

In-Utero Transfer Between Hospitals

Procedure

This procedure describes the process for:

- The transfer of antenatal women from Christchurch Women's Hospital (CWH) to other District Health Boards (DHBs) for specialised care.
- The transfer of women that Canterbury District Health Board (CDHB) are regionally responsible for, but are unable to accept, to an alternative hospital.
- The acceptance and retrieval of women from other hospitals who require tertiary level care at CWH.
- The arrangement of transport by the Birthing Suite Clinical Coordinator and/or referring clinician.
- The preparation for transport by the midwife.

Purpose

To ensure the woman and her family are informed, consent to and understand the reason for transfer.

To ensure the woman and her support person are given assistance, transferred and accommodated with minimal disruption.

To ensure staff are aware of the process of transferring a woman from CWH when the Neonatal Intensive Care Unit (NICU) is full or the baby requires specialised care that is not provided by CDHB.

To ensure staff are aware of the process of accepting and retrieving a woman from another hospital.

To ensure the receiving/transfer hospital receives adequate communication and documentation.

Scope

This policy applies to all women admitted to Birthing Suite, Maternity Ward or Outpatient areas at CWH. It also applies to women admitted to other CDHB maternity facilities or to those from other DHB maternity facilities who require care at CWH.

This procedure also applies to all midwifery, nursing, medical and social work Staff at CDHB and WCDHB.

Definitions

In-utero transfer: the woman is transferred while still pregnant

Associated documents

- In-Utero Transfer Flow Chart (Ref.7208) (Appendix A)
- In-Utero Transfer Checklist (Ref.6831) (Appendix B)
- National Travel Assistance Registration Form (Appendix C)
- National Travel Assistance Letter (Appendix D)

- Request for Patient Transport WCDHB (Appendix E)
- Inter-district Maternity Referral Checklist (Ref.7224)
- Accommodation Guide (CWH Transport folder CCO office)
- Transfer of Patients between Hospitals (Ref.928)

National Travel Assistance form OR Neonatal Accommodation & Travel Assistance letter (see Appendix C and D)

Obstetric Specialist letter on DHB letterhead.

If the transfer is due to CWH neonatal unit being full, regardless of where the transfer is from, the National Travel Assistance (NTA) letter (Appendix D) signed by the Charge Nurse Manager and given to the parents. This provides the same funding as NTA but from CDHB cost centre 0652.

If the woman meets the NTA criteria, funding for further transport and accommodation may be provided for the accompanying partner/support person (Appendix C). Completion of this form is the responsibility of the referring DHB Midwife, Social Worker or CCO.

In certain circumstances, usually due to a medical condition, a woman may be required to stay close to the hospital but she may not meet the usual NTA eligibility criteria. In such cases, she may be entitled to register for NTA under the long stay near hospital criteria. Please refer to section 4.7 and 6.2 Guide to NTA Policy 2005 (August 2009)

<http://www.health.govt.nz/system/files/documents/pages/nta-policy-guide-v2-nov2010.doc.pdf>

Equipment

- As required
- transport pack
 - emergency transport drugs
 - nitrous oxide mixer (held at transport base)
 - mobile phone

Key responsibilities

As listed on pages 7,8.

Mode of transport

Urgent transfer

The quickest possible transfer method needs to be assessed with consideration given to minimising time en-route to reduce risk

If a non-commercial flight is required:

- The Birthing Suite Clinical Coordinator (CCO) contacts the Christchurch Hospital Clinical Nurse (Flight) Co-ordinator (ext.81813 or ph.027 290 0970) for travel arrangements who in turn liaises with NZ Flying Doctor Service.

If non-urgent

If the woman/baby are assessed as clinically stable:

- The Birthing Suite CCO arranges ambulance directly with St John Ambulance Service

Commercial travel and accommodation

If land transport is not a feasible option:

- Birthing Suite CCO contacts Orbit On-call Travel Coordinator (ph.339 3440, press 0 and wait). If Orbit are busy contact the CDHB Travel Consultant via the Hospital Operator.

