RETRIEVAL AND CRITICAL HEALTH INFORMATION SYSTEM

USER GUIDE

May 2017

REACH.support@ambulance.vic.gov.au

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Introduction

The REACH (Retrieval and Critical Health) Information System is a real time, web based bed occupancy reporting tool used by Adult Retrieval Victoria (ARV), health services and the Department of Health and Human Services(DHHS). It provides a statewide and hospital level view of critical care, mental health and incident specific bed capacity, based on regular hospital data input.

REACH has been developed by Ambulance Victoria/ARV in conjunction with the DHHS, to provide an interactive and more responsive monitoring and reporting tool for health services across Victoria. ARV is responsible for its management.

Access to REACH

Access to this system is restricted to users accessing the site from an approved IP (internet protocol) address. If accessing the site from an approved IP (i.e. via any Victorian hospital network) you will be able to view all of the dashboards available within the site. If you attempt to access this system from an unapproved IP (e.g. home), you will be prompted to login using your username and password in order to gain access to the site.

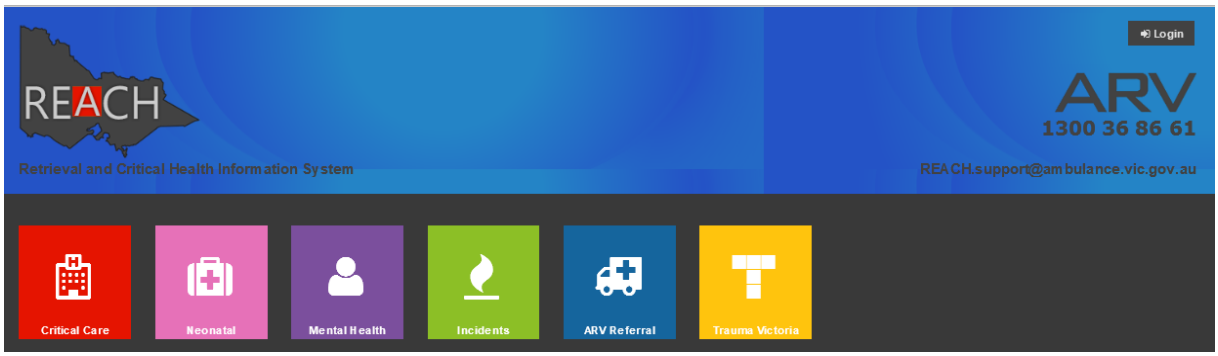
REACH is accessible at the following URL – https://reach.vic.gov.au

Homepage

REACH is comprised of five main areas:

- Critical Care (ICU/HDU and CCU)
- Neonatal (newborn children)
- Mental Health (Adult, Aged and Child & Youth)
- Incidents (HICT: Health Incident Consequence Tool)
- ARV Referral (electronically refer to ARV)
- Trauma Victoria (Major Trauma Guidelines)

From the homepage you can navigate to any of these areas or if you have a login, you may choose to log into the site from here.



Roles within REACH

Hospital Administrator

The Hospital Administrator role has the highest level of access within a health service.

A separate Hospital Administrator may be appointed for each of the specialty areas (ie. Critical Care, Mental Health, Neonatal or HICT), or health services may elect to have one person fill all four roles or any combination. These accounts are known as:

- Critical Care Hospital Administrator
- Mental Health Hospital Administrator
- Neonatal hospital administrator
- HICT Hospital Administrator

The Hospital Administrator can:

- View all REACH dashboards
- Update bed count information for their specified area/s and allocated hospital/s
- Run reports for their specified area/s and allocated hospital/s
- Update their allocated hospital/s information
- Manage principal hospital contacts
- Authorise individuals for Hospital User access

Hospital User

The Hospital User has a limited level of access within a health service, and is primarily responsible for daily data entry. Hospital Users may be allocated for each specialty areas (ie. Critical Care, Mental Health, Neonatal or HICT), or health services may elect to have one person fill all four roles or any combination. These accounts are known as:

- Critical Care Hospital User
- Mental Health Hospital User
- Neonatal Hospital User
- HICT Hospital User

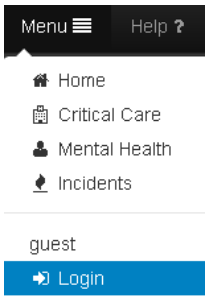
Hospital Users can:

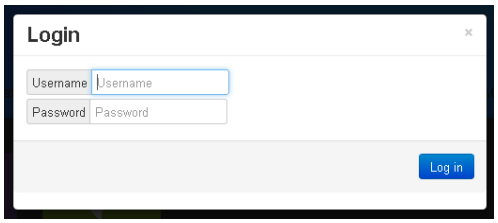
- View all dashboards
- Update bed count information for their specified area/s and allocated hospital/s

How to Login

All accounts for REACH are generated and maintained by ARV. In order to obtain an Administration account, you are required to be nominated by your executive office as requiring this level of access to the system. To obtain a User account, your relevant Hospital Administrator will need to register your name and details with ARV via REACH.support@ambulance.vic.gov.au.

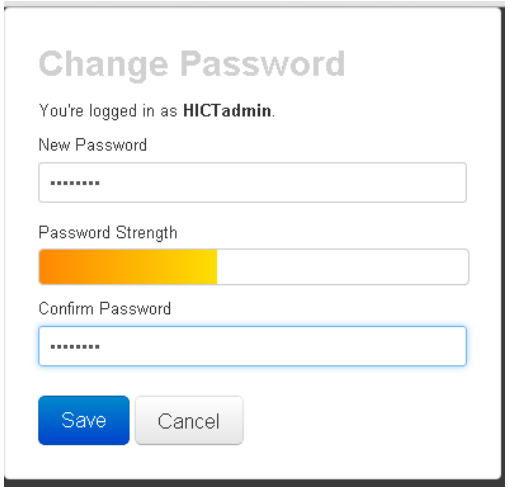
You can login to the system from the home page, or via any of the dashboards within the system. The option to login is available throughout the site via the menu button on the top right hand side of each of the various dashboards or via the login button on the top right hand corner of the homepage.





Change Password

When you first log in to the site, you will be required to change your password. You can also change your password at any time by selecting Change Password from the menu. When required to change your password the box below will display. As you enter your new password, the password strength bar will grow and indicate the strength of the password you have selected. You are then required to re-enter your password to confirm, then select save.



If you have forgotten your password and require your password to be re-set, please email REACH.support@ambulance.vic.gov.au and request your password be re-set. This can take up to one business day.

Help

The help section of REACH is accessible by selecting the Help icon located next to menu on the black menu bar on each page.

If you are unable to resolve your issue using the help section or you require some technical support, please contact the site administrators via the REACH.support@ambulance.vic.gov.au email address.

If the issue is urgent, please contact Adult Retrieval Victoria (ARV) via 1300 36 86 61 and advise the operator that you would like assistance with the REACH website.

Dashboards Explained

Information displayed on all dashboards within REACH receives live data feeds from the database, so information will automatically update without the need to refresh your screen. Connection to the live data is indicated by the green icon in the top right hand corner. Green indicates that you are connected, orange is attempting to connect, and red indicates that you are not connected so will not be receiving up to date information.

Sections within a given dashboard are now easily collapsible to enable to you to view only the information you are interested in. Simply click anywhere along the grey banner at the top of the section you wish to collapse or expand. An "Open" or "Close" is displayed in the right hand side of this banner to indicate that the section is collapsible, or that there is data not currently being displayed.

To easily read across the lines on a given dashboard, if you click on the hospital name it will highlight the entire row so you can easily read the bed numbers associated with that hospital.

Click to highlight the hospital row

Dandenong	0	10	0	4	0	0	0	0	10	08:10
Frankston	2	5	2	0	0	2	0	2	9	08:11

Dashboards for Critical Care and Incidents are now dynamic and allow you to sort any of the columns by clicking on the column headings. Dashboards can be put back to their original state by clicking on the Hospital heading.

Dashboard Messages

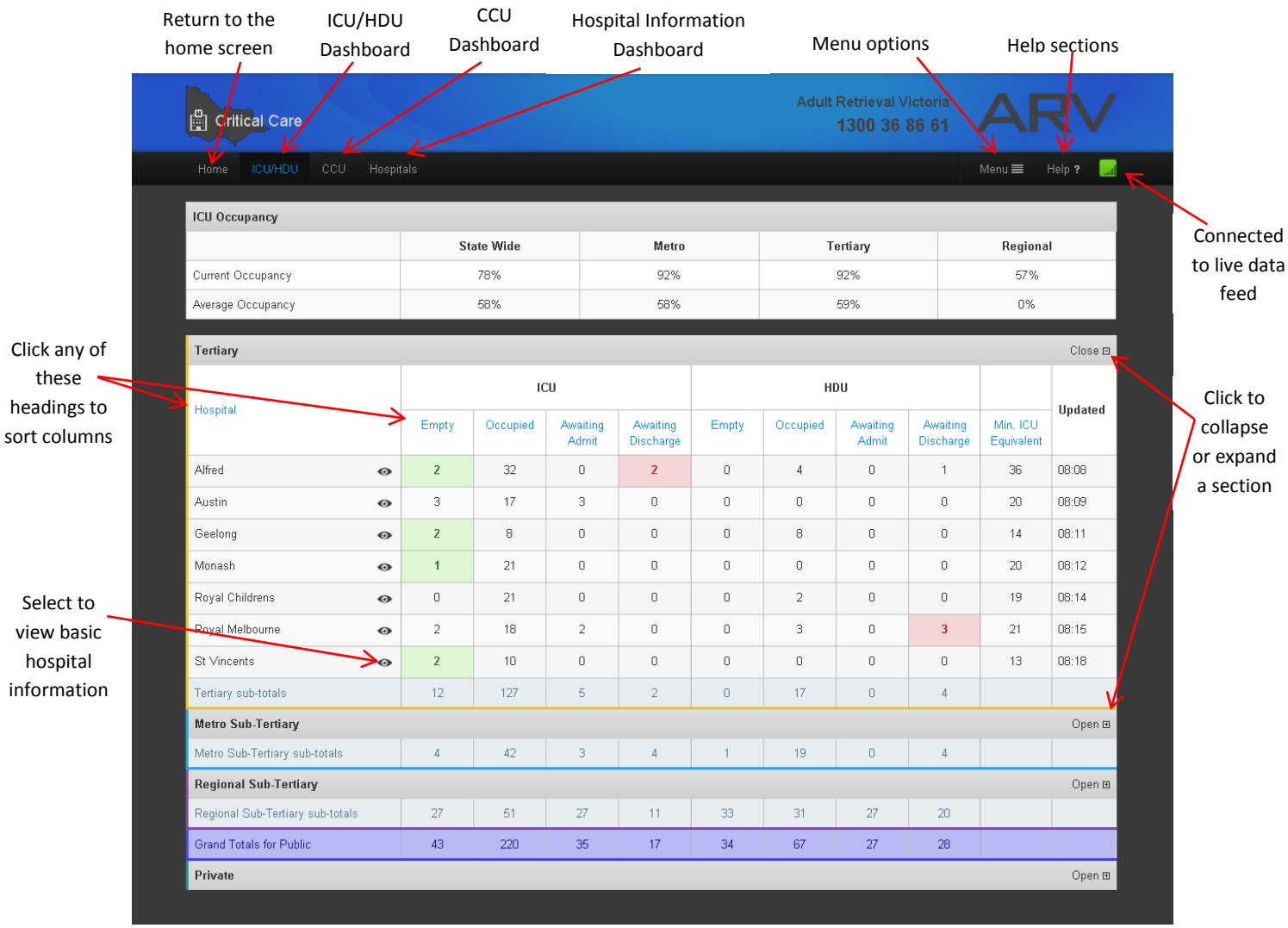
Each dashboard has the ability to display important messages set in the system by a REACH administrator. There are three types of messages that can be set and displayed. The first is a system wide message which will display on all areas of the site. The second is a Critical Care specific message which will display underneath any system wide message that may have been set and will display on all dashboards within the Critical Care area. The third is a Mental Health specific message which will display underneath any system wide message that may have been set and will display on all dashboards within the Mental Health area.

