

Adult Retrieval Victoria



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Partners for life



Background

- In June 2007, at DHS' request, MAS agreed in principle to assume responsibility for managing the Victorian adult retrieval service
- MAS received formal advice on 17 September 2007 that the Strategy had been endorsed by the Minister for Health.
- Transition of VAERCS to ARV occurred November 2007

Improvement Strategy

- MAS has adopted a minimal change approach, in the first instance, to manage risk and achieve transition in a timely way.
- Three tiered approach to improvements:
 - transition current arrangements and introduce any necessary immediate improvements
 - introduce short term improvements within 12 months
 - develop a 3 year Service Improvement Plan and seek funding to support a sustainable long term service model

Adult Retrieval Victoria (ARV)

Single state-wide phone number:

1300 36 86 61

Key Principles

Adult Retrieval Victoria aims to ensure that:

- patient care and safety is always the highest priority;
- the services provided meet the needs of health professionals, their patients and the community;
- it provides a high quality service which is timely, reliable, transparent and efficient;
- we work in partnership with service partners and relevant health services to provide an integrated service across metropolitan, regional and rural Victoria;
- stakeholder, customer and patient feedback is encouraged; and
- we promote a continuous learning environment that fosters excellence and innovation in adult retrieval and critical care services.

What does ARV do?

- Adult Retrieval Victoria (ARV) provides an integrated, quality and timely state-wide adult retrieval and critical care coordination service 24 x 7.
 - Providing telephone advice and assistance relating to the clinical care of critically ill patients (and related administrative concerns);
 - Providing adult emergency retrieval services for time critical and critically ill patients across Victoria when necessary; and
 - Coordinating access for critically ill adult patients to the required level of care (eg. intensive care or coronary care beds etc).

Patient Retrieval

- Retrieval is the transfer of a patient from one hospital to another in which specialised clinical staff and transport platforms and equipment are used.
- These staff may include medical, nursing, paramedic or MICA paramedic personnel.
- Patient retrieval provides specialised assessment and management, prior to and during transfer of time critical or critically ill patients.
- Retrieval occurs from facilities where resources or services are inappropriate for ongoing care to facilities that are able to provide definitive care for the patient.
- During transfer, a retrieval system provides the same or higher level of clinical care than that available at the point of referral.

Time Critical

- In respect of Retrieval Transfer – A patient is considered time critical if the patient has a clinical condition which presents an immediate threat to life, limb, cognition or future quality of life, and
 - Delay in definitive treatment will significantly increase that outcome risk, and
 - Definitive management of that condition or threat is likely to be achieved by urgent transfer to another hospital, or
 - Management of that condition definitively, or for a prolonged interim period, is beyond the resource capacity or clinical skill capacity of the current provider (or would result in unacceptable resource drain and exposure of other patients to risk).

Location

- ARV is based at South Melbourne, collocated with Emergency Management Department, MICA, AAV, Fleet, Education
- Calls taken at South Melbourne during office hours and AAV outside office hours
 - South Melbourne
 - Mon – Thurs (9am – 7pm)
 - Friday (9am – 5pm)
 - AAV – all other times (including weekends and public holidays)
- Management and Administrative staff on-site, medical staff on call (off-site)

