Rapid access atrial fibrillation clinics pilot

Application form

Have you read the expression of interest information pack? This includes important information about who should apply and what is expected from participating health services.

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| Health service and hospital campus | |
| *Health service applying to pilot rapid access atrial fibrillation clinics* | |
| Health service: | Click or tap here to enter text. |
| Hospital site: | Click or tap here to enter text. |
| Hospital address: | Click or tap here to enter text. |

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| Applicant details | | | |
| *Key contact completing this form* | | | |
| Title: | Click or tap here to enter text. | | |
| Full name: | Click or tap here to enter text. | Organisation: | Click or tap here to enter text. |
| Position title: | Click or tap here to enter text. | Email: | Click or tap here to enter text. |
| Phone: | Click or tap here to enter text. |  |  |
| Alternate contact: | Click or tap here to enter text. | Email: | Click or tap here to enter text. |

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| This section will help us understand how your organisation will partner with health services in the region | | |
| 1. **Please describe how your health service will collaborate with other healthcare providers to ensure patient throughput for a weekly atrial fibrillation clinic and that all atrial fibrillation patients across your region have improved access to timely specialist care?** (Limit: 400 words)   (Consider what the current service gaps are in the region, how you will work with external hospitals, and referral pathways across the care continuum)  Click or tap here to enter text. | | |
| 1. **Please enter the details of the external health services you will collaborate with to ensure sufficient referrals to the rapid access atrial fibrillation clinic.**   (Please enter more health service sections if required) | | |
| Health service 1 name: | Click or tap here to enter text. | |
| *Have you contacted this health service about this project?* | Yes | No |
| Health service 2 name: | Click or tap here to enter text. | |
| *Have you contacted this health service about this project?* | Yes | No |
| Health service 3 name: | Click or tap here to enter text. | |
| *Have you contacted this health service about this project?* | Yes | No |
| Health service 4 name: | Click or tap here to enter text. | |
| *Have you contacted this health service about this project?* | Yes | No |
| Health service 5 name: | Click or tap here to enter text. | |
| *Have you contacted this health service about this project?* | Yes | No |
| Health service 6 name: | Click or tap here to enter text. | |
| *Have you contacted this health service about this project?* | Yes | No |
| 1. **Please describe how you currently engage and collaborate with these services**   (E.g. Do you currently receive referrals for inpatient/outpatient care, or will you establish new ways of working with them?)  Click or tap here to enter text. | | |

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| This section aims to understand the capabilities of your organisation to implement the rapid access atrial fibrillation clinic | | |
| 1. **Please describe how you will secure medical and nursing staff to commence the rapid access atrial fibrillation clinic pilot by October 2021?** (Limit: 150 words)   (Consider pre-existing staff members or will you need to recruit new roles. Proposed medical staffing structure for the clinic is: 0.5 FTE to 0.8 FTE nursing staff to manage operations reporting, and clinical support AND 0.2 FTE cardiologist or general physician to provide atrial fibrillation care)  Click or tap here to enter text. | | |
| 1. **Please identify which of the following cardiac inpatient services your health service provides?**   (Please tick the relevant services) | Coronary care unit  ICU  Cath lab | ☐ General medicine  ☐ Other: Click or tap here to enter text. |
| 1. **Does your health service have outpatient cardiology clinic(s)?** | Yes | No |
| If yes, please list the clinic(s) and frequency | Click or tap here to enter text. | |
| Are the clinic(s) public or privately funded? | Public | Private |
| 1. **Does your health service have an outpatient general medicine clinic(s)?** | Yes | No |
| If yes, please list the clinic(s) and frequency | Click or tap here to enter text. | |
| Are the clinic(s) public or privately funded? | Public | Private |

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| The following questions explore access to transthoracic echocardiography diagnostic testing which is important in the management of patients experiencing atrial fibrillation | | | |
| 1. **How do outpatients access echocardiography when attending clinics at your health service now?** | Click or tap here to enter text. | | |
| If you do not have echocardiography on site, what is the proximity from your health service to the closest echocardiography service? | Distance: Click or tap here to enter text. km | | |
| Does the closest echocardiography service offer bulk billing arrangements for public patients? | Yes | No | |
| 1. **Please identify the telehealth infrastructure at your organisation to support patients who are unable to attend face to face appointments.**   (Tick all that apply) | Videoconferencing  Telephone | | Other: Click or tap here to enter text. |

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| The following questions are about atrial fibrillation data. You may need to consult your business intelligence unit or health information service to assist in you in obtaining this data. The ICD-10 diagnosis code I48 (I48.0 to I48.9) can be used to generate this data. | |
| **10. Please provide an estimate on the number of atrial fibrillation and flutter presentations to your emergency department for the financial years 2019/20 and 2020/21.** | Atrial fibrillation and flutter presentations in 2019/20  Click or tap here to enter text. |
| Atrial fibrillation and flutter presentations in 2020/21  Click or tap here to enter text. |
| **11. Please provide an estimate on the number of atrial fibrillation and flutter separations for your health service for the financial years 2019/20 and 2020/21.** | Atrial fibrillation and flutter separations in 2019/20  Click or tap here to enter text. |
| Atrial fibrillation and flutter separations in 2020/21  Click or tap here to enter text. |

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| Endorsement by Executive | |
| *Please acquire the endorsement of the health service Chief Executive Officer for your application to pilot a rapid access atrial fibrillation clinic.* | |
| **Chief Executive Officer endorsement** | |
| **Name:** Click or tap here to enter text. | Signature: |
| **Title:** Click or tap here to enter text. |

*Digital signatures are accepted.*

Please submit this form to [cardiac.clinicalnetwork@safercare.vic.gov.au](mailto:cardiac.clinicalnetwork@safercare.vic.gov.au) by 25 August 2021.

If you have any trouble completing the form by the due date or have any questions regarding the application process, please contact Trang Nguyen at [trang.nguyen@safercare.vic.gov.au](mailto:trang.nguyen@safercare.vic.gov.au) or on 9595 2387.