Ambulance Transfer of Care Policy

1. Purpose

The *Ambulance Transfer of Care Policy* (the policy) outlines the minimum requirements for the applicable entities in relation to the timely handover of clinical care from St John Western Australia (SJWA) ambulance officers to Emergency Departments (EDs).

The policy is underpinned by the following key principles:

- to provide a whole-of-hospital approach to ensure safe access to care and public healthcare services to all health consumers
- deliver care guided by professional responsibilities and to provide education and expertise for the prioritisation of patient safety, wellbeing and dignity
- work collaboratively towards improved response times to triple zero calls that require an ambulance
- to ensure efficient and effective handover of patients from SJWA ambulance officers to ED clinicians to avoid delays in transfer of care
- ensure that shared responsibility for community patients who require an emergency ambulance response, by working collaboratively to expedite patient transfer of care and enable prompt release of ambulances to respond to community.

This policy is a mandatory requirement for Health Service Providers under the *Clinical Services and Planning Policy Framework* pursuant to section 26(2)(d) of the *Health Services Act 2016.*

This policy is also a mandatory requirement for the Department of Health pursuant to section 29 of the *Public Sector Management Act 1994*.

This policy is to be read in conjunction with the following:

- MP 0200/26 Fit to Sit Policy
- Statewide Demand and Escalation Framework.

This policy supersedes OD 0613/15 *Ambulance Handover in Emergency Departments*.

2. Applicability

This policy is applicable to Health Service Providers (HSPs) that provide emergency care and the Department of Health.

The requirements contained within this policy are applicable to the services purchased from contracted health entities where it is explicitly stated in the contract between the contracted health entity and the State of Western Australia or HSP.

The State of Western Australia or HSP contract manager is responsible for ensuring that any obligation to comply with this policy by the contracted health entity is accurately reflected in the relevant contract and managed accordingly.

3. Policy Requirements

The timely transfer of care (TOC) from ambulances into EDs is crucial for ambulance services to effectively respond to triple zero calls from the community.

3.1 Responsibilities

The policy outlines responsibilities of the applicable entities as follows:

SJWA must:

- Assess and monitor risk to community patients awaiting an ambulance and communicate to the SHOC System Flow Centre (SFC).
- Ensure prompt release of ambulances from EDs back to community (e.g. multi-patient take over, fit to sit).

HSPs must:

- Develop, implement, and maintain local policies that align with this policy, and have established protocols to support Rapid Offload requests.
- Consider the relative risks to community patients (i.e. compromised community response), those waiting for transfer of care from ambulances, and those waiting for care in the ED waiting rooms.
- Facilitate a whole-of-hospital approach to create ED capacity as a priority to ensure timely transfer of care, including triage, physical transfer, and clinical handover to a relevant clinician.

SJWA and HSPs must:

- Collaborate to enable timely transfer of care, identify and manage delays as outlined in the Ambulance Transfer of Care Procedure.
- Set well-defined pathways for escalating patient care from a SJWA ambulance officer to a relevant clinician if the patient's condition deteriorates or changes during the transfer of care.

Department of Health, SHOC must:

- Collaborate with SJWA and HSPs following exhaustion of all local escalation protocols, as outlined in the Ambulance Transfer of Care Procedure.
- If community risk persists, the SHOC SFC will work with SJWA and Site Executives for resolution.

Note: The WACHS Duty Operations Managers work closely with the SFC to support escalation and in-reach.

3.2 Standard ToC

WA health entities and SJWA must adhere to the Ambulance Transfer of Care Procedure to provide consistent transfer of care handover to ensure safe and timely access to patient care.

3.3 Escalation of ToC

If ToC has not occurred following 60 minutes, ongoing review and communication must be maintained to ensure resolution. If ToC exceeds 4 hours without a plan for resolution, escalation must be enacted as outlined in section 2 in the Ambulance Transfer of Care Procedure.

3.4 Rapid Offload Process

A Rapid Offload request process must be enacted when there is no available or appropriate ambulance resource to meet demand of unallocated community calls and an ongoing imminent risk to community response as outlined in section 3 in the Ambulance Transfer of Care Procedure.

SJWA must consider to request the Rapid Offload Process within the Ambulance Transfer of Care Procedure in consultation with SHOC SFC if one or more of the following triggers are met:

- one outstanding Priority 1 case for >10 minutes, and/or ≥5 Priority 2 cases in the community
- ≥50% of total ambulance resources at hospital sites with <10% standby capacity
- Level 3 with <10% standby capacity over 3 hours as per SJWA Sustained Resource Escalation Action Plan (REAP).

Rapid Offload requests will be directed to HSP sites based on geographical location and their point-in-time ability to safely enact a Rapid Offload Process.

HSP sites must create additional ED capacity to facilitate ToC and release an ambulance crew within 15 minutes to community when they receive a Rapid Offload request. ToC must include safe handover of the patient from the ambulance officer/s to the ED consistent with local ToC protocols and procedures.

In the event that safe ToC cannot be facilitated or the request for the Rapid Offload Process is disputed, local site escalation procedures must be followed. If community response risk persists, SHOC SFC must work with SJWA and site patient flow leads to initiate escalation protocols which includes:

- collaboration with Site Executives to create additional ED capacity within hospital sites
- initiation of a statewide teleconference with executives to enable system wide load levelling
- advice and direction from the State Medical Consultant (SMC)
- the stand up of a Statewide Demand and Capacity Incident Management Team if critical capacity issues remain.

