

Victoria's experience: Improving ambulance transfer performance

May 2015

Introduction

Ambulance patient transfer delays have a direct impact on Ambulance Victoria's (AV) ability to provide emergency care in the community.

Managing these delays during periods of peak demand is challenging. Action is required at both a whole-of-health-service and system level in order to address the range of factors that impact on ambulance patient transfers. Examples of these factors include patient flow, bed management and escalation responses.

The need for change

In July 2011, a new state-wide performance indicator was introduced for the timely transfer of ambulance patients within emergency departments (ED) in Victoria in response to concerns about emergency access.

Deteriorating performance in relation to this transfer indicator and other emergency access indicators highlighted the need for coordinated action across the system.

To support health services to work through the local issues impacting on their performance, a series of improvement strategies were put in place, including:

- Improved availability of data to assist health services to monitor performance.
- Implementing and optimising models of care in the ED to improve patient flow, capacity and reduce excess time in the ED, and
- The establishment of an Ambulance Transfer Taskforce to review the ambulance / ED interface and provide recommendations on improved ambulance transfers, distribution and responsibility of care for ambulance patients on arrival in the ED.

Making it happen

In its final report in November 2013, the Ambulance Transfer Taskforce outlined a series of key recommendations to improve ambulance patient transfer processes and patient flow through a 'whole of health service' approach.

This included:

- Transfer of patient care from ambulances to the receiving hospital immediately on arrival of an ambulance patient into an ED
- Ambulance patients to be transported to the nearest ED in accordance with clinical need, ensuring an optimal distribution of ambulance distribution.
- Advanced notification to the receiving ED of any patient that is en route and prior to arrival.
- Patient care responsibility to be immediately transferred to the hospital on arrival of an ambulance to the ED.
- Hospitals to take responsibility to provide immediate assessment, investigations and treatment to a patient arriving by ambulance to an ED.
- The introduction of new data items and reports to improve the availability of information regarding the time between ambulance arrival and ambulance availability post-handover of patients.

Implementation of the Taskforce recommendations was overseen by the Emergency Access Reference Committee. As at February 2015, the majority of these recommendations have been implemented.

Impact of changes

From late 2013, the Department, AV and health services has worked closely to implement the Taskforce recommendations and associated actions.

Since this time, there has been significant improvement (7%) in the proportion of ambulance patients transferred within 40 minutes. Recent data indicates an improvement from 77 per cent in 2012-13 to 84 per cent in 2013-14.

Key strategies to improve performance

New ambulance patient transfer timestamps

From 1 July 2014, health services have been collecting two new time stamps for VEMD reporting to improve the availability of information regarding ambulance arrivals and the handover of ambulance patients into the care of the ED.

As part of this new process, ambulance paramedics and hospital staff have a shared responsibility for collecting and recording these time points.

This new data collection is based on the following agreed definitions:

- *Ambulance at destination time* - the time of ambulance arrival at the hospital, and
- *Ambulance handover complete time* – the time when clinical information has been given to the ED clinician taking over care of the patient.

Standardising clinical handover

A *Protocol for the clinical handover of ambulance patients into the ED* has been implemented jointly by AV and health services from 1 July 2014 to ensure the safe, timely and structured exchange of information during handover of ambulance patients into the ED.

This protocol is based on the NSW Health and NSW Ambulance handover model IMIST-AMBO.

Responsibility for the transfer of clinical care

Hospital Circular 13/2013 was released to all Victorian health services in December 2013 to outline the specific responsibility of the health service to assume immediate responsibility for the patient's care on arrival of an ambulance to an ED.

Since the release of this Circular, all hospitals have been responsible for ensuring that systems and processes are in place to enable ED clinical staff to commence assessment, investigations and treatment of a patient arriving by ambulance to an ED.

Targeted roles in the ED

Health services have developed roles in the ED specifically targeted to improve ambulance patient transfer times during periods of peak demand and to reduce the time spent by paramedics in the ED.

These roles include an ambulance arrival nurse or advanced practice nurse, help facilitate patient flow and cubicle availability, and improve coordination of ambulance patients to reduce waiting times and improve handover practices.

Availability of ambulance data

Understanding causes of delay in the handover of patients is vital to identify areas for improvement. Daily transfer data is sent to health services to assist in monitoring performance as well as inclusion in the regular AV/health service liaison meetings to drive performance improvement.

Optimising ambulance distribution

Since July 2014, AV has established a process for crew diversion to manage ambulance case distribution across EDs.

The role is responsible for monitoring and distributing all emergency ambulance arrivals to avoid, as far as possible, multiple arrivals within short periods of time. The role is currently available over 12 hours a day.

Patient preference / patient history

Sector consultation was undertaken in May 2014 to review current departmental guidance on what constitutes a significant patient history and the role of patient preference in the selection of hospital destination by ambulance paramedics.

This guidance is used by AV in the selection of hospital destination for ambulance patients and has been incorporated into AV internal protocols to further improve equitable distribution across the system.

Ambulance arrivals boards

Ambulance Arrivals Boards have been implemented across four metropolitan health service EDs to enable real time information on ambulance arrivals to be available in hospitals.

Providing early notification to an ED of an impending ambulance arrival enables hospital clinical staff to prepare and allocate resources for incoming patients arriving by ambulance.

AABs are expected to be implemented at an additional eight metropolitan sites in 2015.

Hospital checklist

A hospital checklist has been made available to health services to support consistent practice for the timely transfer of ambulance patients.

This checklist aims to assist ED staff to ensure adequate strategies are in place to best manage the transfer of patients into the ED, such as escalation pathways in times of peak ED demand.