**Ambulance Victoria (AV) Patient Offload QRG**

**Purpose:**

This QRG aims to provide guidance to the relevant staff members (Emergency Department staff, Access Managers, Bed Coordinators, Directors on Call) on how we will coordinate the offloading Ambulances into waiting spaces. This process is to be implemented at the Sunshine Hospital Emergency Department only. This QRG highlights the exclusion and inclusion criteria for patient suitability for the AV offload zone to ensure patient safety and quality care.

**Overview:**

Sunshine Hospital Emergency Department (SHED) assesses and treats approximately 90,000 patients per annum and access to clinical treatment areas for the delivery of clinical care can at time be challenging. Approximately one third of all presentations to SHED arrive via Ambulance Victoria (AV).

The AV offload zone, formally known as the ‘Old EOU’ is a nine bed bay. The aim of the AV offload zone is to initiate patient assessment, complete observations, provide clinical support and commence appropriate patient care and investigation whilst waiting for an admission to an appropriate area such as Emergency Department/Short Stay Unit (SSU)/ Fast Track (FT)/ Rapid Assessment and Discharge (RADU) or discharge home. The primary aim of the AV Offload zone is to support the timely offload of ambulance resources at SHED. By increasing the percentage of patients off loaded to the care of a registered nurse (RN) within the AV offload zone within the targeted time of less than 40 minutes enables AV crews to respond to the community needs in a timely manner.

**Applicability:**

This QRG applies to SHED and provides a framework to enable consistency and standardisation of access and flow in an effort to appropriately use both internal and external resources and commence of safe treatment for patients arriving via AV.

**Hours of Operation:**

The AV Offload Zone operates 24 hours a day 7 days a week.

**Responsibility:**

It is the responsibility of the ED Nurse Unit Managers (NUM’s) and Medical Directors to ensure all relevant staff are appropriately orientated and educated to the content of this QRG and their respective responsibilities.

**Clinical Oversight and escalation:**

Western Health is responsible for the clinical oversight of the patients allocated to the AV Offload Zone. The Green Consultant is responsible for the oversight of all patients that are allocated to the AV Offload Zone. The Nurse In Charge (NIC) of SHED should be advised of any deterioration requiring an acute cubicle for ongoing care.

**Resources:**

The AV Offload zone has a nursing ratio of 1:3. To provide support and oversight as well as to ensure clinical safety, an Intermediate or Senior nurse who is credentialed in Adult Life Support (ALS) should be allocated to the AV Offload Zone. This staff member will be supported, typically by either; West Metro Graduates/ RN’s or Graduate RNs.

The Green Consultant and Green medical team are responsible for medical care of the patients that are allocated to the AV Offload Zone.

**Handover:**

The initial Triage should occur between the AV Paramedic and the SHED AV Triage Nurse. When offloading the patient into the care of an AV Offload Nursing Team, a secondary handover should occur with the AV Offload Nurse allocated to care for the patient, following the ISBAR format.

**Clinical Documentation:**

The AV Offload Nurse will document the following observations every 30 minutes into a WH Emergency Department clinical observation chart.

1. Heart rate

2. Blood Pressure

3. Respiratory Rate

4. Oxygen saturations

5. Temperature

**Patient Deterioration:**

Should the patient observations fall into the yellow or red zones of the Emergency Department Adult Flow Chart (EDAFC) or the Maternity Observation and Response Chart (MORC), the AV Offload Nurse, should immediately escalate to the allocated Intermediate/Senior Nurse or the AV triage Nurse. The Intermediate/Senior Nurse or the AV triage Nurse should attend, complete a full set of vital signs and escalate to the appropriate clinical staff. If warranted the Nurse should escalate to an emergency call bell response. WH will place visual cues in the spaces to alert all staff of WH MET/CODE parameters and escalation process.

**Patient Suitability:**

Prior to considering whether a patient is suitable for handover to the AV Offload Zone, the Department of Health ‘Fit to Sit’ guidance (refer Appendix 1) should first be applied to identify patients suitable for allocation to the waiting room*.* Refer to Appendix 2. Sunshine Emergency Department AV Offload Guidelines for inclusion and exclusion criteria.

1. **Patients Suitable for the AV Offload Zone**

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| **INCLUSION CRITERIA** |
| * Adult patients triaged as Category 3, 4 or 5 |
| * Chest pain with NO pain or arrhythmias |
| * Haemodynamically stable |
| * Able to safely wait in a bed |
| * C-spine precautions cleared by doctor |
| * Requiring ongoing IV fluids, analgesia or antibiotics |
| * Deemed clinically safe by Triage Nurse |

1. **Exclusion criteria for AV off load Zone & Adult Waiting Room**

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| **EXCLUSION CRITERIA** |
| * ATS CAT 1 or 2 * Under the age of 18 * Compromised GCS * Abnormal vital signs – meeting UCR or MET call criteria * S351 or on Mental Health Order (Assessment Orders (AO)/Temporary Treatment Order (TTO)Varied Treatment Order (VTO) * Requiring isolation precautions * Vulnerable patients – dementia, agitation, BOC >1, high falls risk, severe pain |

**Appendix 1: Fit to Sit Guidelines**



**Appendix 2: Sunshine Hospital AV Offload Guidelines**

