



Pilot Retrieval Practitioner Journey @ MedSTAR - Opportunities & Barriers

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Retrieval Practitioners



Retrieval Practitioners





MedSTAR

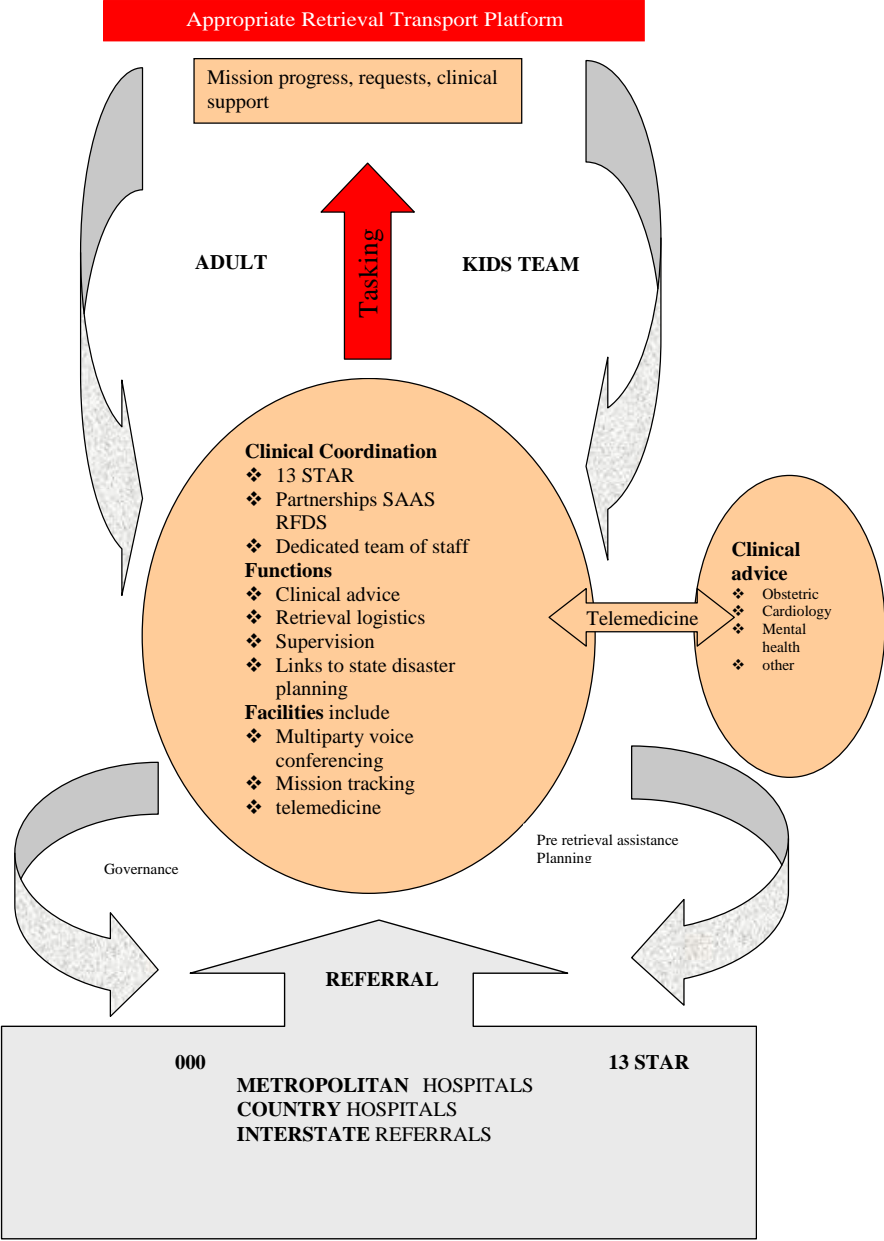
- > What do we do?
 - > Communication
 - > Team dispatch
 - > Pre hospital
 - > Trauma
 - > Inter hospital transfers
 - > Repatriations
 - > Paediatric transfers
 - > Inter hospital
 - > Neonatal transfers
 - > Inter hospital



ADULT RETRIEVAL TEAMS
3 TEAMS 24/7

NEONATAL AND PAEDIATRIC TEAMS
2 TEAMS 24/7

What do we do?



