



Cardiac 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.

Cardiac Defined Retrieval Transfer Guidelines

Demand for acute and interventional cardiology and CCU services is frequently high and there may be periods when demand for cardiac beds exceeds the immediate supply. These guidelines set out principles and procedures to be followed by ARV and Health Services when there is insufficient capacity in appropriate cardiac specialist services to receive cardiac transfers in clinically appropriate timeframes.

In such circumstance, cardiac patients who have time critical clinical needs (as determined by clinical discussion between referrer, ARV, and a receiving cardiology unit), are located in a health service where such services are not available, or for whom an appropriate available CCU bed cannot be identified, may be transferred to a nominated specialist cardiac facility as described by the process below.

Determining Receiving Hospital Capacity

The status of availability of CCU level beds for patients needing transfer for acute cardiac care is derived directly and in real-time from the VCCAWE display.

The Victorian Critical Care Access website (VCCAWE) provides functionality for sites to display current CCU capacity. Data must be updated at 08:00, 12:00, 16:00 and 20:00 daily – as for the ICU and HDU components of the web site.

Data definitions and interpretation for the website are as follows:

- **Occupied:** number of staffed beds currently **occupied by a patient requiring CCU level care.**
- **Empty:** number of empty beds which are currently staffed to provide **CCU level** care or which may be urgently configurable to receive a CCU level patient (thus reflecting close-to-immediate capacity).
- **Reserved:** number of vacant CCU level beds into which a known patient is expected to be transferred.
- **Occupied by patients requiring ward transfer:** number of beds staffed at CCU level which are occupied by patients needing to transfer to a general ward bed (or level of care).

Where a patient has a need for **time critical procedural intervention** (e.g. PCI) destination identification will be guided by CCU level bed availability however access to the critical overriding procedural need (and its urgency) will remain the key driver for destination selection.

Placement of Defined Cardiac Patients

If no suitable bed can be located for a time critical patient after review of the Victorian Critical Care Access Website, a defined cardiac transfer procedure will be initiated by ARV. The defined transfer process will commence with an assessment by the ARV Coordinator and Director (or delegate) 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 geographical basis by ARV.

| Referral region | Destination |
|-----------------|--|
| Metro | Nearest Appropriate |
| Barwon SW | Geelong Alfred Health |
| Grampians | Ballarat Western Hospital Royal Melbourne |
| Loddon Mallee | Bendigo Austin Hospital |
| Hume | Northern Hospital St Vincents Hospital |
| Gippsland | Box Hill Hospital Frankston Hospital Monash Medical Centre |

Authorisation of Cardiac Defined Transfer Process

If a defined transfer process is required, authorisation for transfer will 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 cardiology 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.