Ambulance Victoria

ABN 50 373 327 705

375 Manningham Road
P.O. Box 2000
Doncaster Victoria 3108

T 03 9840 3500
F 03 9840 3583

www.ambulance.vic.gov.au

21 July 2014

File Ref: FOL/14/1946

Judge Ian Gray
State Coroner
Coroners Court of Victoria
Level 11/222 Exhibition Street
MELBOURNE VIC 3000

Dear Judge Gray

Re: COR 2010 001571 – Constandia PETZIERIDES
COR 2010 004840 – Russell RENHARD

I refer to the recent Findings into the death of Constandia Petzierides. (Please note: as discussed with your office on 11 July 2014, this letter also addresses the Recommendation received by Ambulance Victoria for the case of Russell Renhard).

As a result of the inquest, there was one recommendation made by Her Honour Judge Paresa Spanos which related to Ambulance Victoria (AV). The recommendation, together with AV's response is as follows:

Recommendation:

...

That Ambulance Victoria investigates the feasibility of providing the receiving hospital with all VACIS Patient Care Reports pertaining to the patient's episode of care, so that important clinical information, including in particular the first responders' clinical impression, is available to inform the clinical management and care provided by hospital clinicians.

...

Ambulance Victoria response:

Ambulance Victoria accepts the Recommendation. The following solution is currently underway:

AV policy currently requires handover from the first on scene to the transporting crew and then of course to the receiving medical and nursing staff. We are in the process of introducing an update to our verbal handover procedure known as "IMIST _AMBO", which is designed to provide a standardised method of handover.

It will not only improve the consistency of verbal information the first paramedics at a scene give to the paramedics transporting the patient, but will also improve the quality of information in the Patient Care Record (PCR) as well as providing a more consistent verbal handover to the receiving medical and nursing staff.

An amended policy and the subsequent education of all paramedics would significantly reduce the risk of relevant information not being passed on to the hospital.

This solution is in the process of being implemented through the remainder of 2014.

I have attached a copy of the new handover protocol, together with information from the current training material.

I trust the response satisfactorily addresses Her Honour's Recommendation. I appreciate the comments were made to assist Ambulance Victoria perform at the highest level in its service to the community.

Yours sincerely

GREG SASSELLA
Chief Executive Officer

Enc: IMIST AMBO Slides
WIN OPS 214 Patient Handover
WIN OPS 333 Paramedic Roles ED Interface Handover

cc Tony Walker, General Manager Regional Services
Angelia Dixon, General Manager Quality Education Services

Ambulance Victoria

SERVICE IMPROVEMENT SYSTEM

Work Instruction:	Paramedic Roles: ED Interface / Handover	**Document No**	WIN/OPS/333
Date First Created:	23 June 2014	**Version:**	1.0
Authorisation:	General Manager Regional Services	**Department**	Regional Services
Applicable to:	All of AV	**Date This Version Approved:**	23 June 2014

1. PURPOSE

The following Policy outlines Paramedic responsibilities at the Emergency Department (ED) to ensure the safe and timely transition of patient care to a Health Service. Flow through the ED impacts upon the availability of AV's resources, and the ability to attend and assess patients in the community. A collaborative team based approach is required between AV and the respective Health Services (HS) to ensure this transition occurs without delay.

2. PRINCIPLES

- Ambulance delays in the ED impact upon AV's primary responsibility to respond to patients in the community.
- Paramedic crews should work together during any transfer delay to ensure operational readiness as per WIN/OPS/015
- The care of the patient is paramount, and AV will work with the HS to maximize the availability of AV crews.
- Upon arrival into the ED the hospital accepts full responsibility for the patient. However, care of the patient is shared between the paramedic and hospital until the patient is transferred to a hospital care area.
- Any adverse change in the patient's condition will be escalated to medical staff without delay.
- Secondary transfer within a HS is not the role of AV.
- Reloading from an ED after arrival, regardless of hospital status, is not supported by AV as a means to manage ED delays.

