



Department of Health

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e3132748

Ms Briley Miller
Coroners Registrar
Coroners Court of Victoria
Level 11, 222 Exhibition Street
MELBOURNE VIC 3000

Dear Ms Miller

Court Reference: COR 2006 004248

I am writing in response to your letter dated 27 June 2013 regarding a Coronial recommendation made in the above case. The Department of Health has consulted with the relevant unit responsible for the Victorian State Trauma System.

Enclosed with this letter is the department's response to the recommendation that senior medical officers should accompany trauma patients when transferred to tertiary hospitals in order to better understand the importance of implementing trauma protocols. The department has instead chosen to continue raising awareness of trauma protocols through trauma education and training.

If you require further information, please contact Ms Katy Fielding, Acting Manager Acute Programs on 9096 6902.

Yours sincerely

Lance Wallace
Acting Secretary

Department of Health Response – Case 2006 4248

The Victorian State Trauma System

The Victorian State Trauma System (VSTS) is considered a world leader in the management, care and outcomes of trauma patients in Victoria. The VSTS is an integrated system of trauma care, providing a multi-disciplinary and integrated approach. The VSTS provides a framework for the management of trauma patients in Victoria. Key elements of the system include:

- Coordination of pre-hospital and acute care services
- Defined triage guidelines for the transport of patients to trauma centres
- Designation of all 138 trauma-receiving hospitals with a designation within the system
- Designation of two adult and one paediatric Major Trauma Services
- A Ministerial committee and sub-committee to oversee the trauma system.

The department commits effort to ensuring all hospitals within the VSTS are aware of the Major Trauma Transfer and Triage Guidelines. These guidelines prescribe the protocols for the management and transfer of major trauma patients across the system. Education and promotion of these guidelines occurs through regular department newsletters sent to health services, direct communication with health services that may not have complied with the guidelines and email communication with emergency clinicians.

Most recent data from the Victorian State Trauma registry indicates that over 90 per cent of major trauma patients are receiving their care at an appropriately designated trauma service, confirming that the trauma triage guidelines are well systematised.

The transfer of critically ill and injured patients in Victoria

In Victoria, the retrieval of critical and time critical patients is coordinated by the statewide service, Adult Retrieval Victoria (ARV). The Department of Health (the department) funds ARV to transfer patients from hospitals where resources or services are not available or are unsuitable for ongoing care, to those that are able to provide definitive care for the patient.

The decision to transfer a patient is made between an ARV critical care coordinator and a clinician at the referring hospital.

During the transfer, specialised clinical teams, transport platforms and equipment are used. These teams may include medical, nursing, paramedic or MICA paramedic personnel. For major trauma, the clinical team will comprise operationally trained critical care physicians, who have additional specialised training in trauma care, pre-hospital and retrieval medicine.

Given the critical care expertise of ARV clinicians who are responsible for the care of the patient during the transfer, doctors from receiving hospitals do not routinely accompany the patient in transit.

The majority of transfers coordinated by ARV are from rural and regional locations. Most of these hospitals will not have the clinical workforce to enable an emergency clinician to accompany ARV clinicians for the purpose of education on trauma protocols.

ARV, as the statewide provider of critical care transfers, provides regular information sessions to regional and rural clinicians on their role and transfer processes, and the content and importance of trauma triage guidelines and protocols.

Training and education

The Commonwealth Government and specialist medical colleges fund a range of programs and initiatives to support individual clinicians to access training and professional development programs to expand their knowledge and expertise in trauma. A number of these programs

specifically focus on building the skills of clinicians in rural and regional settings, recognising that these emergency clinicians play a frontline role in trauma patient stabilisation. Examples of these programs include:

- The Emergency Medicine Education and Training Program (EMET), funded by the Department of Health and Ageing (DOHA), provides funding to smaller rural health services to enable them to obtain education, clinical support, and training from a larger hospital. It also provides for larger hospitals to supply education, clinical support and training to that hospital and smaller emergency departments (EDs) or urgent care centres where care is provided by non specialist medical staff. There are 40 rural and regional health services participating in this program.
- The Rural Health Continuing Education (RHCE) Sub-Program provides funding for support, education and training activities for rural medical specialists, including GPs.
- The Rural Health Education Foundation (RHEF) is also funded separately under the RHCE Sub-Program. RHEF provides rural health professionals with free access to professional development and medical education broadcasts through its satellite network, DVDs, videos, web streaming and podcasts.

The department has recently provided \$400,000 recurrent funding to trauma education and training. The department is currently considering proposals for the development of an integrated trauma education framework that will include capacity for web-based learning, remote simulation and team training and regular expert face to face interdisciplinary educational events.

It is anticipated this further investment in trauma education and training will ensure the current high levels of knowledge of trauma protocols is maintained in current and future workforces. The training will support clinicians across the VSTS to accurately identify the needs of the injured patient and the appropriate level of treatment in a safe and timely manner.

Health service role in workforce planning

Victoria's health services operate under a system of devolved governance, overseeing health service workforce planning and provision.

It is the responsibility of health service Boards of Management to administer the operational aspects of health services, including workforce development, staff training and risk management. As part of this, health services are responsible for ensuring that staff can access education and professional development programs to ensure that they are skilled to perform the tasks required within their scope of practice.

Health Services are required to ensure an adequate staffing of Fellows of the Australasian College of Emergency Medicine (FACEMS) in each ED. FACEMs have completed advanced training in emergency medicine. The advanced training program completed by FACEMs is of four years duration with a requirement for the course participant to work in both rural and regional hospitals and a major referral hospital such as a Major Trauma Service. During this program, all FACEMs acquire a thorough working knowledge of trauma triage and transfer protocols.

In addition to dedicated FACEM roles, health services need to ensure all clinicians who provide services to their health care facilities are appropriately credentialed, have their scope of clinical practice defined in accordance with their level of skill and experience and that this scope of practice matches the role expected of them (e.g. patient care in EDs).

This is supported by the department's *Credentialing and defining the scope of clinical practice for medical practitioners* policy:

<http://www.health.vic.gov.au/clinicalengagement/credentialling/policy.htm>

Clinician's role

Every doctor practising medicine in Australia must be registered with the Medical Board of Australia (MBA) under the National Registration and Accreditation Scheme for health practitioners, which came into effect in 2010. The registration process is administered by the Australian Health Practitioner Regulation Agency.

Within this framework medical practitioners must comply with mandatory registration standards. These standards include a requirement for Continuing Professional Development (CPD). As such, all medical practitioners are required to participate regularly in CPD activities that are relevant to their scope of practice in order to maintain, develop, update and enhance their knowledge, skills and performance to ensure that they deliver appropriate and safe care.

It should be noted that in addition to these requirements, any medical practitioners seeking membership to professional medical colleges, including the Australasian College of Emergency Medicine, are required to meet a range of requirements and satisfy the college of their competence through training and/or experience. Each college offers a range of CPD programs and activities to members to promote advanced skills and expertise. All courses are required to be accredited by the Australian Medical Council to meet the MBA's CPD requirements.

Conclusion

There is a high level of knowledge of trauma protocols within the VSTS and many opportunities for regional and rural clinicians to advance their knowledge of major trauma triage and transfer protocols. The department's additional substantial funding commitment to trauma education and training will ensure this level of knowledge is maintained.

The retrieval of critically injured patients in Victoria is well systematised. The highly trained care provided by ARV retrieval clinicians ensures the patient is provided with best possible care during the transfer process.