Patient Centred Emergency Access Health Service Directive

Protocol for Patient Off Stretcher Time (POST)

1. Purpose

This Protocol describes the mandatory steps for the transfer of patients from the care of the Queensland Ambulance Service (QAS) to a Hospital and Health Service (HHS) hospital facility.

2. Scope

This Protocol applies to all HHS employees and all Queensland Health employees working in or for HHSs. 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).

3. Process for Patient Off Stretcher Time (POST)

3.1 Requirements for HHS

HHS Chief Executive (CEs) shall ensure:

- Patients arriving at a 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.

- Hospitals assume responsibility for overall patient care from the time of triage.

- A suitable area within the ED is provided for Queensland Ambulance staff to support patients who are awaiting transfer off stretcher. This area must be visible to the clinical ED staff and discrete from the ED waiting room.

- Appropriate ambulance patients may be transferred to the waiting room under the care of the Clinical Initiative Nurse (or equivalent role) after triage.

- Patients are not returned to the back of an ambulance after triage.

- The POST applies to inter-hospital transfers admitted directly to inpatient units.
3.2 Requirements for QAS

QAS staff shall ensure:

- All patients arriving at a HHS ED by ambulance are presented for triage on arrival.
- The ED triage Registered Nurse (RN) is notified of the patients’ condition on arrival to triage.
- No patient returns to the back of an ambulance after triage unless a medical assessment has taken place and a clinically appropriate transfer is warranted. This process shall align with Queensland Health Authorised Transport and the QAS ordering guide.
- Ongoing assessment and supportive care continue within their scope of practice until the patient is transferred off stretcher and concurrent clinical handover takes place.
- Deteriorating patient condition is reported to the triage nurse.
- POST is reported as both 30 minutes and 90th percentile.
- POST >30 minutes is escalated to the Operations Supervisor.

3.3 Outcomes

Key performance indicators pertaining to this protocol are:

- POST time less than 30 minutes
- Time to triage 5 minutes

4. Supporting and related documents

- Hospital and Health Boards Act 2011
- Authorising Health Service Directive
- Patient Centred Emergency Access Health Service Directive
- Procedures, Guidelines, Protocols
  - Protocol for Capacity Escalation Response
  - Protocol Inter Hospital Transfers of the non time critical patient
  - Protocol for Road Inter Hospital Transfer (IHT) for Critically Ill Patients
  - Guideline for Implementation of the Clinical Initiative Nurse (CIN) role in Emergency Departments.
  - Guideline Inpatient Admission Facilitation
5. **Definition of Terms**

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition / Explanation / Details</th>
<th>Source</th>
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<tbody>
<tr>
<td>Triage</td>
<td>A triage system is the basic structure in which all incoming patients are categorised into groups using a standard urgency rating scale or structure.</td>
<td>Emergency Triage Education Kit, Australian Government, Department of Health and Ageing.</td>
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<tr>
<td>Patient Off Stretcher Time (POST)</td>
<td>Off-stretcher time is defined as the time interval between when the ambulance is parked at the hospital emergency department and the time the patients have been transferred off stretcher to the care of the Hospital and Health Service clinical staff after handover.</td>
<td>Metropolitan Emergency Department Access Initiative health.qld.gov.au/publications/medai-report/final_medai_report.pdf</td>
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6. **Approval and Implementation**

**Protocol Custodian**
Healthcare Improvement Unit, Clinical Excellence Division

**Approving Officer:**
Deputy Director-General, Clinical Excellence Division

**Approval date:** 22 September 2016  
**Effective from:** 22 September 2016

7. **Version Control**

<table>
<thead>
<tr>
<th>Version</th>
<th>Date</th>
<th>Prepared by</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0</td>
<td>18/12/2012</td>
<td>Clinical Access and Redesign Unit</td>
<td>Protocol for Patient Off Stretcher Time developed</td>
</tr>
<tr>
<td>2.0</td>
<td>06/08/2015</td>
<td>Healthcare Improvement Unit</td>
<td>Protocol for Patient Off Stretcher Time updated</td>
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<tr>
<td>3.0</td>
<td>22/09/2016</td>
<td>Healthcare Improvement Unit</td>
<td>Updates approved through the Emergency Services Management Committee following minor modifications based on HHS feedback</td>
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