

Standard and Defined Transfer Processes for Level 6 Maternity Bed Allocation for Time Critical and Urgent PIPER Perinatal Referrals



1. Retrieval System

The Paediatric Infant Perinatal Emergency Retrieval (PIPER) service works collaboratively with health services as part of the critical care service system to ensure that women, newborns, infants and children have access to the most appropriate level of care for their individual needs. PIPER is responsible for negotiating bed access to receiving health services. In consultation with the Royal Children's Hospital executive¹ PIPER is responsible for leading statewide escalation processes for time critical and urgent maternal transfers when bed allocation under the standard process is delayed.

PIPER and level 6 services have a joint responsibility to ensure that patients requiring time critical or urgent access to level 6 services are exposed to minimum risk, particularly risks associated with delayed transfer. To minimise risk, arrangements for transfer (i.e. referral to Ambulance Victoria) should commence as possible after the decision to transfer is made and 'bed finding' should not delay this process.

This document **only** relates to time critical and urgent transfers of women requiring **L6 Maternity** access. It includes a Defined Transfer process that enables a L6 Maternity bed to be allocated by PIPER when the Standard bed allocation process has not been successful in identifying a receiving unit. The term "Defined Transfer" describes a process where there is allocation of a receiving health service by a central coordinating body e.g. PIPER, under agreed business rules. Adult Retrieval Victoria have a number of such arrangements in place to manage acute neurosurgical, cardiac and vascular referrals.

PIPER Perinatal transfers whose care capability requirements match L4/5 Maternity services will continue to be allocated by the standard process. It is an expectation that subregional-regional relationships will provide the default solution whenever possible. It is expected that a L4/5 regional/metropolitan service will only decline a referral after escalating to senior management.

2. Standard PIPER Perinatal bed allocation process

2.1 Assessment

The PIPER Obstetrician and the referring clinician agree that a transfer is required.

If the transfer is assessed as time critical the closest L6 Maternity service is the default receiving unit. The PIPER coordinator notifies the receiving L6 that a time critical transfer has been allocated to their hospital.

If the transfer is not time critical but the likelihood of birthing within 24 hours is determined to be "likely" or "unknown" the referral is regarded as **urgent** and bed allocation will be completed within 30 minutes.

2.2 Receiving Health Service

The receiving unit decision is based on consideration of the following:

- The clinical requirements of the mother and baby i.e. level of Maternity/Newborn capability required.
- Degree of clinical urgency (determined at time of referral)
- Known or anticipated maternity/newborn critical care system demands

¹ PIPER operates under the governance of the Royal Children's Hospital.

Standard and Defined Transfer Processes for Level 6 Maternity Bed Allocation for Time Critical and Urgent PIPER Perinatal Referrals



- Geographic location of the referring health service
- Social needs and considerations of the patient/family.

In the vast majority of cases for referrals requiring Level 6 Maternity/Newborn care PIPER first approaches the geographically closest L6 service.

The Chief Operating Officers of Joan Kirner, Mercy Hospital for Women, Monash and The Women's have agreed that they will accept all such geographically appropriate referrals as the default response. In the case of Joan Kirner Women's and Children's Sunshine Hospital L6 this process involves referrals greater than 25 weeks.

If the referral is not accepted by the geographically closest L6 service due to capacity constraints PIPER will make an assessment of available alternatives. The PIPER neonatal consultant will be consulted if advice about NICU constraints is required.

PIPER's assessment will be based on the capacity status of other L6 units and the safety of the increased travel time for the mother to reach an alternative health service.

In assessing the capacity of an alternate L6 to accept the referral PIPER will endeavour to minimise the risk of the referral triggering an "overflow" neonatal transfer from the accepting L6.

It is expected this process will be completed within **30 minutes**. L6 Maternity services have agreed to streamline how they handle PIPER referrals to accommodate this timeframe.

3. Defined Transfer (Maternity) Process

When PIPER is unable to identify an accepting receiving unit for a time critical or urgent perinatal transfer based on its standard processes then the Defined Transfer procedure will be activated.

