

Children's Advice and Transport Coordination Hub (CATCH) Paediatric Critical Care Telehealth Consultation

Information for referring clinicians

Multidisciplinary advice to help you care for paediatric patients requiring more intensive support

The Children's Advice and Transport Coordination Hub (CATCH) now provides a Paediatric Critical Care Telehealth Consultation (PCC THC). Read on to learn about accessing the PCC THC, [roles](#), [logistics](#) and how to [find out more](#).

What is the PCC THC?

The Paediatric Critical Care Telehealth Consultation (PCC THC) is a new scheduled, multidisciplinary virtual bedside consultation available each morning, 7 days a week. Just as specialists conduct ward rounds with their hospital inpatients, the PCC THC involves a team of Queensland Children's Hospital (QCH) and Townsville University Hospital (TUH) critical care health professionals providing local treating teams with support and advice through a virtual visit at the patient's bedside in your health facility.

CATCH will host the PCC THC to bring together referring clinicians with health professionals at QCH and/or TUH to advise on treating children with more intense acute clinical support needs.

The PCC THC will help you care for children as close to home as possible when it is safe and clinically appropriate to do so.

What is CATCH?

The Children's Advice and Transport Coordination Hub (CATCH) is a 24-hour nurse-led, statewide service based at QCH, to assist you with the care of non-critical patients. You can call CATCH for:

- access to paediatric medical, nursing and allied health advice via a telehealth advice call or the PCC THC
- assistance with the inter-hospital transfer of non-critical patients into and out of QCH.

For children who are critically unwell, follow your usual in-region pathways or contact Retrieval Services Queensland (RSQ) on 1300 799 127.



How does the PCC THC work?

1. When a referring clinician calls RSQ or CATCH about a patient of concern the case will be triaged.
2. If the child triages as 'critical' on the [Queensland Paediatric Transport Triage Tool](#), the referring clinician will be connected, through RSQ, to a paediatric critical care specialist to discuss the child's needs. In South Queensland this is the Paediatric Medical Coordinator (PMC) from the Children's Health Queensland Retrieval Service (CHQRS), and in North Queensland is an intensivist in the TUH PICU.
3. A shared decision will be reached about the safest and most clinically appropriate approach. Possible outcomes include:
 - a. the child needs to transfer to another hospital for escalation of care
 - b. the child can be looked after locally:
 - i. with advice and support from the paediatric critical care specialist
 - ii. with advice and support through telehealth from relevant medical specialists and subspecialists, nurses, or allied health professionals
 - iii. with advice and support through a scheduled PCC THC.

If the child is referred to the PCC THC:

4. The 24-hour nurse-led CATCH service will schedule the case into the next available multidisciplinary PCC THC (typically the following morning) and send invitations to the relevant health care professionals.
5. A plan will be made for a CATCH Clinical Nurse to check in with the referring site at appropriate intervals until the PCC THC occurs. A paediatric critical care specialist will also be available to the referring site through CATCH, if required.
6. The PCC THC will provide support and advice for clinicians caring for children with more intensive needs. The scheduled multidisciplinary virtual bedside consultation will be led by critical care specialists, nurses, and allied health professionals.
7. Follow-up PCC THC appointments may be scheduled to continue providing advice to the referring clinician, monitor the child's condition and ensure it is still safe and clinically appropriate to deliver care through this model.
8. Existing processes will apply if a child needs to transfer to another hospital for escalation of care.

The referring medical officer will lead their local clinical team and is responsible for managing the patient and for responding to the needs of family members and carers. The PCC THC is designed to complement and support existing local care and local pathways.

Will referring sites be expected to retain children with higher acuity care needs?

Referring sites will not be expected to retain any child where it is not safe or clinically appropriate to do so.

Referring clinicians, CATCH and RSQ can apply The [Queensland Paediatric Transport Triage Tool](#) to identify children who are critically unwell and need assistance from RSQ. The tool is available online by searching "CHQ Transport Triage" and CATCH staff can assist in its application. If retrieval is required, RSQ will follow its usual processes. Local in-region pathways will continue to be followed for escalation.

What are the benefits of the PCC THC?

