

Guidelines for ambulance presentations in the emergency department

March 2007

Key message

These guidelines encourage a systematic approach to the reception and handover process for ambulance patients on arrival at Victoria's metropolitan hospital emergency departments.

Timely reception and handover of ambulance patients arriving in the emergency department will impact positively on:

- patient outcomes
- patient flow in the emergency department
- ambulance response times.

Purpose

These guidelines provide direction for hospital and ambulance staff on the process for reception and handover of patients arriving by ambulance in Victoria's metropolitan public hospital emergency departments. They aim to ensure equitable and timely access to emergency care, and are designed to assist with planning best-practice management and care coordination within existing infrastructure and services.

The guidelines outline principles that should underpin reception and handover of ambulance patients in the emergency department, key requirements, and roles and responsibilities. They also outline escalation protocols to be followed during periods of peak demand.

The guidelines were developed by the Department of Human Services in consultation with the Emergency Access Reference Committee (EARC) Ambulance Interface Sub-committee. The department established the sub-committee to provide recommendations to EARC on priority issues relating to the ambulance interface with public hospital emergency departments. Membership includes representatives from health services, Metropolitan Ambulance Service, Rural Ambulance Victoria and the Australian College of Emergency Medicine.

Background

Improving emergency care and access in Victoria's public hospitals is a key priority of the Department of Human Services. Ambulance services and emergency departments have a common goal to meet the emergency health care needs of the Victorian community.

Timely reception of ambulance patients in emergency departments is essential to delivering responsive and safe emergency care. Collaboration and coordination between the emergency department and ambulance staff is critical to facilitating a coordinated approach to patient reception and handover processes.

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At Destination Patient Management Project

As part of the Patient Flow Collaborative undertaken by the department, the Metropolitan Ambulance Service commenced the 'At Destination Patient Management Project' in June 2005. The project provided an analysis of improvement opportunities for ambulance turnaround times at hospital emergency departments and evaluated key system constraints, focussing on system-level changes. As part of the project, new and innovative improvement strategies were implemented at a number of hospital sites.

The 'At Destination Patient Management Project' identified a number of key interaction points in the reception process that were common across all hospitals emergency departments. Findings showed variations in practice across different hospitals and highlighted the need for hospitals to review local processes and address key constraints in improving the patient reception process.

The project recommended a number of improvements to support quality and timely handover of ambulance patients including standardisation of triage, patient and information handover processes, and integration of information across all emergency departments.

Guiding principles

A continuous focus on system approaches is needed to ensure the Victorian health system responds effectively to the emergency care needs of the whole community.

The following guiding principles should underpin reception and handover of ambulance patients to emergency departments:

- the ambulance reception and handover process is informed by best-practice approaches and supports optimal patient outcomes
- care is patient-centred and responsive to patient emergency care needs
- resources are utilised efficiently.

Definitions

Patient transfer time (also known as 'off stretcher time'):

The total time for a patient to be transferred from the ambulance stretcher to hospital facilities, including triage, the physical transfer of the patient and handover to hospital staff (ambulance arrival at the hospital to completion of the patient transfer).

Ambulance at destination time:

The total time from arrival of the ambulance at the hospital to the time to become available for another dispatch (ambulance arrival at the hospital to clear for next dispatch).

Triage:

Triage is the formal process used to immediately assess all patients arriving in an emergency department to determine the urgency of their care requirements.

Format of the guidelines

The guidelines are structured in three sections: key requirements for transfer and handover of ambulance patients to the emergency department; roles and responsibilities of ambulance services and health services during the transfer process; and escalation protocols during periods of high demand or when workload exceeds available resources in the emergency department.

1.0 Key elements of the transfer process

1.1 Access environment

1.2 Triage

1.3 Registration process

1.4 Transfer of patient and patient information

1.5 Case completion environment

2.0 Roles and responsibilities in the transfer process

2.1 Normal business

2.2 Managing delays

2.3 Management and communications channels

3.0 Summary of roles and responsibilities for patient transfer and escalation

The guidelines

The following section identifies key requirements for delivering quality, timely, safe and accessible care during reception and handover of patients arriving by ambulance at emergency departments.

1. Key elements of the transfer process

1.1 Access environment

Ambulances should have easy access to the emergency department.

