

# Brief for Ministerial Correspondence

RM folder reference No:	C-ECTF-18/4382
Division/HHS:	QAS
File Ref No:	02580-2018

**SUBJECT: Queensland Ambulance Service stretchers at Queen Elizabeth II Hospital**

## Key Issues

1. On 18 May 2018, 'QEII Emergency Department Nursing Staff' wrote to the Honourable Steven Miles MP, Minister for Health and Minister for Ambulances Services, regarding the Queensland Ambulance Service (QAS) placement of spare stretchers at the hospital Emergency Department (ED). The following specific issues were raised:
  - 1.1. QEII nursing staff understood that the additional stretchers were to be utilised during the Commonwealth Games period only, however, they have since remained in place.
  - 1.2. Patients have been placed on these stretchers, against doctors' clinical advice, and left unattended, which they believe is a risk to patient safety.
  - 1.3. The nurses state they have not received any training in utilising the stretchers.
  - 1.4. The QAS has gone against their own process, with regards to coordination of patient offloads within the ED.
2. The QAS and Metro South Hospital and Health Services (HHS) have worked collaboratively to improve ambulance availability to the community by establishing specific processes to release paramedics from the EDs when Patient Off Stretcher Times exceeds the agreed 30 minute measure.
3. Following the implementation of this process, the QAS has seen a significant improvement in 'lost time' at emergency departments, which has resulted in increased ambulance availability to the community.

## Background

4. Prior to the Commonwealth Games, the QAS formally wrote to HHS's in South East Queensland requesting that ambulances were released from the EDs in a timely manner to ensure availability to the community.
5. Following this correspondence to the HHS's, a working group was established comprising of representatives from each of the South East Queensland HHS's and the office of the QAS Deputy Commissioner, State Local Ambulance Service Network (LASN).
6. The working group established specific procedures for an 'off load' strategy, which included the use of spare QAS stretchers if the QAS urgently required ambulances to be released from the ED to respond to pending cases in the community. A basic operating guide was created and attached to each stretcher to provide a quick reference to the user if needed, to ensure patient safety was not compromised.
7. In the event the offload strategy was initiated; patients were to be offloaded onto a hospital bed, and in the event that the ED did not have a spare bed; the patient was to be offloaded onto one of the spare stretchers provided by the QAS.
8. As an outcome of the working group, the HHS adopted and communicated a work practice specifically written for ED staff. In addition, QAS communicated paramedic requirements as well as implementing a supervisor located at the hospital ED for seven weeks, to ensure a smooth transition and understanding of the strategy.
9. It was agreed by the working group to commence the process during business hours only, to ensure the Patient Access Co-ordination Hub (PACH) could manage the process.
10. Following a successful trial, each HHS agreed to extend the process outside of PACH operational hours due to the noticeable improvements in ambulance availability, and the collaborative management approach.
11. Due to the notable success of the offload strategy in improving ambulance availability, further consultation occurred between the QAS and Metro South HHS Executives, and it was agreed to continue with this strategy.

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12. On 5 May 2018, Mr Peter Warrener, Assistant Commissioner, Metro South LASN, QAS, received an email from Dr Edward Pink, Director of the QE11 Emergency Department, regarding a patient who was offloaded by the QAS, which he believed was a patient safety issue.
13. On 21 May 2018, a meeting was held with senior staff from the Metro South HHS and the QAS, to discuss the QAS/ED interface.
14. During this meeting the case referenced within the letter received by the Minister was raised. To ensure collaboration, the QAS has a paramedic rostered within the Metro South HHS PACH, for the release of ambulances to be available to the community.
15. On this occasion this did not occur. The process of instigating a rapid offload within and outside of PACH hours has been reviewed and is currently in a consultation phase between the QAS and Metro South HHS.
16. To ensure patient safety, the QAS produced a Medical Director's Circular reminding paramedics of their roles and responsibilities surrounding appropriate clinical handover, which was disseminated to all operational staff via email on 25 May 2018 (Attachment 1).
17. The QAS and Queensland Health, in collaboration, continue to review and monitor the offload strategy on a regular basis, to ensure patient safety is paramount at all times during the process.
18. The QAS and the Metro South HHS continue to work together and Mr Warrener and Dr Susan O'Dwyer, Executive Director, Medical Services, Metro South HHS, have agreed that any issues surrounding the offload strategy would be tabled at the Metro South HHS/Metro South LASN Emergency Services Management Committee Sub-Committee meetings.

#### Results of Consultation

19. Consultation has occurred with Dr Susan O'Dwyer, Executive Director, Medical Services, Metro South HHS and Dr Edward Pink, Director of the QE11 Emergency Department.

#### Resource Implications (including Financial)

20. Nil

#### Sensitivities/Risks

21. Nil

#### Attachments

22. Attachment 1: Medical Director's Circular.

#### Department Contact Officer

Mr Peter Warrener, Assistant Commissioner, Metro South LASN, QAS, on telephone 3666 1308 or s.73.

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s.73	s.73	s.73
6 June 2018	11 June 2018	19 June 2018

RTI RELEASE

Department of Health

Queensland Ambulance Service

# MEDICAL CIRCULAR

## MEDICAL DIRECTOR'S CIRCULAR NO. 8/2018

To all Staff

25 May 2018

### Post triage responsibilities

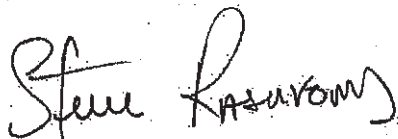
The timely completion of the Digital Ambulance Report Form (DARF), combined with a quality clinical handover is a critical component of patient care. It is an essential to the ongoing management of each patient.

Following triage, clinical care of the patient is the responsibility of the receiving health service. Any additional treatment whilst awaiting disposition to an emergency department bed should be undertaken in consultation with the responsible hospital staff.

If paramedics find themselves at hospital for an extended period, priority should be given to ensuring that the DARF is completed, pending the final details of the case, such as off stretcher times.

On occasion, paramedics may be required to respond to an urgent case, with an expedited stretcher offload procedure occurring. In this circumstance, paramedics should provide a clear and succinct clinical handover to the receiving nurse or doctor. Attention should be given to the treatment provided to the patient and any known allergies. In addition, the eARF should be closed and printed for the reference of the hospital staff. Any further details that are required may be provided via the case addendum function within the DARF, but this should be rarely required in these scenarios.

Further information on providing clear and concise handovers is available in the QAS Digital Clinical Practice Manual (dCPM)- *Clinical Practice Procedure- Clinical Handover*.



Dr Stephen Rashford ASM MBBS FACEM  
QAS Medical Director

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