# Contents

Introduction ................................................................................................................................. 4
Access to REACH ........................................................................................................................... 4
Homepage ...................................................................................................................................... 4
Roles within REACH ....................................................................................................................... 5
    Hospital Administrator ............................................................................................................... 5
    Hospital User ........................................................................................................................... 5
How to Login ................................................................................................................................ 5
Change Password ........................................................................................................................... 6
Help ................................................................................................................................................ 6
Dashboards Explained .................................................................................................................... 7
    Dashboard Messages ................................................................................................................ 7
    Critical Care Dashboards .......................................................................................................... 7
    Mental Health Dashboards ........................................................................................................ 9
    Hospitals Dashboards .............................................................................................................. 11
    Hospital Incident Consequence Tool (HICT) ........................................................................... 13
Manage Hospital Information ....................................................................................................... 15
    Bed Count .............................................................................................................................. 15
    Incidents ............................................................................................................................... 17
    My Hospital ........................................................................................................................... 18
    Contacts ................................................................................................................................... 18
    Reports .................................................................................................................................... 20
ARV e-Referral ............................................................................................................................. 23
    Sections of the ARV referral form .......................................................................................... 23
        Contact Information ............................................................................................................. 24
        Basic patient registration information .............................................................................. 24
        Patient Clinical Information .............................................................................................. 25
        Form Validation Issues ........................................................................................................ 25
Submission of an e-Referral ........................................................................................................ 26
Trauma Victoria ............................................................................................................................. 26
Introduction

The REACH (Retrieval and Critical Health) Information System is a real time, web based bed occupancy reporting tool used by Adult Retrieval Victoria (ARV), health services and the Department of Health (DH). It provides a statewide and hospital level view of critical care, mental health and incident specific bed capacity, based on regular hospital data input.

REACH has been developed by Ambulance Victoria/ARV in conjunction with the Department of Health, to provide an interactive and more responsive monitoring and reporting tool for health services across Victoria. ARV is responsible for its management.

Access to REACH

Access to this system is restricted to users accessing the site from an approved IP (internet protocol) address. If accessing the site from an approved IP (i.e. via any Victorian hospital network) you will be able to view all of the dashboards available within the site. If you attempt to access this system from an unapproved IP (e.g. home), you will be prompted to login using your username and password in order to gain access to the site.

REACH is accessible at the following URL – https://reach.vic.gov.au

Homepage

REACH is comprised of five main areas:

- Critical Care (ICU/HDU and CCU)
- Mental Health (Adult, Aged and Child & Youth)
- Incidents (HICT: Health Incident Consequence Tool)
- ARV Referral (electronically refer to ARV)
- Trauma Victoria (Major Trauma Guidelines)

From the homepage you can navigate to any of these areas or if you have a login, you may choose to log into the site from here.
Roles within REACH

Hospital Administrator

The Hospital Administrator role has the highest level of access within a health service.

A separate Hospital Administrator may be appointed for each of the specialty areas (ie. Critical Care, Mental Health or HICT), or health services may elect to have one person fill all three roles or any combination. These accounts are known as:

- Critical Care Hospital Administrator
- Mental Health Hospital Administrator
- HICT Hospital Administrator

The Hospital Administrator can:

- View all REACH dashboards
- Update bed count information for their specified area/s and allocated hospital/s
- Run reports for their specified area/s and allocated hospital/s
- Update their allocated hospital/s information
- Manage principal hospital contacts
- Authorise individuals for Hospital User access

Hospital User

The Hospital User has a limited level of access within a health service, and is primarily responsible for daily data entry. Hospital Users may be allocated for each specialty areas (ie. Critical Care, Mental Health or HICT), or health services may elect to have one person fill all three roles or any combination. These accounts are known as:

- Critical Care Hospital User
- Mental Health Hospital User
- HICT Hospital User

Hospital Users can:

- View all dashboards
- Update bed count information for their specified area/s and allocated hospital/s

How to Login

All accounts for REACH are generated and maintained by ARV. In order to obtain an Administration account, you are required to be nominated by your executive office as requiring this level of access to the system. To obtain a User account, your relevant Hospital Administrator will need to register your name and details with ARV via REACH.support@ambulance.vic.gov.au.
You can login to the system from the home page, or via any of the dashboards within the system. The option to login is available throughout the site via the menu button on the top right hand side of each of the various dashboards or via the login button on the top right hand corner of the homepage.

