

### **Attachment 1 – Ambulance Transfer Taskforce – Terms of Reference**

- Document outlining the purpose, functions and responsibilities, membership and governance of the Ambulance Transfer Taskforce.

### **Attachments 2 and 3 – Ambulance Patient Transfer Policy Stakeholder Forum and Ambulance Transfer Strategy Meeting**

- Summary of attendees at the Stakeholder Forum and Strategy Meeting held in August and September 2013 respectively.

The Taskforce undertook a range of formal and informal consultations in addition to the Stakeholder Forum and Strategy Meeting as part of the process.

### **Attachment 4 – Draft: Improving Ambulance Patient Transfer Times – Principles and Accountabilities – Health Service and Ambulance**

- Draft document to support health services and Ambulance Victoria to improve and streamline the care of ambulance patients presenting for emergency care in line with the Taskforce recommendations.
- A final version will be circulated to health service CEOs and Ambulance Victoria by January 2014.

### **Attachment 5 – Hospital Circular 13/2013**

- Document clarifying the responsibility for patient care on transfer from ambulance to hospital
- The Hospital Circular has been published and is available online on the Department of Health website:  
<http://www.health.vic.gov.au/hospitalcirculars/circ13/circ1313.htm>

# Ambulance Transfer Taskforce

Terms of Reference - July 2013

## 1. Establishment

The Ambulance Transfer Taskforce was established by the Minister for Health in July 2013 under the auspices of the Emergency Access Reference Committee to develop policy directives on the roles and responsibilities for health services and Ambulance Victoria (AV) on the transfer of ambulance patients into the Emergency Department (ED).

## 2. Purpose

The Ambulance Transfer Taskforce is a time limited group to provide advice and recommendations to the Minister for Health and the Department of Health on improved ambulance transfers, distribution and responsibility of care for ambulance patients on arrival in the ED.

## 3. Functions and responsibilities

Key activities for the Taskforce to undertake include:

- Consult on and develop guidance on a new approach for the transfer of emergency care
- Provide advice on options for including new data elements in the Victorian Emergency Minimum Dataset (VEMD) to improve the capacity to monitor ambulance patient transfers
- Provide advice on the optimal configuration of data fields for display in an Ambulance Arrival Board in EDs.

The Ambulance Transfer Taskforce will be responsible for:

- Undertaking targeted consultation with the sector (including hosting a ministerial forum with key stakeholders)
- Recommending a set of key principles for improved ambulance patient transfers
- Supporting local practice change through workshops, clinical engagement and development of resources such as checklists for reference by health services and AV.

## 4. Membership

Andrew Stripp, Deputy Chief Executive & Chief Operating Officer, Alfred Health, (Chair)

Associate Professor Tony Walker, General Manager Regional Services, Ambulance Victoria

Ms Melissa Tully, Acting Nurse Unit Manager, Western Health

Dr Fergus Kerr, Medical Director Medicine and Emergency CSU, Austin Health

## 5. Reporting arrangements

The Chair of the Ambulance Transfer Taskforce will communicate directly with the Director, Health Service Programs.