Orbit will need to know:

- National Travel Assistance form number, only if transferring for reasons **other** than NICU is full.
- Cost code 0652 if reason for transfer is due to NICU being full
- Correct spelling of woman's name
- Whether the woman has photo identification with them
- NHI number
- Accommodation requirements for partner
- Medical Fitness to Travel form will need to be completed. Orbit will fax this through

Overcapacity of Neonatal Unit planning meeting

(see Appendix F)

When NICU is reaching overcapacity a planning meeting between Birthing Suite CCO and Neonatal ACNM is organised (Appendix F).

1. Transfer of a woman from CWH to an alternative hospital when CWH NICU is full (see Appendix A Column 1)

Step	Action
1.1	<p>The Birthing Suite CCO:</p> <ul style="list-style-type: none"> • Informs Neonatal ACNM of the relevant clinical details and the need for a NICU cot. If NICU is full as determined by NICU specialist and cannot admit the baby or the baby requires specialist care not provided by CDHB • Confirms with Obstetric Specialist the suitability of the woman for transfer. If not suitable, arrangements may need to be made to transfer out another woman or baby • Advises the obstetric registrar of potential transfer
1.2	<p>Obstetric Specialist informs the Neonatal Specialist of the clinical details.</p>
1.3	<p>Neonatal ACNM:</p> <ul style="list-style-type: none"> • Accesses online National database to locate a cot in another hospital. The woman's preferred destination is considered if more than one option is available. • Telephones potential receiving neonatal unit to confirm cot availability and advises Birthing Suite Coordinator
1.4	<p>Obstetric Specialist (or Registrar):</p> <ul style="list-style-type: none"> • Discuss transfer with the receiving hospital Obstetric Specialist to confirm acceptance of the woman into their unit; and communicates the clinical details. <p>(Return to step 1.3 if declined)</p>
1.5	<p>Neonatal ACNM / Specialist:</p> <ul style="list-style-type: none"> • Telephones the receiving Neonatal unit to share relevant clinical details and confirms acceptance of the in-utero transfer.
1.6	<p>Birthing Suite Coordinator:</p> <ul style="list-style-type: none"> • Organises the transfer using the In-Utero Transfer Checklist (C240298, Appendix B). • If flight required, transport arranged via Christchurch Hospital Transport Coordinator on extension 81813 or ph.027 290 0970. For ambulance contact St John Ambulance Service direct. • Discusses details with the receiving hospital midwife in charge.

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2. Organising an in-utero transfer or retrieval of a woman into CWH

(see Appendix A column 2)

Step	Action
2.1	Referring midwife notifies local Obstetric Specialist (if not available calls on-call CDHB Obstetric Specialist).
2.2	Referring Obstetric Specialist determines if the woman requires transport out and if so, contacts CDHB obstetric specialist.
2.3	Referral hospital midwife in charge contacts Birthing Suite CCO and alerts need for admission to CWH.
2.4	<p>Following receiving the request the Birthing Suite Coordinator:</p> <ul style="list-style-type: none"> • Prioritises and confirms bed availability on Birthing Suite. • Confirms transfer and mode of transport with obstetric specialist. • Contacts Neonatal ACNM to confirm cot availability on NICU, if required. (If no cot is available refer to Section 3 'When CDHB are unable to accept an In-Utero Retrieval' and flow chart Appendix A, column 1).
2.5	<p>The Birthing Suite Coordinator:</p> <ul style="list-style-type: none"> • Advises the Obstetric Registrar of potential transfer • Organises the transfer using the In-Utero Transfer Checklist (C240298, Appendix B). • If flight required, transport arranged via Christchurch Hospital Transport Coordinator on extension 81813 or ph.027 290 0970. For ambulance contact St John Ambulance Service direct. • Updates and informs the referring hospital Midwife in charge of the estimated time of arrival and type of transport/transfer (ie. hospital transfer or tarmac), in a timely manner. • If transport is delayed / not available or weather is not permitting safe transportation: • Christchurch Hospital Clinical Nurse (Flight) Co-ordinator may request an alternative service such as Life Flight, Wellington to provide retrieval. and / or • If the woman is outside Grey District and requires expedient hospitalisation (See sections 3 'When CDHB are unable to accept an In-Utero Retrieval' & 4 'Arranging In-Utero transfer within the West Coast DHB'). <p>NB: The referring hospital is responsible for arranging the transport for the woman and her support person for the return journey only.</p>

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3. When CDHB are unable to accept an in-utero retrieval

(see Appendix A column 3)

Step Action

Every endeavour will be made to accept an in-utero transfer from WCDHB. However, if this is an unsafe option for CDHB NICU, transport is not available, or weather is not permitting, it remains CDHB responsibility to organise an alternative transfer.