**Change Password**

When you first log in to the site, you will be required to change your password. You can also change your password at any time by selecting Change Password from the menu. When required to change your password the box below will display. As you enter your new password, the password strength bar will grow and indicate the strength of the password you have selected. You are then required to re-enter your password to confirm, then select save.

If you have forgotten your password and require your password to be re-set, please email REACH.support@ambulance.vic.gov.au and request your password be re-set. This can take up to one business day.

**Help**

The help section of REACH is accessible by selecting the Help icon located next to menu on the black menu bar on each page.

If you are unable to resolve your issue using the help section or you require some technical support, please contact the site administrators via the REACH.support@ambulance.vic.gov.au email address.
If the issue is urgent, please contact Adult Retrieval Victoria (ARV) via 1300 36 86 61 and advise the operator that you would like assistance with the REACH website.

**Dashboards Explained**

Information displayed on all dashboards within REACH receives live data feeds from the database, so information will automatically update without the need to refresh your screen. Connection to the live data is indicated by the green icon in the top right hand corner. Green indicates that you are connected, orange is attempting to connect, and red indicates that you are not connected so will not be receiving up to date information.

Sections within a given dashboard are now easily collapsible to enable to you to view only the information you are interested in. Simply click anywhere along the grey banner at the top of the section you wish to collapse or expand. An “Open” or “Close” is displayed in the right hand side of this banner to indicate that the section is collapsible, or that there is data not currently being displayed.

To easily read across the lines on a given dashboard, if you click on the hospital name it will highlight the entire row so you can easily read the bed numbers associated with that hospital.

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Bed 1</th>
<th>Bed 2</th>
<th>Bed 3</th>
<th>Bed 4</th>
<th>Bed 5</th>
<th>Bed 6</th>
<th>Bed 7</th>
<th>Bed 8</th>
<th>Bed 9</th>
<th>Bed 10</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dandenong</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>10</td>
<td>08:10</td>
</tr>
<tr>
<td>Frankston</td>
<td>2</td>
<td>5</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>9</td>
<td>08:11</td>
</tr>
</tbody>
</table>

Dashboards for Critical Care and Incidents are now dynamic and allow you to sort any of the columns by clicking on the column headings. Dashboards can be put back to their original state by clicking on the Hospital heading.

**Dashboard Messages**

Each dashboard has the ability to display important messages set in the system by a REACH administrator. There are three types of messages that can be set and displayed. The first is a system wide message which will display on all areas of the site. The second is a Critical Care specific message which will display underneath any system wide message that may have been set and will display on all dashboards within the Critical Care area. The third is a Mental Health specific message which will display underneath any system wide message that may have been set and will display on all dashboards within the Mental Health area.

**Critical Care Dashboards**

There have been several changes and improvements made to the Critical Care section within REACH. There is now one dashboard for ICU and HDU beds, and a separate dashboard for CCU beds, both of which incorporate Tertiary, Metro Sub-Tertiary, Regional Sub-Tertiary and Private hospitals.

You can navigate to the various dashboards available within the Critical Care section as indicated below.
Other navigation options are available under Menu. The options available to you will depend on your login status.

System wide messages and Critical Care specific messages are displayed as such on a Critical Care Dashboard –

**Example - System wide message which will be displayed across all areas of the site**

**Example - Critical Care specific message which will be displayed under any system wide message on all Critical Care dashboards**

### CCU Occupancy

<table>
<thead>
<tr>
<th></th>
<th>State Wide</th>
<th>Metro</th>
<th>Tertiary</th>
<th>Regional</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Occupancy</td>
<td>79%</td>
<td>96%</td>
<td>99%</td>
<td>55%</td>
</tr>
<tr>
<td>Average Occupancy</td>
<td>42%</td>
<td>31%</td>
<td>53%</td>
<td>0%</td>
</tr>
</tbody>
</table>
Both the ICU and CCU dashboards will calculate occupancy levels based on data that has been entered into the system. There are two types of occupancy calculations, one based on current occupancy levels and the other provides an average occupancy over a given period (typically the past 30 days).

