NSW Paediatric Clinical Care and Inter-hospital Transfer Arrangements

Summary This Policy Directive describes how local health districts and specialty health networks are to establish local arrangements for clinical consultation to support paediatric care (including mental health care) for infants, children and adolescents delivered locally as well as escalation of care involving inter-hospital transfer.

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Audience Staff in NSW Health settings where services are provided for children and adolescents

Secretary, NSW Health

NSW Health

POLICY DIRECTIVE

NSW Paediatric Clinical Care and Inter-hospital Transfer Arrangements

POLICY STATEMENT

NSW Health is committed to providing the right care, in the right place, at the right time and as close to home as possible. Many infants, children and adolescents will be able to receive the clinical care they need at a local service. If their needs are outside a service's capability and capacity to deliver the required care, an inter-hospital transfer must be arranged.

SUMMARY OF POLICY REQUIREMENTS

To provide appropriate clinical care and inter-hospital transfers for paediatric patients, NSW Health services must operate at their designated service capability level within agreed local health service arrangements and in partnership with transport and retrieval services. NSW Health services may also have local arrangements in place for paediatric inter-hospital transfers with specialist health services and retrieval services in bordering jurisdictions.

NSW Health organisations are to develop local guidance in line with this Policy Directive. This guidance must outline local arrangements for services (including Multipurpose Services) to follow when accessing clinical consultation to support care delivered locally as well as care involving inter-hospital transfer. Inter-hospital transfer processes are to include escalation of care to higher-level services and return transfer close to home when medically appropriate.

All services must work together to provide a network of care for NSW paediatric patients. Within local arrangements, higher-level services are responsible for providing lower-level services with support, advice and management of paediatric patients, including patients requiring inter-hospital transfer.

As supra-Local Health District services, Level 5 and 6 neonatal and Level 6 paediatric services must provide services for paediatric patients located within NSW and the ACT.

When an inter-hospital transfer is being considered, clinical decision-making must primarily match the paediatric patient's condition to the most appropriate service and consider:

- service capability and capacity of referring and receiving services
- capability and capacity of transport and retrieval services
- providing care as close to home as possible
- child and adolescent and family needs and preferences
- logistics such as weather and modes of transport.

Transfer decisions are to be made through discussion between responsible clinicians at the referring and receiving services. The Newborn and paediatric Emergency Transport Service (NETS) must be involved when an immediate response for transfer is needed and when clinical escort decisions require additional specialist clinical advice. NETS will facilitate care

plan decision-making for these transfers through hosting conference calls with all clinical decision-makers.

Retrieval teams are responsible for the clinical care of a patient from the time of handover from the referring treating team until the patient is handed over to the destination service.

If an infant, child or adolescent in a hospital close to the border with an adjoining state requires a cross-border inter-hospital transfer, NETS will arrange transport or retrieval via NETS or NSW Ambulance or request the relevant jurisdiction's retrieval service to respond.

If a bordering jurisdiction's retrieval team is conducting the transfer, NETS will maintain contact with the referring treating team and provide clinical leadership until NETS confirms that the bordering retrieval team has taken over direct patient care. On handover, governance of the transport process moves to the bordering jurisdiction's transport/ retrieval service.

Management of urgency and risk are shared responsibilities of all parties involved in the transfer.

When transfer to higher-level care is required, the patient is to be appropriately transported within the medically agreed time frame to the nearest service that can provide the needed care. Treating teams at higher-level services are responsible for accepting referrals or finding an appropriate alternative if they do not have capacity to provide the needed care.

For return transfers, destination planning (identification of most appropriate service and bed-finding) is led by referring services and must be assisted by higher-level services if required.

Local health districts and the Sydney Children's Hospitals Network will optimise access to appropriate care close to home through services operating at their designated service capability level and actively managing patient flow.

Infants, children, adolescents and their families/carers are to be provided with timely, culturally appropriate and accessible information about clinical care, decisions and the transfer process.

A family member/ carer must be supported to travel with their child during an inter-hospital transfer wherever possible and appropriate, in consultation with the transport/ retrieval service.

Infants, children, adolescents and their families/ carers are to be offered relevant services and supports including through Aboriginal health workers, Aboriginal Maternal and Infant Health Service (AMIHS) staff, interpreters, cultural and diversity supports, social workers and other services as required.