Critical Care Dashboards

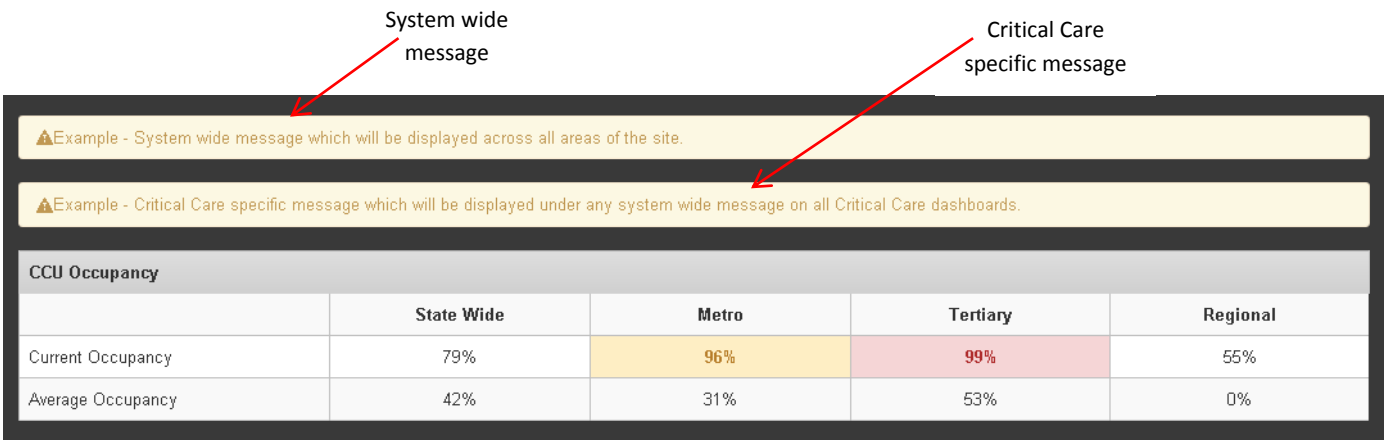
There have been several changes and improvements made to the Critical Care section within REACH. There is now one dashboard for ICU and HDU beds, and a separate dashboard for CCU beds, both of which incorporate Tertiary, Metro Sub-Tertiary, Regional Sub-Tertiary and Private hospitals.

You can navigate to the various dashboards available within the Critical Care section as indicated below.

Other navigation options are available under Menu. The options available to you will depend on your login status.



System wide messages and Critical Care specific messages are displayed as such on a Critical Care Dashboard –



Both the ICU and CCU dashboards will calculate occupancy levels based on data that has been entered into the system. There are two types of occupancy calculations, one based on current occupancy levels and the other provides an average occupancy over a given period (typically the past 30 days).

As mentioned above, columns within the Critical Care dashboards can be sorted. For example, by clicking on the heading "Empty" the data will sort descending to ascending placing units containing empty beds at the top of the list for tertiary, metro sub-tertiary, regional sub-tertiary and private hospitals, irrespective of which section you clicked on the heading. To put the list back into alphabetical order, simply click on the "Hospital" heading.

Number of empty beds which are staffed

Number of beds containing a patient

Number of known patients awaiting admission to the unit

Number of patients assessed as clinically ready to be discharged from this unit

Time information was last updated. Red indicates data is out of date. Hover to view date and time of last update

Click to highlight the hospital row

Metro Sub-Tertiary — Close

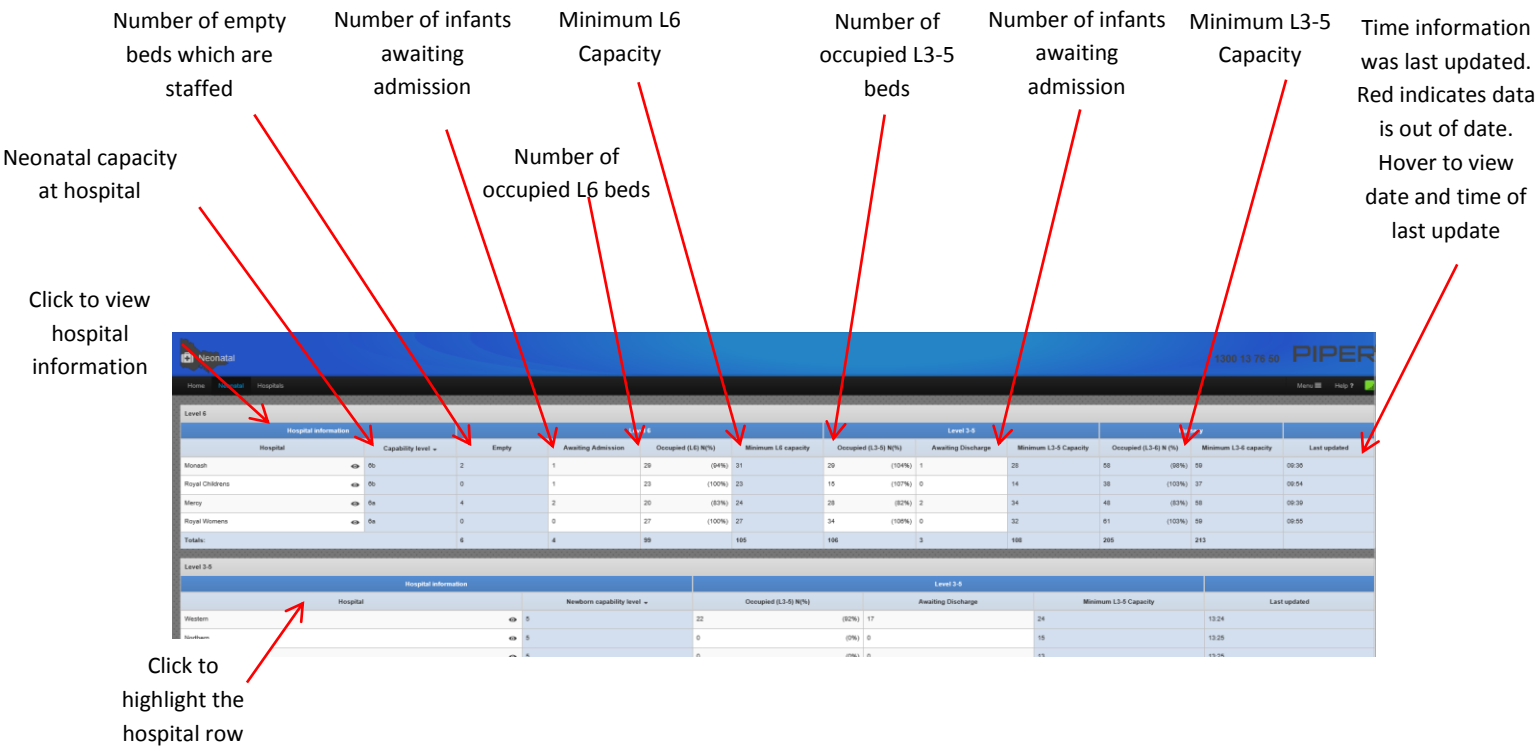
Hospital	ICU				HDU					Updated
	Empty	Occupied	Awaiting Admit	Awaiting Discharge	Empty	Occupied	Awaiting Admit	Awaiting Discharge	Min. ICU Equivalent	
Box Hill	0	6	0	0	0	6	0	2	9	08:10
Dandenong	0	10	0	4	0	0	0	0	10	08:10
Frankston	2	5	2	0	0	2	0	2	9	08:11
Maroondah	1	4	0	0	1	5	0	0	5	08:12
Northern	1	3	1	0	0	6	0	0	7	08:13
Peter MacCallum	0	3	0	0	0	0	0	0	2	08:14
Western	0	11	0	0	0	0	0	0	11	08:19
Metro Sub-Tertiary sub-totals	4	42	3	4	1	19	0	4		

Neonatal Dashboards

The Neonatal dashboard in REACH shows available beds for specialised care for newborn children.

The dashboard enables you to view all bed types and identifies numbers available in the one location. The dashboard view breaks this into public/private and level 6 and level 3-5 hospital capability.

You can hover your mouse over the subheadings to find out what the column of information relates to.



Mental Health Dashboards

The Mental Health dashboards in REACH support access to acute mental health inpatient beds. There are three separate mental health dashboards showing acute mental health inpatient bed status by age demographic and by health service/hospital:

- Adult
- Aged
- Child, Youth & Adolescent

There is also an overview dashboard which enables you to view all bed types in the one location.

You can navigate to the various dashboards available within the Mental Health section as indicated below.

Other navigation options are available under Menu. The options available to you will depend on your login status.

Return to the home screen

Adult Dashboard

Aged Dashboard

Child, Youth & Adolescent Dashboard

Overview Dashboard contains all bed types

Hospital Information Dashboard

Menu options

Help sections

Connected to live data feed

Click to collapse or expand a section

Select to view basic hospital information

Mental Health

Home | Adult | Aged | Child, Youth & Adolescent | Overview | Hospitals | Menu | Help ?

Example system wide message which will be displayed across all areas of the site

Example - Mental Health specific message which will be displayed across all the Mental Health dashboards only

Mental Health (Adult) Vacancy

	State Wide	Metro	Rural and Regional
Current Vacancy	10%	10%	0%
Average Vacancy	0%	0%	0%

Metro Close

Health Organisations	Hospital	(Adult) Mental Health							Capacity	Updated
		HDC Vacant	RC Vacant	Planned Discharge	Awaiting admit in ED	Awaiting admit in MH community Teams	Held/Leave	Closed		
Mercy Health	Werribee	1	0	1	1	1	1	0	10	11:11
	Ursula Frayne Centre	0	0	0	0	0	0	0	0	14:30
Melbourne Health	Royal Melbourne	0	0	0	0	0	0	0	0	14:30
	Sunshine	0	0	0	0	0	0	0	0	14:30
	Broadmeadows	0	0	0	0	0	0	0	0	14:30
	Northern	0	0	0	0	0	0	0	0	14:30
St Vincents Health	St Vincents	0	0	0	0	0	0	0	0	14:30
Austin Health	Austin	0	0	0	0	0	0	0	0	14:30
Eastern Health	Box Hill	0	0	0	0	0	0	0	0	14:30
	Maroondah	0	0	0	0	0	0	0	0	14:30

System wide messages and Mental Health specific messages are displayed on a Mental Health Dashboard –

System wide message

Mental Health specific message

Example system wide message which will be displayed across all areas of the site

Example - Mental Health specific message which will be displayed across all the Mental Health dashboards only

Mental Health (Adult) Vacancy

	State Wide	Metro	Rural and Regional
Current Vacancy	10%	10%	0%
Average Vacancy	0%	0%	0%

All of the Mental Health dashboards, with the exception of the Overview dashboard, will calculate vacancy levels based on data that has been entered into the system. There are two types of vacancy calculations, one based on current vacancy (total vacant beds/capacity) and the other provides an average vacancy over a given period (typically the past 90 days).