Team flexibility

Across platforms, across tasks

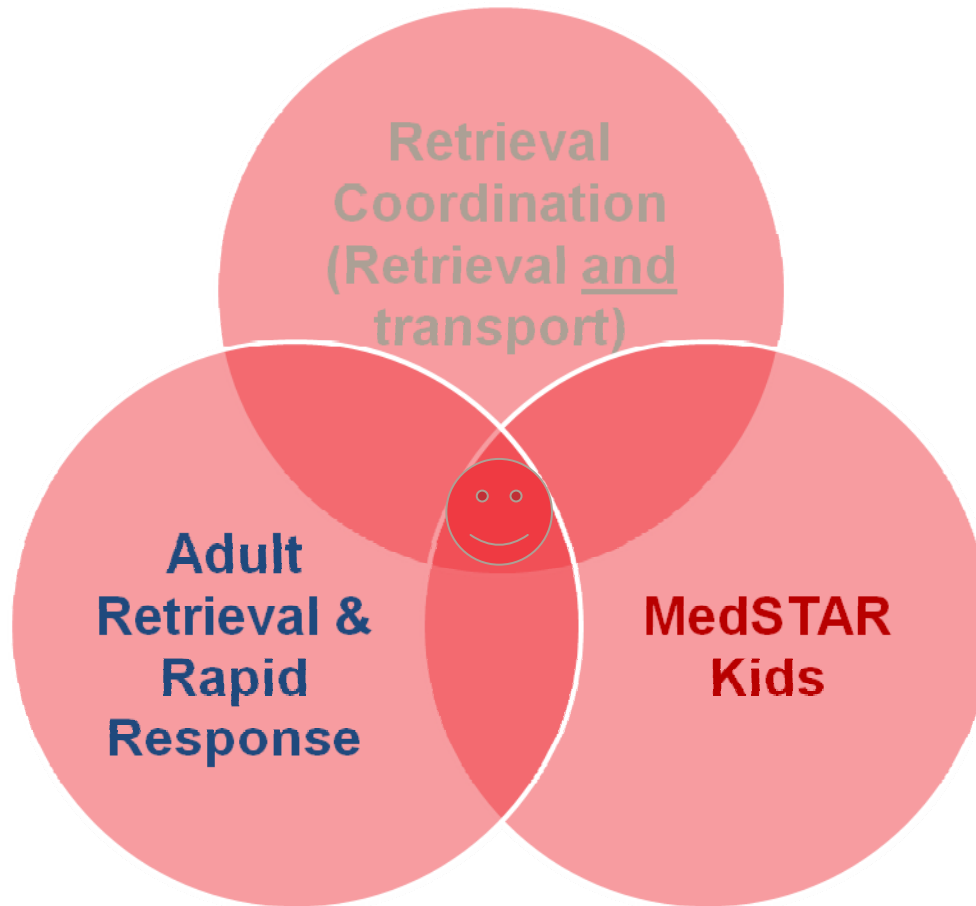




Teams

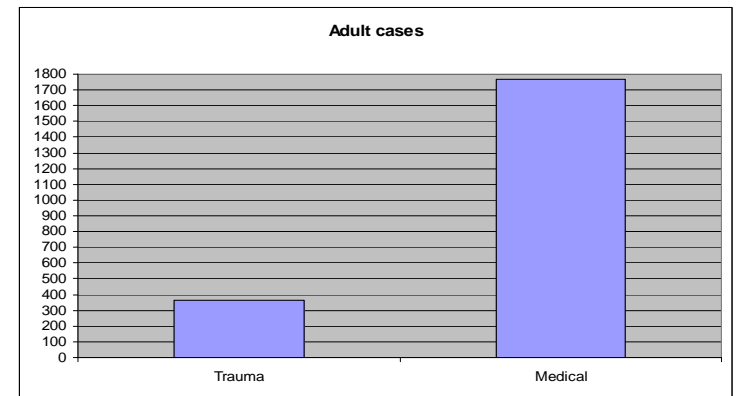
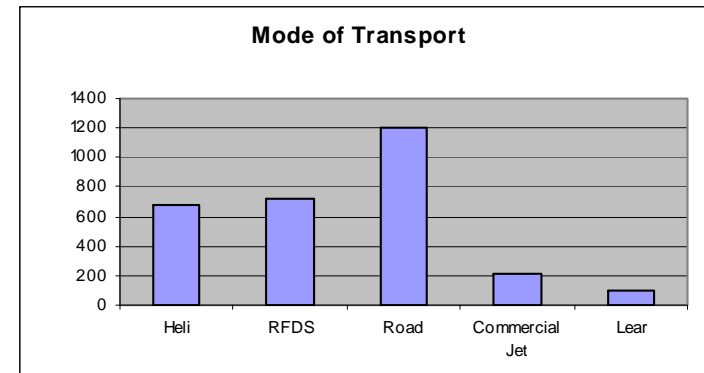
- > Dr and Nurse or paramedic (retrievalist)
 - Pre hospital
 - Trauma
 - Inter hospital

- > Retrievalist only transfer
 - Inter hospital
 - Repatriation



Transport platforms

- > Car
 - Cat B retrievalist drive
 - Cat C retrievalist drive
- > Ambulance
 - Cat B retrievalist drive
 - Cat C retrievalist drive
- > RFDS
- > Australian helicopters
- > Lear jet
- > Commercial flights
- > Public transport



What were we thinking?



> Retrieval practitioner?

- A balanced retrieval workforce team should include consultants, physician trainees with a range of clinical experience, and nurses and/or paramedics with a range of specialist level qualifications and skills including retrieval practitioners.

> Will it work?



Is it achievable?



Retrieval Practitioner (RP) role



- > Is unique
 - Encompassing nursing/midwifery and paramedic plus medical disciplines

- > The RP will have the opportunity to influence all aspects of provision of care and to take a leadership role in the evaluation/treatment of patient care.