1. The Director PIPER (or delegate) allocates the receiving L6 health service based on the agreed Defined Transfer (Maternity) Geographic Distribution (see below).
2. Where the geographically closest L6 service is experiencing extreme demand issues the PIPER Director (or delegate) may allocate the referral to another L6 service. This alternative can only be considered if the additional travel time involved for the maternal transfer does not pose a significant risk.
3. The PIPER Coordinator notifies the receiving level 6 bed manager or delegate (in accordance with internal health service policy) that a defined transfer to their service will occur. The receiving service bed manager will then communicate and operationalise the local health service response and actions
4. Notwithstanding the above the PIPER Director (or delegate) may, at any time from the time of referral onwards, allocate a receiving L6 service if it is judged that delay in receiving unit allocation may jeopardise the safety of the transfer.
5. The PIPER Perinatal Duty Obstetrician is the PIPER Director delegate for the purpose of this procedure. They will escalate to the PIPER Perinatal Director and/or the PIPER Director as necessary.

4. Defined Transfer (Maternity) review and monitoring

Defined transfer decisions will be reviewed by PIPER to ensure the agreed process and assessment has occurred.

PIPER will provide a quarterly report of all Defined Transfer (Maternity) occurring in the period to each L6 health service.

Standard and Defined Transfer Processes for Level 6 Maternity Bed Allocation for Time Critical and Urgent PIPER Perinatal Referrals



Level 6 services may request a post hoc review of a PIPER decision to activate a defined transfer in writing to the Director of PIPER.

Feedback/Enquiries

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Standard and Defined Transfer Processes for Level 6 Maternity Bed Allocation for Time Critical and Urgent PIPER Perinatal Referrals



5. Appendices

5.1 **Appendix 1: Examples of Time Critical or Urgent PIPER Perinatal referrals**

5.1.1 ***Group 1 - Significant risk of pre-31 weeks birth during this admission***

1. Active preterm labour (PTL)
2. Threatened PTL with some cervical effacement/dilatation and/or positive fetal fibronectin
3. Preterm rupture of the membranes whether or not also in labour
4. Antepartum haemorrhage (APH) whether or not also in labour
5. Severe pre-eclampsia/incipient HELLP syndrome
6. Other conditions where high risk birth is imminent or uncertain

5.1.2 ***Group 2 - Ready access required to level 6/quaternary services***

1. Likely to deliver with Fetal anomaly requiring immediate access to paediatric surgery post-birth
2. Twin-twin transfusion requiring access to fetoscopic laser ablation

Major/unstable maternal medical condition concurrent with pregnancy requiring complex multidisciplinary L6 maternity/newborn assessment

Standard and Defined Transfer Processes for Level 6 Maternity Bed Allocation for Time Critical and Urgent PIPER Perinatal Referrals



5.2 Appendix 2: Defined Transfer (Maternity) Geographic Distribution by Level 6 Hospital

JOAN KIRNER	
Metro	*Joan Kirner *Werribee Mercy
Regional/Rural	*Djerriwarrh: Bacchus Marsh
*If <26 weeks then catchment is MHW	
MHW	
Metro	Angliss Box Hill Mercy Hospital for Women North Park Private The Northern Hospital
Regional/Rural	Castlemaine Health Bendigo Bendigo SJOG Cohuna District Hospital Echuca Regional Health Maryborough District Health Service Mildura Swan Hill District Hospital Benalla & District Memorial Hospital Goulburn Valley Health: Shepparton Albury Wodonga Health Northeast Health Wangaratta Mansfield District Hospital The Kilmore & District Hospital
MONASH	
Metro	Cabrini Malvern Casey Hospital Dandenong Hospital Frankston Hospital Jessie McPherson Private Hospital Mitcham Private Monash Medical Centre Clayton Peninsula Private Hospital Sandringham Hospital St John of God Hospital Berwick The Bays Hospital Waverly Private
Regional/Rural	Bairnsdale Regional Health Service Bass Coast Health: Wonthaggi Central Gippsland Health Service: Sale Gippsland Southern Health Service: Leongatha