The image below provides you with an explination of the bed information data which is displayed on a Mental Health dashboard.

Mental Health Organisation

Vacant High Dependency Care beds

Vacant Regular Care beds

Number of persons assessed, accepted and waiting in community for admission to an acute inpatient MH bed

Number of mental health beds closed e.g maintenance

Number of funded acute inpatient mental health (MH) beds

Metro — Close

Health Organisations	Hospital	(Adult) Mental Health							Capacity	Updated
		HDC Vacant	RC Vacant	Planned Discharge	Awaiting admit in ED	Awaiting admit in MH community Teams	Held/Leave	Closed		
Mercy Health	Werribee	1	0	1	1	1	1	0	10	11:11
	Ursula Frayne Centre	0	0	0	0	0	0	0	0	14:30
Melbourne Health	Royal Melbourne	0	0	0	0	0	0	0	0	14:30
	Sunshine	0	0	0	0	0	0	0	0	14:30
	Broadmeadows	0	0	0	0	0	0	0	0	14:30
	Northern	0	0	0	0	0	0	0	0	14:30

Number of planned discharges remaining from the inpatient setting (HDC or RC) on the day of reporting

Number of persons assessed, accepted and waiting in Emergency Department (ED) for admission to an acute inpatient MH bed

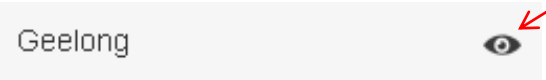
Beds currently vacant being held for a person on leave

Time information was last updated. Hover to view date and time of last update

Hospitals Dashboards

In addition to bed dashboards for Critical Care and Mental Health, REACH displays Hospitals dashboards which provide users with easy access to basic hospital information such as contact numbers, the hospital address, DH region, trauma classification and which Mental Health service they belong to (where applicable).

The Hospitals dashboard is accessible in either Critical Care or Mental Health areas by selecting Hospitals from the top menu bar, or to quickly and easily access information for a specific hospital located on any of the dashboards, click on the eye icon located next to the hospital you wish to view.



Only the information applicable for that hospital will be displayed. Please see examples below:

Number of hospitals available to select from

Search/select required hospital

Hyperlink to ARV website

Critical Care

Adult Retrieval Victoria 1300 36 86 61

Home | ICU/HDU | CCU | Hospitals | 414 Hospitals | Search for Hospital | Menu | Help

Example - System wide message which will be displayed across all areas of the site.

Example - Critical Care specific message which will be displayed under any system wide message on all Critical Care dashboards.

Austin Hospital

Hospital Common Name: Austin

Public Hospital: Yes

DH Region: Metro

Trauma Classification: Metropolitan Trauma Service

Mental Health Service: Austin Health

Address: 145 Studley Road, PO BOX 5555, Heidelberg VIC 3084

Switchboard Phone: 9496 5000

ICU Phone: 9496 8409

CCU Phone: 9496 4829

HDU Phone: 9496 8409

Emergency Department Phone: 9496 4898

Admitting Officer Phone: 9496 3368

Bed Manager Phone: 9496 5249

Metal Health Triage Phone: 9450 9000

Alert: Test Only - Closing a bed due to capital works

Alert End Date: 03/07/2013

Hospitals have the ability to advise other users of any issues which may affect the hospitals ability to accept patients

Mental Health

Home | Adult | Aged | Child and Youth | Overview | Hospitals | 3 Hospitals | bundoo | Menu | Help

Example - System wide message which will be displayed across all areas of the site.

Example - Mental Health specific message which will be displayed under any system wide message on all Mental Health dashboards.

Bundoora Extended Care Centre

Hospital Common Name: Bundoora Extended Care

Public Hospital: Yes

DH Region: Metro

Trauma Classification: Not defined

Mental Health Service: Melbourne Health

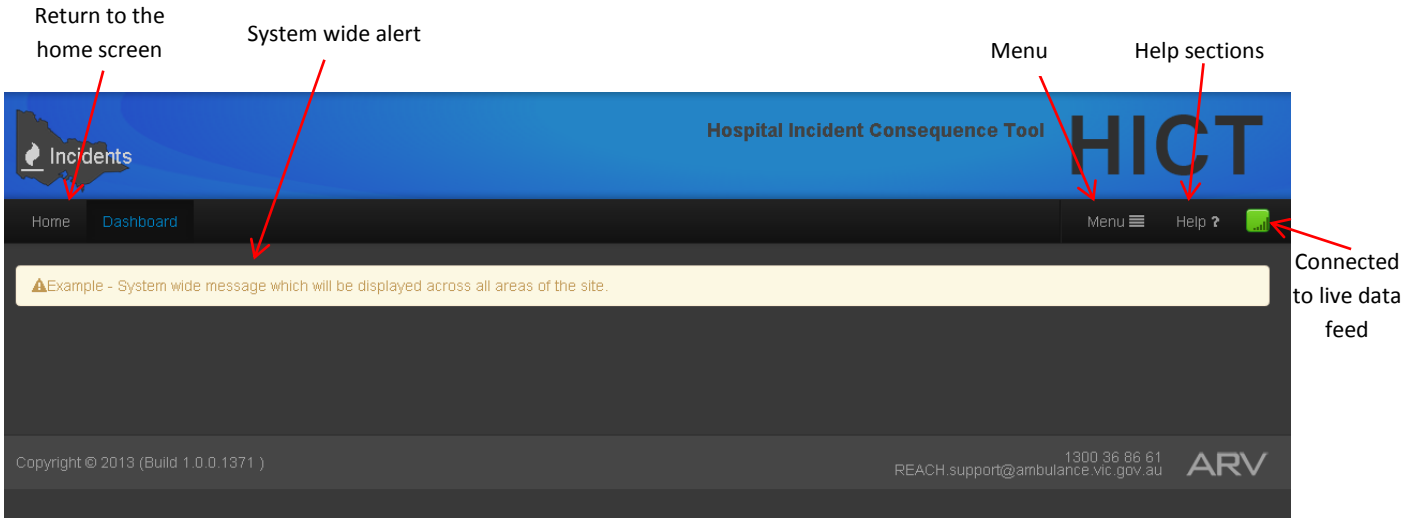
Address: 1231 Plenty Road, Bundoora VIC 3081

Switchboard Phone: 9495 3100

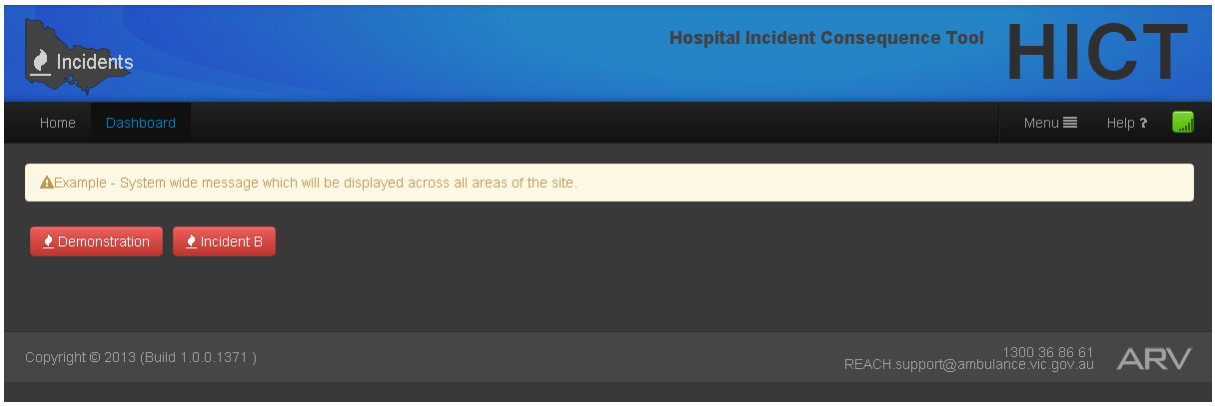
Metal Health Triage Phone: 9495 3109

Hospital Incident Consequence Tool (HICT)

The Hospital Incident Consequence Tool (HICT) replaces the Hospital Incident Response Data (HIRD). Previously this area of the website was only visible during a live incident. Within REACH, this area is visible at all times, however will only display an incident specific dashboard if there is a live incident.



When there are no live incidents, this is the typical view that would be displayed. For each active incident, there is a separate dashboard within this screen (as per below).



To view information specific to an incident, simply select which incident dashboard you wish to view.

There are two sections within an incident dashboard. The Patient Data dashboard provides information specific to patient presentations and admissions. The Surge Bed Capacity dashboard provides information specific to bed availability within the various departments.

Patient Data dashboard

Surge Bed Capacity dashboard

Click any of these headings to sort columns

Select to view basic hospital information

Incident commencement date and time

Specific description of a given incident

Click to collapse or expand a section

Home | Dashboard | Menu | Help

Example - System wide message which will be displayed across all areas of the site.

Demonstration | Incident B

Demonstration

Commencement Date: 01/07/2013

To demonstrate how the system works

Patient Data | Surge Bed Capacity

Metro	Presentations and Admissions				Admissions by Care Type						Updated
Hospital	ED		Admitted		General Ward	ICU	HDU	PICU	NICU	ED SSU	
	Count for Period	Cumulative Total	Count for Period	Cumulative Total	Current Inpatients	Current Inpatients	Current Inpatients	Current Inpatients	Current Inpatients	Current Inpatients	
Monash											
Northern											
Metro sub-totals	0	0	0	0	0	0	0	0	0	0	
Barwon South West											Open
Barwon South West sub-totals	0	0	0	0	0	0	0	0	0	0	
Gippsland											Open
Gippsland sub-totals	0	0	0	0	0	0	0	0	0	0	
Grampians											Open
Grampians sub-totals	0	0	0	0	0	0	0	0	0	0	
Hume											Open
Hume sub-totals	0	0	0	0	0	0	0	0	0	0	

As previously advised, columns within the Incident dashboards are dynamic allowing you to sort by any of the column headings to enable you to view the information you are interested in. This applies to both the Patient Data and Surge Bed Capacity dashboards.

The number of patients who have presented since the last update period

The number of patients who have been admitted since the last update period

The number of patients from this incident currently occupying a bed in these units

Click to highlight the hospital row

Metro	Presentations and Admissions				Admissions by Care Type						Updated
Hospital	ED		Admitted		General Ward	ICU	HDU	PICU	NICU	ED SSU	
	Count for Period	Cumulative Total	Count for Period	Cumulative Total	Current Inpatients	Current Inpatients	Current Inpatients	Current Inpatients	Current Inpatients	Current Inpatients	
Monash											
Northern											
Metro sub-totals	0	0	0	0	0	0	0	0	0	0	

Total number of patients since the incident commencement

The number of staffed beds available now

The number of additional beds which could be staffed

Time information was last updated. Red indicates data is out of date. Hover to view date and time of last update

Loddon Mallee												Close
Hospital	ICU		HDU		Adult General		Paeds General		Acute Beds	Sub-acute		Updated
	Current Avail. Beds	Extra Bed Spaces	Current Avail. Beds	Extra Bed Spaces	Current Avail. Beds	Extra Bed Spaces	Current Avail. Beds	Extra Bed Spaces	Total	Current Avail. Beds	Extra Bed Spaces	
Mildura	1			1	1	2				2	1	16:56
Loddon Mallee sub-totals	1	0	0	1	1	2	0	0	0	2	1	

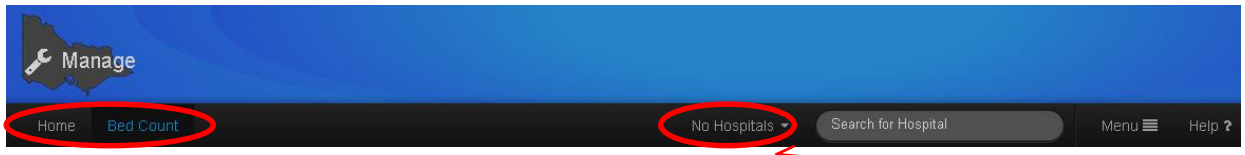
Manage Hospital Information

Bed Count

In order to update a hospitals bed counts for Critical Care, Neonatal and Mental Health, you are required to login. Your account type and the hospital/s associated with your login will determine the information you can access and update.