Why this model?

State	Retrieval team composition
NSW (non-rural)	R: Doctor and SCAT Paramedic H: Doctor and SCAT Paramedic F: Doctor and Flight Nurse
Queensland (major centres)	R: Doctor and IC Paramedic H: Doctor and IC Paramedic F: Doctor and RFDS Flight Nurse
Victoria (in development)	R: Paramedic +/- Doctor H: Paramedic +/- Doctor F: Paramedic +/- Doctor
ACT	R: Paramedic +/- Doctor H: Paramedic +/- Doctor F: N/A
Tasmania	R: Paramedic +/- Doctor H: Paramedic F: Doctor and Paramedic
WA	R: Paramedic +/- Doctor H: Paramedic +/- Doctor F: Doctor and RFDS Flight Nurse
Northern Territory	R: N/A H: N/A F: Doctor and Flight Nurse
South Australia	R: Doctor and paramedic or Retrieval Nurse H: Doctor, Retrieval Nurse and Paramedic F: Doctor, Retrieval Nurse/paramedic and RFDS



The Retrieval Practitioner role

Combines

- advanced psychosocial
- biophysical client assessment and monitoring
- therapeutic interventions including pharmacotherapy
- client and carer education and collaboration within a health care team
 - > medical specialists,
 - > GPs,
 - > nurses and paramedics
 - > allied health