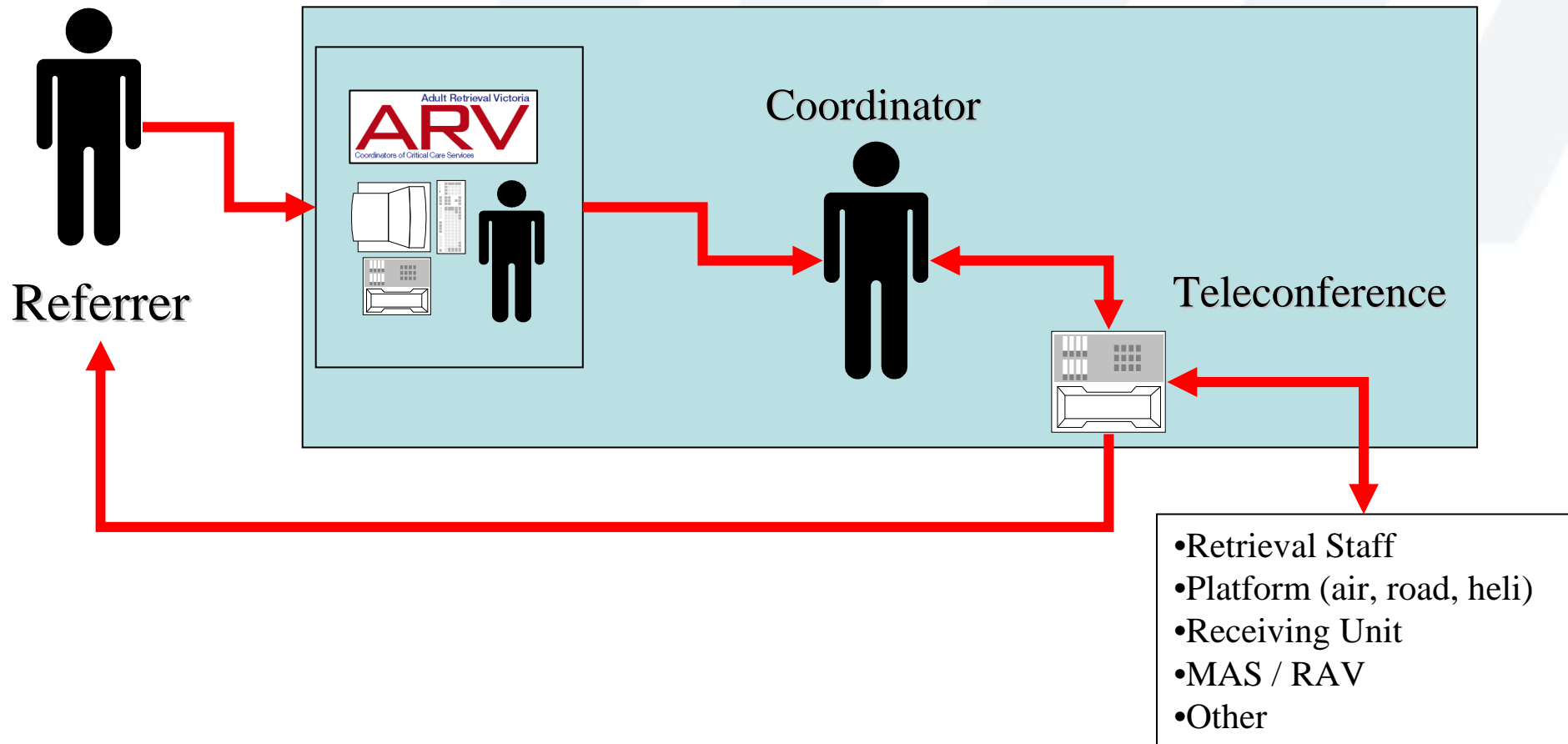
State-wide System

- Service managed by MAS and based in Melbourne
- Regional retrieval services (part time) based at
 - Geelong
 - Ballarat
 - Bendigo

able to provide Retrieval Physicians at certain times


- Rural Ambulance Victoria and AAV also key service providers
- Service operates as a **system** and relies on close co-operation between multiple parties within the health sector
 - 2000 calls
 - 520 retrievals (150 medical, 370 MAS/RAV)
 - significant increase in workload possible


Service Delivery Model




Referral to ARV


- 1300 368 661

				Call Taker Script						
Date	Time			Principal Problem						
Call Taker	ARV_ID			Secondary Problem 1						
Patient Surname				Secondary Problem 2						
Patient First Name				Clinical Problem Note						
Referral Hospital										
Referring Person										
Referrer Position	<table border="1"> <tr> <td>Reg</td> <td>Cons</td> <td>HMO</td> </tr> <tr> <td>GP</td> <td>Anaest.</td> <td>Other</td> </tr> </table>	Reg	Cons	HMO	GP	Anaest.	Other		Arrival or Admission Date	
Reg	Cons	HMO								
GP	Anaest.	Other								
Referral Unit	<table border="1"> <tr> <td>ED</td> <td>ICU</td> <td>OR</td> </tr> <tr> <td>HDU</td> <td>CCU</td> <td>Ward</td> </tr> </table>	ED	ICU	OR	HDU	CCU	Ward		Arrival or Admission Time	
ED	ICU	OR								
HDU	CCU	Ward								
Phone Contact 1				Reason for Transfer						
Phone Contact 2				Reason for Transfer Note						
Fax										
Hospital UR				Insurance Type	No Full/Private TAC DVA Gold					
Gender	Male	Female		Next of Kin Name						
Date of Birth				Next of Kin Aware						
Age				Next of Kin Contact Number						
Other Notes:				Patient Weight > 120kg	YES NO					
				Destination Hospital arranged by Referral Hospital	YES NO					
				Destination Hospital arranged by ARV	YES NO					