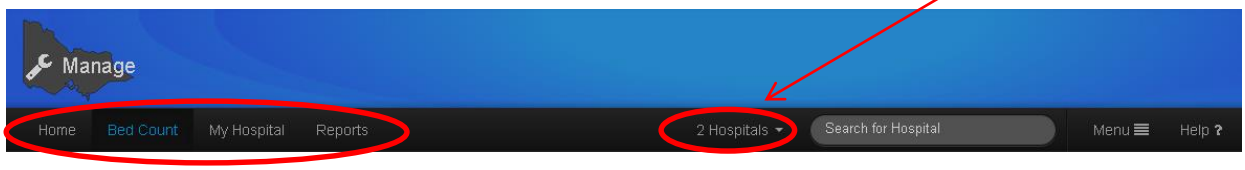
The account types required to update a hospitals bed counts are either a Hospital User account or a Hospital Administration account. Once logged into the site, navigate to the Manage section (either via the homepage or via the Menu) and the following menu items will become available depending on your login credentials.

A Hospital User for Critical Care, Neonatal or Mental Health will see the following –



Indicates hospitals assigned to your login credentials

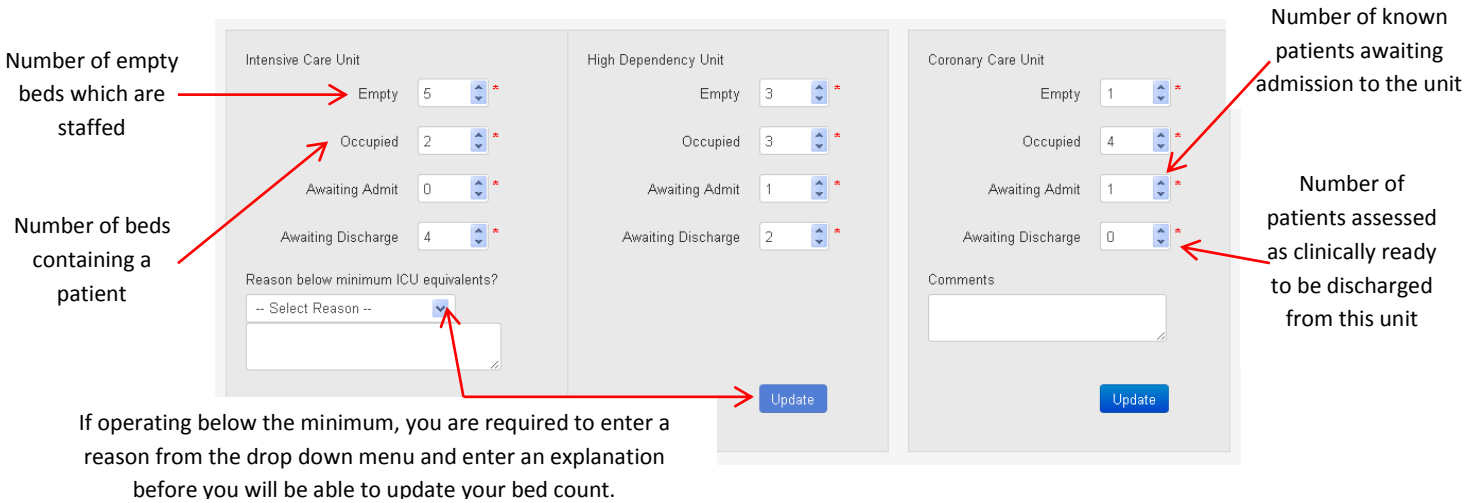
A Hospital Administrator for Critical Care, Neonatal or Mental Health will see the foll



When you navigate to the Manage page, the hospital you are assigned to should display. If your account is linked to more than one hospital, the hospital at the top of the list in alphabetical order will appear in the display. If you wish to switch between your allocated hospitals, either click on the drop down indicated above, or begin to type the name of the required hospital in the Search for Hospital box. If you attempt to search for a hospital not associated with your login, it will return no results.

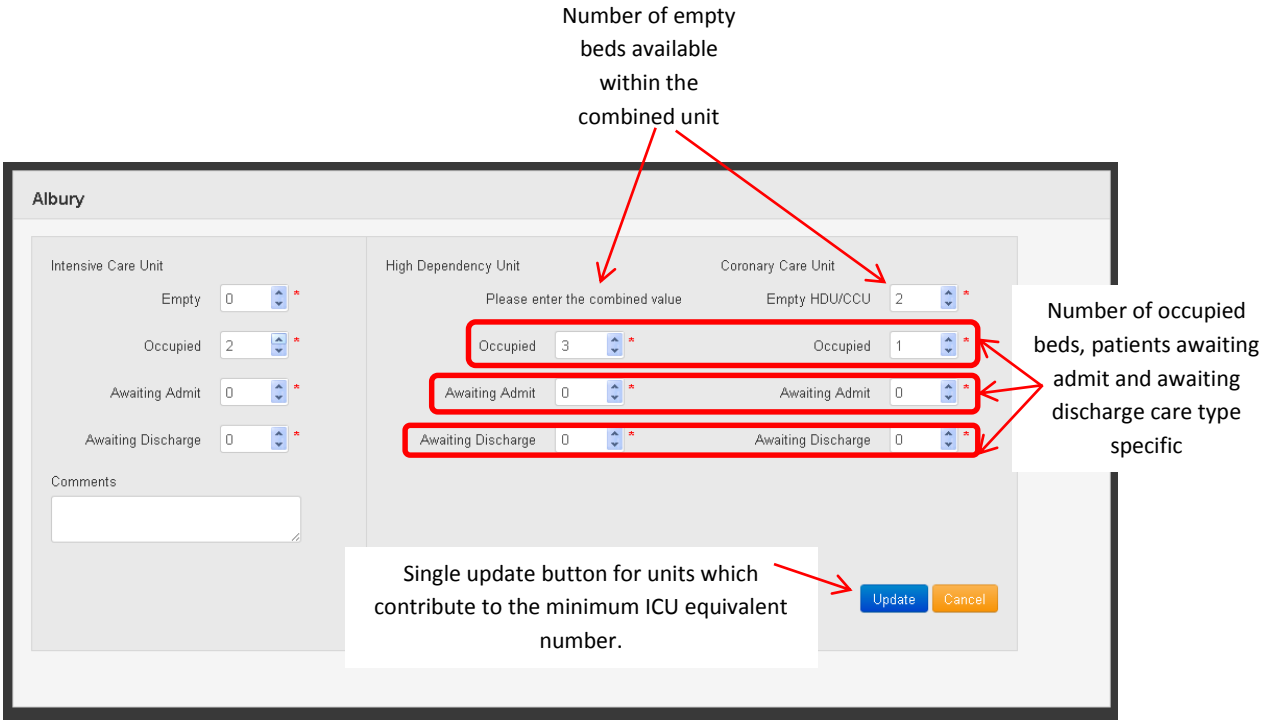
The bed types you are able to update are also associated with your login credentials. You can either be assigned to update critical care beds, acute mental health inpatient beds or both.

Those assigned to Critical Care will have the ability to update the bed types indicated below; providing all are applicable to the hospital/s you are assigned to.

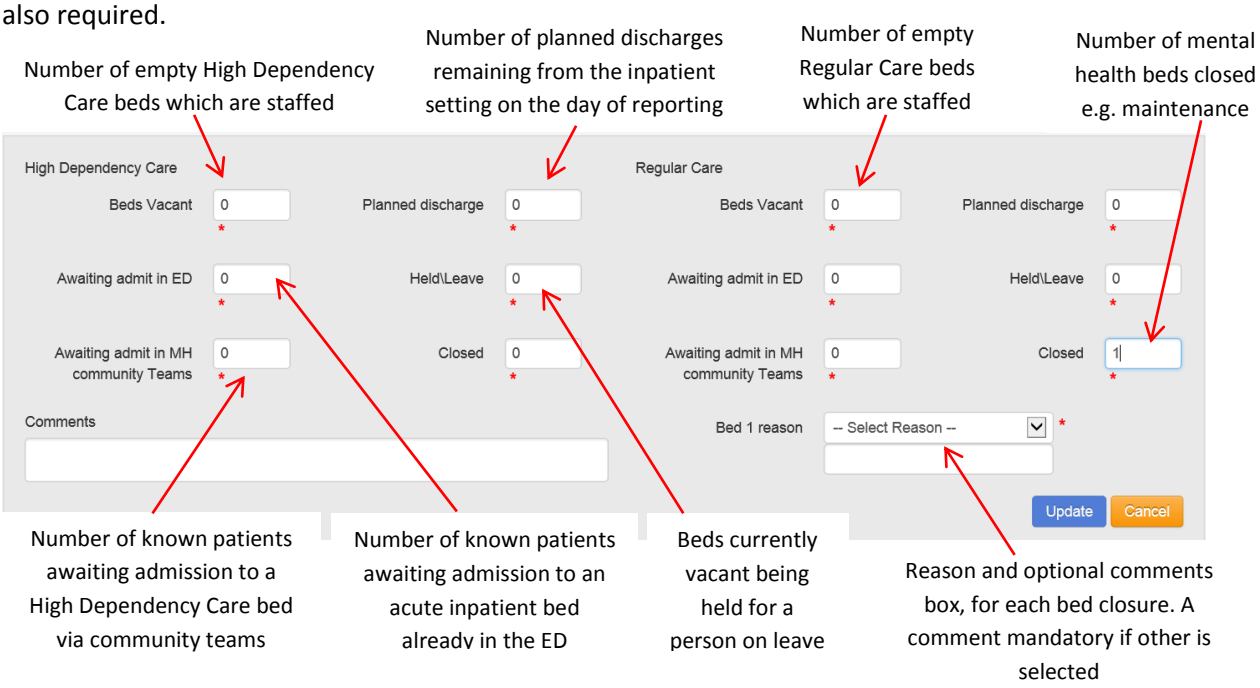


Where a hospitals CCU contributes to the minimum ICU equivalent number (ie the CCU beds are located within the ICU – all rural ICUs), all bed types are required to be updated simultaneously, so you will only see one update button.