As mentioned above, columns within the Critical Care dashboards can be sorted. For example, by clicking on the heading “Empty” the data will sort descending to ascending placing units containing empty beds at the top of the list for tertiary, metro sub-tertiary, regional sub-tertiary and private hospitals, irrespective of which section you clicked on the heading. To put the list back into alphabetical order, simply click on the “Hospital” heading.

### Mental Health Dashboards

The Mental Health dashboards in REACH support access to acute mental health inpatient beds. There are three separate mental health dashboards showing acute mental health inpatient bed status by age demographic and by health service/hospital:

- Adult
- Aged
- Child & Youth

There is also an overview dashboard which enables you to view all bed types in the one location.

You can navigate to the various dashboards available within the Mental Health section as indicated below.

Other navigation options are available under Menu. The options available to you will depend on your login status.
System wide messages and Mental Health specific messages are displayed on a Mental Health Dashboard –

All of the Mental Health dashboards, with the exception of the Overview dashboard, will calculate occupancy levels based on data that has been entered into the system. There are two types of
occupancy calculations, one based on current occupancy levels and the other provides an average occupancy over a given period (typically the past 30 days).

The image below provides you with an explanation of the bed information data which is displayed on a Mental Health dashboard.

![Mental Health Dashboard Image]

### Hospitals Dashboards

In addition to bed dashboards for Critical Care and Mental Health, REACH displays Hospitals dashboards which provide users with easy access to basic hospital information such as contact numbers, the hospital address, DH region, trauma classification and which Mental Health service they belong to (where applicable).

The Hospitals dashboard is accessible in either Critical Care or Mental Health areas by selecting Hospitals from the top menu bar, or to quickly and easily access information for a specific hospital located on any of the dashboards, click on the eye icon located next to the hospital you wish to view.

Only the information applicable for that hospital will be displayed. Please see examples below:
### Austin Hospital

<table>
<thead>
<tr>
<th>Hospital Common Name:</th>
<th>Switchboard Phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Austin</td>
<td>9496 9200</td>
</tr>
<tr>
<td>Public Hospital:</td>
<td>9496 8409</td>
</tr>
<tr>
<td>DHI Region:</td>
<td>Paris</td>
</tr>
<tr>
<td>Trauma Classification:</td>
<td>Metropolitan Trauma Service</td>
</tr>
<tr>
<td>Mental Health Service:</td>
<td>Austin Health</td>
</tr>
<tr>
<td>Address:</td>
<td>146 Shubby Road, PO BOX 5555, Heidelberg VIC 3084</td>
</tr>
</tbody>
</table>

### Bundoora Extended Care Centre

<table>
<thead>
<tr>
<th>Hospital Common Name:</th>
<th>Switchboard Phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bundoora Extended Care</td>
<td>9495 3103</td>
</tr>
<tr>
<td>Public Hospital:</td>
<td>9495 3103</td>
</tr>
<tr>
<td>DHI Region:</td>
<td>Paris</td>
</tr>
<tr>
<td>Trauma Classification:</td>
<td>Not defined</td>
</tr>
<tr>
<td>Mental Health Service:</td>
<td>Melbourne Health</td>
</tr>
<tr>
<td>Address:</td>
<td>1231 Pruny Road, Bundoora VIC 3081</td>
</tr>
</tbody>
</table>

- **Number of hospitals available to select from:** 414
- **Search/select required hospital:**
- **Hyperlink to ARV website:**
- **Hospitals have the ability to advise other users of any issues which may affect the hospitals ability to accept patients:**

A system-wide message which will be displayed across all areas of the site.

An example - Critical Care specific message which will be displayed under any system wide message on all Critical Care dashboards.

An example - System wide message which will be displayed across all areas of the site.

An example - Mental Health specific message which will be displayed under any system wide message on all Mental Health dashboards.
Hospital Incident Consequence Tool (HICT)

The Hospital Incident Consequence Tool (HICT) replaces the Hospital Incident Response Data (HIRD). Previously this area of the website was only visible during a live incident. Within REACH, this area is visible at all times, however will only display an incident specific dashboard if there is a live incident.

When there are no live incidents, this is the typical view that would be displayed. For each active incident, there is a separate dashboard within this screen (as per below).

