Ambulance Transfer of Care Procedure

This procedure supports the application of MP 0199/26 *Ambulance Transfer of Care Policy*.

1. Standard Transfer of Care

St John Western Australia (SJWA) must present to triage upon arrival at Emergency Department (ED). Patients arriving via ambulance must be assessed and triaged as per usual ED triage procedures.

Following triage, the Health Service Provider (HSP) ED assumes overall responsibility for patient care.

Transfer of Care (ToC) occurs at the point when clinical handover to a relevant ED clinician has occurred, and the patient has been moved from the ambulance stretcher to an appropriate physical space in the ED. There is a joint responsibility for the SJWA ambulance officer/s and ED Clinician to complete the dual ToC on the SJWA electronic patient care record (ePCR).

While awaiting ToC, the SJWA ambulance officer/s must:

- be provided with an appropriate ED clinician to contact for escalation
- continue to monitor the patient's condition, provide necessary care, and escalate any concerns or deterioration in the patient's condition to the appropriate hospital clinician.

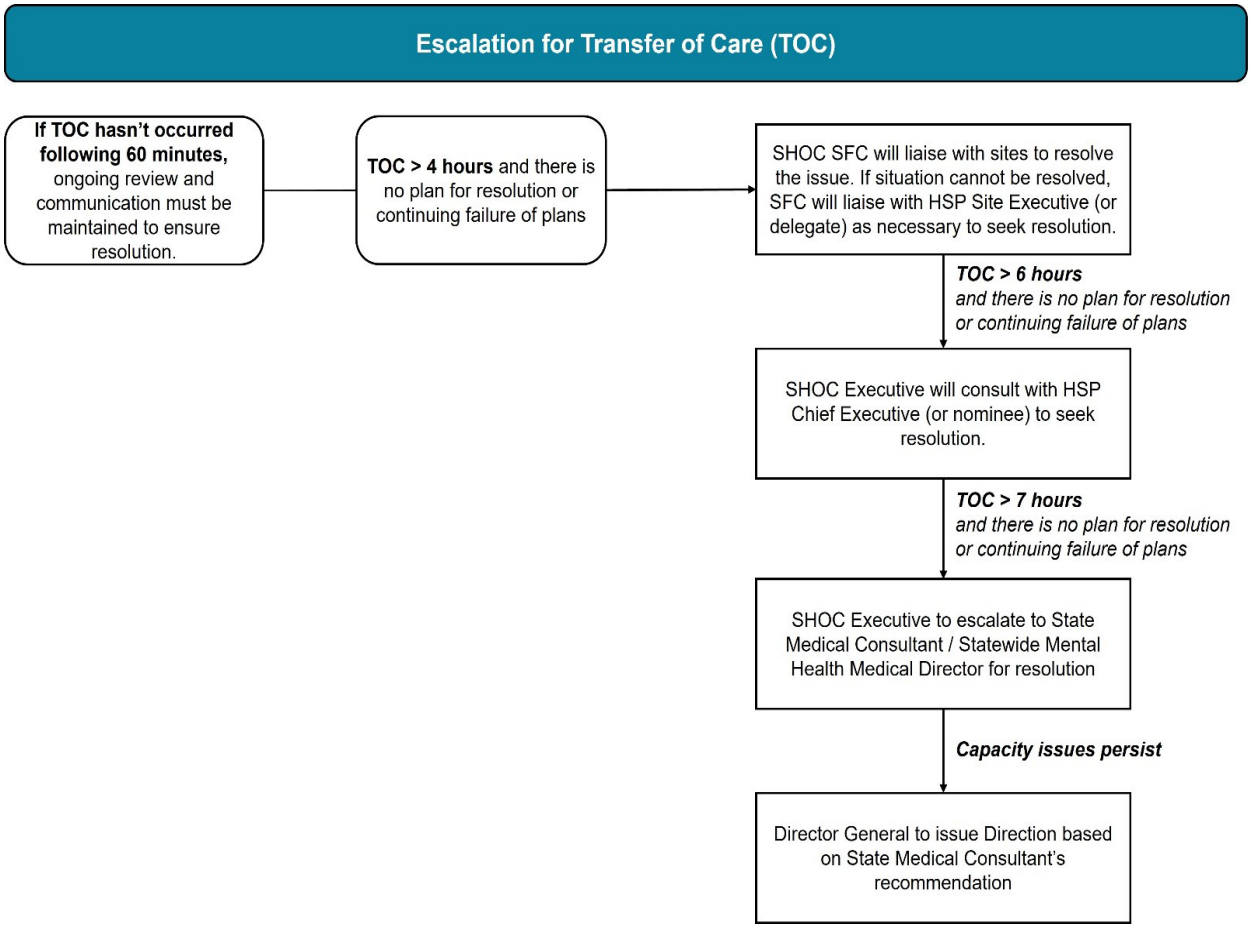
If eligible, the patient must be removed from the ambulance stretcher to either a suitable treatment space in the ED or the waiting room as per MP 0200/26 *Fit to Sit Policy* as soon as possible, as determined by the ED clinician.