3. ARRIVAL AT HOSPITAL

Upon arrival at the ED, the 'At Destination' time is entered via MDT MMR Users, or via the status button RAVnet users. In the event of failure of either of these systems, crews are to advise the dispatcher of arrival at destination via radio.

A member of the AV crew is required to inform the triage nurse at the time of triage of the 'At Destination' time that has been entered into the MDT or via RAVnet as per VEMD guidelines. This time should also be entered into the ePCR by the attending paramedic.

4. TRIAGE

The attending Paramedic will complete triage with the receiving nursing staff as per WIN/OPS/214 Handover Procedure (IMISTAMBO). Once triage has been completed (e.g. once a triage category has been assigned) the attending Paramedic is to record the triage time on the ePCR.

Secondary transfer within a HS (e.g. transfer to a ward or specialist care area), either after triage or after full handover within the ED, is not the role of AV. Once a patient is transferred from the AV stretcher, full care is transitioned to the HS. It may be practical and efficient to occasionally transfer to an alternative location in close proximity to the ED such as x-ray. However, this should only occur in circumstances where it is clearly established that this is the defined care area and the agreed handover occurs simultaneously. The patient should not return to AV care.

5. WAITING FOR THE TRANSFER TO A HOSPITAL CARE AREA

A paramedic is required to monitor and record patient observation and report to the triage nurse any clinical changes up until full transfer to a patient care area has occurred. Where patient transfer is delayed ED clinical staff may commence assessment, investigation and treatment when the patient is on the Ambulance stretcher. However, this should only occur to expedite movement to an alternative care area such as the waiting room or where the intervention supports the longer term care plan alongside timely patient transfer.

Where delayed paramedics should continue treatment where required in line with AV Clinical Practice guidelines. Any treatment outside AV guidelines is at the full responsibility of the hospital.

If at any point whilst waiting for patient transfer the patient's clinical condition deteriorates and transfer is not facilitated or there is concern for a patient's clinical condition, a request for assessment by the Senior Medical Doctor on shift must be made. The AV clinician is also available, where necessary, to assist in any clinical related matters. Where a patient's clinical condition deteriorates during a delay period notification to the AV clinician must occur alongside recording on the ePCR.

Reloading from an ED after arrival is not supported to manage ED delays regardless of the hospital HEWS/Bypass status. In order to reload to another ED, a full patient assessment is required, followed by the HS initiating contact with an alternative ED, and their agreeing to accept the patient. A Senior Medical Doctor from the transferring HS is required to fully document and authorise the transfer (and required assessment). Direct consultation between the referring Doctor and AV Clinician is also necessary. Reload as described within this policy does not encompass large scale / disaster events. Such events are covered under the AV Emergency Management / SHERP arrangements.

Following triage, and while awaiting transfer of full care to the ED, the attending paramedic should concurrently complete the ePCR whilst the nominated driver monitors the patient.

6. HANDOVER

Once a cubicle or patient care area is allocated, both Paramedics are to assist in the transfer of the patient where necessary.

Once the transfer of the patient to a care area has occurred, the attendant will complete handover to the nursing staff. The handover will follow the agreed statewide standardized IMISTAMBO process as per WIN/OPS/214. At the completion of the patient transfer the attendant is to establish with nursing staff the agreed ambulance handover time. The agreed time should then be recorded in the ePCR as "off stretcher" time (as per the above VEMD guideline).

Where the return of equipment would impact any subsequent response the agreed ambulance handover time may be delayed.

7. CLEARING PROCESS

Following transfer of the patient, paramedic crews should finalize completion of the ePCR and preparation of the vehicle for return to operation as soon as practicable as per WIN/OPS/015. This should normally take no longer than 20 minutes.

Any significant delay in the transfer process or matters related to the retrieval of equipment, vehicle readiness, VACIS faults or welfare issues should be reported to the DM immediately as per WIN/OPS/015.