REVISION HISTORY

Version	Approved By	Amendment Notes
PD2023_019 August-2023	Deputy Secretary, Health System Strategy and Patient Experience	Consolidates PD2010_030, PD2010_031 and PD2005_157.
PD2010_031 June-2010	Deputy Director – General Strategic Development	New Policy
PD2010_030 June 2010	Deputy Director – General Strategic Development	New Policy
PD2005_157 January 2005	Director-General	New Policy- Supersedes Circular No 97/56

CONTENTS

1. BACKGROUND

1.1. About this document

This Policy Directive describes how local health districts (districts) and specialty health networks (networks) are to establish local arrangements for clinical consultation to support paediatric care (including mental health care) for infants, children and adolescents delivered locally as well as escalation of care involving inter-hospital transfer.

This Policy Directive does not specify local arrangements.

In line with this Policy Directive, each district and network must develop local guidance in collaboration with partner health services and transport and retrieval services outlining local clinical care and inter-hospital transfer arrangements. Local guidance will help clinicians, Patient Flow Units and transport and retrieval services deliver appropriate and timely care.

Local guidance may include but not be limited to:

- processes and contact numbers for accessing local, regional and specialist clinical advice
- descriptions and/or flow charts of escalation pathways
- processes and contact numbers for transport and retrieval services
- patient flow contact details, and
- local roles and responsibilities.

1.2. Related NSW Health documents

Relevant policies and guidance are referred to throughout this Policy Directive. Table 1 identifies NSW Health policies and strategies to be read in conjunction with this Policy Directive.

Table 1. Related NSW Health documents

Reference	Document title
GL2019_008	*Communicating Positively: A Guide to Appropriate Aboriginal Terminology*
PD2013_007	*Child Wellbeing and Child Protection Policies and Procedures for NSW Health*
PD2022_023	*Enterprise-wide Risk Management*
PD2017_044	*Interpreters – Standard Procedures for Working with Health Care Interpreters*
PD2017_019	*NSW Youth Health Framework 2017-24*
PD2023_013	*Service Specifications for Non-Emergency Patient Transport Providers*
PD2019_008	*The First 2000 Days Framework*
PD2022_053	*The Safety and Wellbeing of Children and Adolescents in NSW Acute Health Facilities*
PD2020_014	*Tiered Networking Arrangements for Perinatal Care in NSW*
	NSW LGBTIQ+ Health Strategy 2022-2027

2. NSW PAEDIATRIC CLINICAL CARE SYSTEM

Clinical care for infants, children and adolescents is delivered through a statewide system of care involving NSW Health services, NSW transport and retrieval services and partnerships with other jurisdictions.

Paediatric services partner with other health services across the continuum of care, including primary care, community health, child and family health, youth health, oral health and child and youth mental health services.

NSW Health also provides care for paediatric patients whose care has been escalated from a NSW private hospital.

In general, neonatal services provide care for newborns as part of the birth episode and paediatric services provide care for infants after they have returned home. Patients up to the age of 16 years requiring an admission will usually be admitted to a children's ward.

Patients aged 16 years and older are usually admitted to an adult/ general ward.

Patients under 18 years with chronic or complex conditions or who have not completed transition to adult health services may be admitted to a children's ward through negotiation with the admitting service.

2.1. NSW Health services for infants, children and adolescents

2.1.1. Service capability

Clinical Services must operate at their designated service capability level – the scope of planned activity and clinical complexity that a service is capable of safely providing. In response to an unplanned presentation, services may need to temporarily provide urgent and essential care for infants, children and adolescents. Local health district (districts) must ensure that local guidance includes escalation pathways covering all services, including those with no planned paediatric services.

Infants, children and adolescents are more likely to receive care close to home when paediatric services operate at their designated service capability level supported through local arrangements and actively manage patient flow.

Districts and specialty health networks (networks) are responsible for determining and maintaining the service capability of their services for infants, children and adolescents. NSW Health services for infants, children and adolescents are classified in line with the:

- NSW Health *Guide to the Role Delineation of Clinical Services (2021)*
- NSW Health Guideline *Maternity and Neonatal Service Capability* (GL2022_002) and
- NSW Health Guideline *NSW Paediatric Service Capability Framework* (GL2017_010).