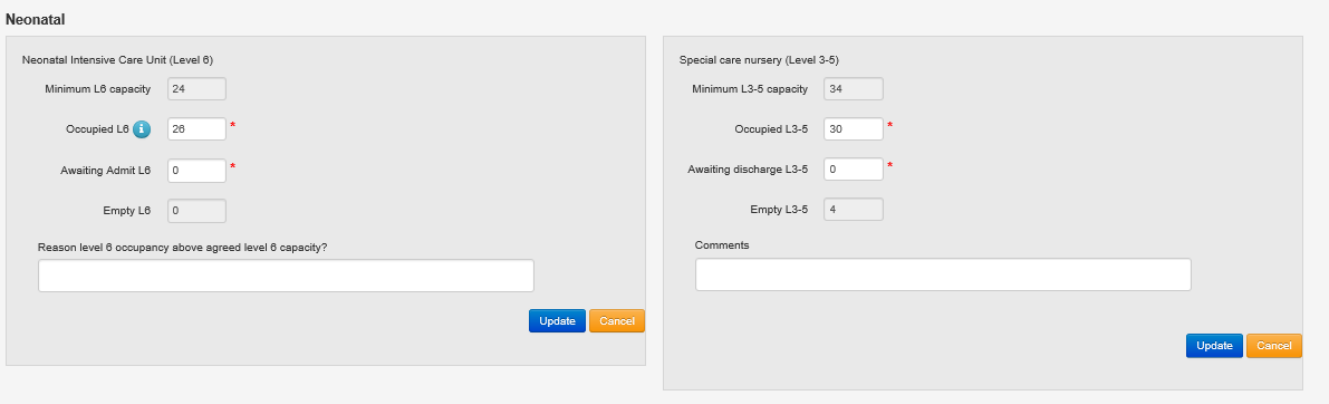
If the total number of ICU beds reported equates to less than your hospital minimum operating target, you will be required to select a reason from the drop down menu. If you are operating at or above your minimum requirement, there is an option to enter a comment which will be recorded in the database and populated in reports.



Those assigned to Mental Health will have the ability to update High Dependency Care (HDC) and Regular Care (RC) bed numbers for Adult, Aged, Child and Youth & Adolescent bed types; providing all are applicable to the hospital/s you are assigned to. General comments are optional for each of the various bed types. When a bed is closed, users must select a reason for each bed closure from the drop down options. Where other is selected as the reason, a comment explaining the closure is also required.



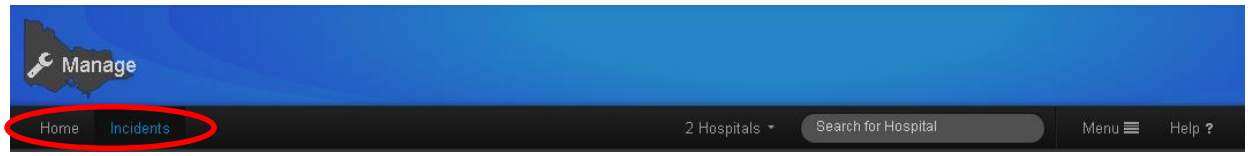
Those assigned to Neonatal will have the ability to update the number of occupied beds for level 6 and level 3-5 independently. As well as the number of Level 6 or level 3-5 infants awaiting admission. This will auto calculate the number of empty beds. The minimum capacity is a fixed figure that can only be altered by REACH support with approval from DHHS.



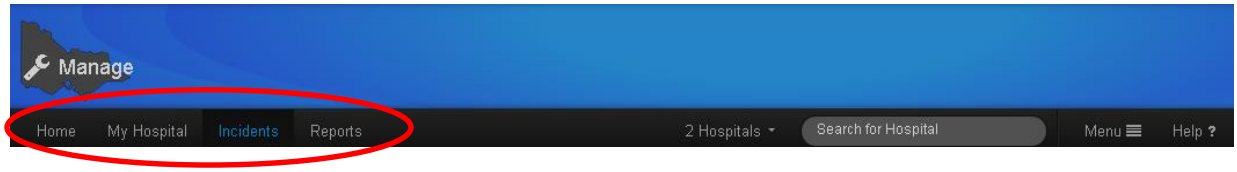
Incidents

If your hospital/s is involved in an incident, you will be required to enter data specific to that incident for your hospital/s. This can be done by navigating to Manage and selecting Incidents.

A Hospital User for Incidents will see the following –

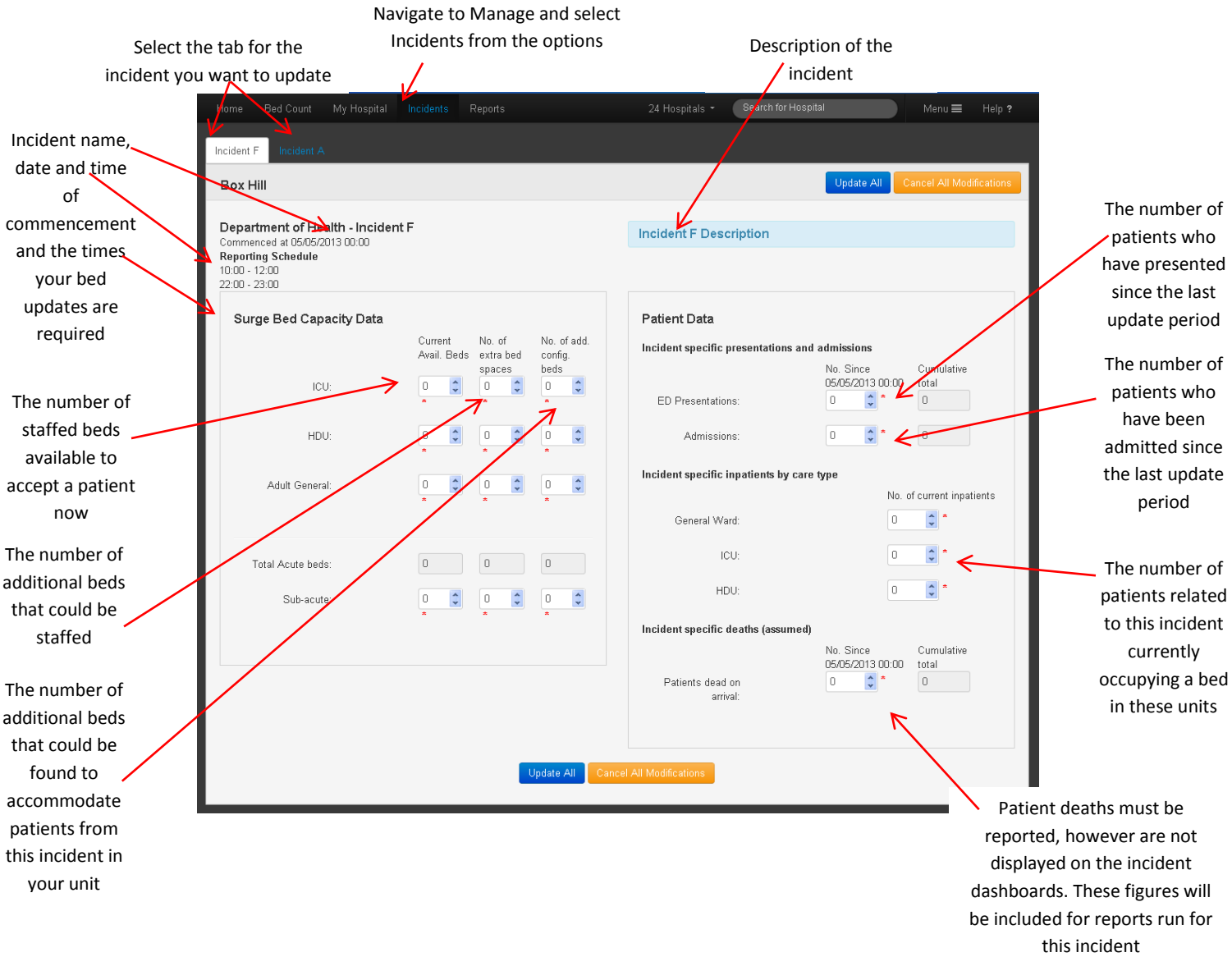


A Hospital Administrator for Incidents will see the following –



If your hospital is involved in more than one incident simultaneously, each incident will be displayed on a separate tab within the Incidents screen. When you select the incident you wish to update, you will be provided with a description of the incident, the date and time the incident commenced and the reporting schedule specific to the incident.

The data elements required for a given incident are determined by the Department of Health when the incident is activated and may vary for each incident.



When updating patient data for an incident, the data input screen will advise when this data was last updated and you should only enter presentations, admissions and deaths since the last update times so patients are not double counted. If an error has been made, please contact ARV to see if this error can be corrected.

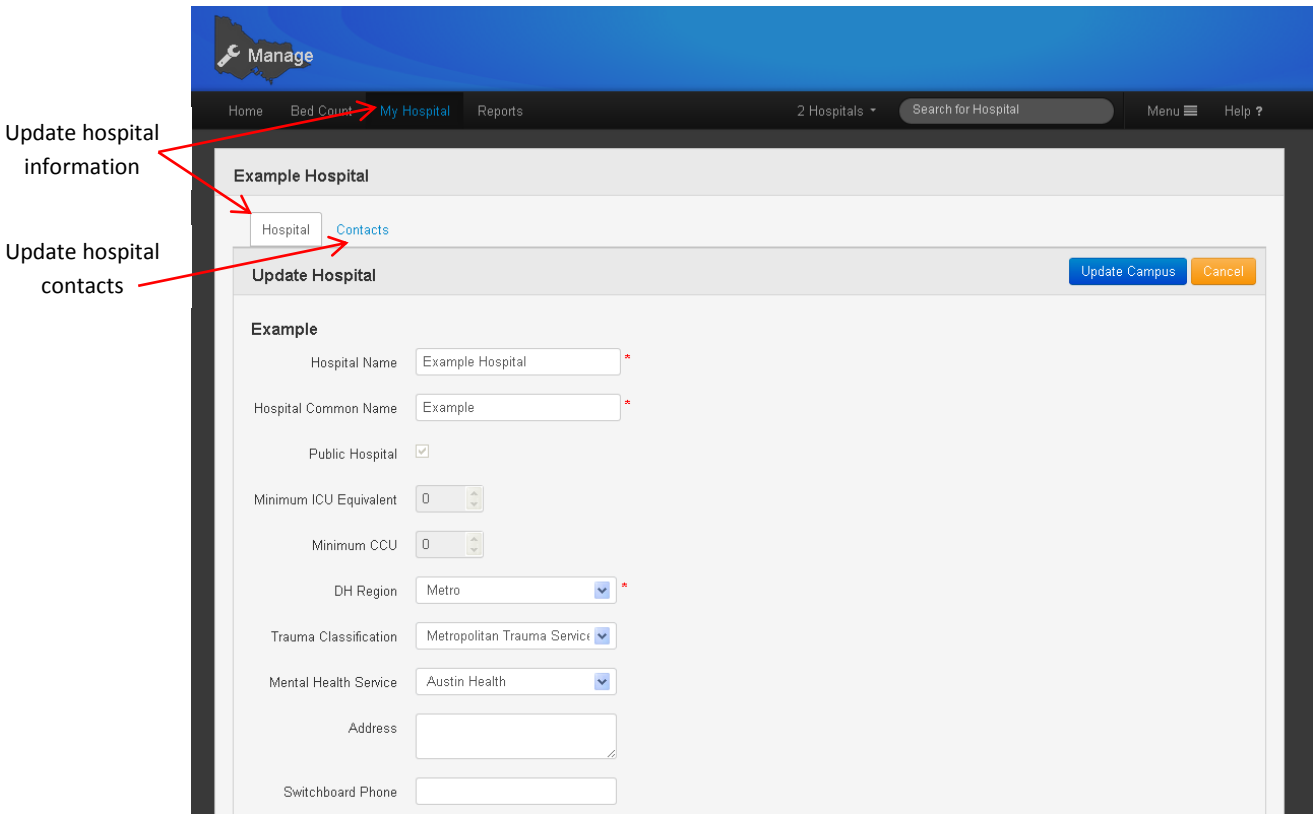
My Hospital

Hospital Administrators for Critical Care, Mental Health and Incidents all have the ability to update their assigned hospital/s information. Some fields in this section are displayed, but not editable, such as the minimum number of ICU equivalents.

