### Research Workstream

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### Aim

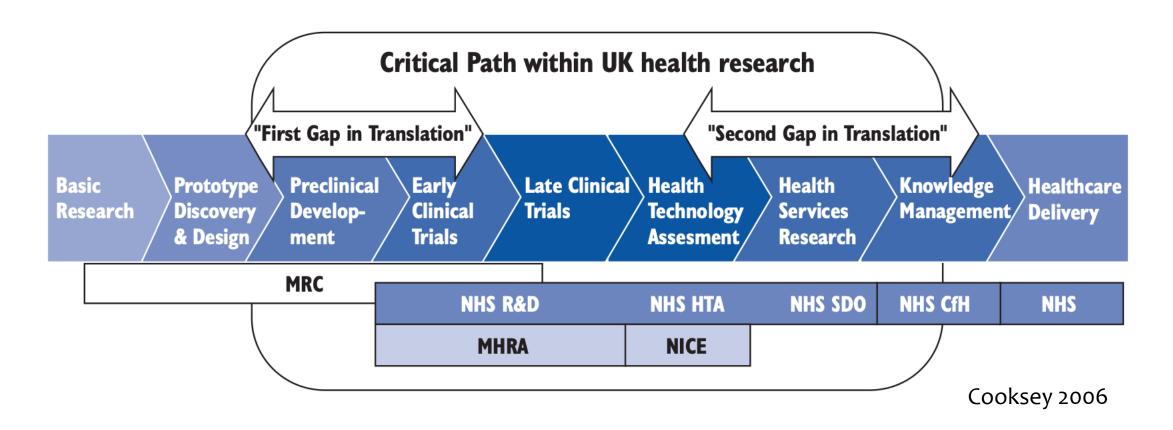
\* Support and develop research related to neurodevelopmental follow up



# Objectives

- Provide expertise and guidance for research projects
- Collaborations with research teams
- Participate in research projects
- Q Develop future research in key priority areas
- Disseminate research







## Collaborations/Advice

- \* Advice on follow up for suspected or confirmed COVID-19 patients
- \* Feedback on BAPM framework on therapeutic hypothermia for HIE



### Service Evaluation- Healthcare Delivery Introduction of PARCA-R questionnaire into routine developmental follow up (NICE NG 72)

#### Aim:

- Evaluate completion rate of the PARCA-R questionnaire
- \* Identify areas for improvement

2 centres: Addenbrookes, Watford Hospitals

#### **Result:**

- Compliance for completion of questionnaire 77-92%
- \* Increase number completed at clinic appointment
- Dedicated staff needed for follow up (administrative, clinical)

#### **Future:**

Compare the outcome data obtained by PARCA-R and Bayley-III assessments

H Young, A D'Amore- Addenbrookes Hospital



### Service Evaluation- Healthcare Delivery

Parent Feedback on New Ways of Working

\* https://www.surveymonkey.com/r/PARCA\_R

'We are evaluating our developmental services and the PARCA- R questionnaire to improve the service we provide and family experience. We would appreciate if you could help us by completing this form'



# Knowledge Management Research

### Early prediction of outcome

\* Early detection of cerebral palsy in high-risk infants: Translation of evidence into practice in an Australian hospital

A King et al, J of Ped & Child Health 2020

\* Prechtl vs MRS in HIE

Accepted at EAPS 2020, K Mackinnon et al, UCLH



#### 3.2 Case Study Two

Improvements to 2 year follow up assessments for at risk neonates in a district general hospital setting: meeting metrics vs improving quality of assessments

Presented by: Dr Sankara Narayanan (Consultant Neonatologist & NNAP lead)

Dr Nazakat Merchant (Consultant Neonatologist & Lead for High Risk Neonatal Follow-up Programme), Sarah Beasley (Paediatric Physiotherapist), Bhavani Sivakumar (Badgernet data analyst) Pauline Southernwood (Clinic coordinator)



		<ul> <li>Dedicated admin/Reminders</li> <li>Active management of – DNAs, out of area moves</li> </ul>
Identification of eligible infants	Scheduling follow up appointments	• Adhere to 18 – 30 mo
Track progress real time Intervene as needed	Parental involvement Fail-safe mechanisms	Notify GP about FU date at discharge NNAP leaflet Bayley info letter Outreach forums
	of eligible infants  Track progress real time Intervene as needed	of eligible infants follow up appointments  Parental involvement real time Fail-safe mechanisms

Figure 2: Key issues/solutions that emerged during	ıg
brainstorming sessions.	

Watford General Hospital (LNU)								
	Eligible babies	Assessed	%					
2013	16	11	69					
2014	25	20	80					
2015	29	29	100					
2016	19	17	89					
2017 (till date)	20	20	100					

	2013	2014	2015	2016	2017
Bayley assessment done (18-24 mo)	0	0	8 (28 %)	7 (37 %)	15 (75 %)
Bayley assessment (> 30 mo)	0	0	0	2 (10 %)	0
Standard clinic 2 yr follow up	11 (69%)	17 (68 %)	18 (62 %)	0	0
No data/DNA	5 (31 %)	5 (20 %)	0	2 (10 %)	1(5 %)
Died	0	0	0	1 (5 %)	0
Moved out of area	0	3 (12 %)	3 (10 %)	7 (37 %)	4 (20 %)

## Future Developments

- \* Do you have ideas, expertise, would like support/collaborate?
- \* Is BANNFU aware of music therapy in neonatal care and its long-term effects on neurodevelopmental outcomes, BANNFU interested?
- \* Neuroprotective therapy: PHVD, prematurity (melatonin), HIE (cooling plus trial)