- 3.1 If no NICU cot is available or accessible, the Neonatal ACNM:
- Accesses the online National database to locate a cot in another hospital.
 - Telephones the potential receiving unit to request cot availability.
 - Informs Birthing Suite CCO of location of cot.
- 3.2 Birthing Suite CCO:
- Is responsible for organising and completing the transfer process and may need to provide a transport midwife.
 - Contacts the midwife in charge at potential **receiving** hospital to confirm availability of bed within their unit.
- 3.3 The referring hospital communicates directly with the receiving hospital:
- Referring Obstetric Specialist hands over clinical information to the receiving hospitals identified Obstetric and Neonatal Specialist.
 - The referral hospital midwife in charge communicates with the receiving midwife in charge.
- 3.4 Birthing Suite CCO:
- Organises the transfer using the In-Utero Transfer Checklist (C240298, Appendix B).
 - If flight required, transport arranged via Christchurch Hospital Transport Coordinator on extension 81813 or ph.027 290 0970. For ambulance contact St John Ambulance Service direct.
 - **Updates** and informs the referring hospital Midwife in charge of the estimated time of arrival and type of transport/transfer (ie. hospital transfer or tarmac), in a timely manner.

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4. Arranging in-utero transfer within the West Coast DHB (see Appendix E)

Step	Action
4.1	CDHB Obstetric Specialist approves transport.
4.2	The Request for Patient Transport WCDHB form (appendix E) is completed by the WCDHB Midwife and forwarded to St John via the admissions telephonist.
4.3	Grey Base Hospital Midwife clarifies altered destination for retrieval with Birthing Suite CCO.
4.4	Grey Base Hospital stabilises the woman until appropriate transportation can be arranged. <i>Continue section 2 'Organising an In-Utero Transfer or Retrieval of a Woman into CWH'</i>

Outline of roles and responsibilities (see flow chart, Appendix A)

Clinical staff will communicate information between all health professionals using the ISBAR format and Modified Early Obstetric Warning Score (MEOWS) in conjunction with the relevant clinical information to determine urgency.

Birthing Suite Coordinator

- Arranges a midwife from the list of transport midwives.
- Faxes the St John ambulance request form and arranges ambulance. If flight required, Christchurch Hospital Clinical Nurse Specialist (Flight) Coordinator arranges ambulance(s).
- Confirms with the midwife in charge at the receiving hospital the type of transport/transfer eg. tarmac or hospital and informs transport midwife.
- Ensures the following documentation is completed:
 - In-utero Transfer Checklist (Ref.6831, appendix B) – original is filed in the back of the transport folder and photocopies are sent to the Women’s Service Manager and NICU Service Manager on completion
 - Referral letter from Obstetric Specialist on CDHB letterhead
 - National Travel Assistance Form – do not complete if reason for transfer is due to NICU being full.
 - If transfer is due to NICU being full, fax social work referral form to NICU social worker and provide parents with the travel assistance letter from NICU Charge Nurse Manager. (Appendix B).
- Prepares transport midwives **documentation**:
 - Photocopies all relevant patient details and investigations
 - Extra stickers with the woman’s details
 - All documents are placed in a sealed, confidential envelope
 - Transport notes are used for in flight documentation
 - Obtains taxi chits to get back to CWH or another centre’s airport.

Accommodation for partners of those transferring in may be arranged by a social worker during the week (eg. from WCDHB); however on the weekend the CCO may need to refer to the accommodation guide in CCO office to do so.

