

Royal Hospital for Women (RHW)
BUSINESS RULE
COVER SHEET



Health
South Eastern Sydney
Local Health District

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SUMMARY	To facilitate transfer of newborn infants from Royal Hospital for Women to Sydney Children's Hospital, Randwick

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Transfers and Referrals to Sydney Children's Hospital

This Clinical Business Rule is developed to guide safe clinical practice in Newborn Care Centre (NCC) at The Royal Hospital for Women (RHW). Individual patient circumstances may mean that practice diverges from this Clinical Business Rule. Using this document outside the RHW or its reproduction in whole or part, is subject to acknowledgement that it is the property of NCC and is valid and applicable for use at the time of publication. NCC is not responsible for consequences that may develop from the use of this document outside NCC.

1. BACKGROUND

This Clinical Business Rule pertains to the transfer of neonates from Royal Hospital for Women (RHW) to Sydney Children's Hospital (SCH), Randwick. This includes:

- Neonates transferred to the SCH Children's Intensive Care Unit (CICU)
- Neonates transferred to a ward at Sydney Children's Hospital, Randwick, under the care of General Paediatrics
- Neonates requiring General Paediatrics consult prior to discharge from NICU
- Neonates requiring follow-up by the SCHN Hospital in the Home (HITH) Service or SCHN Kids GPS enrolment.

2. RESPONSIBILITIES

Medical and Nursing Staff at Royal Hospital for Women and Sydney Children's Hospital

3. PROCEDURE

3.1 Transfer to CICU at Sydney Children's Hospital

1. Medical team at RHW to phone on call CICU Consultant (via switch) or Fellow (via on call phone 0484609156) to accept admission.
2. Nursing team leader and/or NUM at RHW to add patient details on patient flow portal and liaise with CICU team to coordinate timing of transfer based on bed availability.
3. Teams to ensure medical handover and nursing handover of patient on day of transfer to CICU.
4. NICU transfer summary to be provided to CICU team (hard copy) prior to transfer.

3.2 Transfer to the ward at Sydney Children's Hospital under the care of General Paediatrics

1. Medical team at RHW to phone on call General Paediatric Consultant (via switch) to accept admission.
2. Nursing team leader and/or NUM at RHW to add patient details on patient flow portal and liaise with SCH bed manager (Monday to Friday 8:00-15:00) or SCH After-hours manager (after-hours) on 0411414210 to coordinate timing of transfer based on bed availability.
3. If transfer is delayed due to bed availability, call the accepting paediatrician on the day of transfer to update and notify of transfer.
4. RHW team to ensure timely medical and nursing handover of patient on day of transfer to SCH.
5. Monday to Friday (8:00-16:00): NICU medical team to handover directly to general paediatric team registrar (contact via switch).
6. Monday to Friday (16:00-8:00), Saturdays, Sundays, Public Holidays: NICU medical team to handover to SOS registrar (via on call phone 0472847369). On arrival to ward at SCH, ward nurse receiving the patient should notify after hours registrar/SRMO.
7. NICU transfer summary to be provided to general paediatrics team/after-hours team (hard copy) prior to transfer.

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8. Note that any patients transferred to SCH under a sub-specialty team that may require general paediatrics input should also be discussed with the general paediatric team prior to transfer to ensure appropriate handover. The on call General Paediatric Consultant should be contacted in this case.

3.3 Complex NICU patients requiring General Paediatric Consultation PRIOR to discharge from NICU

1. NICU Consultant/fellow to identify patients requiring General Paediatrics input prior to discharge from NICU. For example, case conferences, discussions regarding major interventions (such as need for tracheostomy) or discussions about palliative care or re-direction of care.
2. Medical team at RHW to phone on call General Paediatric Consultant (via switch) for consult.
3. The accepting General Paediatrician and team will continue to consult regularly as required until the patient is discharged from NICU.
4. If the patient requires transfer to the paediatric ward at SCH under the General Paediatric team, handover process to be followed as above (section 3.2).

