SESLHD PROCEDURE COVER SHEET

NAME OF DOCUMENT	Birth Alerts – At Risk Unborn Babies
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EXECUTIVE SPONSOR or EXECUTIVE CLINICAL SPONSOR	Director, Population and Community Health
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POSITION RESPONSIBLE FOR THE DOCUMENT	CMC Women's & Children's Clinical Stream Alison.brown3@health.nsw.gov.au (in consultation with the Unique Patient Identifier (UPI) department, which carries out the procedure)
FUNCTIONAL GROUP(S)	Women's and Babies
KEY TERMS	Department of Community and Justice (DCJ), Unique Patient Identifier (UPI), prenatal report, High Risk Birth Alerts (HRBA), Unborn Child High Risk Birth Alerts (UCHRBA), Child Protection Manager/Child Wellbeing & Child Protection Coordinator (CP), unborn babies at risk.
SUMMARY	This document provides the process of registering at risk mothers (of unborn babies), as flagged by the Department of Community and Justice (DCJ) in the Patient Administration System.

1. POLICY STATEMENT

NSW Health policy requires Local Health Districts to register and respond to the issuing of an unborn child high risk birth alert from Department of Community and Justice (DCJ). The birth alert requires any health facility which has contact with a mother who is the subject of a high risk birth alert to follow the directions stated in the alert as requested by the DJC.

2. BACKGROUND

This document provides the process of registering at risk mothers (of unborn babies), as flagged by DJC in the Patient Administration System.

As extracted from the DJC Birth Alert:

The High Risk Birth Alert (HRBA) is provided under Section 245C of Chapter 16A of the Children and Young Persons (Care and Protection) Act 1998. Section 245B(3) outlines that a reference in Chapter 16A to information relating to the safety, welfare or well-being of a child of young person includes a reference to information about an unborn child who is the subject of a pre-natal report under Section 25 of the Act. This allows Community Services to provide information under Section 245C to NSW Health and to other prescribed bodies, about an unborn child who has been the subject of a pre-natal report under Section 25.

All sites must follow instructions on the High Risk Birth Alert (HRBA) as soon as at risk mothers (of unborn babies) attend any facility for care (antenatal, at the time of delivery or on presentation to any other health services) and follow any other directions stated in the alert. All departments that come in contact with an at-risk mother are required to contact DJC on the phone number provided for each individual Birth Alert.

2.1   Definitions

CHOC	Community Health Outpatient Care
CP	Child Protection Manager or Child Wellbeing and Child Protection Coordinator
DCJ	Department of Community and Justice
ED	Emergency Department
EDD	Estimated Date of Delivery
EDIS	Emergency Department Information System (St Vincent's only)
eIndex	Area Unique Patient Identifier Software
eMR	Electronic Medical Record – Cerner Application
eMaternity	Electronic Maternity Record
GESWU	Greater Eastern Southern Wellbeing Unit
HOSPAS	Hospital Patient Administration System (St Vincent's only)
HRBA	High Risk Birth Alert
ID	Patient Identifier (e.g. MRN, UID etc.)
iPM	iSOFT Patient Management Software
MRN	Medical Record Number
PAS	Patient Administration System
PMI	Patient Master Index
SESLHD	South Eastern Sydney Local Health District
UCHRBA	Unborn Child High Risk Birth Alerts
UID	Unique Identifier
UPI	Unique Patient Identifier

3. RESPONSIBILITIES
Child Wellbeing and Child Protection Coordinator (SESLHD) – Eastern Sydney
CHOC Data Manager
eMR Representatives
UPI Department
Medical Record/Clinical Information Manager
Birth Services Managers
Facility Obstetric Clinical Database Manager
Nurse/Midwifery Access & Demand Managers
After Hours Nurse/Midwifery Managers

DCJ will send the Birth Alerts based on LHDs and the hospitals that are within the LHDs.

SESLHD
St George Hospital	C213
Prince of Wales Hospital	C208
The Royal Hospital for Women	C220
Sutherland Hospital	C214
Sydney Hospital	A233

3.1 Employees will:
Ensure that they are familiar with this procedure and follow it at all times.

3.2 Line Managers will:
Ensure that all staff are made aware of this procedure and updates, and that the procedure is adhered to.

3.3 District Managers/ Service Managers will:
Ensure this procedure is adhered to.

3.4 Medical staff will:
Become familiar with this procedure and always adhere to it.

4. PROCEDURE

4.1 EDD due within a week of receipt of Birth Alert = **process within the hour**

EDD due a week or so after the receipt of Birth Alert = **process within 24 hours**

These timelines are based on working days Monday to Friday 8:30am – 5:00pm (excluding public holidays).

