



## Neurosurgical Defined Transfer Guideline

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### Retrieval System

Adult Retrieval Victoria (ARV) provides advice, referral and transport for critically ill and time critical 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 these patients.

### Neurosurgical Defined Retrieval Transfer Guidelines

Demand for (non critical care) neurosurgical services is frequently high. These guidelines set out principles and procedures to be followed by ARV and Health Services when there is insufficient capacity in neurosurgical hospitals to receive neurosurgical transfers in clinically appropriate timeframes.

In such circumstance, neurosurgical patients who have time critical clinical needs (as determined by clinical discussion between referrer, ARV, and a neurosurgical unit), may be transferred to a nominated neurosurgical facility as described by the process below.

### Placement of Defined Neurosurgical Patients

Referrers may choose to access neurosurgical services at any preferred destination hospital. If no suitable bed can be located for a time critical patient after consultation with (at least) a geographically recommended receiving destination (see table) a defined transfer will be facilitated by ARV.

Referral region	Destination for consultation
Metro	Nearest neurosurgical unit
Barwon SW	Alfred Hospital
Grampians	Royal Melbourne Hospital
Loddon Mallee	Austin Hospital
Hume	St Vincents Hospital
Gippsland	Monash Medical Centre

The defined transfer process will commence with an assessment by the ARV Coordinator and Director to determine the most appropriate receiving hospital for the patient. This assessment will be based on the standard assessment criteria that include:

- Capability and capacity of the referring health service.
- 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.

In the absence of other major clinical or social influencing factors, patients will be distributed on a simple rotational basis by ARV.

### Authorisation of Neurosurgical 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 will be authorised by the ARV Director (or delegate).
- ARV will notify the receiving hospital bed manager who will communicate and operationalise hospital response and actions.

### Defined Transfer Procedure

Once the defined transfer has been authorised, ARV will:

- Initiate a teleconference between ARV Critical Care Coordinator and the receiving hospital neurosurgical clinical staff 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 the Department of Health on a quarterly basis.