Neonatal service capability levels range from 1 to 6 and paediatric service capability levels range from 2 to 6. The most specialised care is available at Level 6 services. All Level 5 and 6 neonatal services and Level 6 paediatric services have a supra-Local Health District (supra-LHD) function, which means they must provide specialist services for infants, children and adolescents referred from anywhere in NSW/ ACT.

2.1.2. Clinical specialty services

Local guidance must include local arrangements for accessing clinical specialty services.

There are three children's hospitals in NSW:

- Sydney Children's Hospitals Network (SCHN) hospitals located in Randwick and Westmead, and
- John Hunter Children's Hospital (JHCH) located in Newcastle.

The children's hospitals provide a broad range of statewide specialist services including interventional radiology, trauma care and cardiology services for children.

Statewide highly specialised services are provided as follows:

- Cardiac surgery and specialist spinal injury services - SCHN (Westmead and Randwick).
- Severe burns - SCHN (Westmead).
- Minor burns - JHCH and SCHN (Randwick).

2.1.3. Virtual care

Local paediatric clinical care and inter-hospital arrangements are to make optimal use of virtual care in line with the *NSW Virtual Care Strategy 2021-2026*.

Local guidance for the use of virtual care must align with pathways for seeking clinical advice and escalation described in Sections 4 and 5 of this Policy Directive.

2.1.4. Patient flow

Patient flow must be managed in line with the *NSW Ministry of Health Demand Escalation Framework 2016*. Demand escalation includes strategic planning to manage expected demand as well as short-term strategies to manage changes in demand and capacity.

District and network Patient Flow Units are responsible for managing patient flow within a given hospital or district/ network. In some areas this function may be carried out by roles such as a Bed Manager or After-hours Manager in consultation with the Unit Manager/ In-Charge.

The role of patient flow is essential where demand exceeds capacity and where escalation is required to ensure effective and efficient patient flow such as in critical care referral situations.

District/ networks and Newborn and paediatric Emergency Transport Service (NETS) have access to the Patient Flow Portal which informs patient transfer and bed management decisions. The Patient Flow Portal is an electronic system which contains information about the type and availability of hospital beds and on-call consultant details. Neonatal, paediatric and adult intensive care unit (ICU) beds are shown on the Patient Flow Portal.

The Electronic Patient Journey Board which is a key tool of the Patient Flow Portal must be updated for all ICU beds at least every 4 hours or as changes occur to support effective patient flow.

Key fields include:

- Bed status: current number of available ICU beds and the name and mobile number of the on-call consultant.
- Ward Short Term Escalation Plan (STEP)**:** an established set of activities to address a short-term unforeseen change in demand and capacity.
- Electronic Patient Journey Board items related to individual patient care.

Transfers for paediatric patients requiring an immediate response are coordinated by NETS rather than Patient Flow Units or local coordination services.

2.2. Transport and retrieval services

The transport or retrieval service chosen for the inter-hospital transfer must match the patient's clinical needs (see Section 3 for details of priority categories).

Special consideration is required for infants, children and adolescents with complex needs such as those who have physical or mental health conditions (such as autism, intellectual disability or physical disabilities) or whose size is at the extremes (such as small babies under 3kg or bariatric patients).

Neonatal critical care transfer

All neonatal critical care transfer requests must be made through NETS in line with NSW Health Information Bulletin *Neonatal Consultation, Referral and Transfer Arrangements in Collaboration with NETS* (IB2020_015).

NSW Ambulance

NSW Ambulance delivers mobile health services and clinical care, rescue and retrieval services to people in NSW with emergency and medical health needs. Retrievals are coordinated by the NSW Ambulance Aeromedical Control Centre using consultant medical and nursing staff.

Medical retrieval

Medical retrieval involves transferring critically ill or injured patients requiring intensive care using a specialist team that travels to the patient's location from a central location or receiving service.

Medical retrieval in NSW uses specialist teams, equipment and vehicles (road, helicopter/ rotary and fixed wing). Retrieval teams are responsible for the clinical care of a patient from the time of handover from the referring treating team until the patient is handed over to the destination service.

Medical retrieval is provided in NSW by NETS, NSW Ambulance and other retrieval services (such as the NSW Ambulance Aeromedical Operations, Royal Flying Doctor Service, or district-based retrieval services). Medical retrieval is coordinated by NETS and NSW Ambulance.