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Transport Midwife Preparation

(A midwife who has completed the CDHB transport midwives study day and maintains annual CAA safety updates):

- Obtains the transport pack.
- Collects emergency transport drugs in birthing suite drug fridge.
- Collects the charged mobile phone or if she uses her own phone ensure Birthing Suite CCO has her phone number.
- Assists Birthing Suite CCO to collate the necessary documentation as above.
- Provides the woman and her family with transport information, support and reassurance.
- Informs lead maternity carer of transfer.
- Completes a pre-flight assessment of the woman's condition.
- Prior to transfer, ensures an IV leuc is sited and fluids commenced. It is preferable to site IV leuc on right side due to physical layout of transportation environment and is less susceptible to the effects of vibration.

On departure

- Informs ward clerk of time of transfer.

In flight

- Provides complex midwifery care.
- Completes transport notes.
- Monitors the woman's condition throughout the flight and records on MEOWS chart (Ref 6962).
- Consults with Birthing Suite CCO/Obstetric Specialist if concerns en route.

On return

- Photocopy the transport notes and place:
 - Original transport note in woman's clinical records or send to Clinical Records if woman's clinical records unavailable
 - Send copy to flight coordinator via internal mail.

Neonatal ACNM

- Facilitates neonatal bed access

Obstetric and Neonatal Specialist

- Approval for women to be transferred and mode of transport to be used
- Communicates clinical detail

Referring Hospital Midwife

- Completes National Travel Assistance form (appendix C). If WCDHB, WCDHB social worker will ensure completion.
- If WCDHB, Transfer of Patients between Hospitals Ref.0928 completed
- Completes Inter-district Maternity Referral Checklist (Ref 7224).
- Provides ongoing assessment and emergency care in consultation with the CWH Obstetric Specialist, notifying them of any change in maternal condition whilst awaiting transport

Performance indicators/benchmarks

Women and their babies who require tertiary level care have access to the appropriate facilities

Neonatal ACNM is informed of all in-utero transfers out of or into CWH

Transport arrangements are communicated to clinical staff involved in a timely manner during transfer process

Audit of the In-utero transfer checklist (Ref.6831).