To view information specific to an incident, simply select which incident dashboard you wish to view.

There are two sections within an incident dashboard. The Patient Data dashboard provides information specific to patient presentations and admissions. The Surge Bed Capacity dashboard provides information specific to bed availability within the various departments.
As previously advised, columns within the Incident dashboards are dynamic allowing you to sort by any of the column headings to enable you to view the information you are interested in. This applies to both the Patient Data and Surge Bed Capacity dashboards.
Manage Hospital Information

Bed Count

In order to update a hospital's bed counts for Critical Care and Mental Health, you are required to login. Your account type and the hospital/s associated with your login will determine the information you can access and update.

The account types required to update a hospital's bed counts are either a Hospital User account or a Hospital Administration account. Once logged into the site, navigate to the Manage section (either via the homepage or via the Menu) and the following menu items will become available depending on your login credentials.

A Hospital User for Critical Care or Mental Health will see the following –

A Hospital Administrator for Critical Care or Mental Health will see the following –

When you navigate to the Manage page, the hospital you are assigned to should display. If your account is linked to more than one hospital, the hospital at the top of the list in alphabetical order will appear in the display. If you wish to switch between your allocated hospitals, either click on the drop down indicated above, or begin to type the name of the required hospital in the Search for Hospital box. If you attempt to search for a hospital not associated with your login, it will return no results.

The bed types you are able to update are also associated with your login credentials. You can either be assigned to update critical care beds, acute mental health inpatient beds or both.
Those assigned to Critical Care will have the ability to update the bed types indicated below; providing all are applicable to the hospital/s you are assigned to.

Where a hospital’s CCU contributes to the minimum ICU equivalent number (ie the CCU beds are located within the ICU – all rural ICUs), all bed types are required to be updated simultaneously, so you will only see one update button.

If the total number of ICU beds reported equates to less than your hospital minimum operating target, you will be required to select a reason from the drop down menu. If you are operating at or above your minimum requirement, there is an option to enter a comment which will be recorded in the database and populated in reports.

Number of empty beds which are staffed

Number of beds containing a patient

Reason below minimum ICU equivalents?

– Select Reason –

If operating below the minimum, you are required to enter a reason from the drop down menu and enter an explanation before you will be able to update your bed count.

Number of known patients awaiting admission to the unit

Number of patients assessed as clinically ready to be discharged from this unit

Number of empty beds available within the combined unit

Number of occupied beds, patients awaiting admit and awaiting discharge care type specific

Single update button for units which contribute to the minimum ICU equivalent number.
Those assigned to Mental Health will have the ability to update the bed types indicated below; providing all are applicable to the hospital/s you are assigned to. Comments are optional for each of the various bed types.

**Incidents**

If your hospital/s is involved in an incident, you will be required to enter data specific to that incident for your hospital/s. This can be done by navigating to Manage and selecting Incidents.

A Hospital User for Incidents will see the following –

A Hospital Administrator for Incidents will see the following –

If your hospital is involved in more than one incident simultaneously, each incident will be displayed on a separate tab within the Incidents screen. When you select the incident you wish to update, you will be provided with a description of the incident, the date and time the incident commenced and the reporting schedule specific to the incident.

The data elements required for a given incident are determined by the Department of Health when the incident is activated and may vary for each incident.
When updating patient data for an incident, the data input screen will advise when this data was last updated and you should only enter presentations, admissions and deaths since the last update times so patients are not double counted. If an error has been made, please contact ARV to see if this error can be corrected.

**My Hospital**

Hospital Administrators for Critical Care, Mental Health and Incidents all have the ability to update their assigned hospital/s information. Some fields in this section are displayed, but not editable, such as the minimum number of ICU equivalents.

Any phone numbers entered in this section should be entered using the following format (area code) if required when dialling within Victoria, followed by the number 9999 9999.
The Alert and Alert End Date fields can be used by hospitals to advise other users of the system of any outages which may affect daily operation. For example your hospitals CT scanner might be out of order, so you may display an alert so others are aware patients sent to your hospital may not be able to receive this service. The alert will display until the alert end date is reached, at which time the message will disappear.

Hospitals now have the ability to indicate which bed types, clinical services, point of care testing, blood products and laboratory and diagnostic services are available at their hospital campus.