## Ambulance Patient Transfer Policy Stakeholder Forum

Wednesday, 14 August 2013, 4:30pm - 6:30pm

Australasian College of Surgeons, Hughes Room, 250-290 Spring Street

### RSVPs:

| Title                    | First Name  | Surname     | Position Title                                | Organisation                 |
|--------------------------|-------------|-------------|-----------------------------------------------|------------------------------|
| Associate<br>1 Professor | Tony        | Walker ASM  | General Manager Regional Services             | Ambulance Victoria           |
| 2 Ms                     | Janet       | Compton     | Chief Executive Officer                       | Northern Health              |
| 3 Mr                     | Fergus      | Kerr        | Director, Emergency Department                | Austin Health                |
| 4 Ms                     | Lisa        | Vermeulen   | Nurse Unit Manager                            | Eastern Health               |
| 5 Dr                     | Steven      | Pincus      | Acting Director, Emergency Services           | Melbourne Health             |
| 6 Ms                     | Diane       | Gill        | Executive Director                            | The Royal Melbourne Hospital |
| 7 Mr                     | Tobi        | Wilson      | Acting Director, Operations                   | The Royal Melbourne Hospital |
| 8 Mr                     | Adam        | Horsburgh   | Chief Operating Officer                       | Monash Health                |
| 9 Mr                     | David       | Anderson    | Acting Chief Executive Officer                | Peninsula Health             |
| 10 Dr                    | Pam         | Rosengarten | Director, Emergency Services                  | Peninsula Health             |
| 11 Dr                    | Stephen     | Parnis      | President, Victorian Branch                   | AMA Victoria                 |
| 12 Dr                    | Diana       | Badcock     | Director, ED                                  | Bendigo Health               |
| 13 Dr                    | Shyaman     | Menon       | Chair, Victorian Faculty, ACEM / Director, ED | ACEM / Northern Health       |
| 14 Mr                    | Alan        | Lilly       | Chief Executive Officer/EARC Chair            | Eastern Health               |
| 15 Ms                    | Jo          | Morey       | Nurse Unit Manager                            | Dandenong                    |
| 16 Dr                    | De Villiers | Smit        | Director, Emergency & Trauma Centre           | Alfred Health                |
| 17 Ms                    | Melissa     | Tully       | A/Nurse Unit Manager                          | Sunshine Hospital            |
| 18 Ms                    | Diane       | Crellin     | Executive Director                            | CENA                         |

**Ambulance Transfer Strategy meeting****Friday, 20 September 2013: 2pm – 4pm****Room 18.23, 50 Lonsdale Street Melbourne, Department of Health****Attendees:**

| <b>Title</b> | <b>First Name</b> | <b>Surname</b> | <b>Position Title</b>                                   | <b>Organisation</b>           |
|--------------|-------------------|----------------|---------------------------------------------------------|-------------------------------|
| 1 Ms         | Anna              | Burgess        | Director, Health Service Programs                       | Department of Health          |
| 2 Ms         | Sue               | O'Sullivan     | Manager, Emergency and Trauma Program                   | Department of Health          |
| 3 Mr         | Andrew            | Stripp         | Deputy Chief Executive and Chief Operating Officer      | Alfred Health                 |
| 4 Dr         | Bill              | Nima           | Deputy Director, Emergency Medicine                     | Epworth Richmond              |
| 5 Ms         | Danni             | Gobbo          | ED NUM                                                  | Epworth Richmond              |
| 6 Ms         | Rebecca           | Grubisa        | ED NUM                                                  | John Fawkner Private Hospital |
| 7 Ms         | Kirsty            | Austin         | ED NUM                                                  | The Valley Private Hospital   |
| 8 Ms         | Jane              | Lynch          | ED NUM                                                  | Cabrini Hospital              |
| 9 Dr         | Barry             | Chan           | ED Director                                             | Knox Private Hospital         |
| 10 Ms        | Katie             | Roberts        | ED NUM                                                  | Knox Private Hospital         |
| 11 Mr        | Robert            | Seeley         | Senior Project Officer, Information and Funding Systems | Department of Health          |

# Draft: Improving ambulance patient transfer times

## Principles and accountabilities – Health service and ambulance

As part of the *Hospitals plan to reduce ambulance delays* strategic policy direction, a Taskforce was established in July 2013 under the auspices of the Emergency Access Reference Committee to review the ambulance / ED interface with a focus on improving ambulance patient transfer times. The Taskforce, with representation from executive, ED clinicians and Ambulance Victoria (AV), has developed principles that relate to ambulance transfers, distribution and responsibility of care for ambulance patients once in the ED.

The principles and accountabilities outlined below are intended as an aid for health services and AV staff to ensure that all possible steps are being undertaken to improve and streamline the care of ambulance patients presenting for emergency care in line with the Taskforce principles. This document recognises that improving the ambulance/ED interface is a shared responsibility and it is vital that it is recognised as a whole of health service/system issue.

### Overarching Principles

1. AV will deliver patients to the nearest ED in accordance with clinical needs, ensuring an optimal distribution of ambulance arrivals across hospitals
2. EDs will be advised by AV of any patient that is en route and prior to arrival
3. Health service Chief Executives to ensure that the hospital is available to provide assessment, investigations and treatment of patients arriving by ambulance to an ED
4. On arrival of an ambulance to an ED, hospitals will immediately assume responsibility for patient care.