Non urgent transport

Transport for higher-level care without retrieval is organised by district services and provided by NSW Ambulance and the Patient Transport Service. Private transport may be used where clinically appropriate.

Return transfers

Return transfers of patients to a service close to home after they no longer need higher-level care are organised by the referring service. Return transfers are often provided by the Patient Transport Service and at times by NSW Ambulance, other transport providers or private transport (where clinically appropriate).

2.2.1. Newborn and paediatric Emergency Transport Services

NETS must be involved when immediate response for transfer is needed and when clinical escort decisions require additional specialist clinical advice. The NETS number is 1300 36 2500.

NETS provides expert clinical advice, clinical coordination, emergency treatment and stabilisation, and inter-hospital transport/ retrieval for very sick or injured babies, children and adolescents up to the age of 16 years.

The NETS phone line offers the option to select NSW Ambulance Aeromedical Control Centre for patients 16 years and older.

Calls about patients aged 16 to 18 years with chronic or complex conditions or who have not completed transition to adult health services are to be referred to NETS in the first instance.

NETS operates 24 hours a day, 7 days a week and provides:

- advice from a critical care medical retrieval consultant and coordinates clinical advice from relevant receiving service consultants
- coordination of a case conference for urgent inter-hospital transfers that involves relevant decision-makers from the referring and receiving services and transport/ retrieval services
- mobilisation of an appropriate retrieval team or ambulance escort
- liaison with interstate high-risk infant and paediatric emergency transport services
- assistance with any emergency where routine patterns of referral are unavailable or delayed.

NETS may conduct the retrieval or task NSW Ambulance or another appropriate retrieval service to conduct the transfer. The transfer may be completed by a general retrieval service or a service that can provide a specialist paediatric retrieval (such as the Hunter Retrieval Service).

2.2.2. Patient Transport Service

Districts/ networks must have arrangements in place to access patient transport services for patients who are not seriously unwell and require non-urgent transfer. Some districts/ networks have a Health Transport Unit or identified role to assist in coordinating transport for

these patients either via NSW Ambulance or Patient Transport Service vehicle. See Section 5.1 of NSW Health Policy Directive *Service Specifications for Non-Emergency Patient Transport Providers* (PD2023_013) for minimum service requirements for non-emergency transport.

NSW Health Patient Transport Service (PTS) works alongside NSW Ambulance and coordinates the booking and dispatching of non-urgent inter-hospital transport for some regions. Non-urgent transport is guided by the NSW Health Policy Directive *Transport for Health* (PD2006_068).

Districts/ networks may also have local arrangements in place with other patient transport providers (such as Angel Flight or Little Wings).

2.2.3. Private transport

The decision to allow private transport (car or taxi) for an inter-hospital transfer is the responsibility of the referring team in consultation with the receiving team and parents/ carers.

Safety considerations include the severity of illness, risk of deterioration during transfer, need for treatment and analgesia, effects of medication and concerns about child protection. Additional safety issues include the reliability of the vehicle, presence of age-appropriate child restraints and driver capacity.

Along with clinical information, written information is to be provided to parents/ carers about the destination service, directions (if required) and contact details for the referring and receiving teams. If private transport is to be used, the referring team must document that the decision has been discussed with the parents/ carers who consent to transport the infant, child or adolescent.

2.3. Partnerships with other jurisdictions

NSW Health services may have inter-hospital transfer arrangements in place with paediatric health services and retrieval services in bordering jurisdictions including the Australian Capital Territory, South Australia, Queensland and Victoria. To facilitate timely inter-hospital transfers, these arrangements must be well described and understood by all partners.

If an infant, child or adolescent in a hospital close to the border with an adjoining state requires an immediate or urgent cross-border inter-hospital transfer, NETS will arrange transport or retrieval with NSW resources (NETS or NSW Ambulance) or request the relevant jurisdiction's retrieval service to respond.

If a bordering jurisdiction's retrieval team is conducting the transfer, NETS will maintain contact with the referring treating team and provide clinical leadership until NETS confirms that the bordering retrieval team has taken over direct patient care. On handover, governance of the transport process moves to the bordering jurisdiction's transport/ retrieval service.