Any phone numbers entered in this section should be entered using the following format (area code) if required when dialling within Victoria, followed by the number 9999 9999.

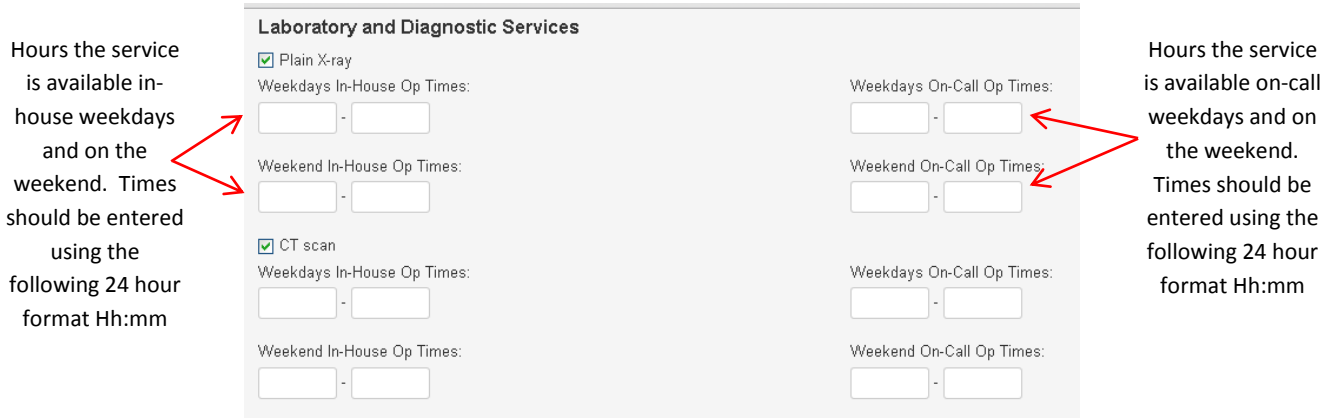
The Alert and Alert End Date fields can be used by hospitals to advise other users of the system of any outages which may affect daily operation. For example your hospitals CT scanner might be out

of order, so you may display an alert so others are aware patients sent to your hospital may not be able to receive this service. The alert will display until the alert end date is reached, at which time the message will disappear.



Hospitals now have the ability to indicate which bed types, clinical services, point of care testing, blood products and laboratory and diagnostic services are available at their hospital campus.

When you select a laboratory or diagnostic service is available at your campus, you have the ability to indicate what hours this service is available.



To indicate a service is available 24 hours, please enter as 0700-0700 (or equivalent) for the period this applies (ie. weekdays or weekends).

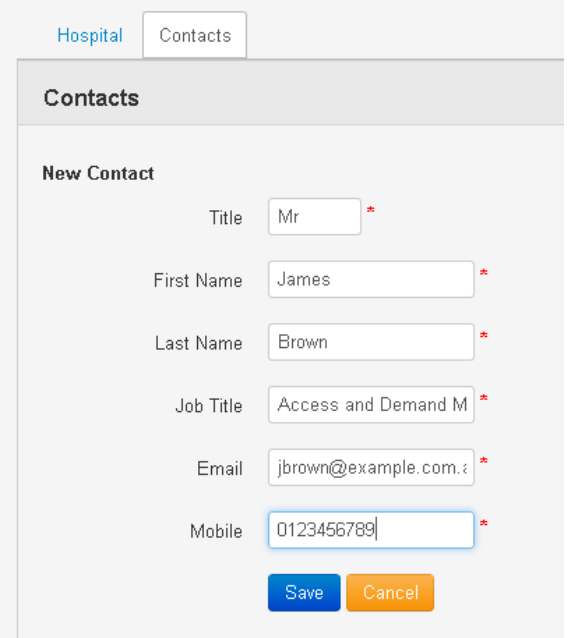
If a service is available on an ad hoc basis at your campus, please select that this service is available and leave the times blank. This will indicate to users that this service is not readily available, so

consultation should occur to confirm hours of operation. This information will be predominately used by ARV for critical care transfers, so is visible only to hospital administrators (for their associated hospital/s) and ARV.

Contacts

Only Hospital Administrators are able to add and update hospital contacts.

To add a contact for your hospital, select Contacts within the Manage section of the website.

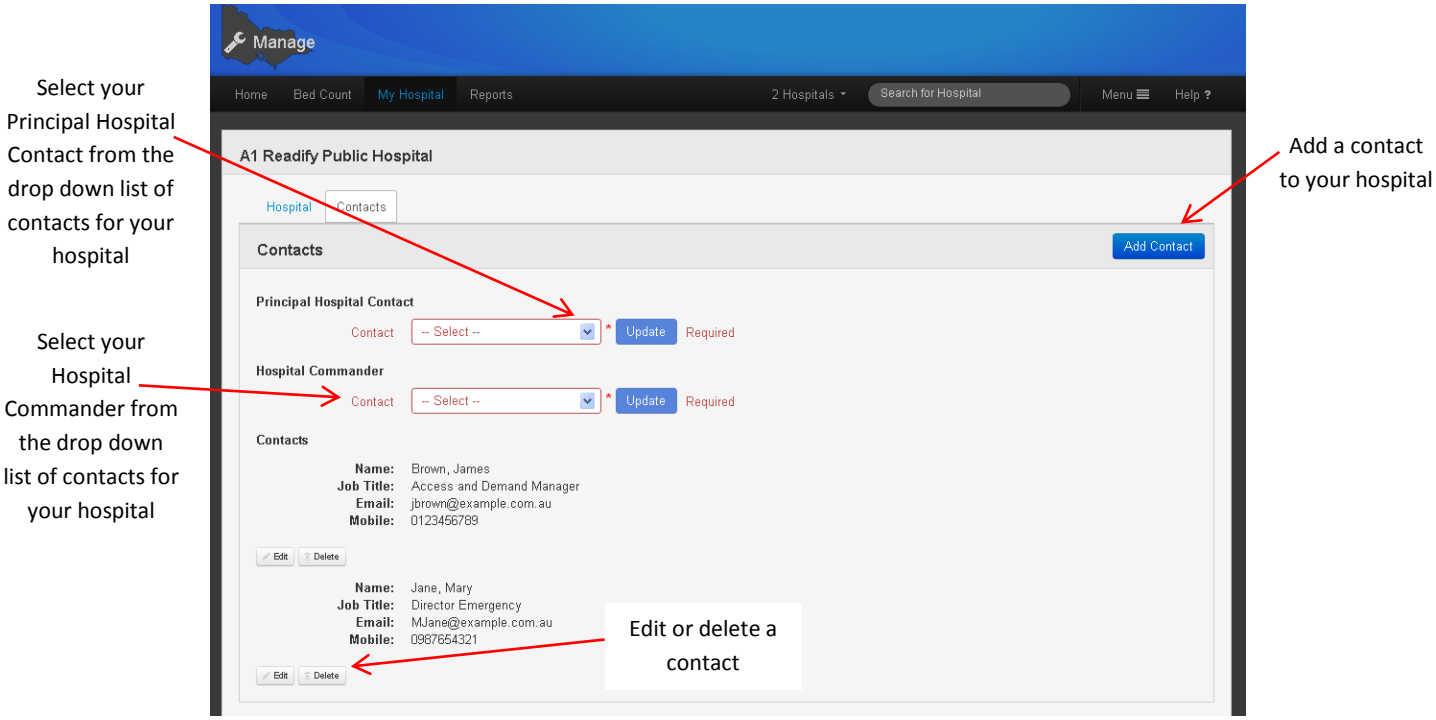


All fields are mandatory and generic contacts will be deleted from the system if created. The individual's title, first name, last name, job title, email address and a valid mobile phone number are required. There is no limit to the number of individuals who can be added as a contact, so you should ensure all potential contacts are included within the system.

Once contacts have been entered into this section, you are then able to populate your Principal Hospital Contact and your Hospital Commander.

The executive on call has been renamed within REACH and is now known as the Principal Hospital Contact. The individuals listed as the Principal Hospital Contact should be the manager who is administratively responsible for ensuring the website is updated and who has hospital authority for resolving any bed access issues. The individual selected as the Principal Hospital Contact will receive notifications the website has not been updated, system wide notifications in regards to occupancy levels and any ad hoc messages sent from the system. The Principal Hospital Contact will receive notifications for both Critical Care and Mental Health.

Your Hospital Commander is the person most in charge of an incident, should it occur within your hospital or require your hospital's involvement. Hospitals should nominate the most likely person to fill this role initially; however this should be updated at the commencement of an incident which involves your hospital/s once notification of an incident has been received to ensure the correspondence regarding this incident is going the correct person.



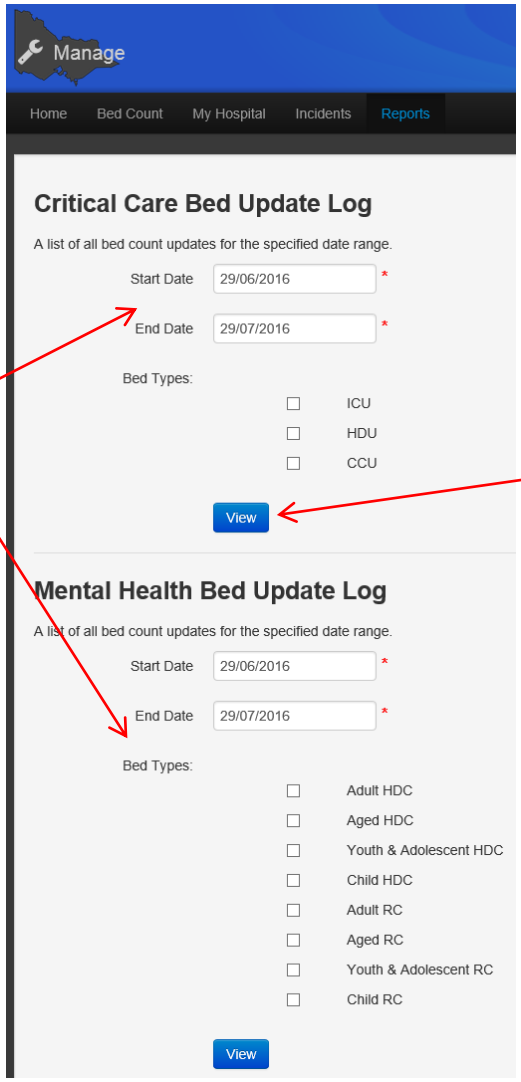
Reports

Hospital Administrators have the ability to run reports for their assigned hospital/s. The reports you are able to run are determined by the bed types associated with your login credentials.

