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Paediatric Infant and Perinatal Emergency Retrieval (PIPER) and Royal Children's Hospital Response to Coroner's recommendation. Reference COR 2017 005946

The Finding without inquest into the death of Cai Wheeler-Trow by Coroner Jacqui Hawkins included the following recommendation:

“Recommendation Three

I recommend the Royal Children's Hospital PIPER service continue to develop and implement the ability to video conference with a referring hospital to facilitate visualisation of a baby's condition, and to assist with the assessment and management of a baby. Further, in the interim, I would urge the hospital to consider the use of the video capacity of clinician's mobile phones, laptops and/or iPad until other compatible information technology can be developed”

Response:

PIPER is committed to expanding its use of televideoconferencing to enhance patient care. While continuing to work on accessing some of the multiple existing systems within health services PIPER agrees that it is an effective interim measure to take advantage of the widely available device based applications. To this end:

1. Facetime/WhatsApp

From September 2020 all PIPER retrieval Consultants have been assessed as being competent and confident in the use of device based applications including at a minimum Facetime and/or WhatsApp depending on which of these is supported by their personal device.

These tools are already used in an ad hoc fashion by a number of PIPER Consultants. A formal PIPER guideline on the use of televideoconferencing in retrieval is being developed

Status: Guideline development complete by October 15 2020

Implement these options as a “business as usual” tool from November 1 2020

Develop a reporting tool to monitor and evaluate implementation.

Ongoing televideoconferencing projects:

2. Victorian Stroke Telemedicine (VST) – PIPER collaborative.

The VST system (a telemedicine system that sits within a “computer on wheels” platform) is located in 15 rural and regional Victorian health services. PIPER receives approximately 1000 referrals per year from these services. This system includes far end control “functionality” allowing PIPER staff to control the camera.

Status: Implement December 2020

3. Fixed cameras in rural/regional Emergency Departments

PIPER is working with the Gippsland Health Alliance ICT to enable access to these cameras (including far end control function).

Status: Significant cybersecurity related challenges. Unclear if access possible. Final decision anticipated by November 30 2020.

4. Webex based telemedicine

The Webex system was part of the new telecommunications system purchased by PIPER in 2019. Utilising the cameras on iPads or other mobile devices the plan is to secure these devices via removable brackets to a "static" point such as an IV pole. This system enables the video to be shared via Webex to multiple PIPER staff e.g. consultants as well as the coordinators.

Status: Pilot in progress. Roll out November 2020 – March 2021.

These solutions have complexities that make them easier to access from within RCH so pilot testing is being confined to office hours at present. Funding for both PIPER coordination staffing and infrastructure together with the many technical complexities associated with emergency telemedicine are significant barriers to reaching a 24/7 solution. Therefore the Facetime/WhatsApp options will remain key options in the short to medium term.

PIPER has actively engaged a range of stakeholders to inform telemedicine development. These include:

1. Adult Retrieval Victoria – to ensure it is feasible both services work towards consistent solutions for health services to minimise duplication.
2. Department of Health and Human Services – to lobby support for a statewide solution.
3. Australian and NZ retrieval services via the Directors collaborative – to leverage off learnings from similar services.



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