



# Flight to Flow: Rethinking Aeromedical Hospital Transfer Disposition

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NURSE PRACTITIONER

# Who, What, and Why

- Endorsed Nurse Practitioner
- Experience in Aeromedical Retrievals and Emergency Departments across Brisbane (Adult, Paediatrics and Private)
- Disposition of patients transferred Aeromedically and the flow of Emergency Departments
- Optimising the patient journey

# Today's Expectation

Context of the problem

What the literature currently tells us

The DAIHT Study

Case Study – Emergency Perspective

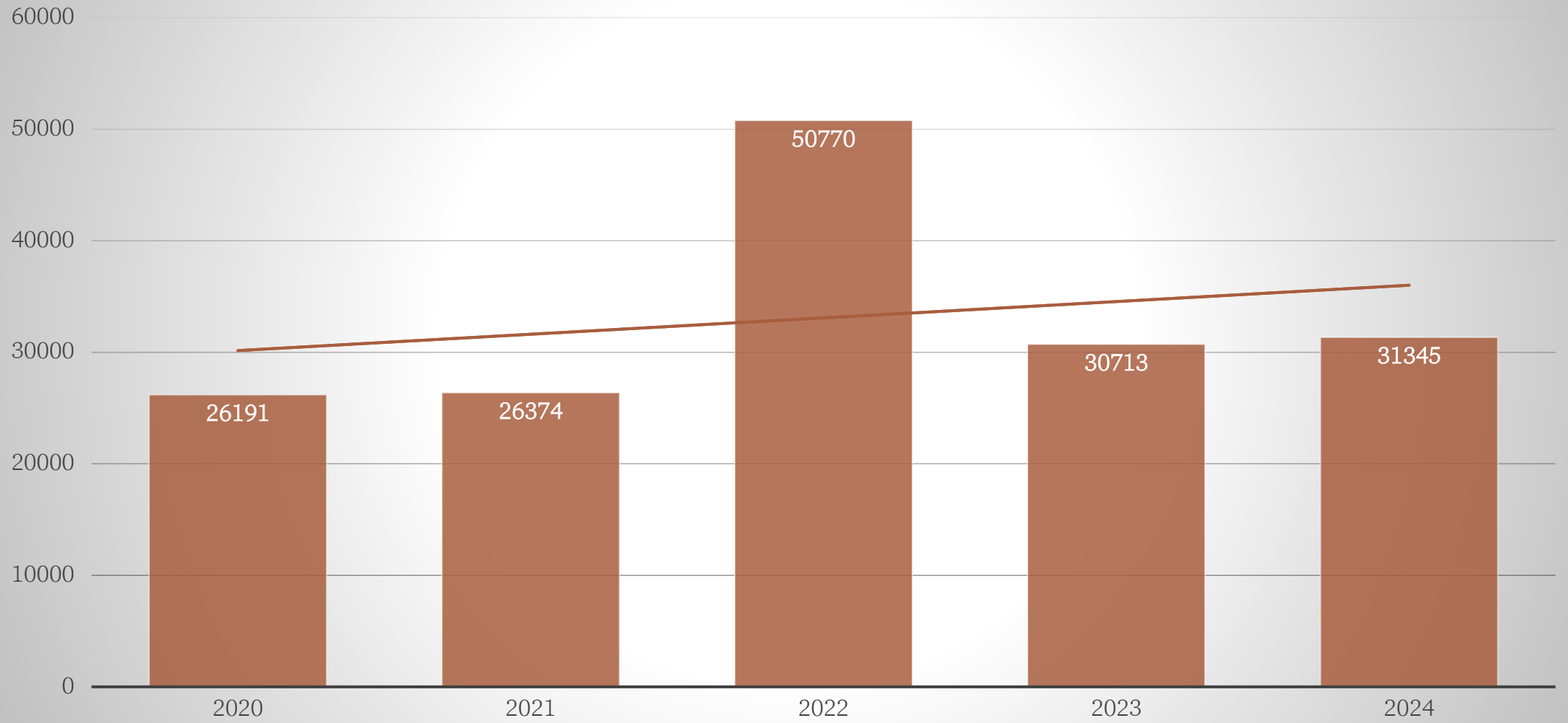
Case Study – Aeromedical Perspective

Further Studies – The TIMED – IHT Study

Solutions

Questions

# Retrievals per Financial Year



# Policy Shift: Green Light Protocol

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## Previously: Required for Transfer

- Ward bed available
- Accepting Medical Officer
- Can then be tasked

## Now: Required for Transfer

- Accepting Medical Officer
- Can then be tasked

# Why Disposition Matters

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Emergency Department boarding  
disrupts care continuity