Adult Retrieval Patient Referral & Transfer Form (Referring Hospital Form)				 ARV: 1300 368 661 Fax: 1300 367 882	
Date	Time	Principal Problem			
ARV ID		Secondary Problem 1			
Patient Surname		Secondary Problem 2			
Patient First Name		Clinical Problem Note			
Referral Hospital					
Referring Person					
Referrer Position	<input type="checkbox"/> G&G <input type="checkbox"/> Cons <input type="checkbox"/> HMO <input type="checkbox"/> GP <input type="checkbox"/> Specialist <input type="checkbox"/> Other	Arrival: Admit/In Date in Referral Hospital			
Referral Unit	<input type="checkbox"/> ED <input type="checkbox"/> ICU <input type="checkbox"/> OR <input type="checkbox"/> HDU <input type="checkbox"/> CCU <input type="checkbox"/> Ward	Arrival: Admit/In Time in Referral Hospital			
Phone Contact 1		Reason for Transfer			
Phone Contact 2		Reason for Transfer Note			
Fax					
Hospital Ref		Insurance Type	No Full Private IAC DVA Gold		
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Next of Kin Name			
Date of Birth	Age	Next of Kin Address		YES/NO Phone No.	
Past History / Medications		Patient Weight ~120 kg		YES/NO	
		Destination Hospital arranged by Referral Hospital		YES/NO	
		Destination Hospital arranged by ARV		YES/NO	

							
HR	BP	CVP		Temp			
Temp	SpO2	GC#		ETT			
ECG	TV	PIP		PEEP			
ETCO2	pH	pCO2	pO2	HCO3	BE		
Interventions:	IV1	IV2	Art	CVC	IDC	Cath & Max	ICC
Imaging							
Laboratory	Ue	WCC	Plat	Na	K	Ua	Creat
	Urop	DRE	APIT	Other			
Drugs:				Fluids & Infusions:			
Other Notes:							
Referrer Name				Referrer Signature:			

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		Coordinator Patient Record 1		
Date	Time	Principal Problem		
ARV ID		Secondary Problem 1		
Patient Name		Secondary Problem 2		
Patient First Name		Clinical Problem Note		
Referral Hospital				
Referring Person				
Referrer Position	Reg GP ED HDU	Case Specialist ICU CCU	HMO Other OR Ward	Annular Admission Date in Referral Hospital Annular Admission Time in Referral Hospital
Referral Unit				
Phone Contact 1		Reason for Transfer		
Phone Contact 2		Reason for Transfer Note		
Sex				
Hospital UIC		Insurance Type	No Full Private IAC DVA Gold	
Gender	Male Female	Next of Kin Name		
Date of Birth		Next of Kin Address	YES NO	
Age		Next of Kin Contact Number		
Part History / Medications		Patient Weight >120kg	YES NO	
		Destination Hospital arranged by Referral Hospital	YES NO	
		Destination Hospital arranged by ARV	YES NO	

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		Coordinator Patient Record 2					
HR:	BP	CVP	Temp				
Temp	PaO2	GCs	EIT				
PCO2	IV	PIP	PEEP				
ETCO2	pH	pCO2	pCO2	HCO3	BE		
Interventions:	IVI	IV2	Art	CVC	DDC	CCO2/NO	EC
Imaging:							
Laboratory	Hb	WCC	Plat	Na	K	Ua	Cr
	Temp	INR	APTT	Other			
Drugs:				Fluids & Infusions:			
Clinical Advice							
Referring Service		Destination Hospital					
Referring Physician		Destination Person					
Platform Used		Destination Position		Regular Consultant GP Specialist Other			
Transfer Note:				Destination Unit		ED ICU HDU Ward Theatre Other	
				Phone Contact			