



Transfer of Care in the Emergency Department for Patients Arriving by Ambulance Policy

1. Purpose

This policy applies to all employees (including contracted medical practitioners, contractors, consultants and volunteers). It describes principles of management for transfer of care and extended transfer of care of patients in the emergency department (ED) who arrive by ambulance.

2. Policy

Transfer of care refers to the time interval commencing at the time an ambulance arrives at hospital to the conclusion of a structured clinical handover and offloading of the patient from the ambulance stretcher and/or when the ambulance crew are no longer required.¹

In Western Australia, the Department of Health Emergency Services Agreement describes 'Extended Transfer of Care' (ETOC) as transfer of care greater than 30 minutes post arrival.²

In country WA, with limited patient transport resources, minimising ETOC is a key strategy to maintain access to emergency services and optimising use of patient transport capacity. We always aim to avoid ETOC.

Strategies to be considered include:

- ensuring early notification of inbound emergency patients who require rapid intervention and stabilisation upon arrival at the ED by the patient transport provider
- reviewing treat and return bookings to identify and reduce unnecessary ED presentations and admissions.
- implementing 'Fit to Sit' to support the transfer of clinically stable patients, who meet the criteria, to designated seated waiting areas following the arrival to the ED via ambulance.

On those occasions when ETOC occurs in a WACHS health service, our response will include active management to optimise patient flow as well as continuing to provide high quality and timely health care to patients affected.

2.1 Care of patients on arrival by ambulance to a WACHS facility

Patients should be taken out of the ambulance and brought into the facility for triage as soon as practically possible.

2.2 Care of patients awaiting transfer of care

WACHS EDs assume clinical governance for patient care on arrival at a WACHS facility.

WACHS staff have the same responsibility to triage, care for and respond to patients waiting with ambulance crew for transfer of care as they do for patients in the waiting room of the ED.

Care requirements are described in the WACHS [Patient Assessment and Management in the Emergency Department Policy](#) and the WACHS [Triage Procedure](#).

2.3 Fit to Sit

'Fit to sit' promotes the transfer of clinically stable and suitable patients into the waiting room seating area following arrival to the ED via ambulance.

'Fit to Sit' is determined by the Triage Nurse in consultation with attending ambulance crew and must be documented in Triage documentation. All documentation is to comply with [Clinical Documentation Policy](#).

Patients may be excluded based on criteria in the table below, or at the clinical discretion of the Triage nurse.

Category	Exclusion
Triage Score	Category 1 or 2
Clinical Concern	Examples include: <ul style="list-style-type: none"> • unstable vitals (Adult Deterioration Detection >3) • sepsis risk • unresolving undifferentiated pain, seizures • abnormal ECG • oxygen requirement • cognitive impairment/delirium etc.
Behaviour	<ul style="list-style-type: none"> • aggression (verbal or physical) • confused without carer • at risk of leaving against medical advice • other inappropriate behaviour
Mobility / physicality	<ul style="list-style-type: none"> • unable to sit in chair • falls risk without carer • requires 2-person assist to mobilise/toilet
Suspected high risk airborne pathogens	Tuberculosis, Chickenpox / Disseminated Shingles; Measles, Mumps,
Mental Health Patients	<ul style="list-style-type: none"> • involuntary Patients Section 56 or Inpatient Treatment Under Mental Health Act 2014 • at risk of Discharging Against Medical Advice • without NOK or carer present.
Age	Paediatric patients unless accompanied by an adult carer and Paediatric Acute Response and Recognition Tool (PARROT) <2.
Other	<ul style="list-style-type: none"> • patient feels unsafe • <30 mins post IV/IN/IM analgesic

Any difficulties in assessment should be escalated to the Senior Nurse or Senior Doctor. For sites with Waiting Room Nurses on duty, patient handover must occur with a Waiting Room Nurse.

If an Aboriginal patient is triaged suitable for Fit to Sit, an Aboriginal Liaison Officer (ALO) should be informed to support the transfer, where locally available.

2.4 Extended transfer of care

When ETOC occurs (i.e. if the care of the patient is unable to be handed over to WACHS ED staff within 30 minutes):

- Joint care and monitoring of the patient by ED staff and ambulance crew will continue until handover is completed.
- The ambulance crew must be specifically informed which ED staff member is involved with the joint care and how to contact them for escalation of patient concerns. The WACHS [Patient Assessment and Management in the Emergency Department Policy](#) and [Triage Procedure](#) should be used to guide management, including requirements for monitoring using WACHS documentation designed to support recognition and response to clinical deterioration.
- ED senior staff should notify the hospital or facility operations manager or WACHS Command Centre Duty Operations Manager (DOM) as soon as practical. The operations manager is accountable for ensuring that every reasonable action is taken to support offloading and clinical handover of the patient affected by ETOC as quickly as possible and that patient safety is maintained while this is occurring.
- The operations manager or equivalent 'Executive on Call' will contact the WACHS Duty Operations Manager to provide an update and request any other relevant support for actions in response to ETOC

The WACHS Operations Hub ensures that there is a process for the ambulance provider to notify the Duty Operations Manager of any episodes of ETOC to support situational awareness and response.

