

Brief

In an adverse event at a RAAC Planks hospital patients will be evacuated to regional hospitals via a virtual command centre (PDEC)

Macro requirements for hospital staff to e-refer for evacuation:

Referral form should only take a few minutes to complete;
 Referrals may have attachments e.g a PDF discharge summary;
 Referral does not require training, onboarding, or pre-authorisation;
 Does not require sign up or log in;
 Instant messaging interface on each referral;
 Be compliant with data security and privacy legislation and policies.

Macro requirements for PDEC:

Online database with 99.9% up time and 24/7 web chat support;
 Remote and secure controls for 'Access and Permissions';
 Multiple simultaneous users;
 Ability to share a referral (one-to-many);
 Who said what and when data capture on each referral
 Instant messaging interface for each referral;
 Real-time aggregate data visuals and sort and filter functions



Can be supported by

referapatient

Referral Category B or C

The referral form should:
 Extract salient data;
 Require minimal free text;
 Not take more than a few minutes to complete;
 Have alerting end-points

Subsequent referral records should:
 Adhere to data standards;
 A single source of truth rapidly accessible to managing teams
 Allow new information to be added but not deleted;

Recorded telephone calls should:
 Be displayed in chronological order;
 Can be attached to e-referrals written prospectively
 Be accessible for playback across co-located teams including the referring team



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MDT

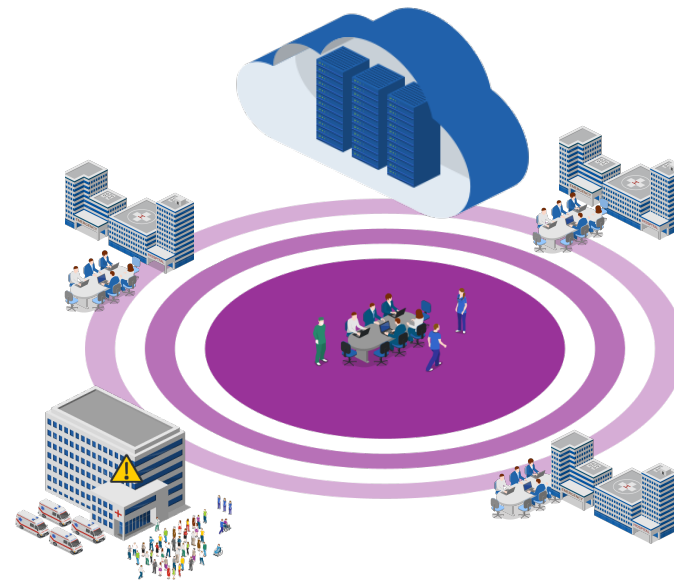


PDEC can host 'hot' virtual MDT meetings for the most complex or highest risk evacuees, to include system-wide leadership. The PDEC MDT can be hosted by a designated lead provider. There may be multiple MDTs depending on the evacuation footprint and availability of suitable providers with appropriate numbers and types of beds.

This model of care will ensure that evacuees can be prioritised and their care optimised with better planning and appropriate information sharing.

How referapatient can support patient evacuation

www.bloomsburyhealth.org/referapatient



Can be supported by

networks

PDEC will need to work and communicate with regional hospitals including other clinical networks to ensure immediate health needs of evacuees are met.

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Signpost

PDEC can publish referral pathways, transfer protocols, and links to resources in a single web page with easy open access.



The PDEC will be responsible for ensuring that all patients with significant medical problems will receive appropriate care during, and after evacuation.

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DataLeap



Data recorded in referrals can be aggregated to provide patient flow information and actionable insights.

The PDEC can provide evidence of discussions for complex patients to share learning to include at least:
 Adverse/serious incidents during the evacuation process;
 Service-level recommendations in post-incident reports.

Can be supported by

networks



Co-dependencies with other services

Multiple specialties or facilities can be consulted. They should function as part of a 'hot' MDT. For example Teams from the following services can join MDTs:

- Obstetrics
- Neonatal intensive care: Level 3
- Adult intensive care: Level 3
- High dependency beds: Level 2
- Anaesthesia
- General surgery
- Acute medicine
- Haematology, blood transfusion, coagulation support
- Radiology with imaging.