The PCC THC enables:

- children to be cared for closer to home, when it is safe and clinically appropriate
- referring sites to access multidisciplinary advice and support to guide the provision of care locally

- respect for the local treating team as the experts in care at their facility
- existing relationships between patients, families and local care teams to be continued
- families to avoid unnecessary travel and disruption
- a stronger system-wide safety net, for situations where escalation pathways are not available within typical timeframes.

While advice should be provided by the local PICU hub where possible (QCH PICU in South and TUH PICU in North), access to advice from more than one PICU provides redundancy in the PCC THC system. This increases the reliability of the overall health system and provides a back-up or failsafe. This can deliver safety benefits to paediatric patients statewide in situations where the local PICU hub is:

- overwhelmed, and the other advice hub can provide support to referring clinicians in that catchment
- offline for telehealth, due to technical disruptions
- involved in the response to a [disaster or emergency incident](#).

How does the PCC THC interact with existing retrieval and advice services?

The PCC THC is designed to complement existing retrieval and advice services such as those provided by RSQ, CHQRS, CATCH and the Telehealth Emergency Management Support Unit (TEMSU). The introduction of the PCC THC does not change the scope and use of existing services.

For routine advice, continue to contact your local paediatric support network following your usual channels. For critical patients, contact RSQ.

Don't worry if you call the wrong service. Each of these services works closely together and can link your call to the service best suited to your needs.

Accessing the PCC THC

What phone number do I call?

Call CATCH on 13 CATCH (13 22 82). If CATCH isn't the best service for your patient's needs, we will quickly connect you to the best option.

If you think the child is critically unwell, call RSQ on 1300 799 127.

What type of patient is the PCC THC for?

The PCC THC is for children requiring close observation, high acuity care, or more intensive support. It will support referring clinicians in situations where:

- it is safe and clinically appropriate to provide care locally
- the patient requires more intensive support
- the referring facility is appropriately equipped for the patient's needs
- local staff are equipped to care for the child, with advice and support from a paediatric critical care team.

Will the PCC THC provide advice on neonates?

Neonates that are admitted to a maternity ward or special care nursery will continue to follow their usual referral pathways and use NeoRESQ for advice and escalation of care.

The PCC THC may provide advice on neonates in specific instances, for example if the infant was transferring to or from QCH or TUH for subspecialty care including surgery.

Who can seek access to the PCC THC?

The PCC THC is now available to health professionals throughout Queensland and in the Northern NSW Local Health District. After a phased introduction, the service is now available statewide.

Health professionals from both public and private facilities are welcome to call.

Clinicians seeking further training and education specific to caring for acute or critically unwell children should contact their local or HHS education team for paediatrics and intensive care who can then liaise with Simulation Training on Resuscitation for Kids (SToRK) or Paediatric Critical Care/Paediatric Intensive Care nurse educators.

Who decides if the PCC THC is the best approach?

All calls to CATCH are triaged using the [Queensland Paediatric Transport Triage Tool](#).

If the child triages as 'critical' the call will be transferred to RSQ. A shared decision will be reached between the referring clinician and a paediatric critical care specialist about whether the child will be transferred to another hospital for escalation of care. If the child can safely be looked after locally, they may be offered ongoing advice and support through the PCC THC.

If the child triages as 'acute', CATCH will follow their usual referral process, and connect the referring clinician with an appropriate paediatric medical specialist. After consultation with a paediatric medical specialist team it may be agreed that the patient would benefit from being included in the PCC THC. CATCH will coordinate this process with the referring clinician. Otherwise, an acute CATCH telehealth advice call may be appropriate.

Can the PCC THC be used to support back-transfers of children from PICU to the home hospital?

Yes. For children transferring directly from PICU at QCH or TUH, back to the referring or local hospital, a PCC THC will be scheduled for the following day to support ongoing clinical care and contribute to the transition process for families and carers. This will be co-ordinated by PICU staff and CATCH and will not require a separate referral.

Existing handover processes will continue to support the safe handover of clinical information.

Roles and responsibilities

Does the referring site retain clinical responsibility for the patient?

Yes. Responsibility for clinical decisions and actions lies with admitting clinicians at the referring site.