3. Roles and Responsibilities

Operations Managers are responsible for operationalising the requirements of this policy, with particular focus on ensuring:

- ED and hospital processes support the ability to maintain triage principles and process to all patients in the ED including those waiting with ambulance crew
- situational awareness and proactive management of patient flow is maintained at all times
- care is provided as appropriate and possible to all patients including those in the waiting room and in the care of ambulance crews
- active management and collaboration across site / region of patient flow is needed when ETOC occurs, including consideration as relevant of the following:
 - considering urgent workforce requirements
 - expediting transfer of appropriate patients from ED to home or ward
 - expediting clinically appropriate inpatient discharges.

Operations Hub Duty Operations Manager is responsible for operationalising reliable notification of occasions of ETOC by the patient transport provider and supporting the site management in their appropriate response.

All staff are required to comply with the directions in WACHS policies and procedures as per their roles and responsibilities. Guidelines are the recommended course of action for WACHS and staff are expected to use this information to guide practice. If staff are unsure which policies procedures and guidelines apply to their role or scope of practice, and/or are unsure of the application of directions they should consult their manager in the first instance.

All staff are expected to deliver a culturally safe and responsive service ensuring the rights, views, values, and expectations of Aboriginal people are recognised and respected and met where possible.

4. Monitoring and Evaluation

Monitoring of this policy is to be carried out by the Operations Hub in liaison with operations managers). This should include auditing a sample of cases to identify whether notification of ETOC occurred as agreed, and the quality of the local and organisational response following ETOC occurrences.

Safety of 'Fit to Sit' assessment should be examined through review of clinical incident reports.

Evaluation of this policy is to be coordinated by the Operations Hub in liaison with operations managers.

5. References

1. New South Wales Government Department of Health [internet] [Transfer of care](#) 2020 [Accessed 30 October 2023]
2. Yang P. [Standing Committee on Public Administration - Delivery of Ambulance Services in Western Australia: Critical Condition](#). Perth (AU): Legislative Council Western Australia (41st Parliament); May 2022. 192 p. Report No.:37 [Accessed 30 October 2023]
3. New South Wales Government Department of Health Policy Directive [Internet] [Triage of Patients in NSW Emergency Departments](#). Sydney; (AU); 2013 [Accessed 30 October 2023]
4. Australasian College for Emergency Medicine, [Position Statement on Ambulance Ramping \(S347\)](#). West Melbourne (AU); June 2019. [Accessed 30 October 2023]
5. Government of Western Australian Department of Health, WA Country Health Service (WACHS). [WACHS Assessment and Management in the Emergency Department Policy](#). Perth (AU) 2023 [Accessed 30 October 2023]
6. Australian Commission on Safety and Quality in Health Care [Internet] [Responding to Acute Deterioration Standard](#). Sydney (AU); 2021. [Accessed 30 October 2023]

6. Definitions

Term	Definition
Aboriginal	Within Western Australia, the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of Western Australia. No disrespect is intended to our Torres Strait Islander colleagues and community.
Ambulance crew	Ambulance crew is staff including paramedic, medic, patient transport officer, transport nurse, emergency medical technician and/or volunteer ambulance officer
Clinical Handover	Clinical handover is an explicit exchange of information about a patient between health care staff whenever accountability and responsibility for that patient's care transfers from one health care provider to the other. ⁶
Fit to Sit	Fit to sit promotes the placement of suitable patients into the waiting room following assessment on arrival to the Emergency Department via ambulance.
Transfer of care	Transfer of care is the time interval commencing at the time an ambulance arrives at hospital to the conclusion of a structured clinical handover and offloading of the patient from the ambulance stretcher and/or when the ambulance crew are no longer required ¹ .
Extended transfer of care	Extended transfer of care is a transfer of care taking greater than 30 minutes to occur ² .

7. Document Summary

Coverage	WACHS wide
Audience	All employees (including contracted medical practitioners, contractors, consultants and volunteers)
Records Management	Health Record Management Policy
Related Legislation	Health Practitioner Regulation National Law (WA) Act 2010 (WA) Health Services Act 2016 (WA)
Related Mandatory Policies / Frameworks	<ul style="list-style-type: none"> • MP 0095/18 Clinical Handover Policy • MP 0171/22 Recognising and Responding to Acute Deterioration Policy • Clinical Governance Safety and Quality Framework
Related WACHS Policy Documents	<ul style="list-style-type: none"> • Patient Assessment and Management in the Emergency Department Policy • Recognising and Responding to Acute Deterioration Policy • Triage Procedure
Other Related Documents	Nil
Related Forms	Nil
Related Training Packages	Nil
Aboriginal Health Impact Statement Declaration (ISD)	ISD Record ID: 2437
National Safety and Quality Health Service (NSQHS) Standards	1.01, 1.06, 6.03, 6.04b, 6.04c, 8.03, 8.04, 8.06 – 8.11, 8.13
Aged Care Quality Standards	3(a), 3(d), 3(e)
Chief Psychiatrist's Standards for Clinical Care	Nil
Other Standards	Nil

8. Document Control

Version	Published date	Current from	Summary of changes
1.00	20 November 2023	20 November 2023	<ul style="list-style-type: none"> new policy
2.00	31 December 2025	31 December 2025	<ul style="list-style-type: none"> inclusion of 'Fit to Sit' under Section 2 general review

9. Approval

Policy Owner	Chief Operating Officer
Co-approver	Executive Director Clinical Excellence Executive Director Nursing and Midwifery
Contact	Director Operations
Business Unit	Operations Hub and Command Centre
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