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<b>STEP 1</b>  <b>DETERMINE THE CLINICAL URGENCY</b>	<b>Urgency</b>				
	<b>Immediate:</b> Has life threat requiring <b>immediate</b> treatment not available in current setting	<b>Emergency:</b> Current facility unable to provide care required; high risk of significant deterioration	<b>Urgent:</b> Patient stabilised but has risk of deterioration	<b>Semi-urgent:</b> Higher level of care required but not likely to deteriorate	<b>Non-Urgent</b>
The referring medical officer is to make this assessment in consultation with specialist expertise at the receiving hospital and where required in collaboration with trained retrieval specialists such as St John Ambulance (SJA), Royal Flying Doctor Service (RFDS) and the Neonatal Retrieval Team (NETS). Also guided by the following influencing factors: <ul style="list-style-type: none"> <li>· The urgency/timeliness of the likely intervention or diagnostic procedures required for the patient.</li> <li>· Time frame it takes to transfer patients from regional areas and the likelihood of patient deterioration during this time.</li> </ul>	The patient's condition is serious enough or deteriorating so rapidly that there is the immediate potential of threat to life, or organ system failure, if not transferred.  <b>WACHS-SW Ideal:</b> <b>0 - 90 minutes</b>	Potentially life or limb threatening, the patient's condition may progress to life or limb threatening, or may lead to significant morbidity or adverse event (depends on transfer occurring within 4-6 hours).  <b>WACHS-SW Ideal:</b> <b>90 - 180 minutes</b>	Treatment may be able to be initiated locally to reduce an adverse outcome for a patient and where the local staff, facility and equipment can safely maintain care for the patient with or without additional medical advice for a period not greater than 24 hours.  <b>WACHS-SW Ideal:</b> <b>3 - 6 hours</b>	Potentially serious, where the patient's condition may deteriorate if transfer does not occur within 24 – 36 hours and where the local staff, facilities and equipment are able to safely care for the patient with or without ongoing medical advice.  <b>WACHS-SW Ideal:</b> <b>6 - 24 hours</b>	The patient's condition is chronic or minor enough that symptoms or clinical outcome will not be significantly affected if transfer does not occur for 36 hours <b>OR</b> clinic / outpatient type appointment where the patient requires stretcher transport and no other options are available.  <b>WACHS-SW Ideal:</b> <b>Review transfer plan at least twice daily</b>

<b>STEP 2</b>  <b>DETERMINE THE LOCATION FOR TRANSFER</b>	<b>TERTIARY CENTRES LOCATED IN PERTH</b>							
	ADULT	PAEDIATRIC	NEONATES	OBSTETRICS	MENTAL HEALTH	BURNS	STROKE	TRAUMA
	This table outline the site specific locations for transfer, determined by location, clinical services available and specialised services and pathways for transfer to metro facilities. <b>Contact referral centres to discuss level of care required.</b>	FSH 1800 659 475	PMH / PCH 9340 8222	NETS: 1300 638 792	KEMH 9430 2222	-	Adult FSH 1800 659 475 Paeds PMH 9340 8222	FSH 1800 659 475
<b>REGIONAL CENTRES FOR POTENTIAL TRANSFER</b>								
Bunbury Hospital Contact appropriate specialty via 9722 1000	Bunbury Hospital Contact Paediatrician on call via 9722 1000	Call NETS first: 1300 638 792. Bunbury Hospital Paediatrician if advised by NETS	Bunbury Hospital Contact Obstetrician on call via 9722 1000	MH unit 9722 1584	Bunbury Hospital ED Consultant 9722 2213	Refer to local stroke pathway	Refer to statewide trauma centre	

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STEP 3 DETERMINE THE MODE OF TRANSPORT AND ESCORT REQUIREMENT	TRANSPORT OPTIONS			ESCORT REQUIREMENTS	TRANSPORT CONTACT NUMBERS
	FSH	RPH / SCGH / PCH / KEMH	Bunbury		
Distance by road / approximate travel time (from your site to receiving hospital)	Click here to enter text.	Click here to enter text.	Click here to enter text.	Urgency and patient acuity are not always the same (e.g. an ischaemic limb is very urgent but may not need a medial escort)	RFDS 1800 625 800
Distance by air / approximate travel time (from your site to receiving hospital)	Click here to enter text.	Click here to enter text.	Click here to enter text.		ST JOHN AMBULANCE 131 233
<b>Immediate:</b> Has life threat requiring immediate treatment not available in current setting	RFDS, Helicopter, Ambulance	Click here to enter text.	Click here to enter text.	<p><b>Critical Care</b> (ventilated / vasoactive infusions / unstable cardiac): Medical plus RN or paramedic; Critical Care paramedic or RN in exceptional circumstances</p> <p><b>High Dependency</b> (infusions / risk of deterioration / continuous monitoring): RN / paramedic; possibly local MO</p> <p><b>Low Dependency:</b> RN / volunteer ambulance officer (consider need for medications)</p>	ETS 1800 422 190
<b>Emergency:</b> Current facility unable to provide care required; high risk of significant deterioration	RFDS, Helicopter, Ambulance	Click here to enter text.	Click here to enter text.		NETS 1300 638 792
<b>Urgent:</b> Patient stabilised but has risk of deterioration	Ambulance	Click here to enter text.	Click here to enter text.		<b>Police Transport Requests</b> 131 444 or 9374 4836 (Regional WA only)
<b>Semi - Urgent</b> Higher level of care required but not likely to deteriorate	Ambulance, Patient Transport Vehicle	Click here to enter text.	Click here to enter text.		<b>COMMERCIAL BUS</b> N/A
<b>Non – Urgent</b>	Patient Transport Vehicle, Private Transport	Click here to enter text.	Click here to enter text.		<b>COMMERCIAL AIRLINES</b> N/A
					<b>Senior Medical Officer</b> Bunbury Hospital ED Consultant 0800 - 2300: 9722 2213 Post 2300: 9722 1000 Contact Numbers for trouble shooting: <b>Exec On Call - 1800 744 059</b> <b>SJA Medical Support Paramedic - 9334 1404 (for ambulance transfer difficulties)</b> <b>RFDS 1800 625 800 (ask for the General Manager of Operations)</b>

**REGIONAL ESCALATION PROCESS**

If the referring medical officer determines significant patient deterioration will occur due to either an unexpected significant delay in a patients transfer or in the allocated timeframe provided for transfer, this can be escalated via the following process:

- Duty Medical Officer at referral site contacts their Senior Medical Officer (SMO) to discuss transfer concerns and inability to keep patient stable at referral site.
- SMO determines the time to transfer is inadequate and patient deterioration is expected and cannot be managed at the referral site.
- SMO contacts Regional Medical Director (RMD) or disaster coordinator on call if not available.
- The RMD discusses transfer concerns with the RFDS senior doctor or their DMS.
- If that does not resolve the issue, then the RMD or Regional Director (RD) can then call 1800 625 800 and ask the RFDS Operations Centre to escalate their call to the RFDS General Manager Operations. There can then follow an Executive to Executive level conversation.
- If this occurs on a weekend or afterhours when the RMD may not be available, the referring doctor can speak with the regional Executive member on call or RD who can call RFDS and speak to their General Manager Operations.