# Paediatric and Neonatal Services Back Transfer Guidance

## 1. Overview / Description

During periods of peak demand there can be pressure on the health system's ability to provide timely access to healthcare services. This guidance provides a process to maximise tertiary paediatric and neonatal intensive care capacity by optimising the timely back transfer of babies and children who no longer require these tertiary level services.

This guidance has been developed by the Victorian Department of Health's Health Services Resource Centre and PIPER. It has been endorsed by Health Service Chief Operating Officers.

## 2. Related Documents

N/A

## 3. Definition of Terms

**PIPER:** Paediatric Infant Perinatal Emergency Retrieval

**COO:** Chief Operating Officer

## 4. Responsibility

All Victorian neonatal and paediatric services.

## 5. Procedure

### 5.1 Issue to solve -Tertiary (Level 6 maternity and/or newborn services) Neonatal/ Paediatric bed block

Tertiary Health services are unable to free up capacity to take new admissions until transfers back to the referring health service (or next most appropriate place) can be negotiated.

### 5.2 Patient Flow Principles

Minimising delays in each patient's journey directly impacts health outcomes and benefits for the patient and their families. In addition. eliminating delays in the patient journey has a direct benefit to the patients waiting to access the same services.

Escalation pathways within health services are required to flow from the point of care to the executive team and beyond, until they are resolved with minimal delay. This is a continuous operating model.

Escalation pathways must be standardised, going through the best process until a better process is determined.

Defined transfer processes provide non-tertiary maternity, neonatal and paediatric referrers with a guarantee that emergency referrals will be accepted in a timely manner.

Protecting tertiary care centres to have available beds if and when needed is a system wide priority and requires non-tertiary services to actively support receiving patients back even when their capacity is restricted.

### 5.3 Process

Back Transfer Processes from Tertiary Neonatal and Paediatric Health Services to non-tertiary Health Services

There are 3 elements to this process:

1. A medical referral (Consultant to Consultant recommended) to ensure it is agreed the patient is clinically appropriate for ongoing care in the receiving hospital, and to agree urgency of the transfer.
2. Communication between the discharge team at the referring hospital and ward/access staff at the receiving hospital to confirm acceptance of the transfer and timeframe.
3. If the receiving hospital wishes to decline the transfer on capacity grounds, an escalation process is activated with a discussion required and plan to transfer the patient to the most appropriate facility agreed between the Chief Operating Officers of both the referral and receiving health service and the Director of PIPER.

# Paediatric and Neonatal Services Back Transfer Guideline

<table>
<tr><th>Who</th><th>Process</th></tr>
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**Tertiary Health Service**<br>**Medical** referral<br>Includes consideration of:
<ul>
<li>Capability and capacity of the receiving health service</li>
<li>Clinical needs of the baby/child, particularly where there are clinical, social, cultural or other characteristics which require detailed communication and a comprehensive handover.</li>
<li>Timeframe for transfer</li>
<li>Usual referral patterns including geographical proximity</li>
<li>Family preferences</li>
</ul>
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Contact Non-tertiary Health Service Unit and seek **Back Transfer**

**CAPACITY**

***Tertiary (L6) Neonatal***

**GREEN** Able to accept inborn and outborn (PIPER) admissions

**AMBER** Able to accept inborn but not outborn (PIPER) admissions.

**RED** Unable to accept inborn or outborn admissions.

***Tertiary Paediatric (PICU/Wards/ED)***

**GREEN** No restriction on capacity to admit.

**AMBER** Restricted PICU/Ward capacity to admit

**RED** Capacity to admit severely restricted e.g., limited to defined transfers, or state/national service provision.
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**Referral accepted clinically**<br>Transfer process:
<ul>
<li>Referring Health Service discharge coordination staff requests bed confirmation from receiving service's bed access staff</li>
</ul>
If "no bed" - escalate to the receiving health service COO or delegate
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Transfer agreed?
- Y → Receiving Unit confirms **bed availability** before 0900hrs → Transfer patient
- N → If the Receiving Health Service Unit **believe they cannot accommodate the referral** in the required timeframe, then **escalate** to the COO or delegate

Can **additional strategies** be applied **to facilitate transfer**?
- Y → back to Transfer agreed?
- N → (next step)
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COOs (or delegates) at referring and receiving health services<br>PIPER Director
</td><td>

**If Referring unit status is Amber or Red**<br>Tertiary Health Service COO contacts COO at receiving health service<br>PIPER Director provides **support** as required

Transfer agreed?
- Y → Transfer patient
- N → (next step)
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COOs<br>PIPER Director
</td><td>

Consider alternative receiving units<br>COOs **agree** a time to re-discuss
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**Feedback/Enquiries**

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## 6. Disclaimer

*The Paediatric, Infant Perinatal Emergency Retrieval (PIPER) Neonatal and Paediatric guidelines were developed by PIPER clinicians for the sole use within the PIPER service at The Royal Children's Hospital Melbourne.*

*The authors of these guidelines have made considerable effort to ensure the information upon which they are based is accurate and up to date. Users of these guidelines are strongly recommended to confirm that the information contained within them especially drug doses is correct by way of independent resources. The authors accept no responsibility for any inaccuracies or information perceived as misleading.*

## 7. End of Document