Who provides the advice during the PCC THC?

Advice during the PCC THC will be provided by members of a core team of critical care medical, nursing and allied health professionals who routinely care for children admitted to the QCH and TUH PICUs. Senior staff from other QCH and TUH specialties and sub-specialties may also be invited to respond to a patient's specific needs.

We understand referring clinicians may need urgent senior advice and support to ensure the safe care of a child. The CATCH team will work with you to access timely advice. This support may be provided via an acute CATCH telehealth advice call or through the PCC THC.

Who should attend the PCC THC from the referring site?

The referring clinician with clinical responsibility for the patient should attend the PCC THC. They are welcome to invite others involved with the patient's care, including medical, nursing, allied health professionals and parents and carers.

Can the referring site request involvement from allied health professionals?

Yes. Advice from allied health professionals (AHPs) can be requested through the PCC THC. For example, the pharmacist at the referring hospital may request support for paediatric-specific drug dosing information, or the dietitian may request support for children requiring enteral feeding.

Please make your request to CATCH so AHP involvement can be arranged. CATCH can also coordinate separate telehealth appointments with AHPs outside the PCC THC.

The expertise of local AHPs at the referring site is also acknowledged and valued in the PCC THC, and they are encouraged to participate in consultations.

Who will document notes in ieMR?

Advice providers will use ieMR to document the advice they give to referring sites. CATCH will create a PCC THC encounter in ieMR to enable documentation by CATCH and QCH staff. Where the advice is provided by TUH, an additional ieMR encounter will be established locally by the TUH clinical or administrative staff.

For non-ieMR sites the QCH and TUH records will be downloaded and emailed directly to the referring team. CATCH already provides this service for advice calls.

Each contact, including the scheduled PCC THC and check-in calls, will be documented. This will include details about which professionals were involved, a summary of the discussion, and the clinical decision.

Documentation by advice providers does not replace documentation by local treating professionals: local teams must also document the discussion in the PCC THC. The referring site retains clinical responsibility for all clinical decisions and care provided to the patient.

Logistics

When are the PCC THCs held?

PCC THCs are scheduled 7 days/week, typically late in the morning. It is important to note that CATCH is a 24hr service and advice can be provided outside the scheduled PCC THC and between PCC THCs when required.

Where are the PCC THCs held?

The CATCH service is located at QCH in Brisbane. Virtual bedside support will be provided from QCH and TUH. Referring sites are responsible for arranging suitable technology to enable access to the PCC THC.

How will I know how to access the scheduled PCC THC?

Prior to the scheduled PCC THC, the CATCH team will email log-in details and a reminder of how the PCC THC will be coordinated.

Will the PCC THC be face-to-face or via phone call?

The PCC THC will be offered face-to-face via videoconference, with referring sites responsible for arranging IT equipment to enable local access. In the absence of suitable videoconference equipment, the PCC THC can be conducted by phone.

What if there are technical difficulties impacting access to the PCC THC?

Information about the Queensland Health Telehealth support unit can be found here: <https://www.health.qld.gov.au/telehealth> or via phone 1800 198 175.

Please also explain the difficulties to CATCH so that instructions can be updated if necessary and the system improved wherever possible.

Find out more

Has anything else changed in CATCH?

CATCH continues to offer all its usual telehealth advice services, and transport coordination for non-critical patients transferring into and out of QCH.

What if I have questions or feedback?

Further information for Queensland Health staff can be found on the QHEPS Children's Health Queensland Hospital and Health Service [Governance eCatalogue](#) by searching 'Telehealth Consultation', or easily accessed via a link at: <https://www.childrens.health.qld.gov.au/chq/health-professionals/catch/>.

Staff from external sites including private facilities can ask questions by contacting CATCH on 13 CATCH (13 22 82) or CATCH@health.qld.gov.au.

We expect that the PCC THC will evolve over time – including by adopting new technologies – and we welcome feedback from referring clinicians as we continually improve our services.

Contact us

Children's Advice and Transport Coordination Hub (CATCH)

t 13 CATCH (13 22 82)

e CATCH@health.qld.gov.au

w www.childrens.health.qld.gov.au/chq/health-professionals/catch/