

# RETRIEVE: safe return of post PCI patients

## Introduction

South Western Sydney Local Health District faces challenges with bed block. The same challenges can be seen throughout the state, the country and internationally.

Guidelines recommend hospitalisation for at least 24 hours post percutaneous coronary intervention (PCI) in non-ST elevation acute coronary syndrome patients, but do not comment on appropriateness of transfer to non-PCI capable hospitals (NPCICH). This creates a usual practice of keeping patients overnight in a PCI capable hospital (PCICH).

The RETRIEVE criteria was validated as a tool for screening suitability for same day transfer of acute coronary syndrome (ACS) patients post PCI to their NPCICH.

## Key activities

PCICH and NPCICH need evidence based protocols to aid decision making for inter-hospital transfer.

Through collaboration and horizontal integration both across hospitals and health professions, this project developed and validated a novel criteria, the REverse TRIage EVents (RETRIEVE) criteria to facilitate safe and timely transfer of ACS patients post PCI to their referring hospital.



## Key achievements

Four hundred and seven patients were prospectively screened. Of the 233 patients that met the RETRIEVE criteria 230 (98.7 per cent) had no major adverse events (deaths, arrhythmias, myocardial infarction, major bleeding events, strokes nor major vascular site complications) or requirement for return to the PCICH.

The RETRIEVE criteria can be used successfully to identify patients suitable for transfer back to referring hospitals following PCI; using this protocol appears to be as safe as routine overnight observation in a PCICH. RETRIEVE facilitates safe, patient centred care while freeing tertiary hospital beds.

These results were presented internationally at The Society for Cardiac Angiography and Interventions (SCAI) and published in Catheterization and Cardiovascular Interventions (CCI).

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