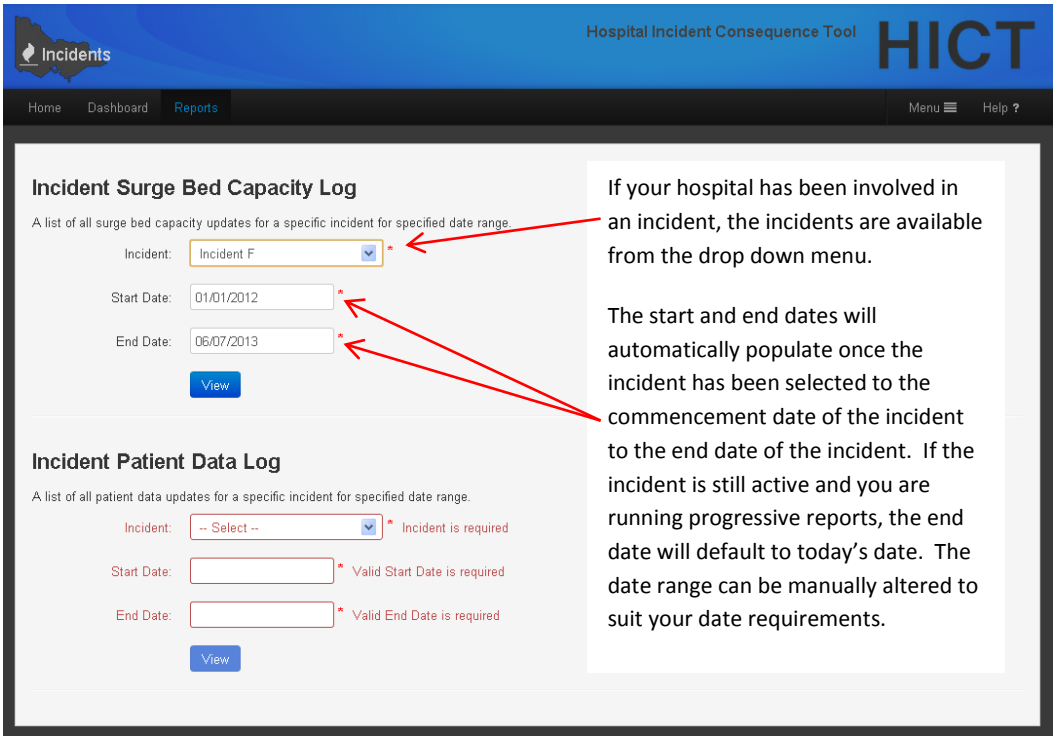
For Critical Care and Mental Health bed log reports, navigate to Manage and select reports. The reports available to you will be displayed.

For Incident Surge Bed Capacity logs or Incident Patient Data logs, HICT Administrators are required to navigate to Incidents, Reports and both of these reports are available here.

Reports can now be run according to bed type for each area within REACH. You can choose to run separate reports for each bed type, or select multiple to include all bed types in the one report. After selecting the required bed types, select the date range for your report and select view to display your report



If no bed types are selected and you select view, all bed types will be included in the report.



If your hospital has been involved in an incident, the incidents are available from the drop down menu.

The start and end dates will automatically populate once the incident has been selected to the commencement date of the incident to the end date of the incident. If the incident is still active and you are running progressive reports, the end date will default to today's date. The date range can be manually altered to suit your date requirements.

Once you have set the parameters for your report, select view and a new webpage will open to display your report. This report can then be exported as a PDF or to Excel or Word for further manipulation and analysis.

Select to export as a PDF, or to Word or Excel

Date and time information was updated

Date and time this information was changed

Indicates who has updated the data

1 of 1 Find | Next

Excel
PDF
Word

Mental Health Bed Log Update

Name	Common Name	Abbreviation	Empty	Planned Discharge	Queued In ED	Queued In Community	Held/ Leave	Closed	Reasons	Comments	Effective From	Effective To	Last Modified By
Mercy Public Hospitals Inc [Werribee]	Werribee	Adult HDC	1	1	1	1	1	0			28/07/2016 11:11:04	29/07/2016 11:14:27	d1stew
Mercy Public Hospitals Inc [Werribee]	Werribee	Adult RC	0	0	0	0	0	0			28/07/2016 11:11:04	29/07/2016 11:14:27	d1stew
Mercy Public Hospitals Inc [Werribee]	Werribee	Adult HDC	0	0	1	1	1	0			29/07/2016 11:14:27	29/07/2016 11:21:05	d1stew
Mercy Public Hospitals Inc [Werribee]	Werribee	Adult RC	1	0	0	0	0	0			29/07/2016 11:14:27	29/07/2016 11:21:05	d1stew
Mercy Public Hospitals Inc [Werribee]	Werribee	Adult HDC	0	0	1	1	1	0		Example comment	29/07/2016 11:21:05		d1stew
Mercy Public Hospitals Inc [Werribee]	Werribee	Adult RC	1	0	0	0	0	2	Capital works Other	Example reason bed closed	29/07/2016 11:21:05		d1stew

ARV e-Referral

The ARV referral icon enables Health Services to refer routine critical care patients to ARV electronically. Electronic referral enables seamless transfer of patient information to ARV, reduces the initial call time, utilises a standardised referral template, is user friendly and efficient and provides the ARV Coordinators with an overview of the current patient condition prior to the initial call.

The ARV referral form should not be used for time critical cases. If you require immediate advice or support, escalate your local response team or system immediately and call ARV on 1300 36 86 61.

This form can be completed by the referring physician, nurse or clerical staff who have access to the patients records.

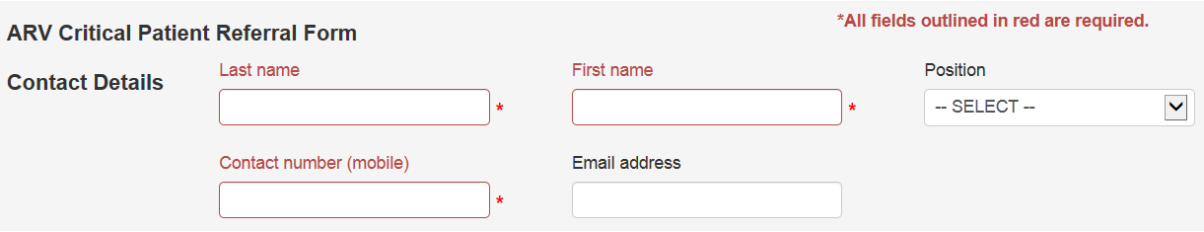
Sections of the ARV referral form

The ARV referral form consists of all the information an ARV call taker would request from the referring person when making a phone referral in addition to a brief patient history. The referral form can be broken down into four sections:

- Contact information
- Patient information
- Observations and history
- Data validation

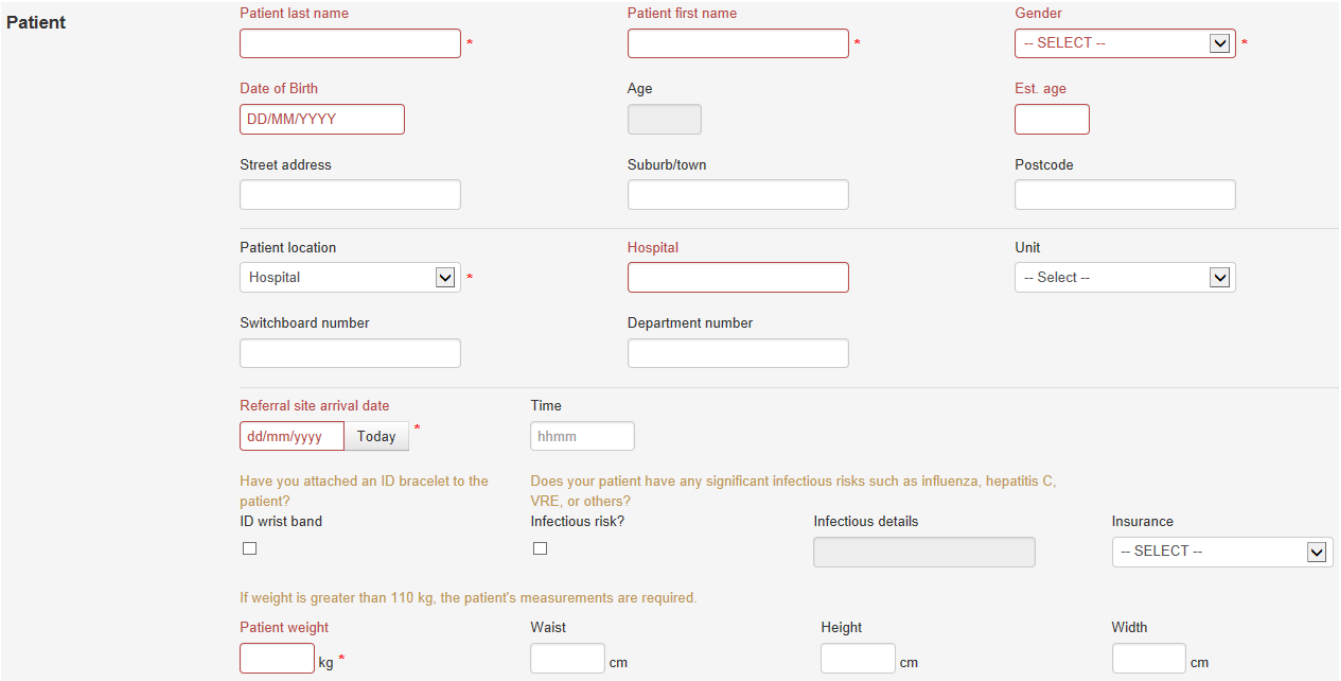
Contact Information

Some basic contact information is required to ensure ARV can contact the person looking after the patient. Please include the first and last name, position within the Health Service (ie GP, Nurse, Consultant, etc), the best contact number (preferably your mobile number) and email address for the person ARV should contact to discuss the referral.



Basic patient registration information

Patient registration information is also required as part of the ARV referral process.



The patients name, gender and date of birth (DOB) are required and where the patient DOB is unknown an estimated age should be entered. If available, ARV also requires the patient's address.

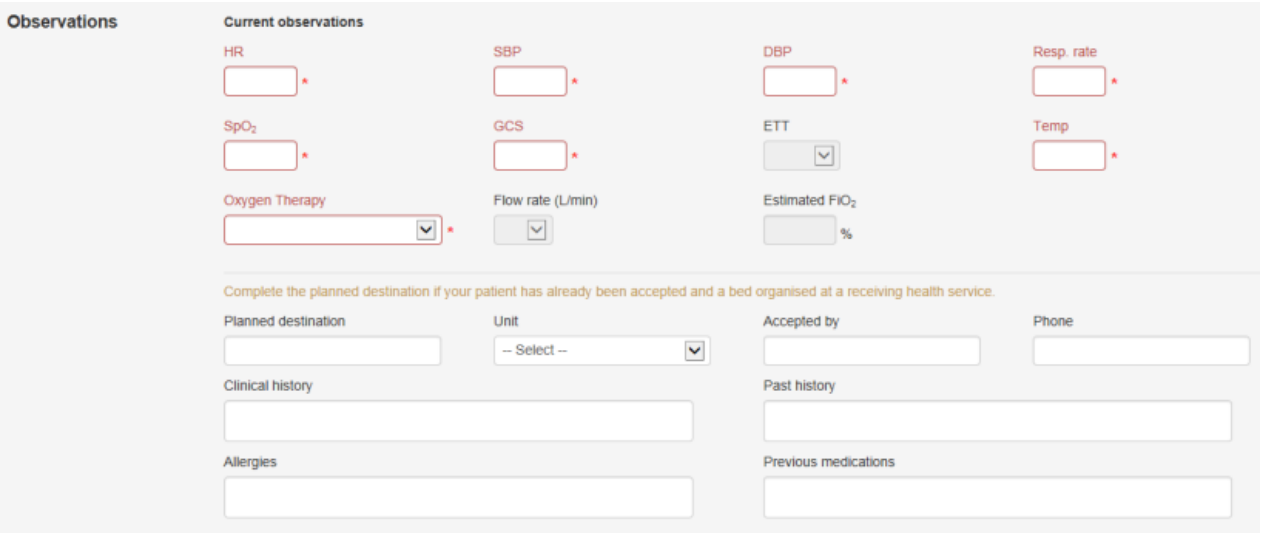
Details of the patient location should be entered into the Hospital field. As you commence typing in this field the list of options will change as you continue to type. Select your Health Service from the list. If you cannot find your Health Service from the list, change the patient location to medical clinic (or applicable) and enter the details of the patient's location into the location details box. Select the unit the patient is currently located in from the unit drop down list.