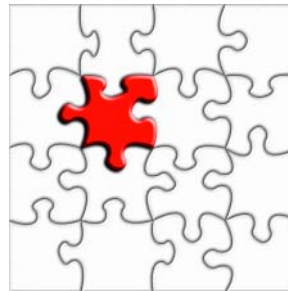
Service Planning my vision

> **Modelling challenge**

> RP must have

- An ability to enhance the existing service or provide a service where none currently exists
- The service setting would benefit from an advanced and extended nursing paramedic practice skill set
- That there is ability for the Candidate in training to have responsibility for development, coordination, implementation & evaluation of care for a patient case load

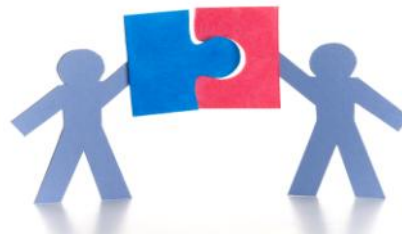
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- > That there is multi-disciplinary input into the educational program provided at the local level for the development of the clinical role and that key medical and other health care staff are committed to providing clinical and educational support and training for the role
 - > There is opportunity for the Candidate in training to practice as an integral member of the health care team
 - > The role development is supported by strong links with DOH, regulatory bodies and education providers SAAS



Practicing beyond scope, Or just thinking outside the Box?

> *Paramedic Practitioner (PP) is a intensive care Paramedic who has completed both advanced university study at a Masters Degree level and extensive clinical training to expand upon the intensive care paramedic role.*

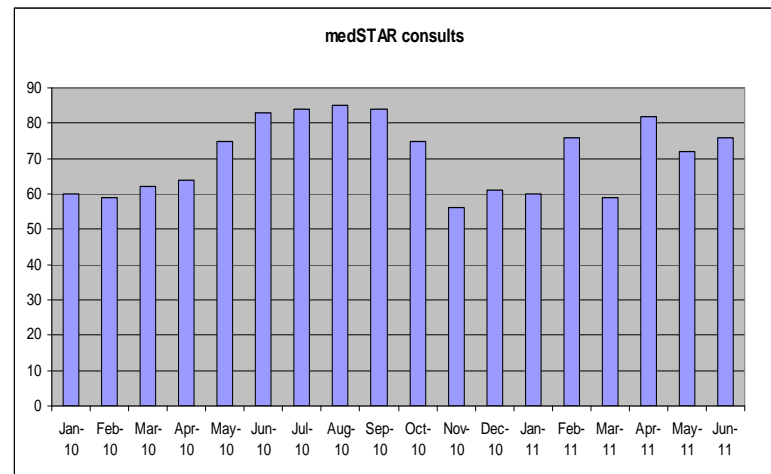
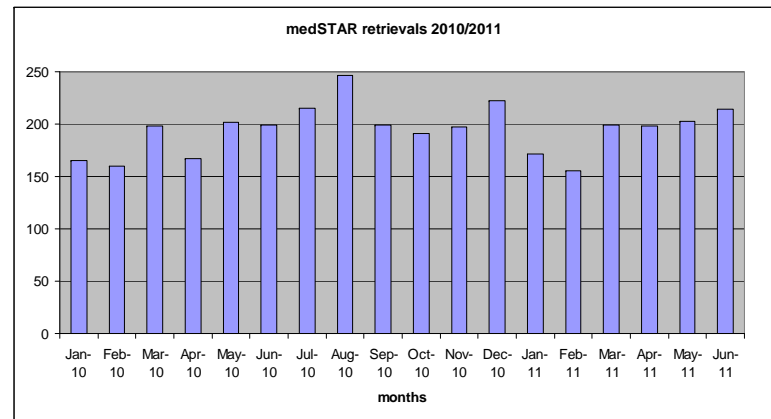
> *A Nurse Practitioner (NP) is a Registered Nurse who has completed both advanced university study at a Masters Degree level and extensive clinical training to expand upon the traditional role of a Registered Nurse.*



