RECOGNISING AND RESPONDING TO CLINICAL DETERIORATION
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Greater Western Area Health Service:

53 facilities:
- 4 facilities with on site medical staff
- Several facilities serviced by one VMO only
- Several facilities with no VMO or irregular VMO cover
- High reliance on locums

Current Clinician Support:
- RFDS
- Remote Medical Consultation Service
- Critical Care Advisory Service
- AMRS
- NETS
- Patient Flow Unit
- Ad hoc support from Base Hospitals
Questions:

How can we deploy a program such as BTF rurally?

If we introduce a “Track & Trigger” system what are we “triggering?”

Who are our first line clinical reviewers?

What does a Rapid Response System/Team look like rurally?

What are the implications for clinician education and training?

How do we ensure patient stabilisation and safe transfer?