If a hospital ID bracelet has been attached to the patient, select the ID wrist band box. If the patient has any significant infectious risk, select the infectious risk box and provide details in the infectious details box. The patient's current insurance status is also required.

Patient weight is a mandatory field. For logistical reasons where the patient weight is greater than 110kg, the patient's measurements are required to determine if alternative transport arrangements are required. If these measurements are not available at the time of the e-referral they can be collected while waiting for ARV to call.

Patient Clinical Information

Some clinical information regarding the patient's current condition is also required when making a referral to ARV.



A full set of observations including the patient's current heart rate, blood pressure, respiratory rate, oxygen saturation, GCS and temperature are mandatory. The patient's oxygen therapy information is also mandatory. This should be selected from the drop down list provided. Where the patient is receiving oxygen via nasal cannula/prongs or via face mask you are required to select the flow rate which will automatically calculate the patient's estimated percentage FiO2. If the patient is ventilated, select ventilated from the drop down list which will enable you to enter the estimated percentage FiO2 as per the ventilator. Where the patient isn't receiving any oxygen therapy, select room air from the drop down list which will automatically populate the estimated percentage FiO2.

If the patient has already been accepted at another Health Service and a bed has been arranged, please complete the planned destination information.

The form provides the referring clinician the ability to provide a brief clinical history, past history and any known allergies and previous medications which provides the ARV Clinical Coordinator with a better understanding of the patient referral before even speaking with the referrer.

Form Validation Issues

The bottom section of the referral form outlines the fields which are mandatory and must be completed before the referral can be submitted.

Mandatory fields are outlined in red throughout the form to assist the referrer in ensuring the minimum amount of information is submitted.

As the mandatory fields are completed the red outline disappears and the field name is removed from the list of validation issues at the bottom of the form. A field will remain in the list of validation issues if the field has been overlooked or contains information in the incorrect format.

Submission of an e-Referral

Once the ARV referral form has been completed and all the mandatory information entered, select next located at the bottom of the form to preview the information you are submitting. To make any changes, select back and update as required. If the information of you are submitting is correct, select submit. Your referral is then submitted directly in the ARV case management system.

Submission of a referral to ARV should result in a follow up phone call within 15 minutes. If you have not been contacted within 15 minutes, please phone ARV on 1300 36 86 61.

Trauma Victoria

A link to the Trauma Victoria website is available via REACH. The Trauma Victoria website provides evidence based clinical guidelines in relation to major trauma management for clinicians working outside a Major Trauma Service (MTS). It also provides up to date information and education systems, based on the content of state wide clinical and trauma system guidelines.

The audience for these guidelines and educational material is primarily clinical staff in non-major trauma service settings, however the guidelines (particularly those which address process) are applicable to the entire system.

The Trauma Victoria website is consists of the following:

- Core guideline documents which include specialist clinical guidelines and trauma system guidelines.
- Trauma related resources (downloadable) and links
- Trauma courses and conferences
- News items
- Literature warehouse
- Online Learning

Appendix 1 – DHHS Mental Health Business Rules

REACH Mental Health webpage Business Rules

June 2016

Objectives

- Updating and utilisation of the webpage and clarity regarding consistent terms.
- Setting out establishment requirements on reporting arrangements and expected outcomes.

Scope

This mental health bed status webpage is developed for use by public acute inpatient mental health service providers within public mental health services in Victoria.
The webpage will advise as close to real time information on current acute mental health inpatient bed demand and availability.

Definitions

Term	Detail
Average vacancy	Vacancy divided by capacity over the last 90 days
Capacity	Number of funded acute inpatient mental health (MH) beds
RC	Regular Care
HDC	High Dependency Care
Closed	Number of mental health beds closed e.g. maintenance
Held/Leave	Beds currently vacant being held for a person on leave
Planned Discharges	Number of planned discharges remaining from the inpatient setting (HDC or RC) on the day of reporting
Awaiting Admit in ED	Number of persons assessed, accepted and waiting in Emergency Department (ED) for admission to an acute inpatient MH bed
Awaiting Admit in MH Community	Number of persons assessed, accepted and waiting in community for admission to an acute inpatient MH bed

Reporting requirements

- Health service to nominate users access level:
  - Mental Health Principal Hospital Contact
    - Authorise individuals for Mental Health Hospital User access
  - Mental Health Hospital Administrator
    - Update bed count information for their mental health specified area and allocated hospital/s
    - Generate reports for their mental health specified area and allocated hospital/s
    - Update their allocated mental health hospital/s information

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- Manage mental health hospital contacts

  - Mental Health Hospital User
    - Daily data entry of mental health bed information

- Information to be updated minimum three times per day within the designated times (0900-1100, 1400-1600, 1900-2100). Health services are able to access the webpage 24/7 and should aim to update information as close to real time as possible.
- Information will be accurate at the time of reporting
- Established process when no mental health inpatient bed is available for managing presentations via the community or another health service for admission.
- Information for mental health beds for children (0 – 12) to be entered separately to mental health beds for youth and adolescent (13-25).
- Hospital webpage to be kept updated regarding mental health inpatient bed information.
- Comments to be provided if beds are closed (specify expected open date)
- Agreement with the consumer, carer (if relevant) and admitting officer at a health service prior to patient transfer. Updates to be provided to the receiving health service until transfer has commenced (consumer has left the referring health service).
- REACH will be responsible for updating bed capacity for all services as advised by DHHS.

Expected outcomes

The following outcomes are expected:

- Timely access to inpatient mental health beds.
- Improved communication between mental health services.
- Increased transparency of available inpatient mental health beds.

The outcomes will be reviewed by the department in partnership with the sector.

Appendix 2 – DHHS Neonatal Business Rules

REACH Neonatal

Business rules and definitions

The REACH website, managed and hosted by Adult Retrieval Victoria (ARV), provides an interactive and responsive monitoring and reporting tool for health services across Victoria. ARV is responsible for its management.

The following business rules have been developed by the Perinatal Services and Child Health Unit, Department of Health and Human Services for inclusion in the existing REACH user guide.

Updating neonatal capacity information

Health services are able to access the webpage 24 hours a day/7 days per week and are required to update information as close to real time as possible. Information should be accurate at the time of reporting. Health services should update the website four times within each 24 hour period between:

- 6am-8am
- 11am-1pm
- 3pm-5pm
- 9pm-10pm

Definitions

Capability level (level 6):

A level 6A or 6B newborn service defined in accordance with *Defining levels of care for Victorian newborn services*[1] (2015) and as listed and published in the *Policy and Funding Guidelines* for the relevant year. This field is auto-populated by the Department of Health and Human Services.

Capability level (level 3-5):

A level 3, 4 or 5 newborn service defined in accordance with *Defining levels of care for Victorian newborn services* (2015) and as listed and published in the Policy and Funding Guidelines for the relevant year. This field is auto-populated by the Department of Health and Human Services.

L6 capacity:

The number of level 6 cots available for operation at the health service. This field is auto-populated by the Department of Health and Human Services.

L3-5 capacity:

The number of level 3-5 cots available for operation at the health service. This field is auto-populated by the Department of Health and Human Services.

L3-6 capacity:

[1] Department of Health and Human Services 2015, *Defining levels of care for Victorian newborn services*, State of Victoria, Melbourne.

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The capacity (number of level 6 cots *plus* the number of level 3-5 special care nursery cots) available for operation at the health service. This field is auto-populated by the Department of Health and Human Services.

Occupied (L6) N(%):

Total number of level 6 acuity babies occupying a cot in the nursery (shown as a percentage and raw numbers). A level 6 baby must meet the definition for a 'Level 6 baby' (see below for further details).

Level 6 baby:

A level 6 acuity baby must meet one or more of the following criteria:

	Criterion
1	**Mechanical ventilation via:** 1. endotracheal tube 2. tracheostomy
2	**Extreme prematurity:** 1. current weight <1000g 2. corrected gestation <28 weeks
3	**Neonatal surgery involving opening of a body cavity – on the day of surgery**
4	**Specific diagnoses:** 1. seizures (frequent) 2. unstable upper airway obstruction
5	**Non-invasive respiratory support PLUS one or more of:** 1. an intercostal catheter* 2. parenteral nutrition* 3. prostaglandin E1 4. nasal positive pressure ventilation (NIPPV)
6	**Vascular access:** 1. arterial line 2. femoral venous line 3. umbilical venous line*
7	**Interventions and therapeutics:** 1. insulin 2. inotropes 3. dialysis 4. therapeutic hypothermia 5. exchange transfusion
8	**1:1 nursing care**[2] 1. clinical acuity 2. expected death within 24 hours for tertiary level 6 inpatients

** Denotes 'limited intensive care'- suitable for care in level 5 newborn service.*

Occupied (L3-5) N(%):

Total number of level 3-5 acuity babies occupying a cot in the nursery (shown as a percentage and raw numbers). A level 3-5 baby must meet the definition for a 'Level 3-5 baby' (see below for further details).

Level 3-5 baby:

A baby requiring care in a level 3-5 special care nursery and not meeting the criteria for a Level 6 baby.

Occupied (L3-6) N(%):

[2] Watson SI et al. *The effects of a one-to-one nurse-to-patient ratio on the mortality rate in neonatal intensive care: a retrospective, longitudinal, population based study.* Arch Dis Child Fetal Neonatal Ed 2016; 0: F1-F6. Doi:10.1136/archdischild-2015-309435.

Total number of babies occupying a cot in the nursery, regardless of level of acuity. This number is auto-calculated and derived from the total number of level 6 acuity babies plus the total number of level 3-5 acuity babies.

Empty:

Total number of empty level 6 cots. This number is auto-calculated and derived from the agreed level 6 capacity minus the total number of level 6 acuity babies in the nursery.

Awaiting admission:

Number of level 6 acuity babies awaiting admission to the neonatal intensive care unit. This field must **only** include babies already born or where birth is imminent and the baby has been confirmed for admission. This field must not include unborn babies that will potentially require neonatal intensive care. Awaiting admit babies will only move into the 'total number of level 6 babies' field once the baby is physically occupying a cot.

Awaiting discharge:

Number of level 3-5 acuity babies ready for discharge home or transfer to another hospital. For example:

- awaiting transfer to a lower capability hospital
- awaiting transfer to a higher capability hospital
- awaiting transfer to another ward
- awaiting discharge home.

Babies 'awaiting discharge' will appear in the 'total number of level 3-5 acuity babies' field until the baby is no longer physically occupying a cot.