Best practice for ToC completion is within 30 minutes of arrival to hospital and not exceeding 60 minutes.

2. Escalation for Transfer of Care Process

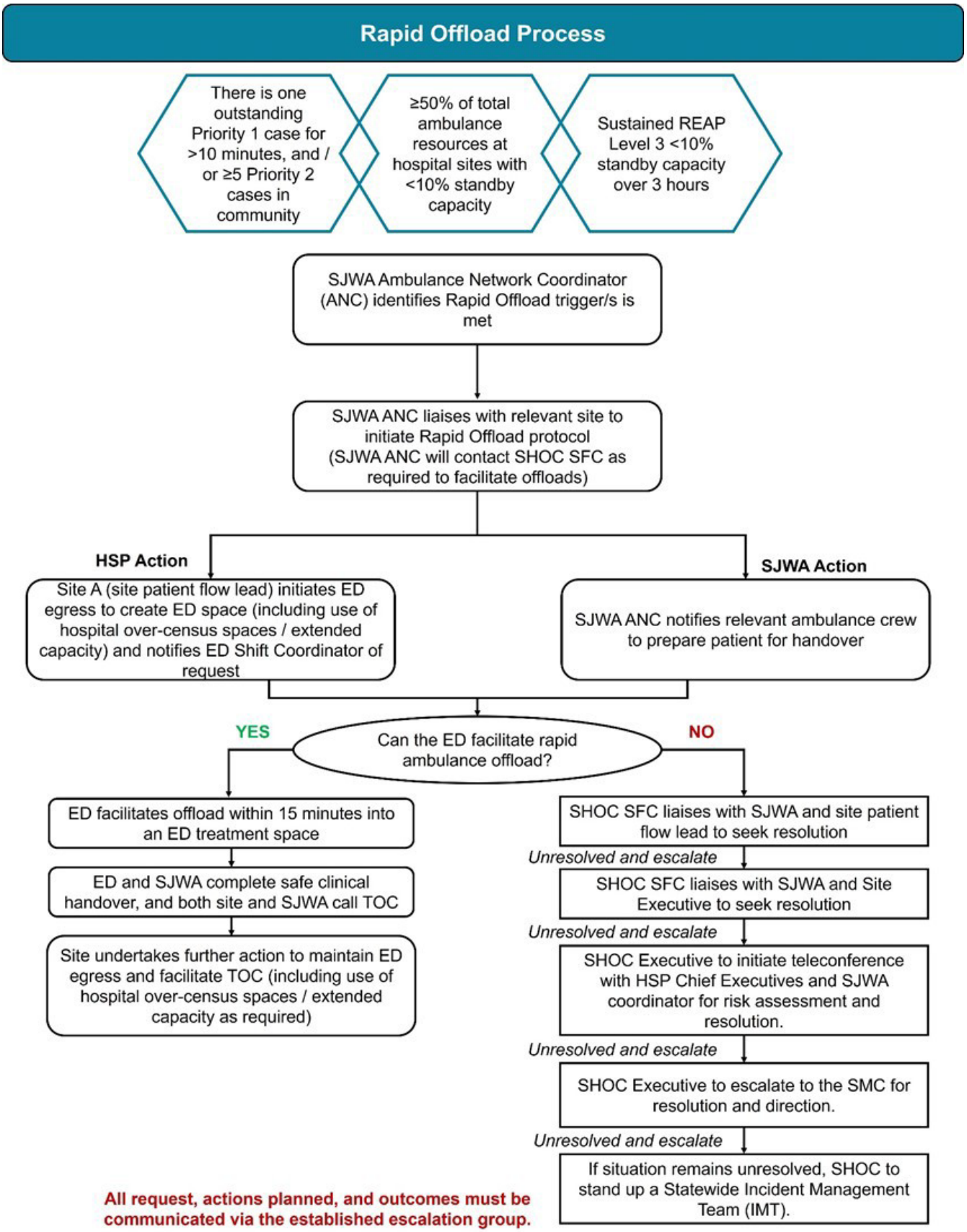
If ToC has not occurred following 60 minutes, ongoing review and communication must be maintained between SJWA ambulance officers and ED Clinician to ensure resolution.

If ToC exceeds 4 hours without a plan for resolution, escalation must be enacted as per below.



3. Rapid Offload Process

A Rapid Offload request may be enacted when there is no available or appropriate ambulance resource to meet demand and there is an ongoing imminent risk to community as outlined below. The Rapid Offload process may not be applicable to all WACHS sites.



4. Definitions

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

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
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.
Electronic Patient Care Record (ePCR)	Tool used by the SJWA ambulance officers to document care provided to a patient transported via a SJWA ambulance
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 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.
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.
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.

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