Record of evidence

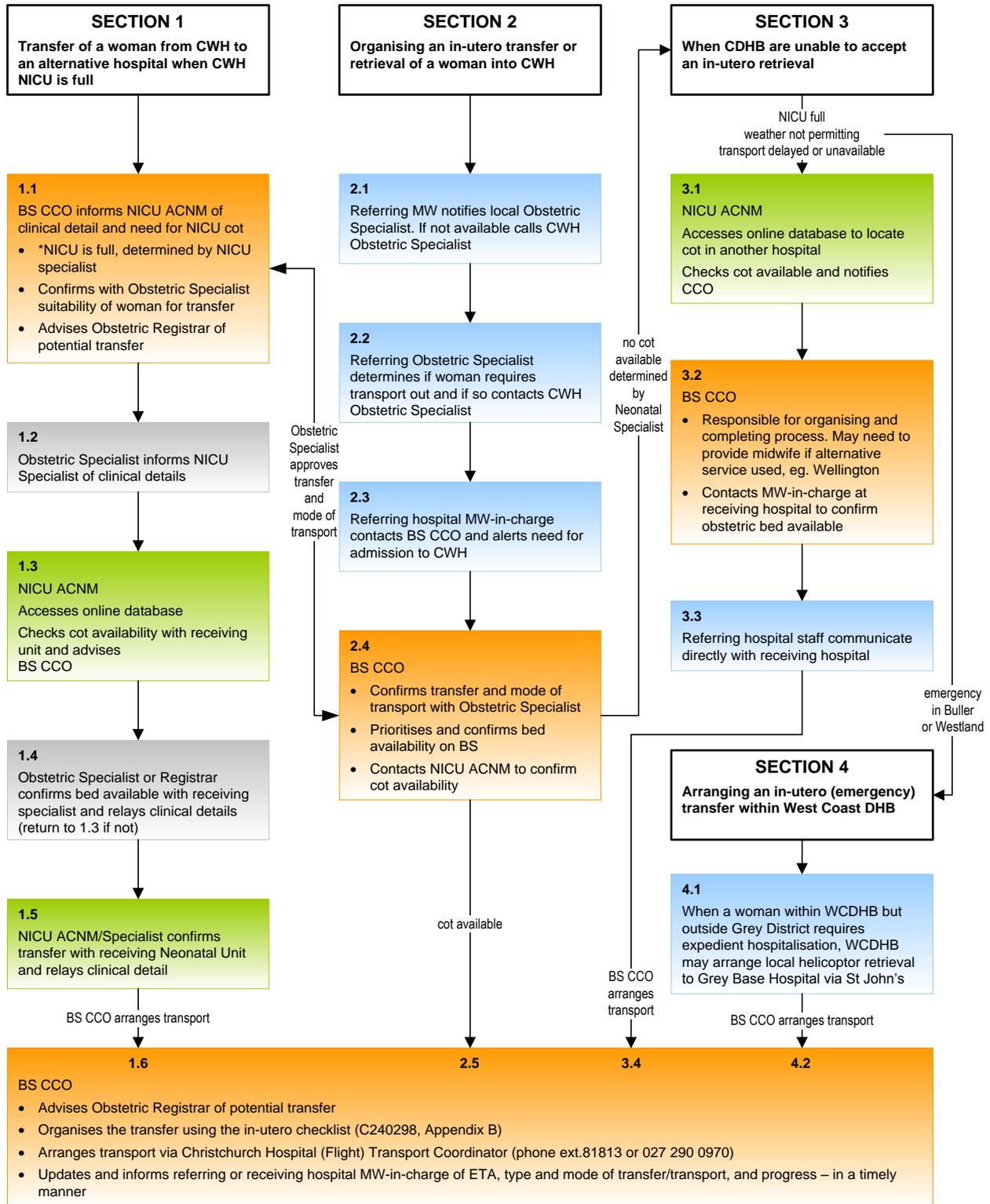
Clinical records

Neonatal record/database of in-utero transfers – In-utero transfer checklist (Ref.6831).

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APPENDIX A: In-Utero Transfer Flow Chart



NB
If the woman's or neonate's condition deteriorates at any time during this process the midwife providing direct care at the time must notify the BS CCO to consult with the Obstetric Specialist and Transport Coordinator

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APPENDIX B: In-Utero Transfer Checklist

Canterbury
District Health Board
Te Poari Hauora o Waitaha
CHRISTCHURCH WOMEN'S HOSPITAL
BIRTHING SUITE

SURNAME	NHI
FIRST NAME.....	DOB
ADDRESS	
.....	POSTCODE
(or affix patient label)	

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Obstetric Transfer/Retrieval Checklist

This document is to be used to coordinate in-utero transfer of women from Christchurch Women's Hospital to another DHB
Refer to Vol A Policy 7208 (CDHB Intranet)

Date:/...../.....			
PATIENT INFORMATION			
Gestation: weeks	G:	P:	EDD:
Partner/support name:			
KEY INFORMATION			
Time of call/decision to transfer	Time:	Reason for transfer:	
	Destination:	Mode of transport:	
Consultants	Neonatal:	Obstetric:	
Type of transfer (as agreed by destination hospital CCO)		
Transfer details	Time of initial phone call: hours		
	Contact NICU ACNM on pager 5088		
	For transfer in:	<input type="checkbox"/> Retrieval – Obstetric and Neonatal Consultant both accept	
	For transfer out:	<input type="checkbox"/> Transfer due to NICU being full - NICU ACNM will need to check the online bed state and arrange a bed with a receiving unit <input type="checkbox"/> CWH Obstetric medical staff need to check that an obstetric bed is available also and arrange this with the receiving unit <input type="checkbox"/> CWH CCO phones receiving CCO (as per ISBAR)	
Tasks to be completed	Flight Coordinator name:	Flight Nurse available:	
	Flight Midwife name:	On shift: Y / N	Time of arrival:
	NOTE: * Consider the cheaper option of land transport (ambulance) if not urgent * If no flight nurse available, consider sending two midwives		
	LMC notified: <input type="checkbox"/>		
	National Travel Assistance Registration Form MOH Fax: 04 381 5474 OR <input type="checkbox"/> Yes <input type="checkbox"/> No Receiving from referring hospital		
	Allied Health Referral CWH Inpatients Ref.7304 Fax CWH SW <input type="checkbox"/> Yes <input type="checkbox"/> No OR		
	Allied Health Referral CWH Outpatients Ref.7203 Fax NICU SW <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Midwife: transport notes, pack, drugs, faxed copy of mother's clinical notes <input type="checkbox"/> Yes <input type="checkbox"/> No		
	NICU letter for parents <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Referral letter on DHB letterhead <input type="checkbox"/> Yes <input type="checkbox"/> No		
Ambulance Form faxed to St John <input type="checkbox"/> Yes <input type="checkbox"/> No			
Taxi and chit/s for the flight midwife <input type="checkbox"/> Yes <input type="checkbox"/> No			
Departure procedure	Time of departure:	Time of return to CWH:	
	Any problems:		
Provide copies to: <input type="checkbox"/> Service Manager Women's <input type="checkbox"/> Back of Transport folder <input type="checkbox"/> Service Manager NICU			