Communication Retrieval Consultant Role

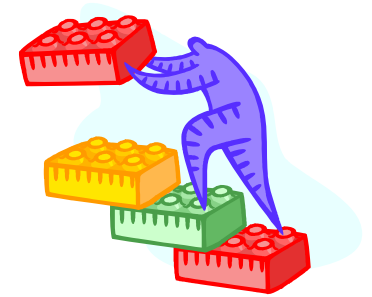
> EOC

- Calls per year
 - Advice
- Retrievals
 - Pre-hospital
 - Inter-hospital
 - > Adult
 - > Paediatric
 - > Neonatal
 - Repatriation
 - > Adult
 - > Kids



Retrieval Practitioner Course

Barriers and opportunities.



> How

- Nominated facilitator
- Discuss with stakeholders
- Build a program that will work
- Talk the talk
- Good clinical governance

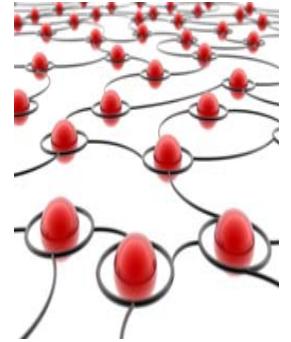
> Opportunities

- Setting a direction
- Drive for results
- Seizing the future
- Leading change through people



Connecting the dots

Can we achieve this?



- > What was needed for this program to work
- Collaboration
 - Medical Consultants paediatric, adult
 - Nursing directors
 - Paramedic general managers
 - Belief
 - It will work, be able to demonstrate this model will work
 - Stamina
 - Correct candidates
 - Future planning

1.1. Key Known Risks

Risk	Consequences	Control/Mitigation
Resource availability to manage transition	Lack of available FTE's funding within SAAS & MedSTAR preventing program/projects from being achieved	Review all SAAS staffing arrangements for FTE's and budget
Succession planning	Career advancement for nursing and paramedics	Ensure effective communication and availability of associated processes amongst team members and relevant stakeholders.
Financial constraints	Budgetary implications preventing projects to be achieved	Liaison with appropriate personnel to confirm financial resources and capital expenditure requirements
Political or SA Health Departmental decisions that limit or reduce project implementation	Potential for changes within MedSTAR may result in re-directed focus	Monitor medical nursing and paramedic political implications and conduct appropriate risk assessments
Undefined time constraints in which to achieve transition	Unattainable time limits placed on target dates, or alternatively, no target dates established	Ensure all parties involved identify realistic and achievable timelines

Governance Accountability for retrieval services

Service Principles	NSW	Victoria (Planned*)	Queensland	South Australia
Central Governance	NSW Health and Ambulance	Health department and MAS	QEMS	Department of Health SAAS
Clinical Governance	Aero-medical Retrieval Unit and service providers	MAS	QEMS and service providers	SAAS MedSTAR.
Integrated Clinical Coordination	Central and regional coordination of service providers	Central coordination centre with MAS and/or 'virtual collocation'	Central coordination centre with QAS communications. 'Virtual' collocation with Northern Zone coordination centre	Central coordination centre with SAAS communications. RFDS Port Augusta.
Integrated multi-agency operational system	Integrated road, fixed wing and helicopter service across the state Mixed levels of interdisciplinary teams.	Integrated road, fixed and rotary wing. Integration of senior Medical and Paramedical staff.	Integrated aero-medical service across the state. Comprehensive multidisciplinary teams. Hospital based metro transport at present.	Integrated aero-medical service across the state. Comprehensive multidisciplinary teams. Rapid response
Centralised operational service	Central and regional	Central and regional	Central two zone operational	Central and regional
Standard Operating Procedures	Central oversight with regional	Central	Highly centralised with service provider clinical	Standard across all services
Single point of contact	Y	Y	Y	Y
Easily accessible	Y	Y	Y	Y13STAR
Rapid response capacity (Team and asset collocated)	Y	Y	Y	Y



