

Patient Access to Emergency Care Health Service Directive

Protocol for Patient Access to Queensland public hospitals

1. Purpose

This Protocol outlines the mandatory processes for patients who access public health services, who present for treatment, admission and inter-hospital transfer within Hospital and Health Service (HHS) facilities.

2. Scope

This Protocol applies to 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).

2.1 This overarching protocol covers the following components of:

- Timely transfer of Patients Off Stretcher into the Emergency Department
- Inter Hospital Transfers (IHT)
- Capacity escalation responses

3. Transfer of Patients Off Stretcher

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 patients in the community. Patient off stretcher time (POST) is measured as the time interval between when the ambulance is parked at the hospital Emergency Department and the time the patient has been transferred off stretcher to the care of the Hospital and Health Service clinical staff after handover.¹

The key performance indicator pertaining to the transfer of patients off stretcher is:

- POST of less than 30 minutes

3.1 HHS Requirements:

HHS Chief Executives (CEs) shall ensure:

¹ Metropolitan Emergency Department Access Initiative ambulance ramping report 2012

- 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 Emergency Department is provided for QAS staff to support patients who are awaiting transfer off stretcher.
- Patients are triaged on arrival at the Emergency Department.
- Appropriate ambulance patients are transferred to the waiting room under the care of the Clinical Initiative Nurse (CIN) or equivalent after triage.
- Clinical handover occurs immediately upon the patient being transferred off stretcher.
- 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 electronic Ambulance Report Form (eARF), by HHS nursing/medical staff within the Emergency Department.
- Processes are in place to rapidly turn-over available bed spaces (e.g. cleaning and restocking).
- HHS staff will work collaboratively with QAS to assist in times of surge.

4. Management of Inter Hospital Transfers

Inter Hospital Transfers (IHT) may operate within or between HHSs based on the clinical needs of the patient and access to specialised services.

4.1 HHS Requirements

HHS Chief Executives (CEs) shall ensure:

- 4.1.1. Formalised intra-network and inter-service referral arrangements exist for the transfer of patients.
- 4.1.2 Each hospital has a nominated staff member responsible for bed management at all times and a generic email address for bed management.
- 4.1.3 A senior HHS Clinician is available 24/7 as a single point of contact to address access issues related to critically ill patient transfers.

4.2 Pre-transfer requirements

- 4.2.1 Prior to transferring a patient, it is essential that adequate communication occurs between the referring and accepting facilities.
- 4.2.2 The accepting hospital has an area available to receive the patient on arrival.
- 4.2.3 The transfers of critically ill patients will not to be delayed due to bed availability.

4.3 Pre-transfer agreement is made under the following circumstances:

- 4.3.1 There must be a consultant (or delegate) to consultant (or delegate) agreement on the planned transfer.

For all transfers, the accepting Medical Officer shall obtain approval from the Consultant/SMO/delegate of the appropriate accepting team (ED or inpatient consultant) at the accepting facility, prior to the patient's departure from the referring hospital.

OR

As determined by Retrieval Services Queensland when urgent critical transfer is required as per the Retrieval Services Queensland Use of Health Service Directive QH-HSD-005:2014.

4.3.2 All decisions to transfer a patient must be based on an appropriate clinical risk assessment.

IHT negotiations between accepting and referring hospitals shall always include an agreement by the referring hospital to receive the patient back once the services at the accepting hospital are no longer required or indicated.

4.4 Process for transfer of patients into, out of, and between Queensland Health hospitals

4.4.1 Where patients are being transferred to another hospital by QAS, appropriate level clinical escorts are to be arranged by the referring hospital as clinically indicated.

4.4.2 For all patients being transported out of any hospital the following will have been undertaken by the referring clinician:

- a) Notification of the receiving Hospital Medical Officer and Bed Manager;
- b) The receiving Hospital has accepted the patient;
- c) A suitable available bed or treatment area has been identified except when clinical need necessitates immediate transfer; and
- d) Transferring patients shall be transported directly to an available inpatient bed unless:
 - i) They have an agreed clinical requirement for Emergency Department treatment as decided by the receiving hospital ED Consultant (or delegate) prior to the patient's departure from the referring hospital.