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APPENDIX C: National Travel Assistance Registration Form

National Travel Assistance Scheme

Am I eligible for travel assistance?

If you are referred for treatment by your publicly funded health or disability specialist (not a GP) to another publicly funded specialist and can answer 'yes' to one or more of the following questions, you maybe eligible to claim travel assistance after 1 January 2006.

- 1 Do you travel more than:
 - 80km one way, per visit (for a child)?
 - 350km one way, per visit (for an adult)?
- 2 Do you visit a specialist 22 or more times in two months?
- 3 Do you visit a specialist six or more times in six months and travel more than:
 - 25km one way, per visit (for a child)?
 - 50km one way, per visit (for an adult)?
- 4 Are you a Community Services Card holder and travel more than:
 - 25km one way, per visit (for a child)?
 - 80km one way, per visit (for an adult)?

Please note:

To be eligible to claim for travel assistance you must be referred by a publicly funded specialist (not a GP). If you receive, or are eligible for, travel assistance from another provider such as ACC, Work and Income, Ministry of Transport, or Ministry of Education, you may not be eligible for assistance under the National Travel Assistance Scheme.

A child is anyone younger than 18 years of age at the time of treatment.

For more information about claiming travel assistance please contact a District Health Board Travel Co-ordinator, a District Health Board social worker or the Ministry of Health, National Travel Assistance, PO Box 1026, Wellington or on freephone **0800 281 222** (press option 2).

All claims for travel assistance will be treated in accordance with the National Travel Assistance Policy Document effective 1 January 2006.

This information is intended for general guidance of people who may be eligible for assistance under the National Travel Assistance Scheme. The National Travel Assistance Scheme is funded according to the National Travel Assistance Policy Document effective 1 January 2006, published and amended from time to time by the Ministry of Health, and available from www.moh.govt.nz.



APPENDIX D: National Travel Assistance Letter**Canterbury**

District Health Board

Te Poari Hauora o Waitaha

WOMEN'S & CHILDREN'S HEALTH DIVISION

Dear

The Neonatal Service apologises for any inconvenience that your emergency transfer to has caused. Our Associate Clinical Nurse Manager is in regular contact with Hospital and the return transfer of you and your babies will occur as soon as space becomes available at Christchurch Women's Hospital. If you have any questions please do not hesitate to contact me on telephone 03 364 4945.

I am writing to confirm that your accommodation will be paid for at \$100.00 per night (consistent with Ministry of Health recommendations) for yourself and one support person whilst you and your babies remain in the Neonatal Intensive Care Unit, Hospital.

If you wish to use alternative accommodation which would incur different costs (for example staying with family or friends but needing travel costs to be covered), please contact me as soon as possible to discuss reimbursement of appropriate costs.

Travel assistance will be reimbursed for one return flight per week for your support person only, or return road travel at 28c/km (please keep receipts and a record of the dates of these trips). In the case of multiple births, travel will be granted as one support person for each baby.

Taxi costs from the destination airport to the hospital and return hospital to the airport (consistent with Ministry of Health recommendations) will also be reimbursed. Please keep all receipts.

Accommodation and travel costs, as outlined above, can be sent to me C/o Neonatal Service, Christchurch Women's Hospital, Private Bag 4711, Christchurch.