3.4 Discharge home from NICU with SCHN Hospital in the Home (HITH) or Kids GPS Follow Up

3.4.1 Newborn infants requiring nasogastric/nasojejunal feeding device support should be enrolled with Kids GPS

1. Newborn infants with a NGT/NJT who require feeding device support, and who do not meet RHW HITH criteria, can be referred to SCH Kids GPS. Referral should occur 1 week prior to discharge if possible.
2. The medical team at RHW should complete the 'SCHN Kids GPS Referral Form' (Appendix 2) and emailed to SCHN-KidsGPS@health.nsw.gov.au.
3. At the time of sending the 'SCHN Kids GPS Referral Form' please contact the Kids GPS Care Coordination team on 93821714 to discuss the referral.
4. The medical team at RHW are to determine and document the discharge feeding regimen for the newborn infant (gravity vs pump). If the neonate requires a continuous feed rate via NGT/NJT, please discuss this with the Kids GPS Care Coordination team as mentioned above.
5. NGT/NJT parent or carer education can be delivered by RHW nursing staff team. It is the responsibility of the RHW nursing team to deem parent/carers competency in performing all NGT/NJT cares. RHW nursing team must document ongoing education steps and level of parent/carers competence in neonatal patient record (eRIC and eMR). The NGT/NJT competency education steps are outlined in Appendix 1 (parent/carers need to be deemed competent in all steps prior to newborn infant being discharged from RHW).
6. RHW Medical team are to ensure that the infant has appropriate follow-up arranged with either a neonatologist or general paediatrician. If the medical team wish to refer the infant to a general paediatrician at SCH for follow up, they should consult the General Paediatric team as outlined in section 3.3. It is the responsibility of the medical team at RHW to ensure the infant has alternate follow up in the community until they are seen by the SCH General Paediatrician.
7. RHW medical team to ensure allied health referrals and appointments are arranged prior to discharge. It is the responsibility of the medical team at RHW to ensure the infant has Allied Health referrals sent and/or follow-up appointments made (including SCH Feeding Clinic) prior to discharge from RHW.
8. A copy of the RHW discharge summary must be emailed to SCHN-KidsGPS@health.nsw.gov.au, and copied into RHW eMR and SCHN eMR.

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3.4.2 Newborn infants with complex needs may be referred to the SCHN HITH Transition to Home Program

1. Newborn infants with complex needs, including those with home respiratory support (home oxygen), may be referred to the SCHN HITH. This program aims to assist infants with significant health needs and their parents or carers in their first transfer to home following a prolonged or complex admission.
2. SCHN HITH accepts referrals for children living within metro Sydney, but families can also be linked in with their local health services if more appropriate.
3. Infants with complex needs that require follow up with SCHN HITH should be linked in with a SCH General Paediatrician. It is preferable that this General Paediatrician is the sole Paediatrician for the infant on discharge.
4. The medical team at RHW should phone the on call General Paediatrician (via switch) for a consult at least 48 hours prior to discharge from the NICU. This allows the General Paediatric team at SCH and the General Paediatrician time to review the patient and meet the family prior to discharge. General Paediatrician follow up will then be confirmed.
5. Once the General Paediatrician is confirmed, the medical team at NICU should refer to HITH by:
 - Contacting the HITH CNS at 0472816704 during office hours to discuss referral
 - Completing the ‘SCHN HITH Transition Support Referral Form’ (Appendix 3) and fax to 93820510 (Ensure the General Paediatrician or AMO is clearly outlined in this form)
6. Medical team at RHW to ensure allied health referrals and appointments are arranged prior to discharge.
7. A copy of the discharge summary must be copied into RHW eMR and SCHN eMR.

3.5 Documentation

1. Document relevant conversations in the patient records in eRIC. Include follow up arranged on discharge.
2. RHW discharge summary to be included in eMR (RHW Powerchart and SCHN Powerchart) and hard printed copies provided to the parents.

3.6 Meetings

1. Combined NICU and General Paediatric Chronic & Complex Patient Meetings occur once a month to facilitate with discharge planning of neonates that may require SCH General Paediatrics, SCHN HITH, and/or SCHN Kids GPS input, and optimise communication between all stakeholders.
2. Staff members interested in participating in this meeting can liaise with the Neonatal and SCH General Paediatric Consultants and/or Fellows.

