

Revised July 2010

1. Introduction

The Victorian neonatal service system comprises neonatal intensive care units (NICUs), special care nurseries (SCNs) and the Newborn Emergency Transport Service (NETS). Demand for neonatal services is unpredictable and can result in periods when demand for NICU beds exceeds supply.

These guidelines set out principles and procedures to be followed when there is a neonatal services capacity reduction and/or neonatal services are operating at maximum capacity.

The Perinatal Emergency Referral Service (PERS) has been established to provide advice and referral for high-risk pregnant women. PERS coordinates maternal transfers to facilitate access to maternal beds within Victoria.

These guidelines apply where a transfer of a mother and/or baby is required to facilitate access to a neonatal bed. NETS will liaise with PERS as necessary.

2. Neonatal services capacity reduction

An ongoing NICU capacity reduction is defined as the indefinite closure of two or more NICU beds at any of Victoria's level 3 neonatal units. Examples of critical incidents that may lead to a NICU capacity reduction include:

- infection control issues
- critical staffing shortages
- equipment breakdowns
- hospital relocations
- emergencies affecting the hospitals, for example, a fire, flood or power outage.

The following procedures must be observed:

- The medical director of the NICU involved (at the referring health service) will notify the NETS medical director of the potential transfer.
- The NICU medical director will liaise with the hospital executive or chief executive officer (CEO) of the referring health service about the bed status, as appropriate.

- The CEO of the referring health service involved will notify the director of Performance, Acute Programs and Rural Health in the Department of Health (the department).
- The NETS medical director will coordinate the notification of other neonatal intensive care units and the director of PERS.
- The department will coordinate the notification and briefing of level 2 nurseries as necessary.
- The department will facilitate discussion on contingency measures.
- The department will coordinate media responses as necessary.

3. Neonatal services maximum capacity

3.1 Procedures for a neonatal overflow transfer

Every effort must be made by health services to facilitate neonatal bed availability within Victoria during periods of high demand for neonatal resources by:

- providing flexible capacity and staffing arrangements
- liaising with hospitals and exploring the option of down transfers
- providing an interim solution to manage babies until permanent beds can be found.

However, during periods of high demand, a neonatal service with capacity may offer safer care and improved clinical outcomes to one which is experiencing high demand.

If an overflow transfer within Victoria is required, NETS is responsible for:

- coordinating the transfer
- maintaining records on all neonatal overflow transfers within Victoria.

If this involves an in-utero transfer, NETS will consult and liaise with the director of PERS.

Health services are responsible for:

- liaising with NETS to facilitate the safe transfer of babies
- ensuring appropriate stabilisation processes have been completed and ensuring a baby is sufficiently stable for transfer
- providing a direct handover of the baby to a senior member of the receiving unit, either as part of the NETS conference call or independently
- providing information to families
- ensuring appropriate communication with maternity and neonatal staff for in-utero transfers
- briefing internal stakeholders as appropriate.

3.2 Procedures for an overflow transfer outside Victoria

An interstate transfer of a neonate should only be considered after all options to manage care within Victoria have been exhausted. If a decision is made to undertake an interstate transfer, both NETS and the health services must continue to liaise and monitor bed resources closely between the time of the decision to transfer, and the actual transfer.

Authorisation of an interstate transfer

The NETS medical director or delegate is responsible for authorising an interstate transfer of a neonate.

If this involves an in-utero transfer, NETS will consult and liaise with the PERS medical director.

Procedures to be followed

The NETS medical director or delegate is responsible for:

- informing NICU medical directors or delegates and, where relevant, the consultant paediatric intensivists on duty at the PICUs at the Royal Children's Hospital and Monash Medical Centre that an interstate transfer of a baby is under consideration
- informing the Royal Women's Hospital CEO and the director of Performance, Acute Programs and Rural Health (Department of Health) that an interstate transfer is under consideration
- coordinating the interstate transfer including locating a NICU bed and liaising with the interstate receiving unit and the referring health service
- supervising the retrieval of the baby including liaison with the interstate receiving unit
- discussing the recommended decision with the referring clinician

- providing appropriate information to families
- maintaining records on all interstate transfers including documenting efforts to locate a NICU bed within Victoria.

Health services are responsible for:

- informing all internal stakeholders, including the CEO, that an interstate transfer is under consideration
- liaising with NETS to facilitate the safe transfer of babies
- ensuring the NETS medical director or delegate is immediately informed if a bed becomes available following a decision to undertake a transfer
- documenting efforts to locate a NICU bed
- providing appropriate information to families.

To receive this publication in an accessible format phone the Maternity and Newborn Program on 9096 7798 or download a form at www.health.vic.gov.au/neonatal

© Department of Health, July 2010.

Authorised by the Victorian Government, Melbourne.
(1007009)