

PIPER (PERS) Patient Transfer Form

We understand that the events of today are very stressful for you and your family – you have developed a pregnancy problem that could potentially put you or your baby at risk, and you have been advised that you need to transfer into the care of staff at another hospital. This may involve travelling a considerable distance away from home, being transferred by road or air ambulance and arriving at an unfamiliar hospital being cared for by unfamiliar staff.

The most usual reason that these transfers are required is that you or your baby *may* need access within the next few days to some of the specialised services (especially services for the care of small preterm babies) only available within a larger hospital.

Sometimes the immediate problem can be managed without the need to deliver your baby, and once it is clear that you will not need such specialised services around the time of birth, your care will be handed back to your usual obstetrician, GP or midwife, and you will be able to return home and deliver as originally planned at your local hospital.

If your baby (or babies) is delivered during this admission, once your baby is strong enough to be cared for safely in a Special Care Nursery in a hospital close to your home, they will be transferred back into the care of one of your local paediatricians.

Your original obstetrician, GP and midwife should receive a summary from the hospital where you gave birth, and it is important that you return to see one of them for a postnatal check-up in 4-6 weeks. By then you may have thought of a number of questions about 'what happened' and 'why', and you and your family can discuss these issues with your local obstetrician, particularly as you may wonder what should be done in your next pregnancy to reduce the risk of similar problems occurring. Sometimes it may also be helpful to have a similar 'debriefing' appointment with one of the obstetricians or neonatal paediatricians at the hospital where you gave birth.

For now, focus on your health and that of your baby. But we would be very appreciative if, sometime after you go home, you could complete the brief questionnaire on the back of this sheet and return it to us by post to help us to improve the service provided to women and their families by the staff of the Paediatric, Infant, Perinatal Emergency Referral (PIPER)(PERS) service.

Dr. Jacqui Smith
Medical Director, PERS
PIPER

**Paediatric, Infant, Perinatal Emergency Referral (PIPER) – (PERS)
PERS Patient Transfer Form**

Feedback form to be completed by Mother and sent to PIPER (PERS)

We understand that the experience of having an unexpected complication develop with your pregnancy is extremely stressful and that this stress may be increased by needing to be moved to a different hospital, which can be a long way from your home and family.

To help us to continually improve our service, once you return home, we would appreciate it if you could take a moment to complete the following questionnaire and return it to us in the attached Reply Paid envelope.

I understood why I was being transferred to another hospital?	Yes <input type="checkbox"/> No <input type="checkbox"/>
I knew where I was being transferred?	Yes <input type="checkbox"/> No <input type="checkbox"/>
My family were given clear directions on how to get there?	Yes <input type="checkbox"/> No <input type="checkbox"/> Not relevant <input type="checkbox"/>
My family were given a contact number for the destination hospital?	Yes <input type="checkbox"/> No <input type="checkbox"/> Not relevant <input type="checkbox"/>
I felt safe during the journey?	Yes <input type="checkbox"/> No <input type="checkbox"/>
I felt safe when I arrived at the destination hospital?	Yes <input type="checkbox"/> No <input type="checkbox"/>
I felt confident that the staff at the destination hospital seemed to have all the information that they needed from my own doctor/midwife to enable them to care for me?	Yes <input type="checkbox"/> No <input type="checkbox"/>
My family's needs for transport and accommodation were adequately met?	Yes <input type="checkbox"/> No <input type="checkbox"/> Not relevant <input type="checkbox"/>
My children's needs for care were adequately met while I was in hospital?	Yes <input type="checkbox"/> No <input type="checkbox"/> Not relevant <input type="checkbox"/>
For those mothers transferred back to the care of their own doctor/midwife without being delivered... my own doctor/midwife had received all the information necessary about the care that I received elsewhere to be able to safely resume my care?	Yes <input type="checkbox"/> No <input type="checkbox"/>
I had a definite appointment made for my next check-up with my doctor/midwife?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Any other comments about your experience?	

We are happy to receive your feedback anonymously, but if you would like us to get back to you regarding any specific concerns, please provide contact details.

Name: _____ Daytime phone: _____ Email? _____

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Victorian Perinatal Emergency Referral Service (PERS)
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