Most important: Outcomes of care

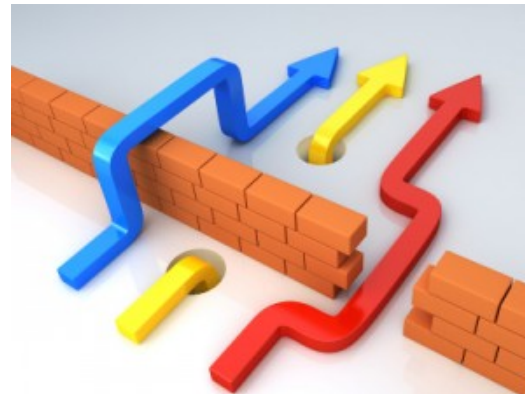


- > Continuity of clinical care
- > A need to attract, develop and retain skilled staff
- > Development of career opportunities
- > Call for professional autonomy
- > Elimination/minimisation of disruption to MedSTAR that arises from the need to recruit medical staff to fill required medical staff complement
- > Teaching of medical and retrieval staff
- > Improved staff morale and productivity
- > Research and audit
- > That the Practitioner will document the patients care. This will serve as a legal document and a record for other multidisciplinary staff to base their interventions.
- > That the patient/carer is satisfied with the outcome of care by the practitioner.
- > That care is streamlined and service gaps are minimised.
- > Risks and variances are identified and management is discussed
- > All investigations ordered and medication prescribed will be in accordance with evidence- based practice and retrieval guidelines

Let's play the "What if" game

> Pilot program

- Succeeds
 - We manage to go around, over and through the barriers
- Directions
 - Forward
- Fails
 - The wall grew too high we couldn't get over this barrier.



When good teams go wrong. Could this happen?

> Nut island effect

- Avoidance
- Evidence in America re litigation NP seem to have fewer cases
- NP underutilized resource
- Cost effectiveness



Media



- > **Nurse practitioners: changing the healthcare landscape**

The Pulse

by Rebecca Jenkins

- > When we're sick most of us think of the doctor. But with access to doctors an issue for some of us, could nurse practitioners be the answer to some of our healthcare needs?
- > Most of us have memories of visiting the family doctor when we were sick as children. This friendly and familiar figure checked your sore ears, listened to your heartbeat and gave you jellybeans at the end of your visit

Lessons learned as the journey continues.



> Communication

- Candidate
- Hospitals
- Mentor

> Preparation

- **University**
 - [MMED9101](#) Principles of Pharmacology and Therapeutics (6 Units)
 - [MMED9102](#) Pharmacology for Advanced Professional Practice (3 units)
 - [9017](#) Extended Practice (12 units)
 - [9020](#) Evidence-Based Clinical Practice (6 units)
 - [9025](#) Population Health (6 units)
 - [9026](#) Leadership in Health Studies (6 units)
 - [9027](#) Diagnostics for the Practitioner (6 units)
 - [9028](#) Transition to the Role of Practitioner (9 units)
- **Skills matrix**
- **Competencies**

Tell me something good patient / family advocacy



- > Literature supports that practitioners are excellent in support for the patient and family
- > Retrieval environment?



TRM



- > Through their training and expertise RP are able to autonomously perform advanced physical assessment, order diagnostic tests, interpret the results of these tests, initiate referrals to relevant healthcare providers, and prescribe appropriate medications and other therapies as needed.
- > Retrieval Practitioners work as key members of the healthcare team and collaborate with other nurses and healthcare professionals including GPs, medical and surgical specialists, physiotherapists, dieticians, occupational therapists, social workers, and many others.
- > Work in a variety of locations across all platforms

Future

- Improve access to treatment
- Provide cost-effective care
- Target at-risk populations
- Provide outreach services in rural and remote communities
- Provide mentorship and clinical expertise to other health professionals