### Health service responsibility

|                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
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| <b>Health Service Boards</b>          | <ul style="list-style-type: none"> <li>• Actively manage identified performance issues</li> <li>• Monitor ambulance patient transfer performance against KPIs</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>Health Service Chief Executive</b> | <ul style="list-style-type: none"> <li>• CEOs and health service executives to undertake active monitoring of daily reports on ambulance patient transfer times</li> <li>• Health services to nominate executive to be responsible when ED experiencing reduced capacity and flow. Includes taking calls from AV where significant delays in transfers are being experienced in ED</li> <li>• Foster a culture of promoting timely transfers of ambulance patient transfers to enable increased capacity and improve access to emergency care</li> <li>• Promote executive performance accountably for ED access issues</li> <li>• Manage escalation process for creating capacity and flow in the ED</li> <li>• Ensure ED adequately resourced to facilitate the timely transfer of ambulance patients</li> <li>• Establish an executive sponsored patient flow committee at an executive level to oversee improvement work</li> </ul> |

### Ambulance Victoria responsibility

|                     |                                                                                                                                                                                                                                                                                                 |
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| <b>AV Board</b>     | <ul style="list-style-type: none"> <li>• Actively monitor ambulance clearance time performance</li> </ul>                                                                                                                                                                                       |
| <b>AV executive</b> | <ul style="list-style-type: none"> <li>• Implement emergency demand escalation processes in periods of high demand</li> <li>• Implement and be accountable for a mutually agreed distribution framework</li> <li>• Ensure capability to provide real-time flow of information to EDs</li> </ul> |

## 1. Smoothing ambulance flow

Smoothing the flow of ambulance arrivals to EDs reduces the pressures of ambulance clumping and assists EDs to manage ambulance patient flow.

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| <b>Ambulance Victoria</b> | <ul style="list-style-type: none"> <li>• Paramedics to review options for transferring patient to the ED, e.g. transfer to a private hospital with an ED</li> <li>• Take necessary actions to smooth ambulances across the system to minimise 'clumping' of ambulance arrivals to an ED in a short period of time</li> <li>• Ensure patient history/patient choice is consistent with transport policy and DH Circular</li> <li>• Nominate a key AV contact point for communication with each hospital</li> </ul>                                                             |
| <b>Health Service</b>     | <ul style="list-style-type: none"> <li>• Direct referral pathways in place to facilitate direct access to inpatient areas for certain categories of ambulance patients (e.g. inter hospitals transfers) for avoidable ED presentations</li> <li>• Establish clear protocols for non-urgent ambulance transports to EDs, e.g. transfer to waiting room</li> <li>• Web based ambulance arrivals boards are in clear display in ED and operational and being monitored</li> <li>• Ambulance arrivals data and information regularly monitored to assess problem areas</li> </ul> |

## 2. Enhancing communication

Collaboration and coordination between ED and ambulance staff is critical to facilitating a coordinated approach to the timely transfer of ambulance patients into the care of the ED.

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| <b>Ambulance Victoria</b> | <ul style="list-style-type: none"> <li>• Provide EDs with early notification of high acuity ambulance arrivals on route</li> <li>• Jointly develop standardised clinical handover process</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>Health services</b>    | <ul style="list-style-type: none"> <li>• Internal phone line for communication with AV staff and designated contact</li> <li>• Clear visibility of ambulance arrivals in the ED</li> <li>• Ensure ED staff are aware of the arrival of ambulances, e.g. ensure there is an auditory cue (buzzer or bell) or a visual cue</li> <li>• Regular meetings between senior AV, hospital executive and ED staff to discuss strategies to improve transfers and reduce waits</li> <li>• Nominate an executive and ED nominees to be the contacts for AV when delays are being experienced</li> <li>• Electronic monitoring of ambulance patient arrivals and any delays in transfer</li> <li>• Ensure any event of delayed ambulance transfer to be reviewed and analysed to identify cause</li> <li>• Ensure regular contact with key AV staff in periods of peak demand</li> <li>• Monitor incoming ambulance arrival advice from AV</li> <li>• Provide easy access to a supply of equipment, e.g. patient slides /trolleys to facilitate early paramedic release</li> <li>• Process in place for responding to advance calls from AV, including preparation for incoming high acuity patients</li> </ul> |

### 3. Arrival of ambulance patient into the ED

The timeliness of ambulance patient handover depends on a range of factors including the processes in place in the ED to receive the ambulance patients. There is a need for review of strategies to ensure continuous improvement.

