



Protocol for timely transfer of care in emergency departments				
Section	Current	Proposed	HSD Custodian Comment/Clarification	Consultation feedback - <b>recommended changes must include proposed new wording.</b>
1. Purpose	This Protocol describes the mandatory steps for ensuring timely access for patients, who present via Queensland Ambulance Service (QAS) to a Hospital and Health Service (HHS) hospital for emergency assessment and care.	No change	No change	
2.Scope	This Protocol applies to all Hospital and Health Services.	Ths protocol applies to all HHSs.	Minor wording change	
2.Scope	This Protocol applies to all Hospital and Health Service employees and all Queensland Health employees working in or for Hospital and Health Services. This Protocol also applies to all organisations and individuals acting as an agent for Hospital and Health Services (including Visiting Medical Officers and other partners, contractors, consultants, and volunteers).	This Protocol applies to all HHS employees and all Queensland Health employees working in or for Hospital and Health Services. This Protocol also applies to all organisations and individuals acting as an agent for HHSs (including Visiting Medical Officers and other partners, contractors, consultants, and volunteers).	Minor wording change	
3. Transfer of care between QAS and ED	3. Transfer of care between QAS and ED	3. Process for transfer of patients between QAS and the Emergency Department (ED)	Minor wording change to the heading as required by the HSD/protocol template	
3. Process for transfer of patients between QAS and the Emergency Department (ED) (previously 3. Transfer of care between QAS and ED)	The timely transfer of patients off stretcher into the Emergency Department is essential to enable Queensland Ambulance Service (QAS) to respond to the needs of people in the community. The time between presentation of a patient by QAS to an Emergency Department triage point and the transfer of the patient to an Emergency Department bed is described as 'patient off stretcher time' (POST).	The timely transfer of patients off stretcher into the ED is essential to enable QAS to respond to the needs of people in the community. Off-stretcher time is defined as the time interval between the ambulance arriving at the hospital and the patient, and care, being transferred off the QAS stretcher into the ED following patient handover.	Updated to off-stretcher time definition No change to the intent	
3. Process for transfer of patients between QAS and the Emergency Department (ED) (previously 3. Transfer of care between QAS and ED)	The key performance indicator pertaining to the transfer of patients is POST of less than 30 minutes.	Removed	No key performance indicator permitted in protocols and forms part of Hospital and Health Services' Service Agreements.	
3.1 HHS requirements	3.1 HHS requirements	a. HHS requirements	Minor wording change to the heading as required by the HSD/protocol template	
a. HHS requirements	HHS will ensure:	No change	No change	
a. HHS requirements	i. Patients are triaged on arrival at the Emergency Department.	i. Patients are triaged on arrival at the ED	Minor wording change	
a. HHS requirements	ii. Hospitals assume overall responsibility for patient care from the time of triage.	ii. No change	No change	
a. HHS requirements	iii. The Emergency Department (ED) will aim that patients arriving at an HHS Emergency Department (ED) by ambulance will be received by HHS staff into the appropriate ED treatment area with completion of clinical handover within 30 minutes.	iii. For patients arriving by ambulance, the ED will aim to move patients into an appropriate ED treatment area with completion of clinical handover within 30 minutes.	Wording amended	
a. HHS requirements	iv. A suitable area within the Emergency Department is provided for QAS staff to support patients who are awaiting transfer off stretcher.	iv. A suitable area within the ED is provided for QAS staff to support patients who are awaiting transfer off stretcher.	Minor wording change	
a. HHS requirements	v. Patients who arrive via QAS and:	v. Patients who arrive via QAS:	Minor wording change	
a. HHS requirements	N/A (new HHS requirement)	a. will receive ongoing assessment documented on the QAS:Q-ADDs as clinically indicated, with any changes to the patient's condition reported to the nominated HHS escalation point.	New HHS requirment	
a. HHS requirements	N/A (new HHS requirement)	b. will receive an assessment by an ED staff member in the event their QAS:Q-ADDs score has changed and is greater than or equal to three (or as clinically indicated).	New HHS requirment	

