Worcestershire Acute Hospitals NHS Trust

Emergency Medicine Standard Operating Procedures

Assessing Patients Unable To Be 'Offloaded' from Ambulances

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Approved by	
Date of Approval	
Date of next review This is the most current document and is to be used until a revised version is available	

Aim and scope of Standard Operating Procedure

During periods of ED crowding it may become unfeasible, due to pure lack of physical space in the Emergency Department to 'offload' patients from ambulances despite the ED's commitment to prioritise ambulance handovers. The process below details what should happen during these periods of extreme pressure.

Target Staff Categories

PROCESS

The ED co-ordinator and ED Senior doctor should agree that the department's capacity has been reached and that no more trolleyed patients can be safely physically accommodated in the Emergency Department – see diagram. Flexible use of the two SIAN assessment bays and, as appropriate the 'Body Room' allow for additional space; however once these have been used to 'stack patients' there is no further space to allow doctors to fully assess patients and compromises the ability to perform urgent initial investigations (eg.ECGs)

ED Co-ordinator / senior doctor should inform the HALO and the Clinical Site Manager (bleep 300). In the absence of a HALO the Clinical site Manager should escalate to Ambulance control and inform them that no further ambulances will be 'offloaded' unless patients very unwell or injured.

Ambulances waiting to 'offload' will be booked onto Patient First in the 'At ED on WMAS Vehicle' column until patient moved into the department.

HALO will be responsible for liaising with ambulance crews waiting to 'offload' including monitoring for signs of patient deterioration and changes in patient's condition. Concerns about individual patients kept on the back of ambulances need to be escalated by paramedic crews to the HALO and then to the SIAN and then ED Co-ordinator / Senior Doctor if necessary.

If there is no HALO present then one of the members the first ambulance crew in the queue will undertake this role until a designated HALO is assigned / arrives.

The order of patient 'offload' will be determined by clinical priority and length of wait as determined by the HALO, who may seek advice from the ED senior doctor / SIAN.

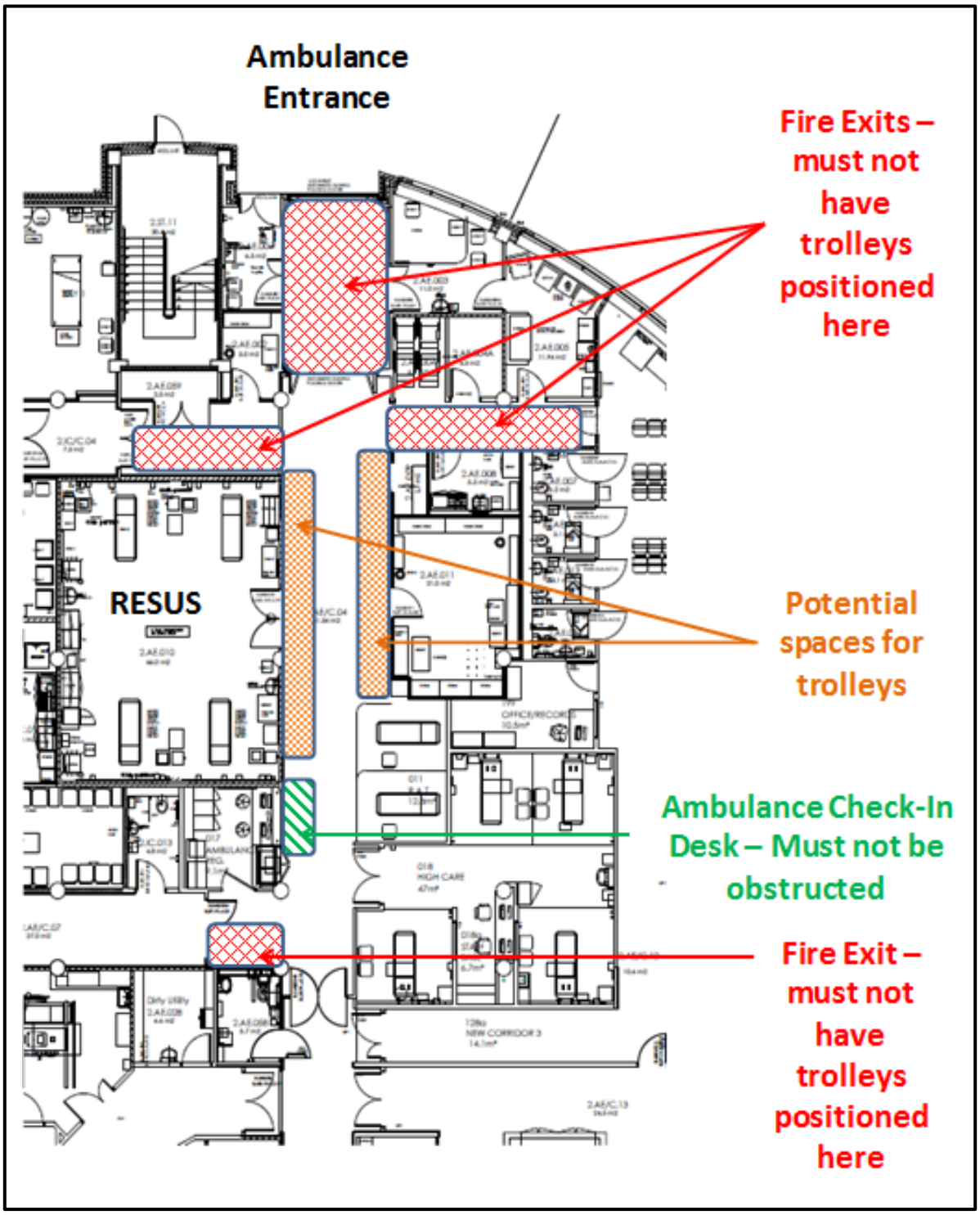
ED staff will not perform GRAT, triage or treat patients in the back of ambulances.