Requirements include:

- a clearly designated area only for ambulance arrivals
- undercover parking for ambulances
- adequate capacity for unloading patients
- a flat gradient.

1.2 Triage

An effective triage system aims to ensure that all patients seeking emergency care 'receive appropriate attention, in a suitable location, with the requisite degree of urgency'¹

The flow of patients into emergency departments is unpredictable and a number of patients can sometimes arrive simultaneously. *The Australasian Triage Scale guidelines* (2006) and *The Australasian College of Emergency Medicine guidelines* (2006) recommend that triage should occur **immediately on arrival in the emergency department**.

Requirements include:

- developing an emergency department contingency plan to respond to increased demand for triage assessments, including ambulance arrivals
- paramedics should be informed of the process for triage at their arrival point into the emergency department – the process should be published at the ambulance entrance to the emergency department and distributed to the ambulance service
- paramedics should be informed of any delay as soon as possible, including the cause of the delays and actions taken to resolve any delay to the patient's transfer into the emergency department
- availability of appropriate options for triaging patients to locations other than a cubicle, such as to the waiting room or wheelchair
- for patients with immediate or special healthcare needs, the ambulance service clinician should contact the relevant receiving emergency department with pertinent patient details prior to the patient's arrival.

¹ George, S. et al, 1993 as sighted in *Consistency of Triage in Victoria's Emergency Departments, Literature Review, Monash Institute of Health Services Research, 2001.*

1.3 Registration process

The registration process should be streamlined and patient-focussed to avoid unnecessary repetition or delays.

Requirements include:

- implementing streamlined emergency department reception processes that eliminate duplication of data handling, delay in access to clerical staff and ambulance queuing for access to clerical staff
- implementing strategies to improve patient flow such as bedside capture of data into clinical or administrative information systems are recommended.

1.4 Transfer of patient and patient information

Staff, equipment and furniture required for the physical transfer of the ambulance patients to hospital facilities should be readily accessible by ambulance staff.

Transfer of information at the time of patient handover should be timely, accurate and completed only once.

Transfer of the patient occurs when handover to the nurse that is caring for them is complete.

Requirements include:

- a timely response by an emergency department nurse who is responsible for patient care in the treatment or triage area
- standardised clinical handover of patient information across emergency departments
- availability of alternative options to receive patients if a cubicle or bed is not immediately available (or required), including trolleys, chairs and wheelchairs into which ambulance patients can be safely transferred
- providing equipment for patient transfer including bed slide and lifting equipment, which should be stored in an easily identifiable location that is easily accessible and readily available
- providing facilities for storage and equipment management.

1.5 Case completion environment

Once the handover of the patient has been completed, and the patient has been transferred to emergency department staff responsible for patient care, paramedics require access to facilities to complete their documentation.

Requirements include:

- access to appropriate desk space for ambulance service clinicians to complete case notes as soon as possible
- completing required documentation by ambulance clinicians in a timely manner to facilitate clearing the case as soon as possible
- access to amenities for cleaning ambulance vehicles and equipment.

2.0 Roles and responsibilities in the transfer process

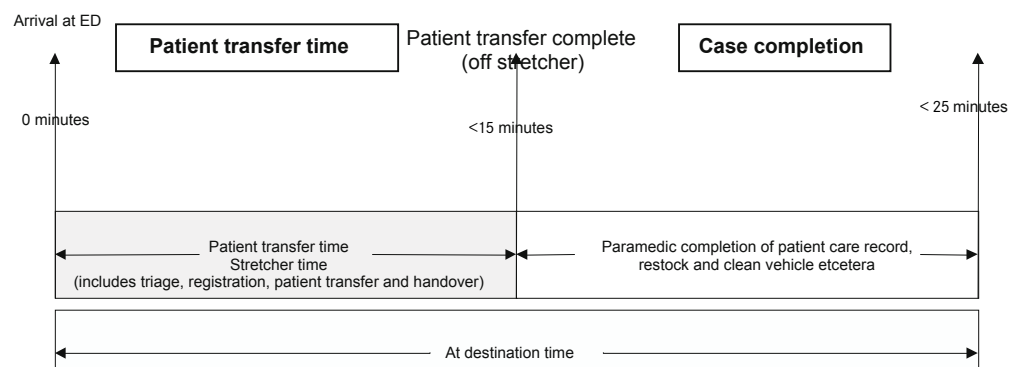
The following section provides an overview of the roles and responsibilities for the transfer and handover of ambulance patients in the emergency department.