If a Birth Alert crosses over both LHDs, DCJ will send the Birth Alert to both districts.

Birth Alerts will be sent from DCJ to the districts via email, to ensure an electronic copy is available and delays in receipt are minimised.

SESLHD
Email group: HRBA Eastern Sydney
Email members: SESLHD CP; GESWU; UPI
Email address: SESLHD-HealthICT-EasternSydneyHRBA@health.nsw.gov.au

Primary responsibility of the Birth Alert registration and monitoring is the Child Wellbeing and Child Protection Coordinator, Child Protection Manager and GESWU in each LHD. GESWU will receive and register the HRBA accordingly.

4.2　RESPONSIBILITIES OF UPI TEAM in PROCESSING THE ALERT IN PAS (iPM, Cerner and CHOC)

Notification (via email) is received from the DCJ officer to the HRBA email group for the appropriate LHD (as per above).

The LHD Child Wellbeing and Child Protection Coordinator/Child Protection Manager will receive and review the HRBA and action accordingly.

The UPI Department will receive and assess the EDD to determine the time frame and urgency required for processing of the alert.

UPI Team to ensure the Birth Alert has the standard three pages.

UPI Team to ensure that the Birth Alert has not been altered manually by a third party.

UPI Team to review the Birth Alert share drive to determine if this is the first birth alert; a birth alert for a subsequent pregnancy; or an updated birth alert for the current pregnancy.

UPI Team to review the Birth Alert to ensure there is sufficient identifying information to thoroughly search and register the patient and the alert. Where information is limited, contact the DCJ team that sent the alert for further information.

NOTE: At times the notification to DCJ is from a third party that has limited information and therefore correct information is difficult.

Where limited information is provided, follow the SESLHD Patient Registration Policy, registration of Unknowns protocol: SESLHDPR/490 - Patient Registration - Patient Administration System (PAS).

UPI thoroughly searches the iPM and eIndex databases (using all names / alias names provided by DCJ) to determine if the patient has attended the LHDs before. Outcomes are either
1.　Never been to any of the sites in the LHDs
2.　Attended a single facility in the LHDs
3.　Attended multiple facilities in the LHDs

Birth Alerts are only to be added to existing patients in the database if there is 100% confirmation of being the same patient; otherwise a new record should be registered each time where there is uncertainty.

All existing duplicates for patients are to be addressed prior to the Birth Alert process being completed.

If the patient has never been to the LHD – the UPI Team will register the patient in iPM in the initial site (as per site list below) and check eIndex to ensure a duplicate has not been created. Then create all other relevant sites.

4.3 iPM registration is completed by UPI Team

To ensure that all birthing units and Emergency Departments across the SESLHD are flagged of this Alert (in the event the patient presents), an MRN is allocated for the following sites:

Site list

St George Hospital	C213
POWH	C208
SCH	C238
Royal Women's Hospital	C220
Sutherland Hospital	C214
Sydney Hospital	A233

If the patient has been to a site in the LHDs, UPI Team will register the remaining sites (as per site list above).

UPI Team ensures all alias names listed on the Birth Alert are flagged in iPM as an alias (this includes the partners surname that is listed on the Birth Alert to ensure if they attend under that surname, that we are able to identify the patient).

UPI Team Register the partner (if one is listed on the Birth Alert) as a person to contact in iPM, to ensure there is a record of the unborn child's father. (Note: If there is documentation of Domestic Violence by the partner on the Birth Alert, then the partner's person to contact entry needs to be end dated in iPM and checked to ensure archived in eMR).

UPI Team will add a predefined comment of HRBA to eIndex for this alert.

UPI Team add the Birth Alert Flag in iPM against the patient's record:
- Security alert
- Risk to Others
- Behavioural Risk
- Comment: Birth Alert

This Birth Alert will be visible to all sites within iPM, regardless of where the patient may present.

NOTE: Ensure the end date of the alert is set to 12 months from entry date.

UPI Team add the birth alert flag to the Cerner EMR application:
- Diagnosis, Alerts, Problems
- Name of problem: Unborn Child High Risk Birth Alert
- Classification: Alert
- Onset Date: Date the Alert was received
- Comment: Birth Alert as advised by DCJ

In the case of the eMR, when any clinician (including the Triage Staff in ED), notice that a patient has an alert icon against their record, they should access the alert tool or alert view in the patients chart to read the alert. Alert icons are viewable in the patient search screen and on patient lists including the Tracking List.