A member of the crew is required to advise the DM (or DM HIC when on shift) of any delay of >20 minutes in offloading their patient', they are also required to respond to any page from the DM. A failure to respond to DM page may impact on AV's ability to manage the delay currently being experienced within the ED and our ability to respond to patients in the community.

8. RELATED DOCUMENTS

Patient Handover Document / Policy WIN/OPS/214
Responding to Events/Policy WIN/OPS/015
Patient Care Record WIN/OPS/010

9. WORK INSTRUCTION REVIEW

This document has been risk rated as High and will be reviewed annually. The Regional Services Manager is responsible for the review and update of this document.

10. DOCUMENT MANAGEMENT

This document is stored in TRIM file number WIN/OPS/333

11. DEFINTIONS

The agreed Victorian Emergency Minimum Data set (VEMD) definitions are as follows:	
'Ambulance at Destination'	Is the time of ambulance arrival at the hospital immediately prior to the paramedic turning the engine off and /or getting out of the vehicle.
Ambulance handover complete'	1. Clinical information is given to hospital staff taking over care of the patients; and 2. The patient is moved from the ambulance stretcher to the hospital bed or care area.

What is IMIST AMBO?

Ambulance Victoria

Ambulance Victoria
Standard Handover Protocol

I	Identification	*Patient's name, DOB, age, sex*
M	Mechanism/Medical Complaint	*Presenting problem*
I	Injuries/Information	*Symptoms and/or injuries*
S	Signs	*Vital signs (HR, RR, BP, etc)*
T	Treatment & Trends	*Treatment and patient's response*

Pause for questions

A	Allergies	
M	Medication	*Patient's regular medications*
B	Background History	*Patient's medical history*
O	Other information	*Social, scene, relatives present*

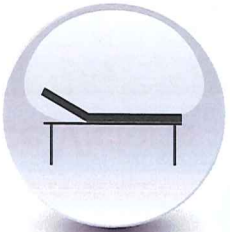
Pause for questions

TRIAGE

For more information about the handover procedure at triage click on the stretcher icon

HANDOVER

For more information about the handover procedure at bedside click on the bed icon



What is IMIST AMBO?

Ambulance Victoria

Ambulance Victoria
Standard Handover Protocol

I	Identification	*Patient's name, DOB, age, sex*
M	Mechanism/Medical Complaint	*Presenting problem*
I	Injuries/Information	*Symptoms and/or injuries*
S	Signs	*Vital signs (HR, RR, BP, etc)*
T	Treatment & Trends	*Treatment and patient's response*

Pause for questions

TRIAGE

- Triage is IMIST only unless full handover occurs at this time (e.g. waiting room).
- There is some variability in the triage process across hospitals, the IMIST framework is used to assist in the registration process
- When completing triage, capture the arrival time and advise the ED Clinician.

What is IMIST AMBO?

Ambulance Victoria

Ambulance Victoria
Standard Handover Protocol

I	Identification	*Patient's name, DOB, age, sex*
M	Mechanism/Medical Complaint	*Presenting problem*
I	Injuries/Information	*Symptoms and/or injuries*
S	Signs	*Vital signs (HR, RR, BP, etc)*
T	Treatment & Trends	*Treatment and patient's response*

Pause for questions

A	Allergies	
M	Medication	*Patient's regular medications*
B	Background History	*Patient's medical history*
O	Other information	*Social, scene, relatives present*

Pause for questions

HANDOVER

- You and the ED clinician should agree on the handover complete time and both record this.
- Record the agreed time accurately in your VACIS ePCR.

Ambulance Victoria

SERVICE IMPROVEMENT SYSTEM

Work Instruction:	Patient Handover	**Document No:**	WIN/OPS/214
Date First Created:	01 October 2004	**Version:**	2.0
Authorisation:	General Manager Regional Services	**Department:**	Regional Services
Applicable to:	All of AV	**Date This Version Approved:**	23 June 2014

1. PURPOSE

To outline the Ambulance Victoria state wide endorsed approach to patient handover. Adherence to handover principles whilst transferring information between clinicians contributes to improved patient care.