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| <b>Ambulance Victoria</b> | <ul style="list-style-type: none"> <li>Processes in place for ambulance paramedics to notify triage of arrival</li> <li>Paramedics actively seek updates from key ED staff on progress and available options to off load patients</li> <li>Paramedics actively escalate to AV Group Managers when lengthy delays being experienced in off load of patients</li> <li>Ensuring system is in place for the mutual agreed recording of Ambulance Handover Complete by both ED staff and AV</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Health services</b>    | <ul style="list-style-type: none"> <li>Triage of ambulance patients to take place as soon as possible after patient arrival</li> <li>Dedicated triage nurse to be available for ambulance patient arrivals</li> <li>Automated alerts to senior ED staff when ambulances experience delays in transfer</li> <li>Processes in place to commence ambulance patient clinical management as soon as possible after presenting to ED</li> <li>Standardised protocols are in place, including an escalation process, for managing increased ED demand and delays in patient handover</li> <li>Identify appropriate ambulance patients to be off loaded into non cubicle location e.g. waiting room</li> <li>Processes in place for hospital to immediately assume responsibility for patient care on arrival of ambulance to ED</li> <li>Rostering of staff is matched against identified periods of peak demand</li> <li>Ensure processes in place for dedicated monitoring of ambulance arrivals and prioritised, coordinated approach to ensure flow</li> <li>Allocation of staffing in EDs to facilitate patient handover, supervision and observation of waiting patients</li> <li>Ensuring system is in place for the mutual agreed recording of Ambulance Handover Complete by both ED staff and AV</li> </ul> |

### 4. Whole of hospital response

Patient flow through the whole of the hospital including in patient bed availability impacts on ED capacity reducing the number of cubicles available and placing additional strain on resources.

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| <b>Ambulance Victoria</b> | <ul style="list-style-type: none"> <li>Monitor and pro actively facilitate NEPT patient transfers from hospitals in patient areas to create additional capacity during periods of high demand</li> <li>Processes in place for cases of significant delays in off loading ambulance patients to be escalated to the CEO</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Health services</b>    | <ul style="list-style-type: none"> <li>Emergency demand escalation plan to be in place to ensure a whole of hospital response to creating additional ED capacity</li> <li>Active monitoring of daily reports on ambulance patient transfers times</li> <li>Executives to monitor ambulance patient transfer times and actively take steps to create additional capacity in the ED</li> <li>Increase discharge processes (e.g. weekends, after-hours, overnight from ED, unit responsibility for minimum discharges per day) to improve whole of hospital patient flow</li> <li>Create and foster a "culture of 'pull'" processes for inpatient admissions from ED</li> <li>Increase capacity, flex beds and reorganise staff resources in cover peak periods of demand</li> <li>Demonstrate active use of predictive bed management tools to optimise capacity by balancing emergency and elective demand over a seven day week</li> </ul> |

**Hospital Circular xx/2013**

**Date Issued:** Date

**Distribution:** Public hospitals, private hospitals, Ambulance Victoria

**Subject:** Ambulance Hospital Transfers

**Purpose:** To clarify responsibility for patient care on transfer from ambulance to hospital

The Department of Health requires health services and Ambulance Victoria (AV) to work together to ensure that all people in need of emergency care are able to access an ambulance and be transported, when required, to an emergency department (ED) in a timely manner. When a patient is delivered to an ED, the timely transfer of care to ED clinical staff enables the ambulance crew to be available to respond to other people in need of emergency care.

On arrival of an ambulance to an ED, the hospital will immediately assume responsibility for the patient's care. It is recognised that, in some limited occasions, ED clinical staff may commence assessment, investigation and treatment when the patient is still on an ambulance trolley.

It is also noted that:

- Health services have a duty of care to treat emergency patients. All patients are able to access care in an ED regardless of how they arrive.
- Ambulance Victoria will deliver patients to the nearest ED in accordance with clinical need, ensuring an optimal distribution of ambulance arrivals across hospitals.
- Hospital CEOs will ensure that the hospital is available to provide assessment, investigations and treatment to a patient arriving by ambulance to an ED.

Health services and AV are monitored on their transfer time performance with a target that 90 per cent of all ambulance patient transfers will occur within 40 minutes. Results on this indicator will be included in the Statement of Priorities (SoP) Performance Assessment Score (PAS) from 1 July 2013.

Further queries relating to the Ambulance Hospital Transfers policy should be directed to Ms Anna Burgess, Director Health Service Programs on (03) 9096 2150.

**FRANCES DIVER**  
Executive Director  
Hospital and Health Service Performance