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COMPLIANCE WITH THIS DOCUMENT IS MANDATORY
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UPI Team email (flagging the email as high priority) the DCJ attached HRBA document, including details of the alert and sites previously attended to the Birth Alert email DL (contains all relevant contacts from each site Maternity, Emergency and Community departments and St Vincent's Hospital). Email is received by:

Site Medical Records Department	View their records to determine if a physical file exists for their site, if it does, the alert is printed and filed in the record
Site Maternity Departments	Print the birth alert and place it in a Birth Alert folder on the ward
Site Obstetric Clinical Data Manger	View records to determine if an electronic record exists for their site; and if pregnancy created with same estimated day of birth, then add Birth Alert to yellow comments box
Site Emergency Department	Validate the alert is in eMR
Site Community Department	Validate the alert is in CHOC

UPI Team email (flagging the email as high priority) the DCJ attached HRBA document, including details of the alert and sites previously attended to the Birth Alert email DL - SESLHD-HealthICT-BirthAlert@health.nsw.gov.au (contains all relevant contacts from each site Maternity, Emergency and Community departments and St Vincent's Hospital).

If staff need to be removed or added to the SESLHD-HealthICT-BirthAlert@health.nsw.gov.au distribution list, email @SESLHD-HealthICT-eIndexAdminMBX.

In the case that any of these flagged patients present to one of the LHD sites, via an ED, Birthing Unit, or any other location, they will be identified as requiring a DCJ notification. If the risk factors that gave rise to the report are still present and/or there are reasonable grounds to suspect the unborn child is at risk of harm, the treating clinician must make a **mandatory report to DCJ** as soon as possible by calling **13 21 11**.

Expiring of Alerts

Birth Alerts expire after 12 months from the entry date. This will be conducted by the UPI Team:
- iPM application – automated process with the ability to set the end date on entry of the Birth Alert
- eMR – manual process, via utilisation of report in eMR

5. DOCUMENTATION

If a physical medical record exists at any Facility, the Birth Alert email from HRBA must be placed within a sheet protector at the front of the medical record.

The Child Wellbeing and Child Protection Coordinator / Child Protection Manager is to maintain responsibility of the HRBA's for each of their districts.

The GESWU are to maintain responsibility of registering all Birth Alerts received and on the Child Story database system.

Birthing Units are to maintain a folder containing Birth Alerts.
UPI Team to record statistics as to how many Birth Alerts are processed on a daily basis.

6. AUDIT

Not required

7. REFERENCES

Children and Young Persons (Care and protection) Act 1998 – Miscellaneous Amendments Act 2006 Section 25 Parts a, b and c

SESLHDPR/490 - Patient Registration – Patient Administration System

NSW Ministry of Health Policy - PD2013_007 Child Wellbeing and Child Protection Policies and Procedures for NSW Health

8. REVISION AND APPROVAL HISTORY

Date	Revision No	Author and Approval
July 2009	0	Health Information Management Committee (Andja Rezo) authored and approved document. Approved by Chief Executive at Clinical Council 22.7.09.
April 2011	1	Andja Rezo as per changes to the Health Reform Transitional Organisation – Southern and additional requirements for clinical systems
June 2011	2	As advised by RHW Exec, no more faxing of Birth Alerts will take place to RHW. All notifications will be via the existing email process
July 2014	3	Andja Rezo updated in line with request from Child Protection (Child Wellbeing and Child protection Coordinator) due to separate LHDs and management structures.
31 July 2014	3.1	Updates by Katrina Hurley – Child Wellbeing & Child Protection Coordinator
September 2014	5	KH DS
October 2014	6	Director of Women's and Children's Clinical Stream
October 2014	6.1	Virginia Spear
October 2014	10	Tony Sara
December 2014	10	Minor review endorsed by Executive Sponsor
January 2017	11	Minor review undertaken and updates endorsed by Executive Sponsor
October 2017	11	Minor review undertaken and updates endorsed by Executive Sponsor
February 2019	11	Executive Sponsor changed to Director Primary and Integrated Community Health
June 2021	12	Minor review by Louise Everitt, CMC Complex Pregnancy Care, Theodora Boctor UPI Senior Analyst, Emma Searle Child Wellbeing and Child Protection Coordinator, Alison Brown CMC Women's & Children's Clinical Stream, Margaret Suda A/Manager Health Information Unit. Terminology updated; contact email added to update staff distribution list. Endorsed by Executive Sponsor.
December 2022	13	Minor review – Theodora Boctor UPI Senior Analyst, Rebecca Smith CMC Complex Pregnancy Care, Alison Brown CMC WCCS. Minor grammatical changes. Alert now reads as Unborn Child High Risk Birth

		Alert Not High Risk Birth Alert. Approved by Executive Sponsor.