



1 August 2022

## Ambulance Victoria's RACER pathway and Victorian Virtual ED

### A better model of care for patients living in Residential Aged Care Facilities (RACFs) who call Triple Zero (000)

Ambulance Victoria (AV) is introducing a state-wide Residential Aged Care Enhanced Response (RACER) pathway using the Victorian Virtual Emergency Department (VVED) service to promptly connect RACF residents with specialist emergency physicians and/or emergency care or aged care nurse practitioners. Our goal is to best meet patient health care needs and reduce avoidable ambulance dispatch and transport to hospital emergency departments (EDs).

The ED is often the default destination for the traditional ambulance response and this is not always in the best interests of the resident, their family, the community, or the health system. With over 90 per cent of Triple Zero (000) calls from RACFs resulting in ambulance transport, we aim to better coordinate timely and patient-centred clinical care for older adults in RACFs and reduce the distress and risk of delirium and other hospital acquired infection, trauma and mortality that can be associated with hospitalisation.

The VVED provides a consultation service with a senior clinician (usually a specialist emergency physician) via video teleconference and aims to provide residents with the virtual equivalent of attending an actual ED. The resident receives clinical assessment, medical advice, early treatment and, where required, local referrals to Residential InReach (RIR), their GP and/or other appropriate services for ongoing management.

In February 2022, the Victorian Government announced funding for the VVED initiative with a remit for state-wide coverage for AV. This announcement follows the highly successful VED pilot by AV and Northern Health in late 2021. Since March 2022, AV paramedics have referred over 1,000 patients from RACFs with facility-based care recommended for approximately 60 per cent of these residents.

### RIR Services

The RACER pathway and use of VVED is not intended to replace existing health care services such as RIR, but to provide supplementary pathways during times when existing services do not currently provide cover (e.g. overnight).

We strongly encourage RACF nursing staff and GPs to continue referring directly to their local RIR during their operating hours if the resident is not seriously ill but does require acute assessment and treatment of illness or injuries such as:

- Urinary tract infections or urosepsis
- Post falls assessment, including head strike with minor injuries
- Pain and other distressing symptoms
- Acute infections (pneumonia, gastroenteritis, influenza, cellulitis, COVID-19)
- Acute confusion or delirium



- Acute exacerbation of chronic disease; COPD/CCF/Diabetes/HT
- Urinary catheter care or urinary retention
- End of life assessment and care planning
- Challenging behaviours
- Functional decline

### **Point-of-Triage VVED Referral**

Triple Zero (000) calls triaged as a non-time critical emergency or non-emergency from RACFs are transferred via AV's RACER pathway to AV's Triage Services for enhanced patient assessment prior to ambulance dispatch. This includes requests made by RACF nursing staff or the resident's GP.

If the Triage Services clinician advises that a referral to an alternate service provider such as RIR or VVED is indicated, they will coordinate the referral. Regarding VVED consults, they will:

- Complete an electronic VVED patient registration form
- Email a copy of the Triage Service assessment summary to the VVED
- Explain to the RACF nurse/resident's GP how the VVED consult will be actioned after the Triple Zero (000) call is ended.

At the start of the consult, the VVED clinician will review the Triage Services assessment summary and ask for a handover from the RACF nurse or resident's GP (if on-site). They may ask for assistance in contacting the patient's Medical Treatment Decision Maker (MTDM) and/or GP, completing further patient assessment and/or administering any treatment that is required at that time.

For point-of-triage referrals, the VVED service will be provided by the Victorian VED (managed by Northern Health).

### **On-site VED Referral**

Upon arrival, the paramedic or patient transport crew will complete a thorough clinical assessment of the patient. The crew will advise if a VED consult is indicated and will register the patient to the service. They will provide any treatment that is indicated at that time.

It is expected that the attending crew will remain on scene with the RACF nurse and/or resident's GP until the VED clinician has advised they are no longer required. The attending crew will provide handover at the start of the consult and assist the VED clinician with any further assessment and/or treatment that is required during their attendance period.

For on-site referrals, the VED service will be provided by either the Victorian VED or a local health service VED.

### **VED Referral by GPs**

GPs attending their patients in RACFs are of course welcome and encouraged to initiate a VED referral instead of calling 000. As noted above, at least 60 per cent of VED referrals result in the resident remaining in their RACF, thus avoiding the many potential complications known to be associated with ED attendance and hospital admission for older adults.



## **VED Consult Information**

To facilitate a VED consult, it is strongly recommended that RACFs have access to the following at their facility:

- A mobile or tablet smart-device (click [here](#) for device information) that:
  - can receive SMS (has SIM card or connected to mobile phone plan)
  - connects to the internet (click [here](#) for browser information)
  - has a camera
- A known phone number for the mobile or tablet smart-device
- A known email address for the facility
- Contact details for the resident's GP (including email address if available).

Often the VED clinician will consult with the resident's MTDM and GP to facilitate a goals of care discussion, so it is asked that their contact details are readily available.

The VED clinician will organise any referrals for ongoing management that are required and provide an electronic copy of the discharge summary to the facility and/or GP along with any prescription for further medication.

With support from the Department of Health and the VED service, we have an opportunity to build on our current response to better connect some of our most vulnerable older patients with the care they need within the comfort and safety of their residence.

The RACER pathway and its use of the VVED is an exciting initiative which has already made a real difference to the Victorian community, and we hope that it will allow AV to truly deliver patient-centered care for RACF residents. However, we can only do this in partnership with the GPs who provide primary care to RACF residents. We understand that some of your members may be surprised or concerned when a patient who they believe requires ED assessment or hospital admission is assessed by another health professional who recommends care in the RACF. We ask that RACGP and your members work with us as we provide the best care to RACF residents and don't hesitate to contact me with any questions or concerns about the initiative.

Yours sincerely,



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