2.4. Partnering with patients and families/ carers

The needs and preferences of infants, children and adolescents and their families/ carers must be considered in decision-making. Districts and networks must provide infants, children

and adolescents and their families/ carers with timely, culturally appropriate and accessible information about clinical care, decisions and transfer arrangements (if inter-hospital transfer is involved). Further guidance about supporting children's participation in decision making and facilitating the involvement of families is available from the Office of the Children's Guardian. Consent is to be obtained (where appropriate), in line with the NSW Health *Consent to Medical and Healthcare Treatment Manual* (Consent Manual).

Infants, children, adolescents and their families/ carers are to be offered relevant services and supports including through Aboriginal health workers, Aboriginal Maternal and Infant Health Service (AMIHS) staff, interpreters, cultural and diversity supports, social workers and other services, as required.

Appropriate services must be engaged to assist with communication for patients and families/ carers who are not fluent in English or who have a hearing impairment. Interpreter services must be offered to assist with these discussions.

If a paediatric patient is identified as requiring care that is outside the service capability of the local service, the treating team must discuss the recommended care with the patient and family/ carers (as appropriate).

The patient and family/ carers must also be advised that once specialised care is no longer required, the patient will usually be transferred back to a facility with the capability of providing appropriate ongoing care as close to home as possible.

A family member/ carer must be supported to travel with the infant, child or adolescent during an inter-hospital transfer wherever possible and appropriate, in consultation with the transport/ retrieval service. Families must be informed they will generally need to organise their own transport home. Paediatric patients requiring transport must be accompanied by an adult staff member (Registered Nurse, Endorsed Nurse or Paramedic) as well as the driver where the parent/ carer is unavailable.

3. INTER-HOSPITAL TRANSFER PROCESS

Local guidance must outline arrangements for each type of inter-hospital transfer.

The information here is to be viewed as a guide only as each situation will be unique. Clinical decision-making must always be used, and clinical advice sought whenever needed.

NSW transport and retrieval services use five priority categories based on the clinical situation and urgency for transfer.

3.1. Priority category 1

Immediate response for transfer is required for paediatric patients with a life or limb threatening condition, and the required clinical care is outside the skillset or capabilities of the referring facility.

The destination hospital is likely to be a children's hospital or other appropriate hospital with intensive care services. Examples may include but are not limited to:

- an infant with bronchiolitis requiring invasive ventilation
- a child with septic shock requiring inotrope infusion

- an adolescent with major trauma and haemorrhagic shock.

The Newborn and paediatric Emergency Transport Service (NETS) is to be called for clinical advice, destination planning (identifying the most appropriate service and bed-finding) and decisions about transport/ retrieval (including mode of transport and clinical escorts).

NETS will facilitate care plan decision-making through hosting conference calls with all decision-makers. Based on that discussion, an appropriate receiving service and bed will be identified and a retrieval team tasked by NETS (this may be NETS, NSW Ambulance or another retrieval team).

NETS will assist in triaging and local treatment of the clinical problem. NETS may recommend an interim care plan be implemented until the retrieval team arrives. The treating team at the referring service will document and implement the care plan. The care plan is to be communicated to all staff involved in the patient's care and to the patient and their parents/ carers as appropriate.

The care plan must include appropriate stabilisation, monitoring and surveillance of the patient. Local Health Districts (districts) are responsible for ensuring appropriate resources are available to assist in the management of the deteriorating patient until the retrieval team arrives in line with NSW Health Policy Directive *Recognition and management of patients who are deteriorating* (PD2020_018).

If the clinical circumstances change after the initial call (either deterioration or improvement) the treating team must notify NETS to review the care plan and/or discuss any needed changes in treatment prior to the retrieval team's arrival.

NETS or the allocated retrieval service will:

- send to the referring location an appropriate level of medical/ nursing expertise
- assess the clinical problem at the referring location
- manage the patient, in discussion with the accepting specialist at the receiving service, prior to transportation
- transport the patient with physiological support and monitoring appropriate to their condition
- provide uninterrupted surveillance and care from 'bed-to-bed'
- manage foreseeable enroute deteriorations
- handover the patient at the receiving service to an appropriate medical/ nursing team
- monitor, document and review the quality of the process.

The referring service is to inform the receiving service of the time the patient left the referring service and complete the Patient Flow Portal information. If NETS is conducting the retrieval, NETS will inform the receiving service of the estimated time of arrival.

