

Ambulance patient transfer: Hospital checklist for safe and timely transfer

The attached checklist will help hospitals implement strategies for transferring ambulance patients into the emergency department in a timely and well-managed way.

Objective

To reduce delays in ambulance patient transfers into the emergency department (ED) and thereby improve:

- operational performance, including availability and responsiveness of ambulance services and hospital patient flow
- the patient experience and outcomes.

Origins of this document

In 2013 the Minister for Health established the Ambulance Transfer Taskforce to develop policy directives on the roles and responsibilities of hospital and ambulance services in the transfer of ambulance patients into the ED.

All taskforce recommendations have been adopted as the next step in improving the interface between ED and ambulance and enhancing the flow of ambulance patients in Victorian EDs.

Case for change

Delays in transferring ambulance patients have become commonplace in some hospitals.

Ambulance patient transfer delays are a whole-of-hospital responsibility. Delays are often associated with compromised downstream flow in hospitals and whole-of-system issues in managing demand and expediting discharge. Factors include:

- management of patient flow across the system
- bed management, discharge management and capacity within hospitals
- seasonal pressures
- availability of appropriate alternative community services
- lack of adherence to agreed processes.

Who should use this document?

This checklist should be used by hospital executives and ED clinicians to ensure all necessary strategies and processes are in place to optimise the ambulance patient transfer process.

Data collection and reporting

From 1 July 2014 two new data points will be collected in the Victorian Emergency Minimum Dataset (VEMD). This data will be used to calculate and report ambulance patient transfer times.

The objective is to:

- share ownership of ambulance patient transfer time information
- improve collaboration between paramedics and ED staff
- create a single source of data for measuring ambulance patient transfer times.

This new data collection is based on clear and agreed definitions. Ambulance paramedics and hospital staff have a shared responsibility for collecting and recording the time points.

A standardised process

Standardisation of ambulance patient transfer processes, including data collection and clinical handover, can also reduce transfer times.

EDs are encouraged to implement standardised data collection processes to ensure consistent recording of VEMD data that will be used to calculate ambulance patient transfer times.

A standardised clinical handover protocol for ambulance patients will be developed as part of the taskforce's recommendations.

Raising the profile

Addressing patient handover delays is everyone's business. Improving ambulance patient transfer times requires a whole-of-system approach with clear leadership from hospital executives.

Checklist for supporting good patient flow

Do you have these strategies in place to improve the timeliness of ambulance patient transfers into the ED?

1. Improving ambulance flow

- A system for monitoring ambulance arrivals to identify peak demand and transfer delays
- Regular contact with ambulance services during peak demand periods to review opportunities to improve flow such as NEPT transfers from inpatient areas

2. Enhancing communication

- Nominated ED and executive contacts for ambulance services to notify when delays are experienced
- Regular meetings scheduled with ambulance services to identify issues and solutions
- A standardised clinical handover process in place

3. Responsive action for ambulance arrivals in ED

- A flexible triage model to respond to peaks in ambulance patient arrivals
- Strategies in place to prepare for ambulance arrivals
- Available stock of wheelchairs in the ED to provide options to transfer ambulance patients
- A system to alert the nominated senior ED clinician when delays in transfer are experienced
- Immediate commencement of clinical care for all patients arriving by ambulance even where handover delays are being experienced
- Regular communication with waiting ambulance paramedics on actions being undertaken
- A system whereby major delays (> 1 hour) are escalated to the hospital executive or the CEO
- Options to transfer appropriate patients into non-cubicle locations such as the waiting room
- A way of identifying cohorts of patients that can be 'fast tracked' out of ED such as a stroke or STEMI patients

4. Data collection, reporting and analysis

- Regular refresher training for staff collecting and reporting data to ensure the ambulance transfer definitions are consistently applied
- A process whereby ED clinicians and ambulance paramedics mutually agree on VEMD timestamp 'ambulance handover complete' recording
- A standardised hospital process to collect and record VEMD timestamps relating to ambulance patient transfers
- Active monitoring of daily ambulance data to identify reasons for delays with patient handover
- A data reconciliation process between the hospital and ambulance services to record the number of patient handover delays to ensure consistency of data

5. Hospital capacity management

- A hospital-wide escalation process once delays in transfers have been detected
- Policies for direct admissions to inpatient areas
- An outreach service in place to local residential aged care facilities
- A whole-of-hospital access plan and options to increase hospital capacity such as using available flex beds
- Predictor bed management tools to balance hospital demand
- Performance on ambulance handover reviewed by hospital executive as part of emergency care key performance indicators

Authorised by the Victorian Government, Melbourne. To receive this publication in an accessible format phone 9096 8958.