

ACUTE REVIEW CLINIC (ARC) - PATIENT MANAGEMENT - CHW POLICY®

DOCUMENT SUMMARY/KEY POINTS

- The purpose of the Acute Review Clinic (ARC) is to avoid hospitalisation by:
 - Preventing unnecessary inpatient admissions
 - Reducing length of stay from a current hospital admission
 - Providing an alternate route of access for avoidable Emergency Department (ED) presentations for children with Chronic and Complex needs
 - Providing clinical space for senior clinicians and specialty teams to review their patients
- The Acute Review Clinic (ARC) is used for consultation, treatment and review of acute and post-acute patients in an Ambulatory setting
- Inpatients referred are to be seen within 72 hours of discharge
- A patient may be seen in ARC as an outpatient appointment or as part of an admission to Hospital in the Home (HITH)
- Patients are to be scheduled into ARC under their respective treating consultant, not an ED consultant
- Referrals must be made through eMR and actioned by Ambulatory staff
- Alternative sources of review may include primary care (GP) or virtualKIDS Acute Review.

This document reflects what is currently regarded as safe practice. However, as in any clinical situation, there may be factors which cannot be covered by a single set of guidelines. This document does not replace the need for the application of clinical judgement to each individual presentation.

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| Approved by: | SCHN Policy, Procedure and Guideline Committee | |
| Date Effective: | 1 st March 2023 | Review Period: 3 years |
| Team Leader: | Nurse Manager | Area/Dept: Ambulatory CHW |

CHANGE SUMMARY

- Document due for mandatory review.
- Minor changes made throughout. Recommend to read the entire policy.

READ ACKNOWLEDGEMENT

- The following staff should read and acknowledge
 - All clinical staff in the Emergency Department
 - All clinical and clerical staff of Ambulatory Services
 - Medical and Nursing Staff of General Medicine
 - Subspecialty clinical staff that utilise ARC

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1 Introduction

The Acute Review Clinic (ARC) is an admission avoidance and emergency department (ED) avoidance clinic that forms part of the Ambulatory Model of Care. This clinic facilitates reviews, investigations and treatment for acute patients in the Ambulatory setting for:

- Recently discharged patients
- Acute management of Chronic and Complex patients
- HITH patients

ARC is not a replacement for the general practitioner (GP) or specialised outpatient clinics, therefore, alternative sources of review should be considered before placing an ARC referral e.g. GP follow up, specialist outpatient appointment, Local Health District (LHD) reviews etc.

ARC Admission Criteria

- Patient is clinically stable to leave hospital but still requiring acute or post-acute care
- Patient will be seen within 72hours of discharge from ward/admission to the Emergency Department (ED)
- Admitting Medical Officer's (AMO) approval for review in ARC (patients cannot be booked under ED Consultants)
- Carer competency to manage the child's condition at home
- Phone access to parents
- Mutual recognition of identified goals of care (parents and clinical team)
- Medicare eligibility or a reciprocal agreement. If a patient does not have medical eligibility or a reciprocal agreement (such as overseas visitor) the parents will have to pay \$147.00 for the cost of the outpatient appointment. This can be paid prior to the appointment through the Cashier Mon-Fri, and through Patient Enquiries on weekends. Please note that this cost is for Medical Review only. If a patient requires intervention, such as intravenous antibiotics, the patient will need to be admitted via HITH and finance will need to be approved through private health insurance
- Family have access to transport

Please see Appendix 1. for Referral to ARC Flow sheet.

2 Objectives of ARC

ARC has the overarching objective of admission and/or ED avoidance. This is achieved through providing an alternate route of access to the hospital for consultation and treatment; rather than through conventional pathways i.e. ED/inpatient admission.

The appointment types offered for ARC are;