OR

- ii) They have an undifferentiated condition requiring further specific investigations prior to placement in an inpatient bed.

OR

- iii) They have deteriorated in transit, necessitating Emergency Department treatment.

OR

- iv) A system is in place for the rapid transfer of a critically ill or multisystem trauma patient.

4.5 Communication and handover

4.5.1 Overall responsibility for interhospital transfers shall be taken by the referring and accepting Consultants, where employed, or most senior Medical/Clinical Officer available in facilities where consultants are not employed.

4.5.2 The referring clinician shall complete the electronic IHT Request Form:

- For Queensland Health facilities the IHT Request Form can be submitted electronically.
- For non-Queensland Health facilities this form must be printed and sent/ forwarded electronically.

4.5.3 In the event of any disagreement surrounding the transfer, consultation must occur between the referring and accepting Consultants or most senior Medical Officers available and the accepting Bed Manager. If the disagreement remains unresolved, this shall be escalated to the Director of Medical Services (DMS) or equivalent at both facilities.

4.6 Post transfer requirements

4.6.1 Healthcare professionals providing the escort during the road transfer of patients are responsible for reporting critical incidents and/or adverse events, which occur during a road transfer, utilising a risk management system.

4.6.2 The receiving hospital shall undertake timely clinical assessment of the patient on arrival.

5. Managing capacity escalation

Active management of total hospital capacity and demand is essential in ensuring patients have timely access to care across the healthcare continuum.

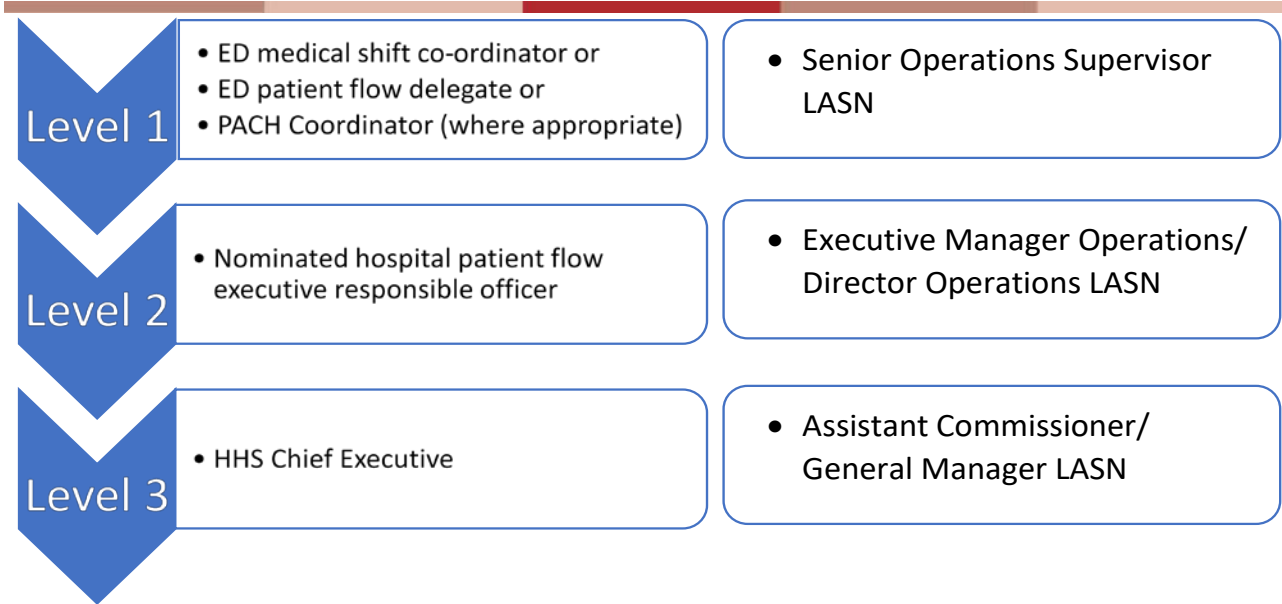
5.1 Hospital and Health Service

HHSs Chief Executives (CEs) shall:

- a) Provide a single executive clinician point of contact for the QAS and ED senior clinicians supporting 24 hours/day prompt management of access issues.
- b) Ensure the use of best available prediction tools to balance the demands for emergency and elective admissions and prospectively manage elective bed bookings.
- c) Have a clearly defined process to ensure capacity issues are escalated to the executive level.
- d) Establish and maintain an escalation committee consisting of HHS Executive, HHS operational staff and QAS LASN. Roles of this committee shall include (but not be exclusive to): identifying data trends, trend analysis, case review, and solution design.
- e) Establish escalation plans which include triggers to respond to ED and hospital demand within the HHS.

5.2 Escalation Communication

5.2.1 Communication and collaboration will occur between the HHS and QAS during times of surge to manage demand and capacity, with the key enablers at each demand management level as per graphic below:



6. Supporting and related documents

- *Hospitals and Health Boards Act 2011*
- *Public Health Act 2005*
- Relevant local policies or procedures related to *demand management and escalation*.
- National Safety and Quality Health Service Standards (NSQHSS) September 2012. <https://www.safetyandquality.gov.au/wp-content/uploads/2011/09/NSQHS-Standards-Sept-2012.pdf>
- Australasian Triage Scale Policy, Australasian College for Emergency Medicine. <https://acem.org.au/getmedia/484b39f1-7c99-427b-b46e-005b0cd6ac64/P06-Policy-on-the-ATS-Jul-13-v04.aspx>

Authorising Health Service Directive

- Patient Access to Emergency Care Health Service Directive

Procedures, Guidelines, Protocols

- Guideline for Inpatient Admission Facilitation QH-HSDGDL-025-3:2015 retrieved from:
https://www.health.qld.gov.au/_data/assets/pdf_file/0032/377771/qh-hsdgdl-025-3.pdf
- Queensland Health Authorised Transports (QHAT) – Operational Standards retrieved from:
http://qheps.health.qld.gov.au/iptu/docs/qhat/opstds_020709_v2.pdf 16 Dec 2009

- Retrieval Services Queensland Health Service Directive QH-HSD-005:2018
<https://www.health.qld.gov.au/directives/docs/hsd/gh-hsd-005.pdf>
- Retrieval Services Queensland Activation Flowchart retrieved from:
https://qheps.health.qld.gov.au/data/assets/pdf_file/0023/2342228/R11015-RSQ-Activation.pdf
- Queensland Ambulance Service Road Ambulance Ordering Guide – Instructions for (QH) Staff retrieved from:
<https://www.ambulance.qld.gov.au/transport.html>
- Queensland Interagency Agreement for Safe transport of people Accessing Mental Health Assessment, Treatment and Care 2019 retrieved from:
https://www.health.qld.gov.au/data/assets/pdf_file/0023/444902/mh-pat-trans-aggr-jul-14.pdf
- Clinical Services Capability Framework for Public and licensed Private Health Facilities version 3.2 retrieved from:
<https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/service-delivery/cscf>
- Australian Commission on Safety and Quality in Health Care (ACSQHC) (September 2011), National Safety and Quality Health Service Standards, ACSQHC, Sydney retrieved from:
<https://www.safetyandquality.gov.au/sites/default/files/migrated/National-Safety-and-Quality-Health-Service-Standards-second-edition.pdf>
- Guidelines for Transport of Critically Ill Patients (2015); College of Intensive Care Medicine of Australia and New Zealand, Australasian College for Emergency Medicine, Australian and New Zealand College of Anaesthetists.
<http://www.anzca.edu.au/resources/professional-documents/pdfs/ps52-2015-guidelines-for-transport-of-critically-ill-patients.pdf>
- Queensland Health Guide to Informed Decision-making in Healthcare
http://qheps.health.qld.gov.au/metronorth/mental_health/documents/specialty-services/gh-guide-id.pdf
- Metropolitan Emergency Department Access Initiative ambulance ramping report 2012 retrieved from:
<https://publications.qld.gov.au/dataset/emergency-departments/resource/f1f239cb-e3de-4fcb-a8cc-16e78219ba18>