a. HHS requirements	a. remain on stretcher for 30 minutes require a review each 30 minutes to formulate and revise a plan for handover. This is to be communicated to the clinically relevant Emergency Department and QAS staff members. At this point, escalation processes in response to demand within the HHS will be triggered as outlined in the “Protocol for Managing Capacity of Queensland Public Hospitals”.	c. who remain on stretcher for 30 minutes will be reviewed each 30 minutes to formulate and revise a plan for handover. At this point, escalation processes in response to demand within the HHS will be triggered as outlined in the <i>Protocol for Managing Capacity of Queensland Public Hospitals</i> .	Wording amended	
a. HHS requirements	N/A (new HHS requirement)	d. who have been waiting for transfer off stretcher for any length of time and have a QAS:Q-ADDs score of less than one, may be considered for an alternative ED location following a clinical handover.	New HHS requirement	
a. HHS requirements	a. have been waiting for transfer off stretcher for at least one hour, may be offloaded to enable QAS officers to respond to Triple Zero calls from the community as clinically assessed by the ambulance control centre. This is to be undertaken at the direction of an on-site senior medical officer, in consultation with the senior nurse, taking into account: - individual patient acuity and risk - consideration of all waiting patients within the Emergency Department - Emergency Department resources individuals waiting for an ambulance in the community.	e. have been waiting for transfer off stretcher for at least one hour, may be offloaded to enable QAS officers to respond to Triple Zero calls from the community as clinically assessed by the ambulance control centre. vi. All decisions regarding patient movements are undertaken at the direction of an on-site senior medical officer, in consultation with the senior nurse, taking into account: - individual patient acuity and risk - consideration of all waiting patients within the ED - ED resources - individuals waiting for an ambulance in the community.	Requirement has been split to clarify that all decisions regarding patient movements are relevant for all patients in the ED and not just those who have arrived via QAS (new section "vi" removed from section "e" and is now a separate requirement	Comment: It cannot be allowable for <b>any</b> patient ramped for over an hour just be offloaded if deemed required by QAS control. This statement needs to have a proviso that in discussion with the SMO in control of the emergency department, a ramped patient (regardless of whether over or under 1 hour) can be offloaded to allow for emergent dispatch of QAS to the community for patients in priority need.  Proposed wording: e. have been waiting for transfer off stretcher for at least one hour, may be offloaded to enable QAS officers to respond to Triple Zero calls from the community as clinically assessed by the ambulance control centre in consultation with the ED consultant and/or ED nurse in charge.
a. HHS requirements	vi. Appropriate ambulance patients are transferred to the waiting room or alternative area under the care of the HHS.	vii. Where clinically suitable ambulance patients are transferred to the waiting room or alternative area under the care of the HHS after assessment and triage.	Change to section numbering and wording amended for clarity	
a. HHS requirements	N/A (new HHS requirement)	viii. To create capacity ED clinicians can negotiate with QAS to transfer a patient out of the hospital in order to release ED capacity and support patient flow.	New HHS requirement	
a. HHS requirements	viii. Clinical handover occurs immediately upon the patient being transferred off stretcher.	ix. Clinical handover occurs immediately upon the patient being transferred off stretcher.	Change only to section numbering	
a. HHS requirements	viii. Patient handover procedures are adhered to, including recording of the time the patient is transferred off the ambulance stretcher onto the hospital bed, in the clinical record by HHS nursing/medical staff within the Emergency Department.	x. Patient handover procedures are adhered to, including recording of the time the patient is transferred off the ambulance stretcher onto the hospital bed, in the clinical record by HHS nursing/medical staff within the Emergency Department.	Change only to section numbering	
a. HHS requirements	ix. Processes are in place to ensure the availability of emergency department treatment spaces, e.g. cleaning and restocking.	xi. Processes are in place to ensure the availability of ED treatment spaces, e.g. cleaning and restocking.	Change to section numbering and minor wording change	
a. HHS requirements	x. HHS staff will work collaboratively with QAS to assist in times of surge.	xii. HHS staff work collaboratively with QAS to assist in times of surge.	Change to section numbering and minor wording change	add dot point xiii. QAS are to notify the HHS in the event of a pre-hospital surge in incoming patients.
a. HHS requirements	xi. A graduated escalation procedure to more senior staff supports 24 hours/day management of access issues.	xiii. A graduated escalation procedure to more senior staff supports 24 hours/day management of access issues.	Change only to section numbering	
	xii. Suitable escalation processes are in place to identify hospital bed capacity when required to respond to Emergency Department activity, as outlined in Diagram 1.	xiv. Suitable escalation processes are in place to identify hospital bed capacity when required to respond to ED activity, as outlined in Diagram 1.	Change to section numbering and minor wording change	
Diagram 1: QAS escalation levels		No change	No change	

				
3.2 Communication with Queensland Ambulance Service	3.2 Communication with Queensland Ambulance Service	b. Communication with QAS	Minor wording change to the heading as required by the HSD/protocol template	
b. Communication with QAS	i. The HHS will establish and maintain a HHS-QAS liaison group consisting of relevant HHS Executives, other HHS staff and the QAS LASN. Roles of this group shall include (but not be exclusive to): identifying data trends, trend analysis, case review, and solution design. In some larger HHSS, it may be appropriate to also have a facility-based group reporting to the HHS-QAS liaison group. The HHS-QAS liaison group will report to the Patient Access Advisory Committee established by the Director-General.	i. The HHS will establish and maintain a HHS-QAS liaison group consisting of relevant HHS Executives, other HHS staff and the QAS Local Ambulance Service Network (LASN). Roles of this group shall include (but not be exclusive to): identifying data trends, trend analysis, case review, and solution design. In some larger HHSS, it may be appropriate to also have a facility-based group reporting to the HHS-QAS liaison group.	Minor wording changes, and reference to the Patient Access Advisory Committee has been removed as this group no longer exists.	
	ii. Communication and collaboration will occur between the HHS and QAS during times of surge to manage demand and capacity.	No change	No change	Add dot point iii. QAS will develop a process to identify pre-hospital surges and notify the HHS prior to the arrival of the surge of pre-hospital patients.
	iii. During these periods of surge demand, the HHS may escalate a Request for Assistance to the QAS when access block is evident.	No change	No change	
	iv. Key communication points include:	No change	No change	
	a. QAS escalation Level 1, 2 and 3 as per Diagram 1;	No change	No change	
	b. Patient on stretcher > 1 hour is reported to the on-call officer for the HHS.	No change	No change	
4. Supporting and related documents	<ul style="list-style-type: none"> <li>• <i>Hospitals and Health Boards Act 2011</i></li> <li>• Relevant local policies or procedures related to demand management and escalation.</li> <li>• National Safety and Quality Health Service Standards September 2012</li> <li>• Australasian Triage Scale Policy, Australasian College for Emergency Medicine</li> <li>• Metropolitan emergency department access initiative ambulance ramping report 2012.</li> </ul>	No change	No change	

Comments

Protocol for Timely Transfer of Care in Emergency  
Departments developed in consultation with key stakeholders.