When you select a laboratory or diagnostic service is available at your campus, you have the ability to indicate what hours this service is available.

To indicate a service is available 24 hours, please enter as 0700-0700 (or equivalent) for the period this applies (ie. weekdays or weekends).
If a service is available on an ad hoc basis at your campus, please select that this service is available and leave the times blank. This will indicate to users that this service is not readily available, so consultation should occur to confirm hours of operation. This information will be predominately used by ARV for critical care transfers, so is visible only to hospital administrators (for their associated hospital/s) and ARV.

**Contacts**

Only Hospital Administrators are able to add and update hospital contacts.

To add a contact for your hospital, select Contacts within the Manage section of the website.

![Contacts Table]

All fields are mandatory and generic contacts will be deleted from the system if created. The individual’s title, first name, last name, job title, email address and a valid mobile phone number are required. There is no limit to the number of individuals who can be added as a contact, so you should ensure all potential contacts are included within the system.

Once contacts have been entered into this section, you are then able to populate your Principal Hospital Contact and your Hospital Commander.

The executive on call has been renamed within REACH and is now known as the Principal Hospital Contact. The individuals listed as the Principal Hospital Contact should be the manager who is administratively responsible for ensuring the website is updated and who has hospital authority for resolving any bed access issues. The individual selected as the Principal Hospital Contact will receive notifications the website has not been updated, system wide notifications in regards to occupancy levels and any ad hoc messages sent from the system. The Principal Hospital Contact will receive notifications for both Critical Care and Mental Health.

Your Hospital Commander is the person most in charge of an incident, should it occur within your hospital or require your hospital’s involvement. Hospitals should nominate the most likely person to fill this role initially; however this should be updated at the commencement of an incident which
involves your hospital/s once notification of an incident has been received to ensure the correspondence regarding this incident is going the correct person.

Reports

Hospital Administrators have the ability to run reports for their assigned hospital/s. The reports you are able to run are determined by the bed types associated with your login credentials.

For Critical Care and Mental Health bed log reports, navigate to Manage and select reports. The reports available to you will be displayed.

For Incident Surge Bed Capacity logs or Incident Patient Data logs, HICT Administrators are required to navigate to Incidents, Reports and both of these reports are available here.
Reports can now be run according to bed type for each area within REACH. You can choose to run separate reports for each bed type, or select multiple to include all bed types in the one report. After selecting the required bed types, select the date range for your report and select view to display your report.

If no bed types are selected and you select view, all bed types will be included in the report.

If your hospital has been involved in an incident, the incidents are available from the drop down menu. The start and end dates will automatically populate once the incident has been selected to the commencement date of the incident to the end date of the incident. If the incident is still active and you are running progressive reports, the end date will default to today’s date. The date range can be manually altered to suit your date requirements.
Once you have set the parameters for your report, select view and a new webpage will open to display your report. This report can then be exported as a PDF or to Excel or Word for further manipulation and analysis.

**ARV e-Referral**

The ARV referral icon enables Health Services to refer routine critical care patients to ARV electronically. Electronic referral enables seamless transfer of patient information to ARV, reduces the initial call time, utilises a standardised referral template, is user friendly and efficient and provides the ARV Coordinators with an overview of the current patient condition prior to the initial call.

The ARV referral form should not be used for time critical cases. If you require immediate advice or support, escalate your local response team or system immediately and call ARV on 1300 36 86 61.

This form can be completed by the referring physician, nurse or clerical staff who have access to the patients records.

**Sections of the ARV referral form**

The ARV referral form consists of all the information an ARV call taker would request from the referring person when making a phone referral in addition to a brief patient history. The referral form can be broken down into four sections:

- Contact information
- Patient information
- Observations and history
- Data validation
Contact Information

Some basic contact information is required to ensure ARV can contact the person looking after the patient. Please include the first and last name, position within the Health Service (ie GP, Nurse, Consultant, etc), the best contact number (preferably your mobile number) and email address for the person ARV should contact to discuss the referral.

**ARV Critical Patient Referral Form**

*All fields outlined in red are required.*

<table>
<thead>
<tr>
<th>Contact Details</th>
<th>First name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last name</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contact number (mobile)</td>
<td>Email address</td>
<td></td>
</tr>
</tbody>
</table>

Basic patient registration information

Patient registration information is also required as part of the ARV referral process.

