Patient Access and Flow Health Service Directive

Guideline for Patient Off Stretcher Time (POST)

1. Purpose
This guideline provides recommendations regarding best practice for the transfer of patients from the care of the Queensland Ambulance service (QAS) to a Hospital and Health Service (HHS) Emergency Department (ED).

2. Scope
This Guideline applies to all Hospital and Health Services.

This Guideline applies to all Hospital and Health Service employees and all Department of Health employees working in or for Hospital and Health Services. This Guideline 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).

3. Guideline for Patient Off Stretcher Time (POST)
3.1 Requirements Hospital and Health Services
3.1.1 Hospital and Health Services (HHS) Chief Executive Officers (CEOs) should 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.
- Appropriate ambulance patients may be transferred to the waiting room under the care of the Clinical Initiative Nurse (CIN) after triage.
- Patients are not returned to the back of an ambulance after triage.
- A suitable area within the ED is provided for Queensland Ambulance staff to support patients who are awaiting transfer off stretcher. This area should be visible to the clinical ED staff and discrete from the ED waiting room.
- The POST applies to inter-hospital transfers admitted directly to inpatient units.
3.2 Requirements for Queensland Ambulance Service

3.2.1 QAS staff should ensure:

- All patients arriving at a HHS ED by ambulance are presented for triage on arrival.
- The ED triage Registered Nurse (R/N) 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 should 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

Authorising Health Service Directive

- Patient Access and Flow Health Service Directive

Procedures, Guidelines, Protocols

- Capacity Escalation Response Guideline
- Inter Hospital Transfer Guideline
- Clinical Initiative Nurse Guideline
- Inpatient Admission Facilitation Guideline
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 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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7. Approval and Implementation

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