Emergency Department Access

1. Purpose
This Guideline provides recommendations regarding best practice for managing timely access for patients into and through all Queensland public hospitals.

2. Scope
This Guideline provides information for all employees, contractors and consultants within all the Hospital and Health Services.

3. Related documents
Authorising Policy and Standard/s:
- Hospital and Health Boards Act 2011
- Workplace Health and Safety Act 2011
- National Healthcare Agreement 2012
- National Health Reform Agreement 2011

Procedures, Guidelines and Protocols:
- Implementation of the Clinical Initiatives Nurse (CIN) role on Emergency Departments Guideline
- Patient Off Stretcher Time (POST) Guideline
- Inter Hospital Transfer (IHT) Guideline
- Road Inter Hospital Transfer (IHT) of Critically Ill Patients Guideline
- Inpatient Admission Facilitation Guideline
- Capacity Escalation Response Guideline
- Emergency Department Short Stay Unit Guideline
- Queensland Ambulance Service Public Hospital Clinical Matrix.
- Australasian College for Emergency Medicine Statement On Emergency Department Overcrowding 2011
- National Partnership Agreement on Hospital and Health Workplace Reform 2011
- Patient Flow Strategy Queensland Health 2010
- Metropolitan Emergency Department Access Initiative ambulance ramping report 2012
4. Guideline for Emergency Department Access

4.1 Intent of Guideline
Hospitals and Health Services (HHS) should achieve 90% of patients arriving at a HHS Emergency Department (ED), via ambulance, will be received by HHS staff into the appropriate ED treatment area within 30 minutes. This is referred to as Patient Off Stretcher Time (POST).

4.2 Principles
HHSs should:
- Optimise patient flow and access across the patient journey from hospital admission to discharge.
- Integrate a whole of system approach to patient flow and access.
- Optimise patient safety, outcomes and quality of clinical care.
- Ensure efficiency and effective use of resources for HHSs and Queensland Ambulance Service (QAS).
- Support collaboration and interface between HHSs and the QAS.

4.3 Recommendations
HHSs should:
- Assume 24 hour responsibility for ED access.
- Provide a single point of contact for the QAS to enable ED access issues to be addressed 24 hours/day.
- Ensure “ambulance bypass” is not utilised except in the event of an internal or external disaster.
- Ensure all patients arriving by ambulance are triaged on arrival.
- Ensure no patient is returned to the ambulance after triage.

QAS should:
- Follow load sharing strategies for the equitable distribution of patients into EDs that takes into account:
  - the QAS Public Hospital Clinical Matrix;
  - mutually agreed threshold escalation criteria;
  - proximity of patient to the receiving hospital; and
  - QAS resource distribution and response capability.
5. **Review**

This Guideline is due for review on: 01/07/2017 and every three years thereafter or as required.

**Date of Last Review:** NA

**Supersedes:** Patient Access and Flow Health Service Directive

6. **Business Area Contact**

Queensland Emergency Department Strategic Advisory Panel.

7. **Definitions of terms used in the policy and supporting documents**

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition / Explanation / Details</th>
<th>Source</th>
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<tbody>
<tr>
<td>Hospital and Health Services (HHSs)</td>
<td>From 1 July 2012, Hospital and Health Services will be statutory bodies with Hospital and Health Boards, accountable to the local community and the Queensland Parliament.</td>
<td>Health Reform Queensland website health.qld.gov.au/health-reform/default.asp</td>
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<tr>
<td>Clinical Initiatives Nurses</td>
<td>Clinical Initiative Nurse role is to provide care to patients in the emergency department waiting room. The CIN role is separate and distinct from the triage nurse role.</td>
<td>Metropolitan Emergency Department Access Initiative Report, Queensland Health, 2012.</td>
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<td>Ambulance bypass</td>
<td>A situation whereby an emergency department instructs the ambulance service to divert ambulances elsewhere, and hence bypass to the nearest emergency department.</td>
<td>Metropolitan Emergency Department Access Initiative Report, Queensland Health, 2012.</td>
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<tr>
<td>Patient Off Stretcher Time (POST)</td>
<td>Off-stretcher time is defined as the time interval between the ambulance arriving at the ED and the patient transferred off the QAS stretcher.</td>
<td>Metropolitan Emergency Department Access Initiative</td>
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8. **Approval and Implementation**

**Policy Custodian:**

Chair, Queensland Emergency Department Strategic Advisory Panel.

**Responsible Departmental Management Team Member:**

Dr Michael Cleary, Chief Operations Officer, Department of Health and Deputy Director-General, Health Service and Clinical Innovation Division.
Approving Officer:
Dr Michael Cleary, Chief Operations Officer, Department of Health and Deputy Director-General, Health Service and Clinical Innovation Division.

Approval date: 01 December 2014
Effective from: 01 December 2014

Version Control

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<th>Version</th>
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<td>CARU</td>
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