

# Ambulance Transfer Taskforce Report – Implementation plan

April 2014 Update

The Ambulance Transfer Taskforce Report – Implementation plan is being overseen by the Department of Health’s Emergency Access Reference Committee (EARC).  
 Note: Action Items 1.5, 1.6, 4.3 and 4.4 denote **additional** actions agreed by the EARC (shaded pink).

#	Recommendations	Action item	Key actions	Responsible	Implementation Timeframe	Status Additional comments	Progress update April 2014
1	AV to ensure that patients are transported to the nearest hospital ED in accordance with clinical need and ensure optimal distribution of ambulance arrivals across hospitals to avoid, as far as possible, the clustering of arrivals.	1.1	Develop a system which enables AV to monitor the destination status of ambulance vehicles in transit to a hospital	AV	June 2014	AV preferred solution is to leverage off the use of AVDEX* and the bypass/HEWS notification capability in the current CAD system and ambulance Mobile Data Terminals as platforms for delivery.	Activity scoped and project resource appointed within AV.
		1.2	Develop a mechanism to optimise the distribution of ambulances to health services				AV’s proposed solution assumes a functional AVDEX system in place (not currently available) – refer to item 2.1.
		1.3	Develop a field guideline that assists paramedics in decision making for non-time critical cases	AV	June 2014	Commenced.	Activity scoped and project resource appointed within AV. On track for implementation by June 2014
		1.4	Remove HEWS and bypass (public hospitals only)	DH	TBA	Commenced. Develop proposal to implement and evaluate impact.	Proposal and timing under consideration by DH.
		1.5	Revise current DH guidance on ambulance patient choice/history.	DH/AV	June 2014	AV to implement revised guidance on ambulance patient choice/history.	Working Group established. On track for implementation by June 2014
		1.6	Explore opportunities for RefComm to consider alternative care options for patients.	DH/AV	TBA by AV		Being considered by AV as part of the broader development and rollout of the Referral Service
2	AV will notify the receiving ED of any patient that is en route and prior to arrival.	2.1	Expand and establish ambulance arrival boards (AABs) in all major hospitals as a matter of priority	AV	March 2014	Funding implications and proposed timelines to be considered.	AV has put forward a high level proposal for AVDEX (including AABs) which is under discussion between AV and DH.
3	Hospital CEO to ensure that the hospital is available to provide assessment, investigations and treatment to a patient arriving by ambulance to an ED.	3.1	Optimise patient flow strategies such as ED models of care, escalation procedures and define appropriate use of ED spaces.	DH	December 2013	Completed.	<i>Ambulance patient transfer: Hospital checklist for the safe and timely transfer of ambulance patients</i> (a hospital checklist on processes and strategies to be in place to improve ambulance transfer times) circulated to health services in April 2014 and available on DH website. Winter Planning Forum for 2014 to be held on 9 May 2014.

4	On arrival of an ambulance to an ED, the hospital will immediately assume responsibility for the patient's care.	4.1	Develop and consult on a standardised AV-to-ED handover protocol	DH / AV/ HS	April 2014	Commenced. See also 5.1	Working group (AV, DH and health services) established. First meeting held 13 March 14.
		4.2	Release of Hospital Circular to communicate policy on hospital responsibility for patients on arrival	DH	December 2013	Completed.	Hospital Circular distributed to health services in December 2013.
		4.3	Update existing DH " Guidelines for ambulance presentations into the ED" (2007)	DH	May 2014	Commenced. Review and update existing guidance note is contingent on completion of 1.1, 1.2, 1.3, 1.5, 2.1, 4.1, +/-1.4	DH review of existing guidance documents commenced to align into a single DH document.
		4.4	Distribute 'Best practice guide for transfer of clinically appropriate patients to non-cubicle locations' to CEOs	DH	December 2013	Commenced. Document prepared for distribution to health services	DH reviewing 'Best practice guide' to determine appropriate format for implementation. Proposal to incorporate into revised DH document item 4.3.
5	DH to introduce new data items and reports to improve the availability of information regarding the time between ambulance arrival and ambulance availability post-handover of patients.	5.1	Introduce new data time stamps into VEMD for 2014-15, including: <ul style="list-style-type: none"> <li>• Alignment of data definitions</li> <li>• Implement protocols for jointly agreed data collection for input into VEMD</li> <li>• Develop protocols for recording and reporting time stamps and for handover - See also 4.1.</li> </ul>	DH	April 2014 Note: <i>Data collection does not commence until 1 July 2014.</i>	Commenced.	Working group established December 2013 Completed : <ul style="list-style-type: none"> <li>• data definitions for VEMD manual</li> <li>• implementation fact sheet for ED staff and paramedics.</li> </ul> Implementation will progress as part of usual VEMD change cycle from 1 July 2014.

**Notes:**

AVDEX refers to Ambulance Victoria Data Exchange – a proposal to establish a Business to Business (B2B) platform for AV business functionality such as electronic patient records, clinical information exchange and visibility of ambulances across the system for ambulance distribution and disaster management. This incorporates technology to support Ambulance Arrivals Boards.