

# Procedure

## Planned Transition of NICU/SCN patients into Queensland Children's Hospital for tertiary management

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Author/custodian	Nurse Manager CATCH			Review date	18/01/2024
Supersedes	1.0				
Applicable to	All CHQ Clinical Staff				
Authorisation	Executive Director Clinical Services				

### Purpose

To ensure a standard process and effective communication is utilised in the transition of patients from external Neonatal Intensive Care Unit (NICU) and Special Care Nursery (SCN) patients requiring tertiary health care at the Queensland Children's Hospital (QCH)

### Scope

This procedure is intended for use by staff working within QCH and who are involved in the transfer of patients from NICU/SCN to QCH.

### Procedure

Children's Health Queensland is committed to ensuring the appropriate and safe transfer of patients from external NICU and SCN within Queensland to QCH.

- QCH aims to ensure patients are transferred as soon as clinically appropriate following receipt of an [Inter-Hospital Transfer Request Form \(IHTRF\)](#). It is requested that the Children's Advice and Transport Coordination Hub (CATCH) receive notification (via 13CATCH or [CATCH@health.qld.gov.au](mailto:CATCH@health.qld.gov.au)) from the referring team, at the earliest availability prior to the estimated date of transfer wherever possible to enable appropriate planning.

As QCH is not a neonatal specialist facility, therefore transfer of the baby is at the clinical discretion of the Lead Medical Specialists (LMS). Exemption to this principle will apply should the baby:

- Require an emergent or urgent procedure requiring pre-or postoperative Paediatric Intensive Care Unit (PICU) admission

- Require sub-specialist management, investigation or therapies which can only be delivered at QCH
- Have complex/ chronic needs requiring a PICU bed
- Weekend transition of these patients should only occur if clinically necessary due to clinical deterioration requiring tertiary/quaternary paediatric hospital treatment
- Patients requiring parental education prior to discharge should be managed in the referring hospital
- Where possible patients should be considered for transfer to their catchment hospital for ongoing paediatric care prior to considering referral to QCH
- Early inclusion of other key stakeholders such as subspecialty and allied health teams required in the ongoing care of the babies (e.g. PICU, Respiratory medicine, Social Work, Infant development team etc.). If the patient is already receiving allied health input in the nursery, arrangements are to be made by the referring hospital for handover to the allied health team at the QCH prior to transfer.

## Process

For patient's requiring transfer/referral to QCH, it is the responsibility of the referring medical team to ensure acceptance by the appropriate medical lead specialist within QCH. This is the Senior Medical Specialist who is responsible for the care of the admitted patient. See [CHQ-PROC-34623 Specialist and team accountability for inpatient management decisions](#). Once a lead medical specialist has received handover and accepted care of the patient an online IHTRF can be completed. All patients who are to be transferred to QCH require an IHTRF to be completed by the referring Medical Team, CATCH can assist with this process.

## Transfer requiring ward admission

- On receipt of the IHTRF, CATCH will contact the referring hospital and obtain a basic clinical handover including a current set of observations to ensure patient is appropriate for ward transfer
- CATCH will call the LMS on IHTRF to confirm that they have accepted care and coordination of transferring the patient's care. If no LMS has been determined CATCH will contact the referring team to advise that the IHT will not be able to proceed until LMS is determined.
- Cardiology Team - the CATCH nurses will call the Nursing Team Leader of 10B in the first instance, to identify if accepted and identify pre-transition requirements; and will contact the LMS if the acceptance is unknown.
- CATCH will discuss the transfer with the accepting LMS and identify if there is a requirement for a Multidisciplinary Team (MDT) meeting prior to organising an elective bed booking for the patient.
- If the LMS identifies the requirement for an MDT to be coordinated prior to transfer, it is the responsibility of the LMS to coordinate this meeting within 72 hours of the receipt of the IHTRF and communicate the outcome to CATCH, (the CNC General Paediatrics & Babies will assist with the coordination of an MDT for any General Paediatric admissions)
- Following the discussion with the LMS, CATCH will forward the IHTRF to the following stakeholders:
  - Accepting Lead Medical Specialist (LMS)
  - Appropriate Nurse Unit Manager
  - Appropriate nurse specialists (CNC Cardiac or General Paediatrics & Babies, cardiac care coordinators & connected care)