4. Compliance Monitoring

The SHOC, on behalf of the System Manager, will conduct the compliance and evaluate the effectiveness of the policy. The System Manager may carry out compliance audits, assurance and reporting including updates to the Director General and other relevant persons regarding the Policy. The System Manager may also request copies of localised policies, procedures and/or request local data to ensure alignment with policy requirements.

5. Related Documents

The following documents are mandatory pursuant to this policy:

- Ambulance Transfer of Care Procedure

6. Supporting Information

The following information is not mandatory but informs and/or supports the implementation of this policy:

- Statewide Interhospital Patient Transfer Policy
- Statewide Mental Health Bed Access, Capacity and Escalation Policy

7. Definitions

The following definition(s) are relevant to this policy.

Term	Definition
Ambulance	Any patient transport vehicle used by a CHE to convey a patient to the emergency department of a hospital.
Ambulance officer	Any employee or volunteer representing the CHE who is providing treatment or care for a patient arriving at an emergency department
Community response risk	There is a risk to patients in community who require an ambulance.
Contracted Health Entity (CHE)	A non-government entity that provides health services to the State under a contract or other agreement entered into with – (a) a HSP; or (b) the Department CEO, the Minister or the Premier on behalf of the State.
Deterioration	A patient who has significant fluctuations in clinical presentation, despite standard pre-hospital interventions.
Emergency Department	An Emergency department (ED) is a dedicated hospital-based facility specifically designed and staffed to provide 24-hour emergency care. An ED cannot operate in isolation and must be part of an integrated health delivery system within a hospital both operationally and structurally. The minimum standards for the different levels of the ED are defined in S12 Statement on the Role Delineation of EDs and Other Hospital-based Emergency Care Services.
Multi-patient take over	An ambulance crew may be able to care for more than one patient while on the ramp. For this to occur the patient must not be unstable, suffering a mental health episode, or require one-to-one care for any reason
Health Service Provider (HSP)	Established under section 32 of the *Health Services Act 2016* and includes North Metropolitan Health Service (NMHS), South Metropolitan Health Service (SMHS),

	Child and Adolescent Health Service (CAHS), WA Country Health Service (WACHS), East Metropolitan Health Service (EMHS), PathWest, Quadriplegic Centre and Health Support Services (HSS).
Patient flow leads	This role is responsible for patient flow and bed allocation. HSPs may have different nomenclature for their site equivalent. (e.g. Capacity and Access, Site Manager, Operations Hub Coordinator or Hospital Access Manager.)
Resource Escalation Action Plan (REAP)	The REAP articulates the operational actions taken during periods of demand, supply, and/or access pressure that impact the ability to deliver pre-hospital care to the metropolitan region as per the standard operational monitoring metrics.
Site Executives	This role provides leadership and is responsible for high level decision making and communication regarding patient flow in each site and consultation with key stakeholders, including other HSP Executives. This role also actively manages the service response to service flow pressures.
State Health Operations Centre (SHOC)	A Directorate of the Department of Health in the Clinical Operations Division focused on improving the coordination and efficiency of patient flow and establishing functions to manage demand on ED and ease system pressures.
SHOC System Flow Centre (SFC)	The SFC sits within the SHOC and provides a 24/7 service monitoring ED activity, system wide patient flow and emergency patient transport demand to ensure a coordinated whole of system response to demand pressures. A strong and active feedback loop between SFC and HSPs will allow HSPs to better coordinate ED response and meet demand.
System wide load leveling	The practice of redirecting an ambulance to another hospital because the closest or most appropriate hospital has exceeded capacity.
Transfer of Care (ToC)	TOC occurs at the point when clinical handover to an appropriate ED clinician has occurred, and the patient has been moved from the ambulance stretcher to an appropriate physical space in the ED. This definition is aligned with the Australasian College for Emergency Medicine (ACEM).
Triage	The formal process used to immediately assess all patients arriving in an ED to determine the urgency of their care requirements.
WA health entities	WA health entities include:

	(i) Health Service Providers as established by an order made under section 32 (1)(b) of the Health Services Act 2016; (ii) Department of Health as an administrative division of the State of Western Australia pursuant to section 35 of the Public Sector Management Act 1994
WA health system	The WA health system is comprised of: (i) the Department; (ii) Health Service Providers (North Metropolitan Health Service, South Metropolitan Health Service, Child and Adolescent Health Service, WA Country Health Service, East Metropolitan Health Service, PathWest Laboratory Medicine WA, Quadriplegic Centre and Health Support Services); and (iii) contracted health entities, to the extent they provide health services to the State.

8. Policy Contact

Enquiries relating to this policy may be directed to:
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9. Document Control

Version	Published date	Review date	Amendment(s)
MP 0199/26	28 August 2026	August 2029	Original version

Note: Mandatory policies that exceed the scheduled review date will continue to remain in effect.

10. Approval

Approval by	Nicole O'Keefe, Deputy Director General, Strategy and Governance Division, Department of Health
Approval date	26 August 2026

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