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Pilot of new PERS Transfer Form

One outcome of the recent PERS Advisory committee meeting was an agreement that we would pilot the use of a new Transfer form. This form will be printed on a large sheet, which can be divided into three separate handouts.

The first page travels with the mother from the referring to the receiving hospital. One side is a summary of the key information regarding the pregnancy, pregnancy problem and prior investigation and treatment. The reverse of this sheet is a simple pro-forma that can be completed quickly by receiving hospital ward staff at the time of discharge of the mother and then faxed or posted back to the referring clinician. The second page is for the mother. It includes an explanation of the transfer process and introduces an expectation that her care may return to the referring clinician when/if she no longer needs access to complex

SEP/OCT Bed States

Maternity bookings around town will be up substantially at most sites (including tertiary maternity hospitals) during September and October. Furthermore, the effect of school holidays on staff availability - and therefore on bed availability - predicts a busy (and rather stressful) time for PERS!

Strategies to manage the increase in maternity demand and the predictable shortfall in staffing are being worked on.

Could all PERS consultants who anticipate taking leave through October please let Kate know as soon as possible, so we have plenty of time to cover the roster.

facilities to provide her and her baby with safe care. The reverse of this sheet invites the woman to complete a brief patient satisfaction survey sometime after delivery when she has returned home. These responses will hopefully give some insight into improvements that could be made in the transfer/transport process.

The third page provides some generic information about PERS, largely directed towards the referring clinician, and a pro-forma on the reverse of this sheet can be faxed back to provide their feedback on the PERS processes.

Samples of this form have been distributed to a number of metropolitan and rural level I & II hospitals with a request for feedback on their design and content. Feedback will also be requested from the registrars in the tertiary hospitals who receive these forms with their PERS patients. We hope to produce a final version by the end of the year.

Any comments or advice from PERS consultants to inform this pilot study would be appreciated.



[LINK TO FORM](#)

LAUNCH OF NEW PERS WEBSITE

Go to www.pers.org.au to access:

- PERS Clinical Guidelines
- Links to other useful clinical guidelines
- General information about PERS as an organisation
- Links to NETS, PETS, bed state information, DHS
- Announcements and feedback forms

If you have any suggestions regarding content on the PERS website, please email [Kate Freeman](mailto:Kate.Freeman).

MEET OUR PERS CONSULTANTS: DR PETER HEATH

Peter Heath graduated from Sydney University in 1961. He started at The Royal Women's Hospital in 1963 and, apart from a two year stint in the UK, has been here ever since. Peter has also practiced as a consultant obstetrician to the Australian Defence Force. He has served as a Wing Commander in RAAF and has been a surgeon to the Victorian Racing Club for 30 years. Peter is also a cattle farmer, an occasional cook and a keen horticulturalist.





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Message from Dr Jacqui Smith
PERS Medical Director



'Tertiary to Tertiary Patient Transfers -
Achieving a clear and consistent approach'

'As the number of births across the state continues to rise, and more particularly as the NICUs at one or more of the tertiary maternity hospitals seem to be 'Restricted' or 'Closed' now for extended periods, the PERS co-ordinators are being asked to assist in moving women from one tertiary hospital to another to enable them to be delivered electively at a site with NICU capacity. Given the extreme pressure on the system that is expected through September and October due to the extraordinarily high levels of maternity bookings, I would imagine that we may be getting many more of these calls by the end of the month!

The role (or not) of PERS in assisting with these tertiary-to-tertiary transfers has been explored in recent meetings with the 3Cs Directors and DHS. In essence, it is *not* part of the core business of PERS to arrange these transfers, which need to be negotiated directly between staff in the tertiary hospitals concerned.

However, given the sophistication of the telecommunication equipment used by the PERS co-ordinators, I have offered access to a PERS electronic 'conference room' to facilitate the process of negotiation between the tertiary hospital staff, so that relevant parties can converse simultaneously and avoid the need for time-consuming multiple phone calls. There is no expectation that the relevant hospital staff will necessarily take up the offer of using a PERS electronic 'conference

room', as in many cases matters can be resolved by a couple of phone calls between key obstetric and/or neonatal consultants.

If we are asked to provide this support, given the outcome has direct bearing on the capacity of the hospitals involved to accept subsequent PERS transfers, I believe it is reasonable for the PERS co-ordinator to 'sit in' as an observer, and to help connect in additional parties if requested. Similarly, if the parties feel it would be of assistance, I'm happy to be called at any time to facilitate the *process of negotiation.*

However, I don't see that it is necessary for the duty PERS consultant to be involved directly, as he/she would have no role in providing clinical advice given the woman is already within a tertiary hospital unit. Similarly, the PERS co-ordinator could reasonably exit the process should she receive a PERS referral call.

I believe it is important that the PERS co-ordinators are supported in putting clear boundaries around their involvement in the process of tertiary-to-tertiary transfers, and that all staff *consistently decline requests to arrange* these transfers on behalf of any of the tertiary hospitals, while *still clearly offering assistance* in setting up an electronic 'conference room' within which negotiations can be conducted *by the parties.'*

Jacqui Smith