This Work Instruction should be read in conjunction with WIN/OPS/5010 Paramedic Roles ED Interface/Handover.

The following instructions apply whenever providing patient handover to any receiving facility following a patient transport. This includes Emergency Departments (ED), Psychiatric facilities/units, direct ward admissions and appropriate alternate medical facilities. This instruction is also applicable to paramedics when handing patient care over to another AV employee in the field.

2. HANDOVER PRINCIPLES

- Where practical, ensure handover details have been reviewed/considered before arrival at the destination hospital/medical facility
- Patients must be in a safe location and where required postured in a stable position during the handover process
- Movement of the patient during the handover should not occur
- Paramedic to confirm who will be receiving the patient handover where multiple clinicians form part of the care team
- Eye contact between the receiving clinician and attendant paramedic should occur during handover
- Pause at the end of IMIST and ask if there are any questions, and then do so again after the AMBO component has been delivered

3. HANDOVER DELIVERY

Handovers may be required at different points during the transfer of care. This most often occurs in the Emergency Department, firstly at the point of triage, and again upon the transfer to a care area. The triage handover process can be described as the initial handover which focusses on the transfer of patient information to assist with categorization.

The final handover sits alongside the transfer to a care area and a full transfer of patient care management to another clinician. A care area can be a cubicle, the waiting room or other prescribed area as outlined by the receiving clinician. Standardised clinical handover of the patient utilising the IMISTAMBO process is endorsed across the Health system.

Hospitals are responsible for the patient upon AV arrival. However, patient care is shared between AV and the receiving Health Service until the final handover is complete.

4. INITIAL HANDOVER (Triage)

The initial handover to triage/receiving staff requires the paramedic to convey the following information:

- I-Identification
- M-Mechanism/ Medical complaint
- I-Injuries/information related to complaint
- S-Signs (including summary of VSS and Secondary Survey)
- T-Treatment and trends

Where only one handover occurs such as in the case of immediate transfer to the waiting room the triage nurse may request the AMBO information as outlined in the final handover.

The IMIST framework is to be utilized to support the consistent and timely delivery of patient information at the point of triage. However, due to the various triage registration processes across the state the clarifying information required across ED's may vary.

5. FINAL HANDOVER

The final handover to the receiving clinician requires the paramedic to convey the following information:

- I-Identification
- M-Mechanism/ Medical complaint
- I-Injuries/information related to complaint
- S-Signs (including summary of VSS and Secondary Survey)
- T-Treatment and trends
- A-Allergies
- M-Medication
- B-Background History
- O-Other information

6. ADDITIONAL REQUIREMENTS

In addition to the delivering the final handover paramedics should ensure the following occurs;

- Patient belongings/valuables are handed over
- Doctor's letters, ECGs, X rays etc are handed over
- Handover of all patient medications (in the green medications bag) as well as any available prescriptions.

7. RELATED DOCUMENTS

This document should be read in conjunction with:

- WIN/OPS/5010 (Needs new Number) Paramedic Roles ED Interface/Handover
- CWI/QES/009 Respiratory Status Assessment
- CWI/QES/010 Conscious State Assessment
- CWI/QES/011 Perfusion State Assessment
- CWI/QES/002 Physical Examination of a Patient (Secondary Survey)
- WIN/OPS/010 Patient Care Record (wPCR/ePCR)
- PRO/OPS/040 AV Drug Management Procedure
- OWI 5009.06 Transport of Patient Belongings, Mobility Aids; Guide or Hearing Dogs
- OWI 5019.04 VACIS ECG Audit ePCR Requirements

WORK INSTRUCTION REVIEW

This document has been risk rated as High and will be reviewed annually. The Regional Services Manager is responsible for the review and update of this document.

DOCUMENT MANAGEMENT

This document is stored in TRIM file ref number WIN/OPS/214