

PRESCHEDULED AMBULANCE MANAGEMENT

OBJECTIVE:

To outline the principles of prescheduled ambulance management in Northern Sydney Local Health District (LHD). A coordinated approach to the distribution of booked ambulance workload across the LHD will assist in balancing demand and capacity at all sites. It will ensure timely access to assessment, diagnostics and definitive care. Implementation of this strategy on an ongoing basis will create tertiary level capacity to ensure that patients requiring specialist care are able to be transferred within medically agreed timeframes. The primary focus of this strategy is diversion within North Shore and Ryde Health Service (NSRHS).

APPLICATION:

Monday – Friday, 07:30 – 20:30 (excluding public holidays)

PRINCIPLES:

- A prescheduled ambulance is an ambulance dispatched to a medical booking to be transported between 30 minutes and 4 hours. This timeframe is determined by the referring doctor. Transport bookings are made on the non-emergency ambulance booking line, 131 233. They require both a referring and receiving doctor.
- The Patient Access and Transport Unit (PATU) will be responsible for the coordinated management of prescheduled ambulances across Northern Sydney Local Health District.
- PATU will endeavour to distribute all prescheduled ambulances booked to Royal North Shore Hospital (RNSH) to Ryde Hospital during PATU operating hours.
- Absolute clinical exclusions for ambulance diversion away from RNSH are:
 - Patients undergoing renal dialysis
 - Patients with acute leukaemia
 - Paediatrics
 - Mental Health

- Other exclusions for ambulance diversion away from RNSH are:
 - Patients with current, active medical management plans at RNSH, following consultation by PATU with accepting Consultant.
 - ASNSW crew already en route to RNSH.
 - If patients coming from home address and all attempts made by PATU to contact referring Doctor is unsuccessful.

- PATU will consider the patient clinical information available prior to diverting ambulance in the context of the Ryde Hospital service delineation. The final decision to proceed with diversion will be made by the NSW Ambulance paramedic crew once the patient has been assessed on scene.

- PATU will contact the referring doctor or Residential Aged Care Facility to advise of intended ambulance diversion.

- PATU will communicate ambulance diversion to Ambulance control centre on [REDACTED]

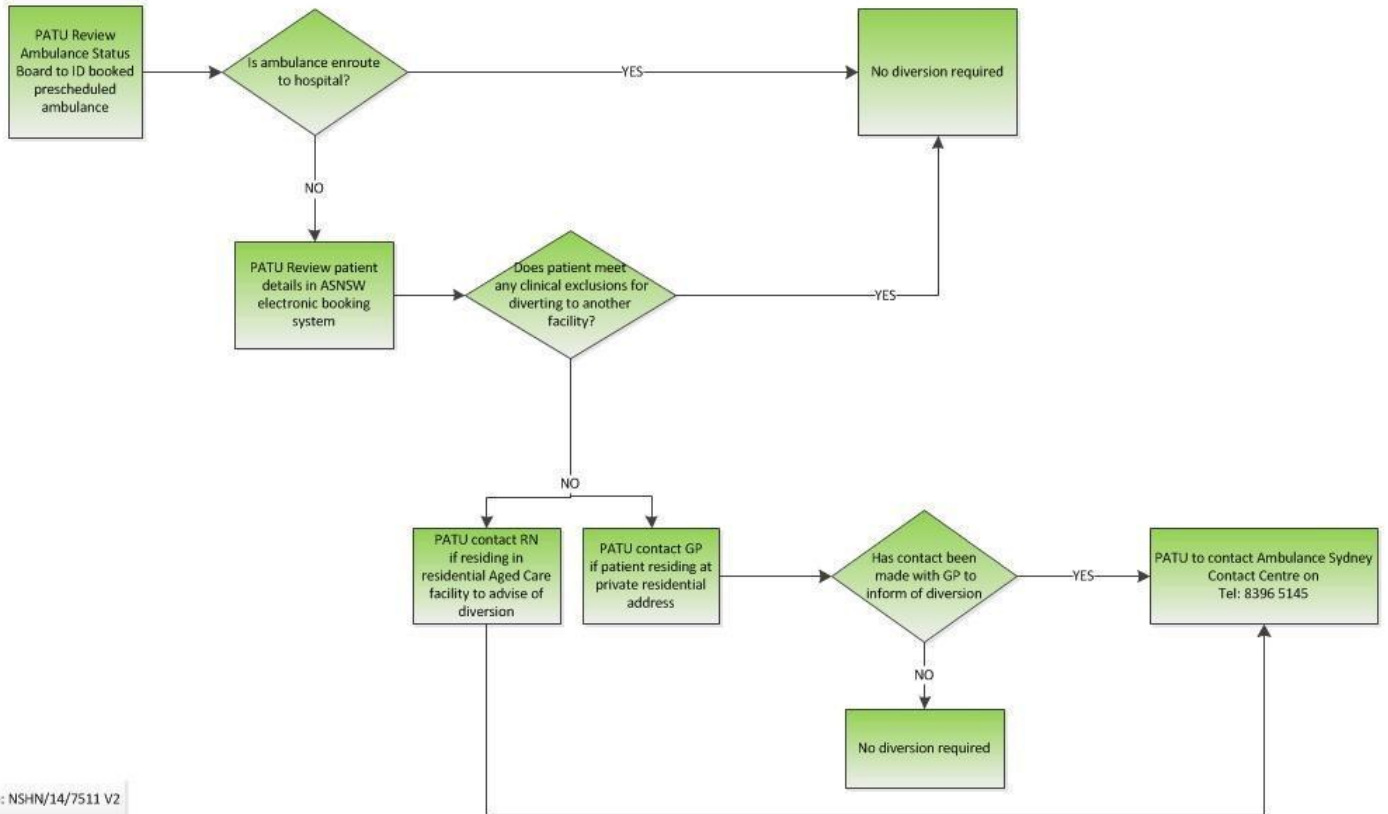
- Following approval from the Ryde Director of Nursing & Midwifery and LHD Director of Nursing & Midwifery (DoNM), Ryde Hospital will have the option to withdraw from the above arrangement for a period of 2 hours when the Emergency Department reaches Level 3.

- All hospitals with NSLHD may request diversion of prescheduled ambulance as part of their demand management plan. This request must be escalated by the DoNM to the LHD DoNM for approval. Approval to divert will be communicated by the LHD DoNM to PATU via email: NSLHD-PATU@health.nsw.gov.au

PROCESS:



DIVERSION OF PRESCHEDULED AMBULANCE



Trim: NSHN/14/7511 V2

ESCALATION:

Trigger Points:

- If Ryde Hospital meets the trigger points to withdraw from LHD diversion arrangements this should be escalated locally via the Deputy Director of Nursing/Patient Flow Manager to the Director of Nursing and Midwifery
- The Director of Nursing and Midwifery will escalate to the LHD DoNM for approval.
- Approval to withdraw from diversion arrangements will be communicated by the LHD DoNM to PATU via email: NSLHD-PATU@health.nsw.gov.au

Monitoring and Reporting:

- PATU staff to complete a daily log of all prescheduled ambulance presentations to RNSH and action taken
- Daily log will be distributed via email at 8:30pm Monday - Friday

PATIENT FLOW BUSINESS RULES

- Bimonthly reporting by PATU Nurse Manager to the LHD Sustainable Access Steering Committee

General Issues:

- Any other issues relating to prescheduled ambulance activity should be communicated via the LHD DoNM.

Example Only