Yours sincerely



Debbie O'Donoghue
Neonatal Nurse Manager
Neonatal Service
Christchurch Women's Hospital

APPENDIX E: Request for Patient Transfer WCDHB

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REQUEST FOR PATIENT TRANSPORT																	
Ordering Consultant: Patient Diagnosis at transfer: Reason For Transfer: <input type="checkbox"/> Severity of Illness <input type="checkbox"/> Post operative complication <input type="checkbox"/> Other staffing issue <input type="checkbox"/> Other reason for transfer <i>please specify</i> _____ <input type="checkbox"/> Specialty Care not available (<i>at Grey</i>) <input type="checkbox"/> Specialist Care required Urgently <input type="checkbox"/> Special Procedure (<i>not done at Grey</i>) <input type="checkbox"/> Service not available (<i>at time</i>) <input type="checkbox"/> Service not available (<i>at Grey</i>)	<div style="border: 1px solid black; padding: 5px; min-height: 60px;"> STICK PATIENT LABEL HERE </div>																
1. Mode of Transport <input type="checkbox"/> Car <input type="checkbox"/> Ambulance <input type="checkbox"/> Pressurised Aircraft <input type="checkbox"/> Commercial Aircraft <input type="checkbox"/> Rotary	2. Patient Type <input type="checkbox"/> Neonate <input type="checkbox"/> Infant <input type="checkbox"/> Child <input type="checkbox"/> Adult	3. Patient Class <input type="checkbox"/> Intensive Care / Coronary Care <input type="checkbox"/> Neonate <input type="checkbox"/> Surgical <input type="checkbox"/> Maternity <input type="checkbox"/> Medical <input type="checkbox"/> Orthopaedic <input type="checkbox"/> Paediatric <input type="checkbox"/> Other: _____															
4. Mission Classification <input type="checkbox"/> Casevac (within 24 hours of accident) <input type="checkbox"/> Medivac (medical emergency) <input type="checkbox"/> Inter-hospital transfer (pre-planned or booked)	5. Urgency <input type="checkbox"/> Emergency (instant) <input type="checkbox"/> Urgent (within 30 minutes) <input type="checkbox"/> Non-urgent																
6. Patient Requirements: Tick more than one if required. NB: At least one marked * should be ticked. <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> * Stretcher</td> <td style="width: 33%;"><input type="checkbox"/> Assistance to embark / disembark</td> <td style="width: 33%;"><input type="checkbox"/> Oxygen @ _____ L/min</td> </tr> <tr> <td><input type="checkbox"/> * Wheelchair</td> <td><input type="checkbox"/> IV & pump</td> <td><input type="checkbox"/> Incubator (240V needed)</td> </tr> <tr> <td><input type="checkbox"/> * Ambulant</td> <td><input type="checkbox"/> Spinal – unstable</td> <td><input type="checkbox"/> Incubator (battery powered)</td> </tr> <tr> <td><input type="checkbox"/> Car seat (infant)</td> <td><input type="checkbox"/> Spinal – stable</td> <td><input type="checkbox"/> Cardiac Monitoring</td> </tr> <tr> <td><input type="checkbox"/> Vacuum Mattress</td> <td><input type="checkbox"/> Treatment on route (<i>if planned/known</i>)</td> <td><input type="checkbox"/> Ventilated Patient</td> </tr> </table>			<input type="checkbox"/> * Stretcher	<input type="checkbox"/> Assistance to embark / disembark	<input type="checkbox"/> Oxygen @ _____ L/min	<input type="checkbox"/> * Wheelchair	<input type="checkbox"/> IV & pump	<input type="checkbox"/> Incubator (240V needed)	<input type="checkbox"/> * Ambulant	<input type="checkbox"/> Spinal – unstable	<input type="checkbox"/> Incubator (battery powered)	<input type="checkbox"/> Car seat (infant)	<input type="checkbox"/> Spinal – stable	<input type="checkbox"/> Cardiac Monitoring	<input type="checkbox"/> Vacuum Mattress	<input type="checkbox"/> Treatment on route (<i>if planned/known</i>)	<input type="checkbox"/> Ventilated Patient
<input type="checkbox"/> * Stretcher	<input type="checkbox"/> Assistance to embark / disembark	<input type="checkbox"/> Oxygen @ _____ L/min															
<input type="checkbox"/> * Wheelchair	<input type="checkbox"/> IV & pump	<input type="checkbox"/> Incubator (240V needed)															
<input type="checkbox"/> * Ambulant	<input type="checkbox"/> Spinal – unstable	<input type="checkbox"/> Incubator (battery powered)															
<input type="checkbox"/> Car seat (infant)	<input type="checkbox"/> Spinal – stable	<input type="checkbox"/> Cardiac Monitoring															
<input type="checkbox"/> Vacuum Mattress	<input type="checkbox"/> Treatment on route (<i>if planned/known</i>)	<input type="checkbox"/> Ventilated Patient															
7. Escort Type <input type="checkbox"/> Nurse <input type="checkbox"/> RMO <input type="checkbox"/> St John's Attendant <input type="checkbox"/> Paramedic <input type="checkbox"/> Family / Friend <input type="checkbox"/> Receiving Hospital <input type="checkbox"/> Location of Team _____	8. Invoice Costs To <input type="checkbox"/> West Coast DHB <input type="checkbox"/> The patient named above <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> ACC ** <i>if ticked, please write ACC No here -></i>	** NB ACC will pay for emergency transport when a patient has to be transferred to another centre for urgent specialist treatment which is not available at the first admitting hospital, where the patient is transferred within 24 hours of the injury. ACCM45 No: _____															
9. Pick-Up Information Date/Time: _____ Pick-up from: (Ward/Address) _____ Hospital/Airport: _____	10. Destination Information Date/Time: _____ Destination: (Ward/Address) _____ Hospital/Airport: _____ Accompanying Relatives: # _____																
Staff Requirements Overnight accommodation for escorting staff required YES / NO Overnight accommodation for escorting staff to be arranged YES / NO Picnic basket to be ordered and to be picked up at Grey / Buller Hospital YES / NO																	
Requested By: _____ Date: _____	Telephone: _____ Time: _____	Ext: _____															
PLEASE SEND THE COMPLETED FORM TO ADMISSION CLERK / TELEPHONIST Form updated August 06																	