Costly use of limited aeromedical,  
ambulance and hospital resources

# Emergency Department Boarding Defined

01

Boarding =  
Admitted  
patients held in  
the Emergency  
Department

02

Linked to  
increased  
mortality and  
EDLOS

03

Contextualised  
to IHTs

# Impact of ED Length of Stay

NEAT targets <4 hours

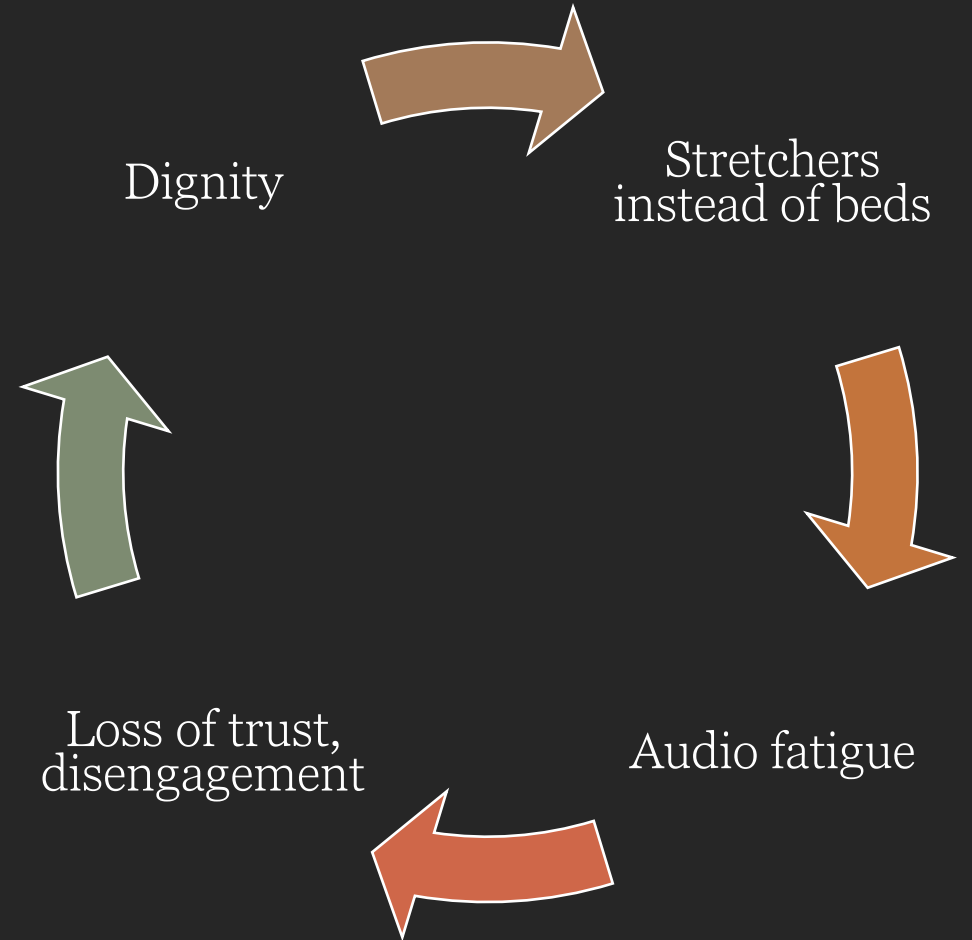


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graph TD; A[NEAT targets <4 hours] --> B[Prolonged EDLOS = increased morbidity]; B --> C[EDLOS as a system KPI]
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Prolonged EDLOS = increased morbidity

EDLOS as a system KPI

# Patient Experience & Satisfaction



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# DAIHT Study

CURRENT WORK

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# DAIHT Study Aims & Rationale

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Disposition trends for aeromedical interhospital transfers



Quantify Emergency Department Boarding



Bridge the data gap in IHT pathways

# Methodology

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Retrospective, 4-  
year, linked  
dataset

Focusing on  
post-arrival  
outcomes and  
boarding time

Total sample size  
of ~100,000  
expected  
transfers

# Key Data Points

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Referral time, Transfer modality, Triage data



Arrival diagnosis, Discharge disposition



Arrival disposition: Ward vs ED

# Hypothesis

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Many IHTs board unnecessarily  
in the Emergency Department



Modality & time-of-day affect  
disposition pathway

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# Case Studies

HOSPITAL AND AEROMEDICAL PERSPECTIVE

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# Case Study – Hospital Perspective

- Ward-to-ward intent for transfer
- Emergency Department Boarded
- Stable patient
- Poor continuity of care





