinical details on the understanding that the senior clinician on-team will evaluate the patient prior to transport, and that the mission may be abandoned or rearranged for a future date at the client's expense if it is deemed unsafe to continue.

## Medical specialty matrix

Patients shall be mapped to the following specialty matrix. Where a patient may fit into more than one category, the Chief Medical Officer may determine which specialty the transfer falls under or decide to send a mixed-specialty team.



Specialty	Discriminators
Neonatal	All children under six months of age All children being admitted to a secondary/tertiary neonatal service (e.g. ex-premature babies)
Paediatrics	Other than neonatal, all children under eighteen years of age Exceptionally, patients over eighteen years of age managed within children's services (e.g. looked-after children still in full time education)
Obstetric	All pregnant women where pregnancy concerns are the reason for admission or transfer All postpartum women (up to six weeks after child birth) where pregnancy/delivery concerns are the reason for admission or transfer
Mental health	All adults where mental health concerns are the reason for transfer, or may present a challenge during transfer
Adults	All other patients

## Care Levels – Adult

The levels of care for adult patients are modified from the Intensive Care Society Consensus Statement<sup>1</sup>, recognising that aeromedical transfer entails a higher risk environment than hospital care.

Care level	Discriminators
Level 0 (Ward Care)	Patients whose needs can be met on a normal hospital ward or discharged to home with a low risk of deterioration On home respiratory support e.g. nasal cannula oxygen, night CPAP with their own machine Self-caring and ambulatory with minimal support / use of stick
Level 1	Requiring help with self-care and transferring Requiring oral pain management (e.g. oramorph)



	Delirium / confusion but not agitated or aggressive Urinary catheter in situ
Level 2a	<p>Patients with a single issue from list below, if more than one applies then level 2b:</p> <ul style="list-style-type: none"> <li>Requiring IV pain relief</li> <li>Less than 7 days post-operative</li> <li>Morbidly obese (BMI &gt; 40)</li> <li>Stable tracheostomy more than 10 days since procedure requiring oxygen only (e.g. Swedish Nose / HME)</li> <li>Post-MI (heart attack) with appropriate intervention (PCI / CABG)</li> <li>Post-CVA (stroke) with appropriate intervention</li> <li>Delirium / confusion with agitation or aggression</li> <li>Mental health patients well-controlled on medication</li> </ul>
Level 2b	<p>Stepped down from Level 3 (ITU) care less than 7 days ago</p> <p>Transport is for emergency surgery</p> <p>Patients with a single issue from list below, if more than one applies then level 3:</p> <ul style="list-style-type: none"> <li>Non-invasive ventilation (CPAP / NIPPV / High Flow O<sub>2</sub>) with oxygen requirement &lt; 40% and good blood gas results</li> <li>Requiring inotrope/pressor</li> <li>Delirium / confusion with agitation or aggression</li> <li>Morbidly obese (BMI &gt; 40)</li> <li>Mental health patients requiring sedation</li> </ul>
Level 3	<p>All mechanical (invasive) ventilation</p> <p>All multi-organ support: respiratory support plus inotrope/pressor</p> <p>Non-mature tracheostomy (less than 10 days since procedure)</p> <p>Ventilated tracheostomy</p>

### Team Composition – Adult

Care level	Team
Level 0 (Ward Care)	Single or dual clinician depending on patient need. Any combination of Nurse or FREC4+.



Level 1	Dual clinician Nurse or FREC4+
Level 2a	Dual clinician Paramedic or General Doctor + Nurse
Level 2b	Dual clinician CCP or ITU doctor + ITU Nurse
Level 3	Dual clinician ITU doctor + ITU Nurse Consider adding third clinician FREC4+, Nurse or Paramedic

N.B. Clinicians may choose to “act down” to carry out lower-level transfers with appropriate pay downgrade, so long as the team skill-mix is suitable for the patient.

## Care Levels – Paediatric

Care level	Discriminators
Level 0 (Ward Care)	Patients whose needs can be met on a normal hospital ward or discharged to home with a minimal risk of deterioration Self-caring and ambulatory with minimal support / use of stick
Level 1	Requiring help with self-care and transferring Requiring nasal cannula oxygen (< 2 L/minute)
Level 2a	Requiring IV analgesia Requiring oral opiate pain management (e.g. oramorph) Significant sensory impairment Neurodevelopmental condition (autism spectrum) Under 2 years of age
Above 2a	Patients above level 2a will be assessed by the partner PICU team All patients on respiratory support (other than nasal cannula oxygen) All patients on inotropes/pressors All patients with central line

## Team composition – Paediatric

Care level	Team
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Level 0 (Ward Care)	Single or dual clinician depending on patient need. Any combination of Nurse or Paramedic
Level 1	Dual clinician Paediatric Nurse and Paramedic, or 2x nurse / 2x paramedic (one of the team must be APLS/ePALS trained)
Level 2a	Dual clinician Paediatric Nurse or Paramedic and General Doctor (one of the team must be APLS/ePALS trained)

## Care Levels – Neonatal

These levels of care are based on the British Association of Perinatal Medicine Categories of Care<sup>2</sup> but recognising that aeromedical transfer entails a higher risk environment than hospital care.