Reasons for Patient Transfers	Explanation
Service not available at Grey Base	This service is never offered at Grey Base Hospital e.g. MRI.
Service not available at Grey – at time	Service temporarily not available e.g. a CT Cologram can not be done without a Radiologist.
Severity of Illness	Patient too ill to stay at Grey Base, requires tertiary level care.
Special Procedure (not done at Grey)	Procedure never done at Grey Base Hospital e.g. cardiology.
Specialist Care not available at Grey	Never have this type of Specialist on staff e.g. Neurologist.
Specialist Care required urgently	Patient requires urgent transfer e.g. cardiac evaluation.
Other staffing issue	Staffing issue other than specialist availability e.g. recently surgeons could not operate on a patient that might have required a ventilator as there was no one available to operate the ventilator. Normally the ventilator would have been available, the patient would have had the operation and there would have been someone to operate the ventilator for 24 hours prior to transferring the patient.
Post Operative Complication	Complication arising out of surgery that requires tertiary level specialist care.
Other Reason for Transfer	Reasons falling outside of the above categories; e.g. Christchurch patient admitted, once stable wants to be transferred back to Christchurch.

Definitions:

- Specialist – Expert clinician
- Service – equipment, resources and operators.

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APPENDIX F: Overcapacity of Neonatal Unit Planning Meeting

Once NICU identifies it is at overcapacity, a planning meeting is held with Neonatal ACNM and Maternity and Birthing Suite CCOs at 0720 hrs. The Neonatal ACNM will provide information on national bed capacity. Findings to be communicated to Neonatal and Obstetric Specialists who will meet as required.

Birthing suite CCO will phone the corresponding obstetric units to establish actual bed availability.

The Birthing Suite CCO will notify the flight coordinator of the NICU status and possible or potential need to transfer.

The Birthing Suite CCO identifies women who may require birth in next 24 hours that could impact on NICU and liaises with NICU ACNM.

When NICU is full, the Neonatal Specialist discusses with the Obstetric Specialist the current NICU bed status.

If options for transfer are available, these are discussed with the woman to facilitate support systems.