Department of Health

Tasmanian Government

Ambulance Tasmania – Delays in Transfer of Care Procedure

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Approval

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Cleared by	Name	Position Title	Phone	Date

Revision History

Version	Approved By Name	Approved By Title	Amendment Notes

Introduction

Delays to transfer of clinical care between ambulance and Emergency Departments (ED's) adversely impact the provision of timely emergency response to the community. Delays in the transfer of care also impact on patient safety which can lead to adverse outcomes, poor patient experience and an increase in health care costs. Patients presenting with high pain levels, mental health issues, early signs of sepsis, complex care needs and the frail elderly are particularly susceptible to the impact of delays to the transfer of care.

This procedure has been developed to guide paramedics in the provision of patient-centred, shared care at hospital during instances of delays in transfer of care, to minimise adverse impacts as much as possible.

Mandatory Requirements

- Actions and behaviours must always represent the values of Ambulance Tasmania (AT) and be in the best interests of patients.
- Staff must work collaboratively with their colleagues and with partners from other disciplines.
- The primary duty of care is to the patient(s) who is/are already receiving care. There is a recognised competing need for crews to clear the hospital in an efficient and timely manner to allow responses to the patient in the community who may also require emergency medical care.

Procedure

This Procedure is guided by the following Principles of Practice and Care:

Principles of Practice and Care

- All patients accessing the health care system, via ambulance, ED's, direct admission or community care, are part of the health system. They are all 'our patients'.
- This inclusive approach places a focus on timely multi-disciplinary care, to streamline care provision, minimise risk and improve patient outcomes.
- Responsibility for patient care during the process of handover, including any period of transfer of care delay, is shared between AT and the receiving ED
- All efforts should be made to release AT resources from the ED in a timely manner, consistent with other policy documents. This ensures timely care for patients in the community.

- Patients should self-ambulate from the ambulance to the ED when safe and appropriate to do so, in accordance with the *Ambulance Tasmania - Ambulating Patients Clinical Practice Guideline*.
- On arrival at hospital, patients are to be transferred as soon as practical to an ED trolley, wheelchair, treatment chair or placed in the waiting room in accordance with the *Ambulance Tasmania Patient Diversion to Waiting Room Procedure*.
- Stretchers and equipment must return to ambulance vehicles, and vehicles must be cleaned and restocked as soon as possible.
- Crews are to complete electronic Patient Care Record (ePCR) reporting requirements in a timely manner and transition to the Ambulance Tasmania Observation Chart (paper based) when

transferring care to another paramedic crew, with all future care and observation recorded on this chart.

- Crews are to document vital signs every 20 minutes or more frequently as determined by the clinician.
- When a patient requires medical imaging, all reasonable arrangements should be made by the ED Clinical Coordinator for ED staff to be utilised. Where this cannot be facilitated due to resourcing limitations, the paramedics may choose to act as a clinical escort if the paramedic deems it appropriate, and no other patients require immediate supervision.
- If ED staff commence medical treatment (medications, procedures, etc) on a patient in paramedic care and that treatment is outside the paramedic scope of practice:
    - The treatment must be administered by a hospital clinician.
    - If the treating hospital clinician is not remaining with the patient, the attending paramedic must be informed of the treatment being provided, including the potential side effects and possible adverse outcomes.
    - If the attending paramedic has significant clinical concerns monitoring the patient, they should discuss the treatment plan with the MOIC in the first instance. If outstanding concerns remain then the treatment must not be commenced and the paramedic should contact the Operations Supervisor.
    - Any deterioration in the patient condition must be escalated in accordance with hospital processes.
    - Examples of treatments or procedures that may be initiated:
        - Intravenous antibiotics where the attending paramedic is informed of potential side effects including allergic reaction
        - Enhanced analgesia where the attending paramedic is informed of potential side effects including decreased conscious state and respiratory status
        - Phlebotomy
        - Urinary catheterisation
- The above action creates a shared clinical care environment, where paramedics* will continue to care for and monitor the patient's condition, and the hospital-based clinician will be responsible for the clinical management provided that is outside the paramedic's scope of practice.

*Note - Paramedics are only accountable for the clinical care that they provide. When clinical interventions are initiated by hospital staff that fall outside a paramedic's scope of practice, the paramedic will not be responsible for adverse events associated with the intervention. Paramedics are, however, accountable for providing ongoing patient assessment and escalation if a patient deteriorates. It should also be noted that a paramedic may be accountable where they have refused to allow a clinical intervention by hospital staff and the patient subsequently deteriorates.

Hospital Medical Treatment Equipment

- Ambulance Tasmania clinicians should only utilise ambulance equipment wherever possible. Crews are not to utilise advanced hospital medical equipment or ED supplies unless they have received training in this device, as these items may be different to Ambulance Tasmania equipment and may require familiarisation/training to ensure correct use.
- Some hospital equipment may be incompatible with Ambulance Tasmania medical devices or consumables and may lack important safety features commonplace in the ambulance setting. Use of such items may place paramedics and patients at increased risk of adverse events.
- Ambulance Tasmania clinicians should avoid using hospital syringe drivers, defibrillators and ventilators, unless trained in the specific piece of equipment. Exceptions to this are when using basic devices such as SpO2 monitors, blood pressure machines or ECG monitors.

Roles and Responsibilities/Delegations

- Ambulance Tasmania clinicians are responsible for adhering to Ambulance Tasmania values and acting in the best interests of the patient.
- The senior clinician is ultimately clinically responsible for the patient receiving care. In the hospital setting this is the assigned doctor to that patient, or where there is no assigned doctor the Medical Officer in Charge (MOIC).
- Ambulance Tasmania regional management teams are responsible for the review and follow up of safety related events that occur as a result of ambulance offload delay.
- Ambulance Tasmania Clinical Services is responsible for the ongoing monitoring and review of this procedure, as well as the tracking of safety events relating to ambulance offload delay.

Related Documents/Legislation

- *Ambulance Tasmania Escalation Plan*
- *Ambulance Patient Diversion to Waiting Room*
- *Ambulance Tasmania Clinical Practice Guidelines*
- *Ambulance Tasmania Observation Chart*
- *Ambulance Tasmania - Ambulating Patients Clinical Practice Guideline*