The referring service must provide the receiving service with details of the patient's medical condition and requirements, and any care plan elements not commenced or incomplete at the time of transfer.

3.2. Priority category 2

Immediate responses for transfers to higher-level care are required for paediatric patients who have an urgent, but not immediate, life or limb threatening condition where the referring facility can only provide temporary stabilisation and management.

The timeframe by which the patient should receive higher level care is to be agreed between the referring and receiving clinicians. The destination will be a hospital with higher-level services. Examples may include:

- an infant with bilious vomiting
- a child with asthma requiring intravenous bronchodilators
- an adolescent with severe diabetic ketoacidosis.

The NETS is to be called and they will facilitate care plan decision-making through hosting conference calls with all decision-makers. Based on that discussion, an appropriate receiving service and bed will be identified, and a retrieval team tasked by NETS (this may be NETS, NSW Ambulance or another transport/ retrieval team).

The referring service is to inform the receiving service of the time the patient left the referring service and complete the Patient Flow Portal information. If NETS is conducting the retrieval, NETS will inform the receiving service of the estimated time of arrival.

3.3. Priority category 3

Patient with an acute but not urgent condition needing an upgrade of care to achieve best outcome.

Examples may include:

- an infant with irreducible inguinal hernia
- a child with acute appendicitis
- an adolescent with acute scrotal pain.

The referring service will contact a higher-level service for clinical advice, destination planning (identifying the most appropriate service and bed-finding) and decisions about transport (including mode of transport and clinical escorts). In most cases, the referring service will contact a higher-level service with whom local networking arrangements exist. NETS may be called for advice.

The timeframe by which the patient should receive higher level care is agreed between the referring and receiving clinicians.

Treating teams at higher-level services are responsible for accepting the referral or finding an appropriate alternative if they do not have capacity to provide the needed care.

The referring hospital must communicate the urgency of transfer to the transport/ retrieval service and complete all transfer coordination tasks including informing the receiving service of the time the patient left the referring service and Patient Flow Portal information updates. If NETS is conducting the transfer, NETS will inform the receiving service of the estimated time of arrival.

3.4. Priority category 4

Non-urgent transfers for higher-level care are commonly conducted for patients who require a non-urgent planned procedure, treatment or appointment.

The referring hospital will contact a higher-level service for clinical advice, destination planning (identifying the most appropriate service and bed-finding) and decisions about transport (including mode of transport and clinical escorts).

In most cases, the referring service will contact a higher-level service with whom local networking arrangements exist. The timeframe for the transfer is agreed between the referring and receiving clinicians.

Treating teams at higher-level services are responsible for accepting the referral or finding an appropriate alternative if they do not have capacity to provide the needed care.

These transfers are generally provided by NSW Ambulance and district patient transport services.

The referring service will contact the relevant provider to schedule transport and will also complete all transfer coordination tasks.

3.5. Priority category 5

Patient transfer where there is no upgrade of care occurring (return) transfer.

Discharge planning for infants, children and adolescents must include the option to transfer the patient to a service close to home for ongoing management where medically appropriate. Decisions about return transfer are to take into consideration, such as:

- the level of care and service delivery required
- the service capability of the local service, and
- the capacity of the local service to provide the necessary care.

Transfer is recommended within 24 hours to maintain system capacity. The referring service contacts an appropriate hospital close to the patient's home for destination planning and clinical care planning. NETS may be contacted if additional advice about clinical escort is required.

Effective communication is essential between clinicians at the referring and receiving and patients and families/ carers. The goal is to ensure that return transfers are well planned, timely and enable local services to have the necessary resources available to meet the needs of the child.

A joint case conference including the patient and family/ carers is to be held prior to transfer wherever possible. This is particularly important for infants, children and adolescents with high-level, complex and ongoing needs such as a physical or intellectual disability, mental health issue or a life-limiting illness.

Return transfers are often provided by the Patient Transport Service and at times by NSW Ambulance. The NETS Non-Emergency Newborn Transport Service returns infants to a service close to home after they no longer need intensive care (in selected locations). Private transport may be used where clinically appropriate in discussion with the referring clinician.

The referring service will contact the relevant provider to schedule transport and complete all transfer coordination tasks.

The patient's local paediatrician/ neonatologist (if involved) is to be informed by the referring service of any planned transfers and provided with a written discharge/ transfer of care summary.