- Following the MDT or if the LMS identifies that there is no requirement for an MDT, CATCH to call conference the LMS and the NUM regarding any further pre transition activities required prior to transfer and to identify approximate transition timing
- LMS is responsible to inform all stakeholders regarding the meeting outcome and to ensure pre-transfer activities are completed.
- Administration Officer of accepting ward to register patient on Hospital Based Corporate Information System (HBCIS) & provide patient record number to LMS
- LMS team to lodge an elective bed booking with QCH Elective Bookings team
- CATCH will contact the referring ward with the planned date of transfer once the patient has been electively booked

**ALERT**

**It is the responsibility of the referring hospital to notify CATCH if the patient deteriorates prior to the transfer date**

## Transfer requiring PICU admission

For a more detailed outline of process for Elective Booking to PICU, please refer to [CHQ-WI-80102 PICU Bed Request, Elective Booking, Confirmation and Cancellation Process](#) pg17.

The following principles are requested by QCH PICU in relation to the elective non-urgent transfer of patients from the NICU/SCN

- These referrals cannot be accepted after hours or on weekends
- Transfer and admission to PICU preferably early rather than later in the week
- Coordination of the PICU admission for these patients follows the Non-Cardiac PICU Elective Booking process [CHQ-WI-80102 PICU Bed Request, Elective Booking, Confirmation and Cancellation Process](#) pg17.

For patients requiring transfer to PICU the following steps are to be taken

- On receipt of the IHTRF, CATCH will contact the referring hospital and obtain a basic clinical handover including a current set of observations to ensure patient is appropriate for PICU transfer
- CATCH will discuss the transfer with the accepting LMS to ensure the Duty Intensivist has been contacted in relation to the transfer and to request coordination of MDT. Ideally the MDT is to occur within 6 days of referral.
- On receipt of the IHTRF CATCH will forward the IHTRF to the following stakeholders:
  - Accepting Lead Medical Specialist (LMS)
  - Transitional Care Coordinators (TCT) Associate NUM PICU
  - PICU Clinical Director
  - PICU Nurse Unit Manager
  - PICU Lead Social Worker (SW)
  - Appropriate nurse specialists (CNC Cardiac or General Paediatric & Babies, cardiac care coordinators, connected care)
- Coordination of transfer is then handed over from CATCH to General Paediatric Babies CNC in consultation with TCT.

- The PICU Clinical Director/Duty Intensivist will inform the PICU Nursing Lead (NUM or ANUM) and will enter the patient details into the PICU Sharepoint 'Complex Referrals' & will ensure appropriate handover to PICU SMO as required
- PICU Administration Officer (AO) registers the baby on HBCIS to create a patient UR number.
- PICU Duty Intensivist to confirm at the MDT a provisional date for transfer which is to be acknowledged in ieMR & SharePoint.
- At or prior to this meeting PICU will confirm whether they can accommodate the patient or if present patient numbers will delay transfer. Provisional date for transfer to be determined and acknowledged in ieMR and Sharepoint.
- Day of admission – bed availability will be confirmed and consulted with PICU NUM and PICU Shift Co-Ordinator, who will then consult with NICU/SCN to liaise for transfer timing.

## Transfer when destination is undetermined

Upon receipt of a transfer where the destination of the patient (ward vs PICU) is unknown or not yet determined, a MDT will be required to make this decision.

The CATCH Team will therefore notify both the CNC for General Paediatric & Babies as well as the Transitional Care Coordinators in PICU for the requirement of an MDT.