3.7 Abbreviations

NCC	Newborn Care Centre	NUM	Nurse Unit Manager
RHW	Royal Hospital for Women	NICU	Neonatal Intensive Care Unit
SCH	Sydney Children’s Hospital	SRMO	Senior Resident Medical Officer
CICU	Children's Intensive Care Unit	NGT	Nasogastric Tube
SCHN	Sydney Children’s Hospital Network	NJT	Nasojejunal Tube
HITH	Hospital in the Home	CNS	Clinical Nurse Specialist
GPS	Guided Personalised Services	AMO	Attending Medical Officer

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4. CULTURAL SUPPORT

- When clinical risks are identified for an Aboriginal family, they may require additional supports. This may include Aboriginal health professionals such as Aboriginal liaison officers, health workers or other culturally specific services.
- For a Culturally and Linguistically Diverse CALD family, notify the nominated cross-cultural health worker during Monday to Friday business hours.
- If the family is from a non-English speaking background, call the interpreter service: NSW Ministry of Health Policy Directive PD2017_044-Interpreters Standard Procedures for Working with Health Care Interpreters.

5. IMPLEMENTATION PLAN

This Clinical Business Rule will be distributed to all medical, nursing and midwifery staff via @health email. The Clinical Business Rule will be discussed at ward meetings, education and patient quality and safety meetings. Education will occur through in-services, open forum and local ward implementation strategies to address changes to practice. The staff are asked to respond to an email or sign an audit sheet in their clinical area to acknowledge they have read and understood the Clinical Business Rule. The Clinical Business Rule will be uploaded to the Clinical Business Rule tab on the intranet and staff are informed how to access.

6. RISK RATING

- Low (5 years)

7. NATIONAL STANDARDS

- Standard 1 Governance for Safety and quality in Health Service Organisation
- Standard 2 Partnering with Consumers
- Standard 6 Clinical Handover

8. REVISION AND APPROVAL HISTORY

Date	Revision No.	Author and Approval
2/3/2023	1	N Tinoco (Neonatal Fellow); S Bolisetty (Medical Co-Director); M Plaister (General Paediatrician SCH); S Wise (Nursing Co-Director); J Smyth (Staff Specialist Neonatologist); J Gleeson (SCH Kids GPS Co-ordinator); R Sloane (SCH HITH Co-ordinoator); Primary document approved NCC CBR Committee
16/3/2023	1	Approved by RHW Safety and Quality Committee

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Appendix 1. Parental/Carer Education for Enteral Feeding Tube and the Administration of Enteral Nutrition

- The RHW nursing team will be responsible for NGT/NJT education of parent and carers of neonates going home with NGT/NJT feeds. These neonates will be enrolled with Kids GPS prior to discharge home from RHW (see section 3.4.2).
- Below are the NGT/NJT education steps as per SCHN Guideline:
 - Parent/carer able to ensemble equipment (gravity bolus or via pump)
 - Parent/carer able to explain what a safe pH level is (<5) and the importance of checking prior to every use
 - Parent/carer able to check position of NGT/NJT and deem NGT/NJT safe prior to every use
 - Parent/carer able to perform troubleshooting techniques if unable to obtain a NGT/NJT aspirate
 - Parent/carer able to administer NGT/NJT tube feed (gravity bolus or via pump)
 - Parent/carer able to troubleshoot feeding pump (prime feeding set, adjust feeding rate/s, troubleshoot feeding pump error messages)
 - If feed is administered via a pump, parent/carer aware that feeds are not to hang for >4 hours, to reduce risk of bacterial growth
 - Parent/carer able to administer medication via NGT/NJT (if required)
 - Parent/carer able to identify how and when to flush NGT/NJT
 - Parent/carer aware of need to monitor and how to maintain skin integrity
 - Parent/carer able to perform re-tape of NGT/NJT (Parent /carer must have independently performed re-tape under RHW nursing team supervision prior to discharge)
 - Parent/carer aware of how to clean feeding equipment in a home environment
- RHW medical and nursing staff need to ensure parents/carers are deemed competent in all steps above prior to neonate being discharged from RHW.