Standard and Defined Transfer Processes for Level 6 Maternity Bed Allocation for Time Critical and Urgent PIPER Perinatal Referrals



	Latrobe Regional Hospital: Traralgon South Gippsland Hospital: Foster West Gippsland Healthcare Group: Warragul
RWH	
Metro	Epworth Freemasons Frances Perry Private Hospital Royal Women's Hospital St Vincent's Private
Regional/Rural	Ballarat Health Service Ballarat SJOG Colac Area Health East Grampians Health Service Epworth Geelong Geelong Hospital Portland District Health St John of God Hospital Geelong SW Healthcare Camperdown SW Healthcare Warrnambool Western District Health Service Wimmera Health Care Group

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5.3 Appendix 3: Defined Transfer (Maternity) Geographic Distribution by Referring Hospital

Referring Hospital	Catchment Hospital	Region
Albury Wodonga Health	MHW	Hume
Angliss	MHW	Metro
Bairnsdale Regional Health Service	Monash	Gippsland
Ballarat Health Service	RWH	Grampians
Ballarat SJOG	RWH	Grampians
Bass Coast Health: Wonthaggi	Monash	Gippsland
Benalla & District Memorial Hospital	MHW	Hume
Bendigo	MHW	Loddon Mallee
Bendigo SJOG	MHW	Loddon Mallee
Box Hill	MHW	Metro
Cabrini Malvern	Monash	Metro
Casey Hospital	Monash	Metro
Castlemaine Health	MHW	Loddon Mallee
Central Gippsland Health Service: Sale	Monash	Gippsland
Cohuna District Hospital	MHW	Loddon Mallee
Colac Area Health	RWH	Barwon South West
Dandenong Hospital	Monash	Metro
*Djerriwarrh: Bacchus Marsh	Joan Kirner	Grampians
East Grampians Health Service	RWH	Grampians
Echuca Regional Health	MHW	Loddon Mallee
Epworth Freemasons	RWH	Metro
Epworth Geelong	RWH	Barwon South West
Frances Perry Private Hospital	RWH	Metro
Frankston Hospital	Monash	Metro
Geelong Hospital	RWH	Barwon South West
Gippsland Southern Health Service: Leongatha	Monash	Gippsland
Goulburn Valley Health: Shepparton	MHW	Hume
Jessie McPherson Private Hospital	Monash	Metro
Joan Kirner	Joan Kirner (#MHW)	Metro
Latrobe Regional Hospital: Traralgon	Monash	Gippsland
Mansfield District Hospital	MHW	Hume
Maryborough District Health Service	MHW	Loddon Mallee
Mercy Hospital for Women	MHW	Metro
Mildura Base Hospital	MHW	Loddon Mallee
Mitcham Private	Monash	Metro
Monash Medical Centre Clayton	Monash	Metro
North Park Private	MHW	Metro
Northeast Health Wangaratta	MHW	Hume
Peninsula Private Hospital	Monash	Metro
Portland District Health	RWH	Barwon South West
Royal Women's Hospital	RWH	Metro

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Referring Hospital	Catchment Hospital	Region
Sandringham Hospital	Monash	Metro
South Gippsland Hospital: Foster	Monash	Gippsland
St John of God Hospital Berwick	Monash	Metro
St John of God Hospital Geelong	RWH	Barwon South West
St Vincent's Private	RWH	Metro
SW Healthcare Camperdown	RWH	Barwon South West
SW Healthcare Warrnambool	RWH	Barwon South West
Swan Hill District Hospital	MHW	Loddon Mallee
The Bays Hospital	Monash	Metro
The Kilmore & District Hospital	MHW	Hume
The Northern Hospital	MHW	Metro
Waverly Private	Monash	Metro
Werribee Mercy*	Joan Kirner	Metro
West Gippsland Healthcare Group: Warragul	Monash	Gippsland
Western District Health Service	RWH	Barwon South West
Wimmera Health Care Group	RWH	Grampians

Women <26weeks in Joan Kirner or its catchment hospitals who require in utero transfer go to MHW

6. End of Document