

PERINATAL ADVICE LINE ESCALATION - PREGNANCY AND NEWBORN SERVICES NETWORK (PSN) PRACTICE GUIDELINE[®]

DOCUMENT SUMMARY/KEY POINTS

- This document defines the situations requiring escalation

Note: This document does not replace clinical judgment of the clinicians managing PAL calls, or provide an exhaustive list of incidents requiring escalation. Incidents not covered in this document requiring escalation are at the discretion of the clinician.

CHANGE SUMMARY

- Clarification regarding the level of consultation required where there is a Level 6 to Level 6 maternal transfer
- Inclusion of escalation of SAC 1 incidents where the PAL have been involved.
- Changes to the flow document on how to access the Clinical Director, Critical Care

READ ACKNOWLEDGEMENT

All PSN staff receiving and managing calls for the PAL service

This document reflects what is currently regarded as safe practice. However, as in any clinical situation, there may be factors which cannot be covered by a single set of guidelines. This document does not replace the need for the application of clinical judgement to each individual presentation.

Approved by:	SCHN Policy, Procedure and Guideline Committee	
Date Effective:	1 st July 2018	Review Period: 3 years
Team Leader:	Operations Manager	Area/Dept: PSN

1 Background

1.1 About this document

This document outlines the criteria for the escalation of Perinatal Advice Line (PAL) calls from the Clinical Midwifery Consultant (CMC) for obstetric advice or support. The document also outlines the criteria for escalation by the Pregnancy and Newborn Service Network (PSN) clinicians to the PSN Executive Medical Advisor – Obstetrics, the Sydney Children's Hospital Network (SCHN) and the requirements for the escalation of SAC1 incidents.

1.2 Scope

This guideline applies to the PSN clinicians involved with the management of PAL calls for NSW and ACT

1.3 Expected outcomes

Appropriate escalation and management of PAL Calls

2 Escalation of PAL calls by the CMCs

The CMC will consider escalation to the Tiered Maternity Network Obstetrician or the PAL Obstetrician for obstetric advice or support when:

- The maternal condition and/or clinical circumstances are not covered by NSW Ministry of Health Policy Directives or guidelines;
- The maternal condition is unstable, unsuitable for transfer or the transfer is considered unsafe;
- The transfer is considered to be time critical;
- The gestation is within the “grey zone” (i.e. 22-24 completed weeks of pregnancy) or known fetal abnormalities are present;
- The maternal diagnosis/condition is uncertain, or multiple complex medical co-morbidities are present;
- The CMC and the referring clinician are unable to reach agreement regarding management of consultation, referral or transfer;
- There is an unexpected deterioration or change in the maternal condition which requires an alteration to the initial agreed management plan, or if transfer cannot occur due to unforeseen circumstances;
- The referring clinician requests consultation with an obstetrician;
- The CMC requires advice, support or consultation from an obstetrician to support their decision-making.

For 'Level 6 to Level 6' transfers the CMC must confirm that the obstetric and neonatal consultants at the Level 6 units have been involved in the decision, this is to be documented in the PAL database. The CMC should escalate to the PAL Consultants if:

- there are clinical concerns with management or decision:
- the CMC is required to negotiate clinical care of the woman which may or may not include transfer

To access obstetric advice or support the CMC will:

- During the hours of 8am and 5pm escalate to the consultant obstetrician, on-call for the birthing unit at the Level 6 within the Tiered Maternity Network. If the woman is to be transferred outside of her Tiered Maternity Network pathway, and has been accepted by another unit, the consultant on-call for the receiving hospital will be responsible for providing advice and ongoing care
- After-hours (5pm to 8am), weekends/public holidays escalate to the PAL Obstetric Advisor on-call

3 Escalation to the PSN Executive Medical Advisor Obstetrics

The CMC and/or PAL Obstetric Advisor should escalate to the PSN Executive Medical Advisor – Obstetrics if they require additional advice or support at any time. However, immediate escalation should occur if:

- The clinicians involved in the PAL call are unable to reach an agreement;
- Relevant stakeholders decline to participate in the conference call to enable appropriate planning and management of the woman's care;
- The Tiered Maternity Network refuses to accept a time critical maternal transfer;
- The CMC and/or the PAL Obstetric Advisor requires support.

4 Escalation to the Sydney Children's Hospitals Network Executive

The CMC on call should be escalating to the Operational Manager, PSN or the PSN Executive Medical Advisor – Obstetrics, in work hours or the Clinical Program Director, Critical Care if the other two are unavailable, when

- there are no maternal or neonatal beds identified in the state and the TMN have stated they are going to move the patient (mother or baby) interstate (see TAB A).

After hours, the CMC or PAL Obstetrician should escalate to the SCHN Executive on call for the same issue. It is up to the SCHN Executive on Call to manage the situation with the LHD Executive of tiered maternity network. If no resolution can be reached, the SCHN Executive

will engage provisions of the state emergency health plan to allow the HSFAC to direct resource management when current services are overwhelmed

5 Escalation of SAC 1 incidents

When a call to the PAL results in a SAC 1 incident eg. Maternal or fetal death in transit, any maternal death, interstate transfer outside usual Tiered Maternity Network arrangements, the information about the call must be notified immediately to:

- The PSN Operational Manager and/or Executive Medical Advisor – Obstetrics in hours or
- The SCHN Executive On Call after hours (See TAB A)

NOTE: It is the responsibility of the Consultant (neonatal or obstetric) in the LHD to contact Executive On-Call for their TMN and inform them of the situation and it is the responsibility of the Executive On-Call in the TMN to inform the MoH.

References

1. Australian Nurse and Midwifery Council (ANMC), National framework for the development of decision-making tools for nursing and midwifery practice, September 2007.
2. Australian Nursing and Midwifery Council (ANMC), Decision Practice Decision Flowchart, September 2007.
3. Australian Nursing and Midwifery Council (ANMC), Midwifery Practice Decisions Summary Guide, September 2007.

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TAB A

Escalation of PAL Clinical or Corporate SAC 1 Incidents

*A SAC 1 Incident that occurs when the PAL has been involved in providing advice about the care and/or transport of a woman
eg. Maternal or fetal death in transit, any maternal death, interstate transfer outside of usual Tiered Maternity Network arrangements etc*

In Hours call the Operational Manager/PSN Executive Obstetrics Advisor.
If unavailable call the SCHN Clinical Director Critical Care via Children's Hospital Westmead switchboard on **02 9845 0000**

After hours, weekends and Public Holidays call Children's Hospital Westmead switchboard on **02 9845 0000** and ask for the SCHN Executive on call