RAAPID Backgrounder

Overview of RAPPID:

RAAPID is designed to provide a single point of contact for physicians and health care providers to access appropriate and timely advice, referral, admission, repatriation and consultation for patients. RAAPID utilizes key information including, but not limited to, destination protocols, clinical flow maps, system/site capacity, on-call rosters and the principles of Patient & Family Centred Care in communicating, facilitating and coordinating Referrals, Repatriations and Major Incident Notifications. Core services include:

Referral

- Assisting clinicians in accessing critical or urgent consultation with a specialist or physician in a higher level of care facility.
- Ensuring the appropriate consultant and destination is selected based on clinical requirements, available capacity and available resources.

Repatriation

- Coordinating the repatriation of patients who require further inpatient care in a health care facility near his or her home area.

Incident Notification

- Supporting expanded communication and notification within/across AHS during an incident involving local, regional, zonal or provincial resources.
- A single point of contact for accessing provincial, operational and medical leadership on-call rosters.

Key benefits offered through RAAPID:

- Real-time tertiary emergency and inpatient capacity information/assessment.
- Recording of calls for quality assurance/improvement and future record.
- Ability to teleconference multiple parties which reduces time and work effort.
- Faxing of referral summaries for billing purposes (physician practice ID database).
- Referral processes are built with the consulting services to ensure service criteria and referrals are appropriate.
- Repository of hospital-based services, competencies and capabilities to assist with effective repatriation services.

Services provided by RAAPID that you may not be aware of include:

- Referrals from rural sites into regional
- Repatriations from regional sites to regional/rural and rural to rural
- Bed queue of patients in rural/regional sites that can wait in the sending site until bed is available for direct admit vs sending to Emergency Dept
- Conferencing with tertiary and regional specialists to determine best location for the patient
- Tertiary bed/capacity calls in Calgary and Edmonton

Stakeholders
Physician, most responsible practitioners (can be rural, regional or urban tertiary)
Hospital operations (admitting, direct units [ICU, CCU, other], administrators, bed coordinators)

IT Infrastructure
We currently have 2 charting/operational systems, and multiple read-only systems.

Operational	**Telephony** Our telephony allows us to record, conference and respond to stakeholder inquiries. This is a web-based platform and allows us to communicate with multiple parties at once. **Charting** We have a in-house built application which we chart the following information: - Referring site/practitioner information - Patient demographics and case Hx - Consultant site, specialty and practitioner information - Multidisciplinary notes - Referral outcomes The system also allows us to track timestamps at various points in the referral.
Read-only	**Electronic health record** Our staff have access to netcare, which allows for facilitation of our nurses to the referring and consulting MDs. **Capacity dashboards** AHS has a variety of dashboards which inform on where bed availability is, and enables load balancing of referrals **Paging systems** We have web-based paging systems to access our consultants

Staffing
We have a variety of staff. In the referral side (urgent/emergent), we have registered nurses with experience in triage and ED. This team is support by clerical support who are delegated tasks and support the RNs in accessing different information during consultations.
Our repatriation side is staffed by medical/surgical LPNs. They are also supported by clerical support.

Triage assistance
The processes for triage are supported by guidelines created by the clinical departments, with support from RAAPID. These guidelines outline: inclusion/exclusion criteria, which hospital provides the service, any limitations in hours of operation and whom to contact. Most also have an escalation process for when we cannot reach the initial consultant. The call center thus becomes the hub to assist with acuity, and system wayfinding.