**Patient**

- Last name
- Date of Birth (DD/MM/YYYY)
- Street address
- Patient location (Hospital)
- Switchboard number
- Referral site arrival date
- Time
- Have you attached an ID bracelet to the patient?
- ID wrist band
- Does your patient have any significant infectious risks such as influenza, hepatitis C, VRE, or others?
- Infectious risk
- If weight is greater than 110 kg, the patient’s measurements are required:
  - Patient weight
  - Waist cm
  - Height cm
  - Width cm

The patient’s name, gender and date of birth (DOB) are required and where the patient DOB is unknown an estimated age should be entered. If available, ARV also requires the patient’s address.

Details of the patient location should be entered into the Hospital field. As you commence typing in this field the list of options will change as you continue to type. Select your Health Service from the list. If you cannot find your Health Service from the list, change the patient location to medical clinic (or applicable) and enter the details of the patient’s location into the location details box. Select the unit the patient is currently located in from the unit drop down list.

If a hospital ID bracelet has been attached to the patient, select the ID wrist band box. If the patient has any significant infectious risk, select the infectious risk box and provide details in the infectious details box. The patient’s current insurance status is also required.
Patient weight is a mandatory field. For logistical reasons where the patient weight is greater than 110kg, the patient’s measurements are required to determine if alternative transport arrangements are required. If these measurements are not available at the time of the e-referral they can be collected while waiting for ARV to call.

**Patient Clinical Information**

Some clinical information regarding the patient’s current condition is also required when making a referral to ARV.

![Observations Form](image)

A full set of observations including the patient’s current heart rate, blood pressure, respiratory rate, oxygen saturation, GCS and temperature are mandatory. The patient’s oxygen therapy information is also mandatory. This should be selected from the drop down list provided. Where the patient is receiving oxygen via nasal cannula/prongs or via face mask you are required to select the flow rate which will automatically calculate the patient’s estimated percentage FiO2. If the patient is ventilated, select ventilated from the drop down list which will enable you to enter the estimated percentage FiO2 as per the ventilator. Where the patient isn’t receiving any oxygen therapy, select room air from the drop down list which will automatically populate the estimated percentage FiO2.

If the patient has already been accepted at another Health Service and a bed has been arranged, please complete the planned destination information.

The form provides the referring clinician the ability to provide a brief clinical history, past history and any known allergies and previous medications which provides the ARV Clinical Coordinator with a better understanding of the patient referral before even speaking with the referrer.

**Form Validation Issues**

The bottom section of the referral form outlines the fields which are mandatory and must be completed before the referral can be submitted.

Mandatory fields are outlined in red throughout the form to assist the referrer in ensuring the minimum amount of information is submitted.
As the mandatory fields are completed the red outline disappears and the field name is removed from the list of validation issues at the bottom of the form. A field will remain in the list of validation issues if the field has been overlooked or contains information in the incorrect format.

**Submission of an e-Referral**

Once the ARV referral form has been completed and all the mandatory information entered, select next located at the bottom of the form to preview the information you are submitting. To make any changes, select back and update as required. If the information of you are submitting is correct, select submit. Your referral is then submitted directly in the ARV case management system.

Submission of a referral to ARV should result in a follow up phone call within 15 minutes. If you have not been contacted within 15 minutes, please phone ARV on 1300 36 86 61.

**Trauma Victoria**

A link to the Trauma Victoria website is available via REACH. The Trauma Victoria website provides evidence based clinical guidelines in relation to major trauma management for clinicians working outside a Major Trauma Service (MTS). It also provides up to date information and education systems, based on the content of state wide clinical and trauma system guidelines.

The audience for these guidelines and educational material is primarily clinical staff in non-major trauma service settings, however the guidelines (particularly those which address process) are applicable to the entire system.

The Trauma Victoria website is consists of the following:

- Core guideline documents which include specialist clinical guidelines and trauma system guidelines.
- Trauma related resources (downloadable) and links
- Trauma courses and conferences
- News items
- Literature warehouse (coming in January 2015)
- Online Learning (coming in February 2015)