

Interim critical care capacity guidelines

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Victorian Critical Care System

The Victorian Adult Critical Care system comprises Intensive Care Units (ICUs), Coronary Care Units (CCUs), High Dependency Units (HDUs) and Adult Retrieval Victoria (ARV).

ARV has been established to provide advice, referral and transport for critically ill patients where the clinical management of such patients is beyond the resource or clinical capacity of a health service. Where definitive management of a patient's condition is likely to be achieved by urgent transfer to another hospital, ARV will coordinate transport of critically ill patients and facilitate access to critical care beds within Victoria.

Critical care transfer guidelines

Demand for critical care services is frequently high and there may be periods when demand for critical care beds exceeds the immediate supply. These guidelines set out principles and procedures to be followed by ARV, Health Services and DHS when maximum capacity has been reached and there is insufficient capacity for ARV to move a critically ill patient to definitive care.

Critical care access restriction

Restricted critical care access occurs when ARV consultation mechanisms and/or the critical care bed website indicates that a critical care patient cannot be placed in an appropriate public or private bed within the next six hours.

Procedures to be followed in the event of a critical care access restriction are:

- ARV clinical coordinator will contact the ARV Director (or delegate)
- ARV will notify ICU Directors that there is a critical care access alert.

Placement of defined patients

If no suitable critical care bed can be located for a time critical patient after consultation with public and private providers, a *defined transfer procedure* will be initiated by ARV.

The defined transfer process will commence with an assessment by the ARV Director (or delegate) to determine the most appropriate receiving hospital for the patient. This assessment will be based on the standard assessment criteria but also include:

- Capability and capacity of the referring health service.
- Nature of the surgical/other intervention required by the patient.
- Capability and capacity of the potential receiving health service.
- Nature of the clinical condition.
- Degree of clinical urgency.
- Known or anticipated critical care system demands.
- Normal referral and historical clinical relationship patterns.
- Geographical proximity.
- Needs and consideration of the patient's family.

The ARV assessment will be considered as part of the teleconference consultation with referring and receiving health services.

Authorisation of defined transfer process

If a defined transfer process is required, authorisation for transfer must be obtained before ARV retrieves the patient to the hospital assessed as the most appropriate location. Authorisation for a defined transfer will occur through the following process:

- Decision to initiate the defined transfer process will be authorised by the ARV Director (or delegate).
- ARV Director (or delegate) will notify the receiving hospital duty executive member who will communicate and operationalise hospital response and actions.
- ARV Director (or delegate) will inform the Director, Access & Metropolitan Performance Branch, DHS of the defined transfer.

Defined transfer procedure

Once the defined transfer has been authorised, ARV will:

- initiate a teleconference between ARV Critical Care Coordinator and the Duty Consultant of the critical care unit of the receiving hospital and referring hospitals
- coordinate logistics of patient transfer with teleconference participants; including, where in the hospital the patient is to be received and the estimated time of arrival at the receiving hospital
- make a record of the decision to enact a defined transfer and the reasons why the decision was made.

Review of defined transfers

All defined transfer decisions will be reviewed within the ARV Incident Review Process. Formal reports detailing the incidence and analysis of such episodes will be provided and reviewed by DHS and the Intensive Care Advisory Committee (ICAC) on a quarterly basis.

Review of critical care interim transfer guidelines

These interim guidelines will be reviewed as part of the development of a broader statewide critical care access policy.

Further information

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