7. Definition of Terms

Term	Definition / Explanation / Details	Source
Hospital and Health Services (HHSs)	From July 1 2012, Hospital and Health Services became statutory bodies with Hospital and Health Boards, accountable	Health statutory agencies website https://www.health.qld.gov.au/system-governance/health-

Term	Definition / Explanation / Details	Source
	to the local community and the Queensland Parliament.	system/managing/statutory-agencies/foundations/default.asp#HHS
Bed Flow Manager (or equivalent)	Accountable for promoting effective and cost-efficient management of hospital resources and associated patient flow resources and services within a facility.	Role description from Metro North HHS
Adverse event	Incidents in which harm resulted to a person receiving health care	Australian Institute of Health and Welfare website: http://www.aihw.gov.au/haag11-12/adverse-events/
Intra-Service Referral	Formalised referral arrangements for the transfer of critically ill patients within the Hospital and Health Services	NSW Health Policy Directive: Critical Care Tertiary Referral Networks and Transfer of Care (Adults)
Triage	A triage system is the basic structure in which all incoming patients are categorised into groups using a standard urgency rating scale or structure.	Emergency Triage Education Kit, Australian Government, Department of Health and Ageing.
Patient Off Stretcher Time (POST)	Off-stretcher time is defined as the time interval between when the ambulance is parked at the hospital emergency department and the time the patient has been transferred off stretcher to the care of the Hospital and Health Service clinical staff after handover.	Metropolitan Emergency Department Access Initiative health.qld.gov.au/publications/medai-report/final_medai_report.pdf
Inter Hospital Transfer	Refers to any patient transported directly from one hospital to another on the advice of clinical staff, whether admitted to either hospital or not. This includes those patients defined under the National Health Data Definitions Dictionary as "Inter Hospital Transfer" and "Inter Hospital Referral."	The National Health Data Definitions Dictionary
Inter Hospital Transfer (admitted patients)	Transferred to another hospital: All separations for the period where the patient is transferred to another hospital for continuation of their admitted care and management.	2011-2012 Monthly Activity Collection Manual – Public facilities.
Inter Hospital Referral (non-admitted patients)	All separations for the period where the patient is transferred to another hospital for continuation of their care and management.	2011-2012 Monthly Activity Collection Manual – Public facilities.
Up transfer	Transfer or referral of a patient to another hospital for inpatient specialist treatment not available at the primary hospital.	Queensland Health Counting Audit Report 2011
Queensland Ambulance Service	A service relating to the work of rendering emergency treatment and patient care to, and the transport of, sick and injured persons.	<i>Ambulance Service Act 1991</i>

8. Approval and Implementation

Protocol Custodian

Healthcare Improvement Unit, Clinical Excellence Queensland

Approving Officer:

Deputy Director-General, Clinical Excellence Queensland

Approval date: 16 December 2019

Effective from: 16 December 2019

9. Version Control

Version	Date	Prepared by	Comments
1.0	18/12/2012	Clinical Access and Redesign Unit	Protocol for Patient Off Stretcher Time developed
2.0	06/08/2015	Healthcare Improvement Unit	Protocol for Patient Off Stretcher Time updated
3.0	16/12/2019	Healthcare Improvement Unit	Updates approved through the Patient Access and Advisory Committee