- 1. Admission Avoidance Medical Review:** Acute presentations via the ED meeting Ambulatory criteria for treatment and requiring follow up **within 72-hours of admission to ED** *OR* Chronic and Complex patients booked by Senior Clinicians (Clinical Nurse Consultants [CNC], KidsGPS or multidisciplinary team [MDT] care co-ordinators). All Chronic and Complex reviews need to be discussed with the Registrar/ARC Fellow on the day of referral. *Please note it is the responsibility of the CNC/care co-ordinators to inform the AMO of ARC reviews for Chronic and Complex patients. The referring senior clinician is responsible for organising medical team review if there is no capacity for same day ARC registrar review.*
- 2. Early Discharge Medical Review:** Inpatient discharges that are medically stable and meet the Ambulatory criteria for treatment and follow up **within 72-hours of discharge.**
- 3. HITH Medical Review:** HITH patients requiring medical review during their admission or at the end of admission to HITH.
- 4. ARC Nursing Appointment:** Patients (including HITH) requiring nursing intervention or treatment e.g. intravenous antibiotic administration or nursing assessment.
- 5. Senior Clinician Review:** Patients seen in ARC for senior clinician (CNC) reviews. These patients will be managed by the referring specialty teams that do not have a designated clinical space for interventions e.g. device management (e.g. enteral feeding device or central venous access device [CVAD]), senior clinician review etc
- 6. Specialty Team Review:** Patients seen in ARC for specialty team reviews. These patients are known to a medical specialty team within CHW and require 'acute review'. A space will be provided for the team to review the patient. Nurses will be able to assist specialty teams with some requests much like an outpatient setting.
- 7. ARC NGT Replacement:** Patients requiring nasogastric tube (NGT) replacement. *NGT Replacement appointments must be discussed with the ARC Nurses prior to booking to ensure they are able to facilitate replacement as requested. If the ARC Nurse is unable to assist, it is the responsibility of the referring clinician to attend NGT replacement.*

Clinicians that may request to book patients into ARC include, but are not limited to; medical staff, CNCs, CNS2s, MDT care co-ordinators, KidsGPS clinicians, and Ambulatory clinicians.

Bookings for ARC that are not addressed in these models of care can be discussed with the CNS2 for Ambulatory Services and will need approval prior to referral. Please see *Operation of ARC* for contact details.

3 Operation of ARC

ARC is located within the Ambulatory Services at The Children's Hospital at Westmead (CHW).

The hours of operation for ARC are:

08:30am to 5:00pm, 7 days a week including public holidays

ARC is staffed by a Registered Nurse and a General Medicine Registrar. Identified AMOs or their teams (On call General Medicine SMOs) should be consulted regarding individual patient management.

CHW CONTACT DETAILS

- ARC Registrar pager #7364
- ARC Registrar extension 50341
- ARC Nurse extension 50342

All queries regarding ARC should be directed to the CNS2 for Ambulatory Services on extension 53857, mobile 0419 404 872 or via page on #7115, Monday-Friday 07:30am-4:00pm.

Appointments include face-to-face, telephone and 'Telehealth Video' consults with medical staff. Reviews can be completed with the ARC Registrar OR with the admitting Medical Team/appropriate alternative. If referring to ARC for speciality teams review, please state this in the referral, including contact details (i.e. Pager, mobile, extension).

4 Referrals to ARC

Refer patients to ARC through eMR Powerchart. The referral form is found under the 'Orders' tab.

Please make note of patient infectious/isolation status, and specify if the patient requires review by AMO. Please include contact details of specialist who will be reviewing (i.e. name, designation, pager, mobile, extension) if required.

Once the form is completed and signed, it will automatically forward to Ambulatory Services for action. Ambulatory services will contact the family regarding appointment times.

Appointments are made by Ambulatory Staff only. If you have not consulted Ambulatory Staff, please do not promise times to the family.

All ARC appointments are booked for 30 minutes by default. If a longer period is required (for example; interpreter required, lengthy chronic and complex reviews etc.), please indicate this in the referral to ensure adequate time is allocated.

Patients Requiring Intravenous Antibiotics

Patients being sent home with a cannula insitu requiring intravenous antibiotics need to be admitted as HITH patients. These patients will require:

- ARC and HITH referral submitted via powerchart
- Cannula education (including providing [Care of the Intravenous Cannula at Home Factsheet](#))
- Admission/transfer to the HITH bed board

All medications required should remain charted on the Medication Administration Record (MAR). For more information on the admission process, please see Relevant Links – Admission to Hospital in the Home Service.

Referral to Local Health Services

Some LHDs offer an acute follow up service for paediatric patients. For patients attending from other local health districts, these can be considered as an alternative to ARC at CHW. Consider aspects such as patient location, access to transport and type of review required when referring to another acute review service.

For all queries, please contact Ambulatory services as above.

5 Relevant Links

- [Fever and Petechial Rash on Home Intravenous Therapy - Patient Management](#)
- [Paediatric Limb Cellulitis on Home Intravenous Therapy - Patient Management](#)
- [Paediatric Community Acquired Pneumonia on Home Intravenous Therapy - Patient Management](#)
- [Admission to Hospital in the Home Service](#)
- [Home Intravenous Antibiotic Administration for Hospital in the Home](#)
- [Continuous Intravenous Antibiotic Infusions - Hospital in the Home \[HITH\]](#)
- [Kids Guided Personalised Services \(Kids GPS\) Care Coordination](#)

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Appendix 1. Referral to ARC Flow Chart

