

# Paediatric Infant Perinatal Emergency Referral (PIPER)

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

### 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 executive<sup>1</sup> 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.

### Standard PIPER Perinatal bed allocation process

#### 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.

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

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<sup>1</sup> PIPER operates under the governance of the Royal Children's Hospital.

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 Mercy Hospital for Women, Monash and The Women's have agreed that they will accept all such geographically appropriate referrals as the default response. Once fully operational the Joan Kirner Women's and Children's Sunshine Hospital L6 Maternity service will be invited to join this process.

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.

## **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.

## **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.

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.

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## **Appendix 1**

### **Examples of Time Critical or Urgent PIPER Perinatal referrals**

#### *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

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

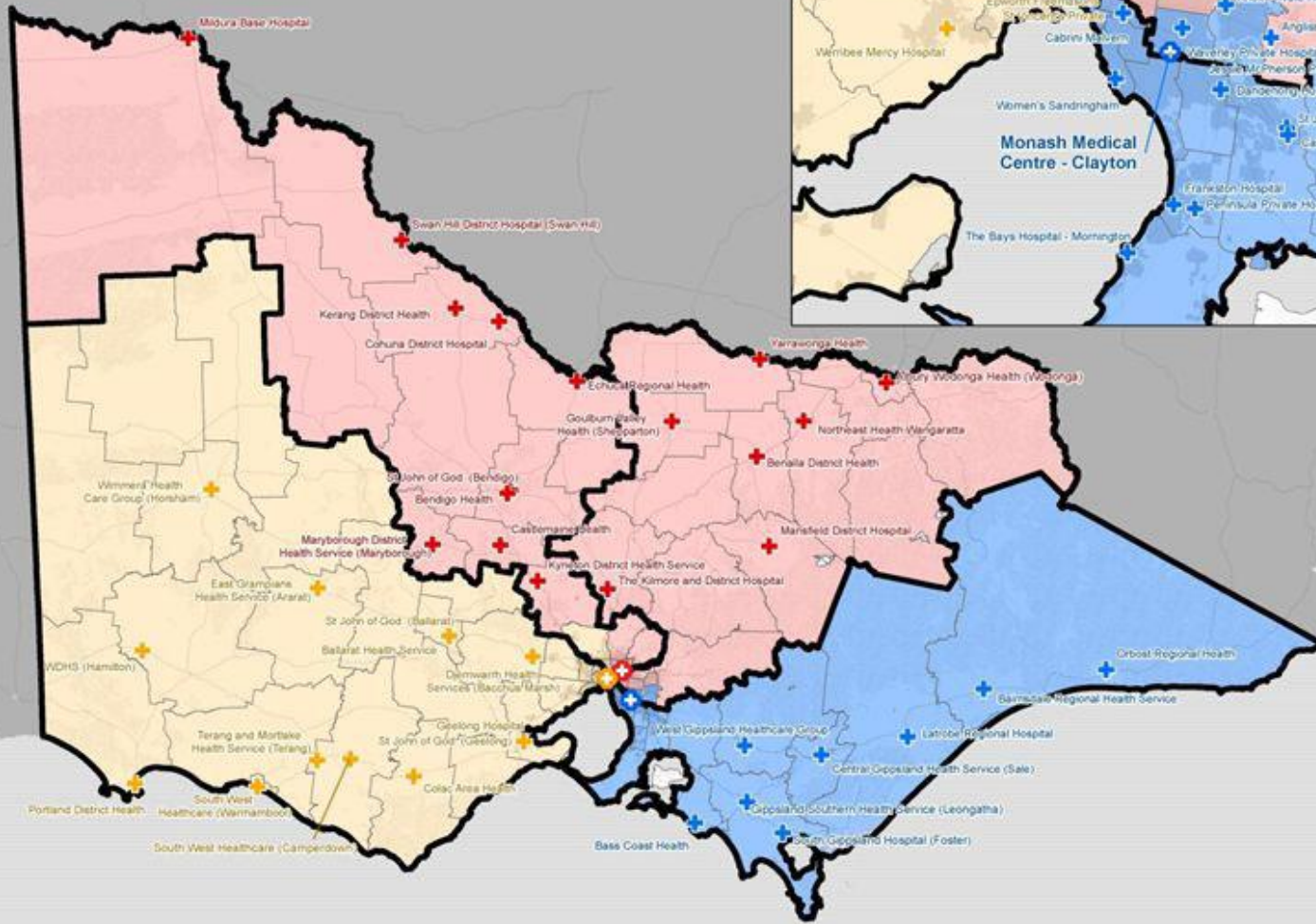
1. Likely to deliver with Fetal anomaly requiring immediate access to paediatric surgery post-birth
  2. Twin-twin transfusion requiring access to fetoscopic laser ablation
  3. Major/unstable maternal medical condition concurrent with pregnancy requiring complex multidisciplinary L6 maternity/newborn assessment
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## Defined Transfer (Maternity) Geographic Distribution

<b>Mercy Hospital for Women</b>	
<b>Metro Services</b>	Mercy Hospital for Women Box Hill Hospital Mitcham Private Hospital Northpark Private Hospital Northern Hospital
<b>Regional Services</b>	Bendigo Health St John of God Bendigo Castlemaine Health Cohuna District Hospital Echuca Regional Health Kerang District Health The Kilmore and District Hospital Kyneton District Health Service Maryborough District Health Service Goulburn Valley Health Benalla District Health Mildura Base Hospital Swan Hill District Hospital Yarrawonga Health Albury Wodonga Health (Wodonga) Northeast Health Wangaratta Mansfield District Hospital
<b>Royal Women's Hospital</b>	
<b>Metro Services</b>	Royal Women's Hospital Epworth Freemasons Frances Perry Private Hospital Sunshine Hospital St Vincent's Private Hospital Werribee Mercy Hospital
<b>Regional Services</b>	Ballarat Health Service Colac Area Health Djerriwarrh Health Services East Grampians Health Service Portland District Health South West Healthcare Camperdown South West Healthcare Warrnambool St John of God Ballarat St John of God Geelong Terang and Mortlake Health Service Geelong Hospital Western District Health Service Wimmera Health Care Group
<b>Monash Medical Centre</b>	
<b>Metro Services</b>	Monash Medical Centre Clayton Jessie McPherson Private Hospital Cabrini Malvern Dandenong Hospital Casey Hospital Frankston Hospital Peninsula Private Hospital St John of God Berwick The Bays Hospital Angliss Hospital Knox Private Hospital Waverley Private Hospital Women's Sandringham

<b>Regional Services</b>	Bairnsdale Regional Health Service Bass Coast Health Central Gippsland Health Service Gippsland Southern Health Service Latrobe Regional Hospital Orbost Regional Health South Gippsland Hospital West Gippsland Healthcare Group
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# Defined Transfer (Time Critical & Urgent Maternity)



- Maternity Service Capability**
- ⊕ Level 6
  - ⊕ Level 2-5
  - ⊕ Mercy Women's
  - ⊕ Monash Medical Centre
  - ⊕ Royal Women's
- Catchments**
- MHW
  - MMC
  - RWH
  - LGA
  - DHHS Divisions

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## **Feedback/Enquiries**

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