Appendix 2. SCHN Kids GPS Referral Form



SCHN Kids GPS - Referral Form
RHW Newborn Care Centre to Sydney Children's Hospital
 Fax completed form to SCHN Kids GPS CNS2 – 9382 0499

PATIENT REGISTRATION	FAMILY NAME		MRN
	GIVEN NAME		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
	D.O.B		M.O.
	ADDRESS		
	LOCATION / WARD		
	COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE		
REFERRAL DETAILS			
Referral date	Referred by	Referrer contact details	
Proposed date of transfer/discharge			
Kids Guided Personalised Service (Kids GPS)			Kids GPS CNS2 - 9382 1714
Does the patient require Kids GPS for Feeding Device Support? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Does the patient require Kids GPS for Care Coordination? YES <input type="checkbox"/> NO <input type="checkbox"/>			
PATIENT DETAILS			
Current Diagnosis -			
Medical History -			
HOME SUPPORTS			
Nasogastric Tube <input type="checkbox"/>	Nasojejunal Tube <input type="checkbox"/>	Gastrostomy <input type="checkbox"/>	Respiratory Support <input type="checkbox"/> Provide details -
Other <input type="checkbox"/> Provide details -			
PARENTAL DETAILS			
Parent 1			
Surname -	Given Name -	Ph:	E:
Parent 2			
Surname -	Given Name -	Ph:	E:
PRIORITISATION			
Language spoken at home -		Interpreter required? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Aboriginal or Torres Strait Islander Descent? YES <input type="checkbox"/> NO <input type="checkbox"/>		If Yes → Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both <input type="checkbox"/>	
Refugee or Asylum Seeker? YES <input type="checkbox"/> NO <input type="checkbox"/>		If Yes → Location -	
Government Supports (Disability, DCJ, Healthcare Card)? YES <input type="checkbox"/> NO <input type="checkbox"/>		If Yes → Comment -	
HEALTH PROFESSIONALS			
Local General Practitioner		Contact Details	
Community Paediatrician		Contact Details	
SCHN Subspecialty Teams			
SCHN Allied Health Teams			

Appendix 3. SCHN HITH Transition Support Referral Form



SCHN HITH - Transition Support Referral Form
RHW Newborn Care Centre to Sydney Children's Hospital
 Fax completed form to SCHN HITH CNS2 - 9382 0510

PATIENT REGISTRATION	FAMILY NAME		MRN	
	GIVEN NAME		<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
	D.O.B		M.O.	
	ADDRESS			
	LOCATION / WARD			
	COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE			
REFERRAL DETAILS				
Referral date		Referred by		Referrer contact details
Proposed date of transfer/discharge				
Hospital in the Home (HITH)			HITH CNS2 - 0472 816 704	
Accepting SCH General Paediatric AMO (HITH Only) -				
PATIENT DETAILS				
Current Diagnosis -				
Medical History -				
TRANSITION SUPPORTS				
Nasogastric Tube <input type="checkbox"/>	Nasojejunal Tube <input type="checkbox"/>	Gastrostomy <input type="checkbox"/>	Respiratory Support <input type="checkbox"/> Provide details -	
Other <input type="checkbox"/> Provide details -				
PARENTAL DETAILS				
Parent 1				
Surname -		Given Name -		Ph: E:
Parent 2				
Surname -		Given Name -		Ph: E:
PRIORITISATION				
Language spoken at home -			Interpreter required? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Aboriginal or Torres Strait Islander Descent?		YES <input type="checkbox"/> NO <input type="checkbox"/>	If Yes → Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both <input type="checkbox"/>	
Refugee or Asylum Seeker?		YES <input type="checkbox"/> NO <input type="checkbox"/>	If Yes → Location -	
Government Supports (Disability, DCJ, Healthcare Card)?		YES <input type="checkbox"/> NO <input type="checkbox"/>	If Yes → Comment -	
HEALTH PROFESSIONALS				
Local General Practitioner		Contact Details		
Community Paediatrician		Contact Details		