RETRIEVAL – COMMON FROM REGIONAL AND RURAL HOSPITALS – WHAT ACTUALLY HAPPENS?

WHAT I DID

One of the ICU consultants and one of the ICU senior registrars have both been part of the retrieval teams for the state and were very available to answer my questions, and I proceeded to do some research on what happens.

WHY THE QUESTION?

There is a helicopter pad about 100metres from where I usually work.I hear the helicopters arrive (they are remarkably noisy) and always wonder what is happening. I am an absolute helicopter nerd, I love watching them land and take off and am exceptionally grateful to the brave women and men who staff these noisy, huge, scary looking flying machines that have come to pick up our tiny babies, or patients who have had a multi trauma, or those our hospital is not equipped to help. TWO of my all time professional highlights include taking receipt from the open door of a just landed helicopter of a box of Oseltamivir tablets from state stockpile during a flood at the peak of the Bird Flu epidemic, and another was taking receipt of seven boxes of prepared chemotherapy that was unable to be delivered by road due to flooding (again) and brought in by a rescue helicopter, which was on the ground for less that two minutes. And in addition one of my own children required a medical retrieval to a larger centre in the middle of the night (and those are all tales for anther day)

Over an extensive career in a regional hospital, including as the ICU pharmacist, we have often had a patient who is “awaiting retrieval”.

Recently as pharmacist on call, I had several very urgent calls very early in the morning from the nurse manager saying that the helicopter couldn’t leave without the patient receiving a certain drug (which was IV Phenobarbitone). And the hospital couldn’t find any, and could I come in, pretty quickly, as the helicopter was waiting.

This made me think about the entire retrieval process and if, as a pharmacy department, we needed a different array of stock on hand for emergencies and if there was a level of urgency involved in responding to such a call that there wasn’t in our other more regular call backs.

WHAT HAPPENS WITH NSW IF SOMEONE NEEDS RETRIEVAL?

In NSW, if a patient is critically ill or injured and is at risk of critical deterioration requiring referral and transfer of care to a higher level facility, there are TWO very clear Policy Directives to follow.One for adults and one for children.The children’s retrieval service is known as NETS (Neonatal and Paediatric Emergency Transport Service).

Within each Policy Directive, there are exceptionally clear steps as to what needs to happen. The clinician within our hospital would telephone the NSW Aeromedical Control Centre (ACC) or NETs (depending on the patient) and the case would be discussed extensively with a group required to safely and appropriately transfer desperately ill patients.

Where patient transfer is time critical, the receiving hospital may not have a bed, and ACC will ensure that the receiving hospital is prepared for such patient, In times where transfer is not time critical, it is the responsibility of the sending hospital to ensure that a bed is available in the receiving hospital.

Retrieval is charged to the sending hospital and costs around $6000 per patient. There are more than 3000 missions flown in NSW each year.

WHAT HAPPENS WITH THE MEDICATIONS NEEDED BY THE RETRIEVAL TEAMS?

Almost all of the drugs that will be needed are brought by the teams. The provision of such drugs is by NSW Ambulance, and standardised concentrations are used so that the clinicals know that syringe X in pocket B of the drug pack contains a drug at a known concentration. The use and recording of the drugs follows all state processes and laws.If for some reason the retrieval team require a different medication, the transferring hospital will provide that if they possibly can. Which is how I got involved that peaceful Wednesday morning.

COMMENTS ABOUT THE PROCESS

In everything involving trauma and emergency care, as a pharmacist, I am always in awe of the calm of clinicians involved and the methodical nature of such processes. The team, in their flight jumpsuits, are organised, handover from the treating team is patient centred, absolutely focused and in my opinion exceptionally well done.There has, as per the steps in the NSW Policy Directive (PD2018_011), been extensive consultation with all clinicians involved before the arrival of the retrieval team. Watching the process as a hospital colleague, though, one could see all the “moving parts” that had had to come together to ensure this transition actually working for the patient. And I am still in awe of these amazing teams.

DO PHARMACY HAVE TO DO ANYTHING SPECIAL?

I would say, after the research for this poster, we have to turn up if called as swiftly as we can (safely, no speeding fines okay?).We have to be aware of the time critical nature of patients who are undergoing retrieval. And try to ensure that anything we are required to do is as smooth as possible to aid the team. As an observation I don’t think we as hospital pharmacists get to see what the Ambulance Service does on a medication front and I think we would benefit from that kind of collaborative professional interest.

And the helicopter retrieval teams are well aware that there are those of us in hospitals across the state who do watch the safe arrival, landing and take off of the helicopters from various vantage points, and its okay to be a helicopter nerd.

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