## Transport of the Patient

The decision regarding the mode of transport required for the patient is the responsibility of the referring Medical Team

- Patients requiring invasive or non-invasive ventilation require transport through Neonatal Rescue (NEORSQ)
- Transfer via road can be coordinated through QAS within a ~200km radius of QCH, transfers >200km require coordination via RSQ.
- CATCH can assist with the facilitation of transport as required.

## Supporting documents

### Authorising Policy and Standard/s

- [QH-HSDPTL-025-1 Protocol Health Service Directive – Patient Access to Emergency Care Health Service Directive - Protocol for Patient Access to Queensland Public Hospitals](#)

### Procedures, Guidelines and Protocols

- [CHQ-PROC-34623 Specialist and team accountability for inpatient management decisions](#)
- [CHQ-PROC-00106 Direct Inpatient Unit \(IPU\) to IPU Inter-Hospital Transfer at Queensland Children's Hospital](#)
- [CHQ-WI-80102 PICU Bed Request, Elective Booking, Confirmation and Cancellation](#)

### Forms and Templates

- [Inter-Hospital Transfer and Retrieval Application](#)

## Consultation

Key stakeholders who reviewed this version:

- Nurse Manager CATCH
- Nurse Unit Manager CATCH
- NICU Committee - Q4 NICU Meeting

Key stakeholders who reviewed the previous version:

- Executive Director of Medical Services
- Nursing Director of Surgery
- Director of Surgery
- Divisional Director of Medical Services
- Nursing Director of Critical Care
- Director of Paediatric Intensive Care Unit
- Nurse Unit Manager Paediatric Intensive Care Unit
- Director of Neonatal Intensive Care Unit (RBWH)
- Neonatal Nurse Practitioner
- Clinical Nurse Consultant Neonatology
- Director of Neonatal Intensive Care Unit (Mater Health Services)
- Clinical Nurse Consultant General Paediatrics and Babies
- Director of CATCH
- Nurse Manager CATCH/delegate
- Nurse Unit Manager Babies Ward (9B)
- Nurse Unit Manager Cardiology Ward (10B)
- Associate NUM Paediatric Intensive Care (TCT)
- Nurse Unit Manager NEORESQ
- Nurse Manage Elective Bookings

## Definition of terms

Term	Definition
CATCH	Children's Advice and Transport Coordination Hub
NICU	Neonatal Intensive Care Unit
PICU	Paediatric Intensive Care Unit
SCN	Special Care Nursery
NEORSQ	Neonatal Retrieval Service Queensland
AO	Administration Officer
NUM	Nurse Unit Manager

CNC	Clinical Nurse Consultant
IHT	Inter-Hospital Transfer
IHTRF	Inter-Hospital Transfer Request Form
QCH	Queensland Children's Hospital
LMS	Lead Medical Specialist

## Audit/evaluation strategy

<b>Level of risk</b>	High
<b>Strategy</b>	Case by case review
<b>Audit/review tool(s) attached</b>	Chart audit through CATCH
<b>Audit/Review date</b>	2 yearly
<b>Review responsibility</b>	CATCH
<b>Key elements / Indicators / Outcomes</b>	Criteria is met for all of the patient transfers

## Procedure revision and approval history

Version No.	Modified by	Amendments authorised by	Approved by
1.0	NUM CATCH	Div Dir Critical Care	Executive Director Medical Services
2.0 22/06/2018	Nurse Unit Manager CATCH	Div Dir Critical Care	Executive Director Medical Services
3.0 05/01/2022	Nurse Manager CATCH	Nurse Unit Manager CATCH	Medical Director Critical Care

<b>Keywords</b>	NICU transition, IHT, Neonatal transfer, 80014, Inter Hospital Transfer, SCN.
<b>Accreditation references</b>	NSQHS Standards (1-8): 1 Clinical Governance, 2 Partnering with Consumers, 5 Comprehensive Care, 6 Communicating for Safety ISO 9001:2015 Quality Management Systems: (4-10)