All relevant documentation of the patient's history, treatment and management plan must be forwarded to the receiving service, including guidelines or information to assist local staff in the care of infants, children and adolescents with complex/ ongoing needs (such as tracheostomy and gastrostomy).

Plans for patient follow-up must be clearly outlined to the receiving service.

3.6. Inter-hospital transfer process summary

Local guidance must outline arrangements for each type of inter-hospital transfer.

The information here is to be viewed as a guide only as each situation will be unique. Clinical decision-making must always be used and clinical advice sought whenever needed.

Table 2. Inter-hospital transfer process summary

Priority category	Priority category 1	Priority category 2	Priority category 3	Priority category 4	Priority category 5
Description	Patient with life or limb threatening condition Required clinical care is outside skillset or capabilities of the referring facility	Patient with urgent but not immediate life or limb threatening condition Referring facility can only provide temporary stabilisation and management	Patient with acute but not urgent condition Escalation of care required to achieve best outcome	Transfer for non-urgent planned procedure, treatment or appointment	No upgrade of care occurring, such as return transfer to another hospital
Timeframe	Immediate response required	Agreed between referring and receiving clinicians	Agreed between referring and receiving clinicians	Agreed between referring and receiving clinicians	Within 24 hours to maintain system capacity
Contact for clinical advice	NETS*	NETS*	Higher-level service and/or NETS	Higher-level service	Appropriate service close to the patient's home
Responsible for destination planning^	NETS*	NETS*	Higher-level service	Higher-level service	Higher-level service
Contact for transport/ retrieval	NETS	NETS	NSW Ambulance/ NETS/ Local Health Transport Unit	NSW Ambulance/ NETS/ Local Health Transport Unit	NSW Ambulance/ NETS/ Local Health Transport Unit

Priority category	Priority category 1	Priority category 2	Priority category 3	Priority category 4	Priority category 5
Likely destination hospital	Children's Hospital or other appropriate hospital Intensive Care Unit	Hospital with higher-level services	Hospital with higher-level services	Hospital with higher-level services	Hospital with appropriate services close to the patient's home
Responsible for transfer coordination tasks	NETS and referring service	NETS and referring service	Referring service and/or NETS	Referring service	Referring service

^ Destination planning refers to identifying the most appropriate receiving service and bed-finding

* NETS will facilitate a conference call with relevant specialists for clinical advice, destination planning, transport/ retrieval and clinical escort decisions (where required).

4. OTHER INTER-HOSPITAL TRANSFER CONSIDERATIONS

Many infants, children and adolescents will be able to receive the clinical care they need at a local service. If their needs are outside a service's capability and capacity to deliver the required care, an inter-hospital transfer must be arranged. Transfers outside of usual local arrangements may at times be needed so that infants, children or adolescents can receive the most clinically appropriate care.

Local guidance for inter-hospital transfer must clearly outline:

- local responsibilities in providing medical consultation for infants, children and adolescents requiring inter-hospital transfer
- escalation pathways for seeking consultation at local, regional and specialist levels
- how differences of opinion in care planning including decisions about clinical care, the destination planning (most appropriate service and bed-finding responsibilities), transport/ retrieval and clinical escort are escalated (such as to the hospital executive)
- how communication will occur between departments at the referring and receiving hospitals and with transport/ retrieval services
- how consultation and communication will occur with paediatric patients and their families/ carers
- responsibilities for transfer coordination tasks.

Referring services must partner with patients and families/ carers (see Section 2.4) and complete relevant transfer coordination tasks (see Section 4.4). Referring teams must forward all relevant documentation of the patient's history, treatment and management to the receiving hospital, including a discharge/ transfer of care summary.

The receiving team will provide clinical feedback to the referring facility and a discharge summary to relevant clinicians.

4.1. Paediatric clinical guidance informing inter-hospital transfers

The following guidance informs paediatric clinical care relevant to inter-hospital transfer.

Table 3. Guidance informing interhospital transfers

Reference	Document title
GL2017_010	*NSW Paediatric Service Capability Framework*
GL2022_002	*Maternity and Neonatal Service Capability*
IB2020_041	*Paediatric Clinical Guidelines*
	National Safety and Quality Health Service Standards *User Guide for Acute and Community Health Service Organisations that Provide Care for Children*
	NETS clinical calculators and acute care plans
	Paediatric Improvement Collaborative

4.2. Care planning and escalation

The treating team will identify the need for inter-hospital transfer and source clinical advice as per Section 5.