2.1 Normal business

There must be a commitment at a local level to ongoing effective communication between ambulance and hospital staff to ensure a timely transfer process. The overall aim is avoid delay in commencing patient treatment and ensuring ambulances are available for another case as soon as possible.

Under normal circumstances, it is **expected** that the ambulance and hospital staff complete the patient transfer of an ambulance patient in less than 15 minutes and the ambulance time at a hospital is less than 25 minutes.

The following diagram presents a diagrammatic view of **expected** completion time of transfer and handover of ambulance patients to the emergency department, and case completion.



If the transfer process is delayed, senior ambulance and emergency department staff should be notified. The emergency department director (or delegate) should communicate with the ambulance duty team manager to resolve any delays. Key issues for consideration include workload management and staffing levels and resource allocation (include skill mix and any shortfalls).

2.2 Managing delays

During periods of high demand or when workload exceeds available resources in the emergency department, there may be occasions when the situation cannot be resolved at a local level and the issue needs to be escalated.

The ambulance group manager should make contact with a nominated hospital executive to collaborate on how to manage major delays in the transfer of ambulance patients.

Where extended ambulance queuing or delays are occurring in the emergency department, the nominated hospital executive should activate a hospital response to the emergency department workload to create additional capacity.

In some circumstances, the hospital executive may consider activating the Hospital Early Warning System (HEWS) or hospital bypass.²

2.3 Management and communication channels

Reporting

It is recommended that in cases where there are significant delays in patient transfers, both ambulance and hospitals locally document these events to facilitate formal review. The aim is to work towards continuous quality improvement of the reception and handover process of ambulance patients at hospital emergency departments.

Communication

Ongoing collaboration between ambulance and emergency departments is required. Appropriate senior staff from the Metropolitan Ambulance Service and the emergency department should monitor performance, manage issues, identify process-improvement opportunities and progress shared clinical education activities.

3.0 Summary of roles and responsibilities for patient transfer and escalation

Normal business	Hospital	Ambulance
	Nominated hospital representative (such as a triage nurse)	Paramedic
	<p>Activate preparation of resources appropriate to patient needs.</p> <p>Facilitate access to triage.</p> <p>Ensure staff are allocated and available to accept patient handover.</p> <p>Provide resources appropriate to meet expected patient care requirements.</p> <p>Collaborate with paramedics to expedite patient transfer.</p> <p>Ensure all actions to assist patient flow are implemented.</p> <p>Collaborate with ambulance paramedic/s to ensure immediate patient care needs are met.</p> <p>Advise emergency department director or nominee of any delays.</p>	<p>Pre-notify the hospital if the patient has any special health care needs.</p> <p>Attend triage nurse on arrival.</p> <p>Handover patient details to relevant clinical and clerical hospital staff.</p> <p>Move patient to allocated treatment or waiting area.</p> <p>Assist emergency department staff to monitor the care needs of the patient.</p> <p>Ensure all actions to assist patient flow are implemented.</p> <p>Collaborate with emergency department staff to ensure immediate patient care needs are met.</p> <p>Notify MAS duty team manager of any delays.</p>
Alert	Emergency department director or nominee	Duty team manager
	<p>Activate internal emergency department response such as reallocation of staff.</p> <p>Collaborate with ambulance duty team manager to resolve delays.</p> <p>Ensure all actions to assist patient flow are implemented.</p> <p>Advise hospital executive of significant delay and keep them informed of the progress to resolve issues.</p>	<p>Collaborate with emergency department director to resolve significant delays.</p> <p>Document significant delays and reasons for delays.</p> <p>Advise MAS group manager of significant delays and keep them informed of resolution progress.</p>
Escalation	Hospital executive	Ambulance group manager
	<p>Collaborate with ambulance group manager to address issues arising from delay.</p> <p>Ensure hospital response process is activated and monitor progress.</p> <p>Record major delays, reasons for the delay and resolution.</p>	<p>Contact hospital executive and collaborate to address issues arising from delay.</p> <p>Provide assistance to resolve delays, including coordinating attendance of a MAS manager and reviewing ambulance workload if required.</p> <p>Report and document delay to operations manager.</p>

Note: The arrow refers to patient transfer time