



GUIDELINE

Transition and Transfer from Neonatology to a PCH Inpatient Unit (IPU)

Scope (Staff):	Nursing and Medical Staff
Scope (Area):	NICU KEMH, NICU PCH, NETS WA

Child Safe Organisation Statement of Commitment

CAHS commits to being a child safe organisation by applying the National Principles for Child Safe Organisations. This is a commitment to a strong culture supported by robust policies and procedures to reduce the likelihood of harm to children and young people.

This document should be read in conjunction with this [disclaimer](#)

Aim

To outline the transition and transfer process for patients from Neonatology at Perth Children's Hospital (PCH) and King Edward Memorial Hospital for Women (KEMH) to a PCH inpatient unit (IPU) or Ward 3A Paediatric Critical Care (PCC).

Risk

Patients are at risk of sub optimal care due to the lack of available paediatric resources within Neonatology across both KEMH and PCH, when transfer is delayed. This further leads to inefficiencies in bed management, lack of bed availability and speciality resources within Neonatology.

Definitions

Short term stay: Length of stay in Neonatology is up to 4 weeks and anticipated stay following transfer to new IPU or PCC is 2 weeks or less.

Long term stay: Length of stay in Neonatology is greater than four (4) weeks and / or anticipated stay following transfer to new IPU or PCC is greater than 2 weeks.

Neonatology: SCN and NICU at KEMH and Ward 3B NICU at PCH.

Paediatric Critical Care (PCC): Ward 3A Paediatric Intensive Care and High Dependency Unit at PCH.

Principles

- Patients admitted to Neonatology outside of admission criteria due to bed shortages will be transferred to an appropriate IPU or PCC as soon as a bed is available.

Short Term Stay Principles

- Short term patients are predominantly intra-hospital transfers from 3B NICU in the event of bed demand exceeding capacity.
- Requests are raised with the HCM and managed through EBM (Enterprise Bed Management) if accepted as suitable for transfer via the intra-hospital transfer process.
 - Require accepting PCH doctor prior to transfer.

Long Term Stay Principles

- Long term stay infants are considered for transfer when they are > 41 weeks and expected to have an extended length of stay requiring specialist input.
- Whenever possible, planned long term stay transfers are to occur on weekdays and between 0700 and 1800 hrs.
- The Neonatal Clinical Nurse Consultant, in liaison with the Neonatologist, will identify a suitable patient and date for anticipated transfer.
 - Identified patients are to be presented at the Long Stay Patient meeting.

Patients identified as suitable for transfer must be accepted by the appropriate PCH Paediatric team prior to transfer.

- All requests for transfers to PCC will be discussed with the duty PCC consultant and will require consideration to determine if the patient meets PCC admission criteria.
- All requests for transfer of patients will then be coordinated with the PCH Hospital Clinical Manager (HCM).
 - It is the responsibility of the HCM to allocate the patient to an IPU or PCC and notify the allocated area Clinical Nurse Manager (CNM) of the impending transfer.
 - The Neonatology CNC will then discuss the impending transfer with the ward CNM
- The Neonatologist will arrange a comprehensive written transfer summary (in NaCS) and liaise with the accepting Consultant.
 - The accepting Consultant will meet the family prior to transfer of long term patients
- Neonatal nursing staff completes the **Comprehensive Transfer Summary**

- The patient is entered onto EBM (Enterprise Bed Management)
- The **Comprehensive Transfer Summary** is provided by email to the HCM and the CNM when an IPU is allocated as soon as possible to allow for early identification and transition planning.
- A date for transfer is planned depending on bed availability, and confirmed on the day of transfer in consultation with the HCM and CNM.
- A tour of the IPU or PCC for the family is organised by the Neonatal CNC in conjunction with the accepting area CNM.

Transfer Procedure

On the day of transfer:

1. HCM confirms bed capacity in the allocated area and advises the Neonatal CNC and accepting area CNM.
2. Full ISOBAR medical handover and written medical and nursing summaries are completed prior to transfer.
3. The Neonatal CNC or Shift Coordinator provides an updated version of the **Comprehensive Transfer Summary**.
4. The patient is accepted on EBM by the accepting ward.
5. The coordinator phones the accepting ward coordinator to confirm the time and give a brief handover.
6. Neonatal nursing staff are to transfer the patient to the allocated IPU at the agreed time and provide a verbal iSoBAR handover to the accepting area nursing staff.

Transfer Checklist

- Parents / carers are notified as soon as transfer planning commences. For long term stay transfers, a tour of the area is arranged prior to transfer.
- **Comprehensive Transfer Summary**.
 - Is completed and updated on the day of discharge, including any pending appointments.
- Comprehensive medical discharge summary completed (NaCS).
- Milk room notified of change in patient location if special feeds are being supplied.
 - EBM is transferred with infant.
 - Hired expressing equipment is returned.
- Allied Health staff notified.
- All patient belongings including purple Child Health book is transferred.

Related CAHS internal policies, procedures and guidelines

Neonatology Guidelines


- [Clinical Handover](#)
- [Transfer/Transport by Air and Road of Stable Infants](#)

Perth Children's Hospital Operational Manual

- [Intrahospital Transfer](#)
- [Paediatric Critical Care Admission and Discharge](#)

Useful resources (including related forms)

This document can be made available in alternative formats on request.

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