# Case Study – Aeromedical Perspective

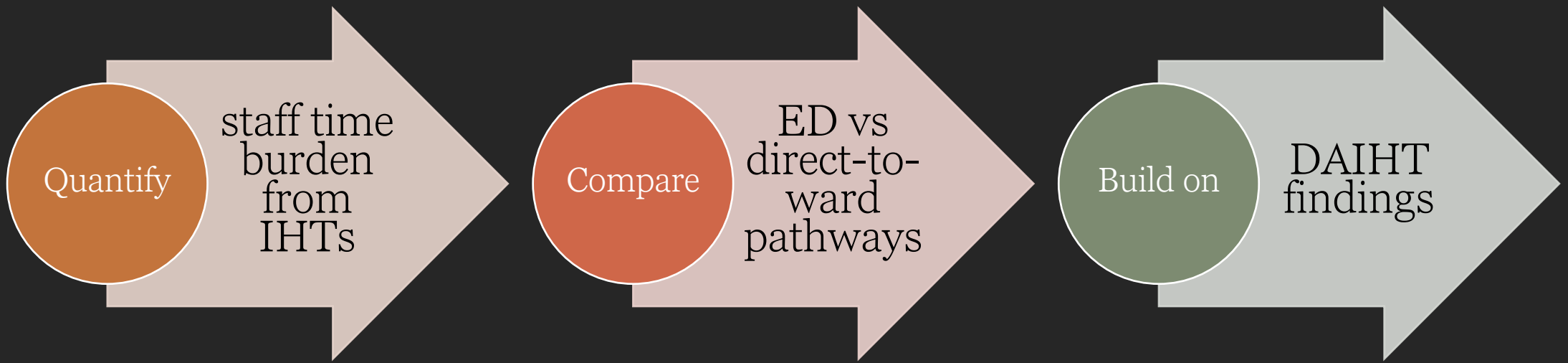
- Ward-to-ward intent for transfer
- Flight Nurse escort with ambulance service
- Delayed admitting acceptance
- Unable to complete further tasking due to flight hours

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# TIMED-IHT

FUTURE WORK

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## Purpose of TIMED-IHT

# Study Design

- Observation, 4 consecutive 1-month windows
- Focusing on ED Nurses, Doctors, Administration staff, Paramedics, and the Admitting Doctor
- Excluding Ward Staff



# Anticipated Findings

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ED Pathway involves  
increased steps and  
handovers



Duplicated process




Variability by time of  
day/modality of transfer

# System Benefits of Reform

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Time savings = staff availability



Reducing administrative duplication



Supporting patient-centred transfer models

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# Solutions

WAYS IMPROVEMENT MAY BE SEEN

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# Governance & Communication

- Disposition location should reflect clinical need
- Role of handover & shared governance

# Simplified Admissions

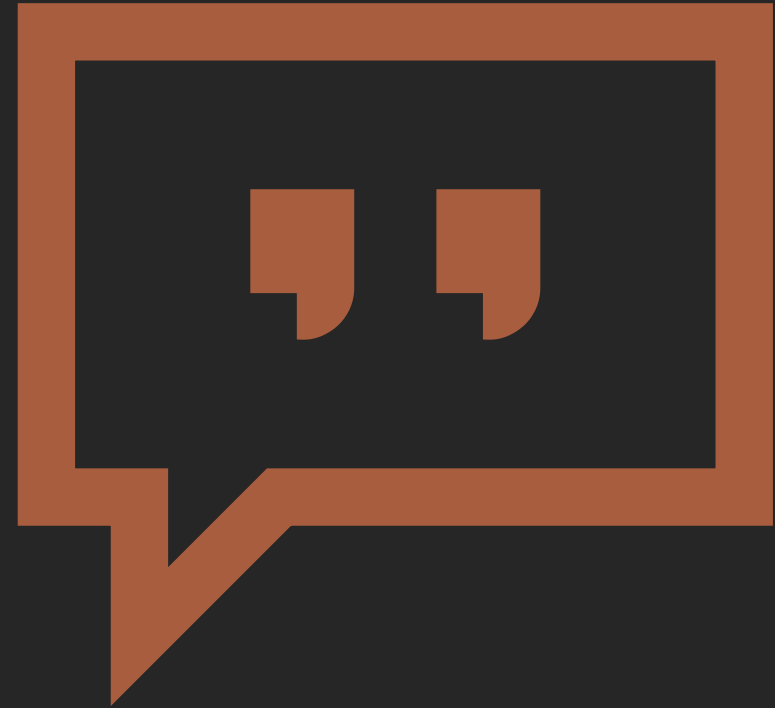
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Pre-charted plans  
+ medications

Avoids ED  
clerking for  
already  
investigated  
issues

# Discussion

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LET'S CHAT ABOUT IMPROVING THE PATIENT ARRIVAL