The Patient Flow Portal is to be consulted however destination planning is not to be based on capacity/ bed availability alone.

Care planning for timely and appropriate inter-hospital transfer is a joint responsibility between referring and receiving hospitals in partnership with transport and retrieval services. Care planning decisions will be made by the relevant clinical staff in partnership with paediatric patients and their families/ carers.

When an inter-hospital transfer is being considered, clinical decision-making must primarily match the paediatric patient's condition to the most appropriate service and consider:

- service capability and capacity of referring and receiving services
- capability and capacity of transport and retrieval services
- providing care as close to home as possible
- child and adolescent and family needs and preferences
- logistics, such as weather and modes of transport.

When immediate response for transfer is required, the patient is to be appropriately transported within the medically agreed timeframe to the nearest service that can provide the needed care. Treating teams at higher-level services are responsible for accepting the referral or finding an appropriate alternative if they do not have capacity to provide the needed care.

4.2.1. Escalation

If a collaborative plan cannot be agreed upon, local escalation plans for clinical decision-making are to be followed (such as referral to the hospital executive).

Escalation pathways are to be in place to address transfer delays outlining the person(s) responsible for managing the escalation and action to be taken.

4.2.2. Clinical support while awaiting transfer

While awaiting retrieval, the referring team will receive support from Newborn and paediatric Emergency Transport Service (NETS) regarding the care of the infant, child or adolescent. While awaiting transport without retrieval, the referring team will receive support from the receiving team and/or NETS (if NETS has been involved).

For transport or retrieval, the referring team will support the retrieval team following handover until departure (as required).

During transfer and until the transfer is completed, the transport/ retrieval team will receive support from NETS and/or the receiving hospital.

4.3. Clinical escorts

Additional clinical expertise is to be provided as a clinical escort, when required, during transport to support an infant, child or adolescent. Clinical escorts may be medical or nursing staff who can manage the patient's current condition, anticipated changes, co-morbidities, and care or treatments during transfer.

Escorts will usually be clinical staff from the referring service and/or the transport service. If an appropriate clinical escort cannot be provided, local escalation plans are to be followed. Roles and responsibilities of local clinical staff escorts must be discussed with the partnering transport service.

4.4. Transfer coordination tasks

Local guidance must outline local procedures for coordinating the inter-hospital transfer once transfer decisions have been made.

This includes procedures and responsibilities for:

- booking the relevant transport/ retrieval service
- updating the patient flow portal, and
- informing the receiving service of the time the patient left with the transport/ retrieval service.

If NETS is involved in the retrieval, NETS will conduct transfer coordination tasks in collaboration with the referring service.

5. CLINICAL CONSULTATION

Local guidance must outline local arrangements for accessing clinical consultation to support care delivered locally as well as escalation of care involving inter-hospital transfer. Advice for inter-hospital transfer will support care planning including decisions about clinical care, destination planning (identifying the most appropriate service and bed-finding), transport/ retrieval and clinical escorts.

Clinical consultation is available at local, regional and specialist levels and must be sourced from the most appropriate level(s).

5.1. Local level clinical consultation

In the first instance, assessment and clinical advice is provided locally by the relevant senior medical officer(s) at the treating hospital (such as paediatric, emergency, surgery, intensive care, general practitioner visiting medical officer).

Local/ regional specialists (such as a paediatrician) must be involved in decisions about retrieval and patient care (preferably on-site) until handover to the retrieval team is completed.

5.2. Regional level clinical consultation

If additional clinical advice is required and the inter-hospital transfer is not urgent, it must be sought regionally from a higher-level service within local paediatric clinical care arrangements.

5.3. Specialist level consultation

If specialist clinical advice is required, it is to be sourced from a children's hospital, Level 5 or 6 neonatal service or the Newborn and paediatric Emergency Transport Service (NETS) if transfer is likely to be involved.

When specialist consultation is required for urgent inter-hospital transport/ retrieval, the NETS line should be called without delay. If specialist advice is required during transfer, NETS must be called.

When considering or planning an interstate transfer, referring services will also seek specialist advice from interstate paediatric services. For interstate transfers, NETS will consult with interstate transport and retrieval services.