Care level	Discriminators
Level 0 (Ward Care)	> 2kg, > 34 weeks corrected gestation No oxygen requirement > 72 hours > 3 hourly feeds, or demand fed No unprovoked desaturation or bradycardia for last 72 hours Extubated > 72 hours No IV medications
Level 1	> 1.5kg, > 32 weeks corrected gestation Low flow nasal cannula oxygen No unprovoked desaturation or bradycardia for last 72 hours Extubated > 72 hours
Level 2a	> 1kg, > 28 weeks corrected gestation Low flow nasal cannula oxygen No unprovoked desaturation or bradycardia for last 48 hours Extubated > 48 hours Faecal stoma
Level 2b	> 1kg, > 28 weeks corrected gestation Stable on high flow oxygen or CPAP

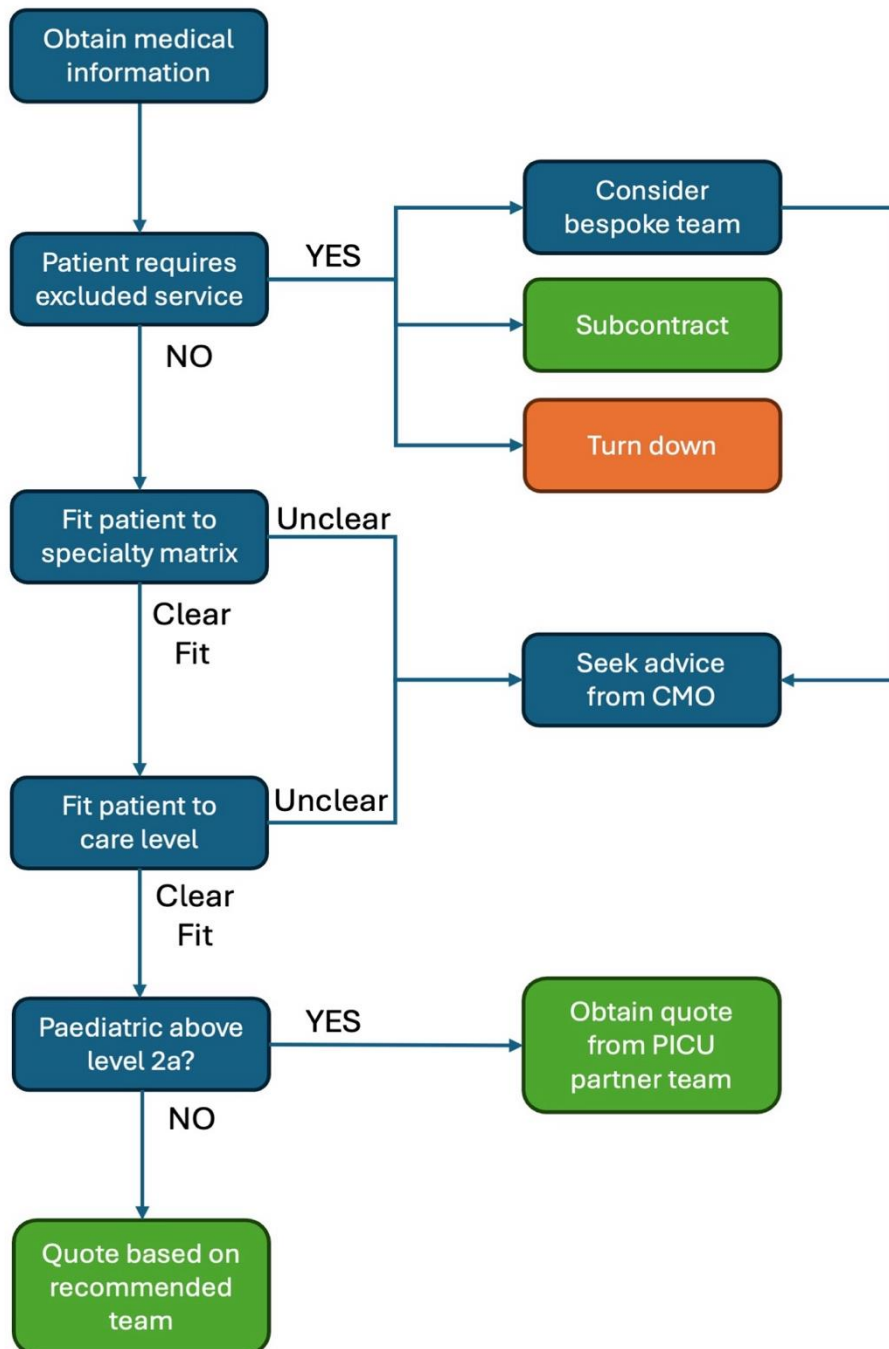


	Extubated > 48 hours Central line in situ
Level 3	Any ventilated baby or extubated < 48 hours Unstable high flow oxygen or CPAP, i.e. some episodes of desaturation / bradycardia (consider intubation) Requiring inotropes, prostin, or IV insulin Airway abnormality Chest drains in situ Tracheostomy <1kg, <28 weeks corrected gestation

### Team Composition - Neonatal

Care level	Team
Level 0 (Ward Care)	Any Nurse or Paramedic with neonatal experience (one of the team must be NLS/APLS/ePALS trained)
Level 1	Neonatal Nurse + any Nurse, General Doctor or Paramedic (one of the team must be NLS/APLS/ePALS trained)
Level 2a	2x NICU Nurse OR NICU Doctor + any Nurse or Paramedic
Level 2b	NICU Nurse + NICU Doctor
Level 3	NICU nurse + NICU doctor Consider additional third clinician FREC4+, Nurse or Paramedic





## References



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<sup>1</sup> Intensive Care Society. 2021. Levels of Adult Critical Care Second Edition Consensus Statement. Available from: <https://ics.ac.uk/resource/levels-of-care.html>

<sup>2</sup> <https://www.bapm.org/resources/34-categories-of-care-2011>