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| Time critical defined transfer guidelines |
| January 2019 |

# Victoria’s intensive care system

Victoria’s State-wide intensive care system comprises public health service intensive care units and Adult Retrieval Victoria (ARV) supported by the Department of Health and Human Services (DHHS).

Adult Retrieval Victoria, a business unit of Ambulance Victoria, provides clinical advice, transport of critically ill or injured patients and bed-finding capability for adult patients admitted to a hospital.

# Critical care transfers

A patient requiring urgent critical care and/or surgical intervention may need to be transferred to another hospital if the hospital where they are being cared for does not have the critical care, medical and/or surgical capability to meet their needs, or where the hospital has no intensive care unit bed available for a new patient.

Victorian health services are encouraged to make first contact with ARV directly for patients requiring inter-hospital critical care referrals. Referrals for these patients should not be delayed with communications to receiving facility inpatient teams and/or emergency departments.

Where definitive management of a patient’s condition is likely to be achieved by urgent transfer to another hospital, ARV will facilitate access to critical care and/or surgical intervention beds and coordinate transport of critically ill or injured patients.

# Defined transfers

Demand for critical care services is frequently high and there may be periods when demand exceeds the immediate supply. This may lead to no ICU, high dependency unit (HDU) or post-operative bed being immediately available for a critically ill or injured patient. To safeguard patient care in these circumstances, ARV is authorised to nominate a hospital to receive the patient. This is called a ‘defined transfer’ and reflects the time critical need for appropriate care for a critically ill or injured patient.

# Assessment criteria for defined transfers

The decision to authorise a defined transfer is at all times determined by the needs of the patient. In authorising a defined transfer, ARV may also take into account factors such as:

* the nature of the patient’s clinical condition
* time critical defined transfer
* the nature of the surgical or other intervention/s required by the patient
* the capability and capacity of the referring health service
* the capability and capacity of the potential receiving health service
* any known or anticipated demands on the state’s critical care system at the time of the defined transfer
* geographical proximity and default referral pathways that may exist for the patient’s clinical condition
* the needs and considerations of the patient’s family
* the distribution and frequency of previous defined transfers to the potential receiving health service.

# Authorisation of defined transfer process

If a defined transfer process is required for a time-critical care patient the authorisation process will be as follows:

1. Decision to initiate the defined transfer process will be authorised by the ARV Medical Coordinator (or delegate) after consultation with the referring and receiving Consultant clinicians
2. The ARV Medical Coordinator (or delegate) will initiate a defined transfer where no suitable bed can be located to meet the needs of a critically ill or injured patient
3. The ARV Medical Coordinator (or delegate) will notify the receiving hospital bed coordinator of the patient’s destination within the receiving hospital (ICU, Emergency Department, Operating Theatre)
4. The receiving hospital bed coordinator will communicate and operationalise the receiving hospital’s response and actions.

# Defined Transfer Procedure

Once the defined transfer has been initiated, ARV will:

1. Initiate a teleconference between ARV Medical Coordinator and the receiving clinical unit and the referrer, where appropriate
2. Coordinate the logistics of patient transfer
3. Document 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 collated by the ARV Case Review process, categorised and referred to the State Trauma Committee, Critical Care Clinical Network or Emergency Care Clinical Network. Formal reports detailing the incidence and analysis of defined transfers will be provided to the department by the State Trauma Committee, Critical Care Clinical Network or Emergency Care Clinical Network on a quarterly basis, or as required. ARV will also refer any issues arising with the referral and/or receipt of defined transfers by health services to the department.

# ARV contact details

24 Hour Statewide contact number: 1300 368 661

Website: [www.ambulance.vic.gov.au](http://www.ambulance.vic.gov.au)

Email: [arv.admin@ambulance.vic.gov.au](mailto:arv.admin@ambulance.vic.gov.au)

# Further information

For further information please contact:

Manager, Admitted Care Policy  
Health and Wellbeing Division  
Department of Health and Human Services

Telephone: 03 9096 1233

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| Website: | [Critical care transfers](https://www2.health.vic.gov.au/hospitals-and-health-services/patient-care/acute-care/critical-care/critical-care-transfers) |
| Email: | emergencyandtrauma@health.vic.gov.au |

To receive this publication in an accessible format phone 1300 650 172 using the National Relay Service 13 36 77 if required, or email [emergencyandtrauma@dhhs.vic.gov.au](mailto:emergencyandtrauma@dhhs.vic.gov.au).

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