ED staff may accept patients into the department despite lack of physical space and unsafe working conditions if ED Co-ordinator and Senior Doctor feel it is a safer and more appropriate option for that individual patient than remaining in an ambulance and patient potentially experiencing significant compromise in care.

Once there are no further patients waiting to be 'offloaded' the ED Co-ordinator will inform the Clinical Site Manager.

In extreme circumstances of overcrowding it has been agreed between the DCOO and WMAS to utilise the ITU corridor for up to a maximum of 3 patients. This was agreed in order to allow 2 crews to offload their patients and continue with their shift. The patients in the ITU corridor will be cared for by the nominated WMAS crew member and one HCA sourced by the CSM. The patients in the ITU corridor remain the responsibility of WMAS and not ED, although the same process applies for prioritising the sickest patients. This process will be managed by the HALO, if they

are present or the WMAS in the event of the HALO not being present. The clinical site manager will also be informed.



Worcestershire Acute Hospitals NHS Trust

Dear Paramedic Crew,

Worcestershire Acute Hospitals NHS Trust apologises that we are currently unable to safely take over the care of your patient and that you and your patient are being held in a queue to enter our Emergency Department (ED).

A member of our clinical team will be to see you and your patient and explain the current situation as well as undertaking a Global Risk Assessment (GRAT). A member of our clinical team will see you and your patient every 30 minutes to perform a repeat GRAT and ensure that there has been no significant deterioration in your patient's condition.

You must alert the HALO, a member of the clinical site team or ED team if your patient falls under one of the following categories:

- Potentially requires time critical therapy e.g. onset of stroke-like symptoms within past 4.5hrs, myocardial infarction (ST segment elevation on Electrocardiogram:).
- Vital signs are deteriorating (increasing NEWS score).
- Severe Sepsis – NEWS ≥5 and source of infection (e.g. cough, abdo pain, headache with neck stiffness, dysuria, skin infection).
- Inability to control pain.
- You have significant concerns that your patient's condition is objectively deteriorating.

You must also alert the HALO or a member of the ED Team if your patient appears to be improving and is less sick than you originally thought e.g. do you think it's appropriate for your patient to be sitting in the ED waiting room, rather than on an ambulance? To satisfy the 'Fit to Sit' criteria as defined in the 'Fit to Sit' Standard Operating Procedure:

- Patients should be deemed 'Fit to Sit' if they are capable of sitting in the waiting room without any support and are capable of registering & taking part in the triage process independently (i.e. on their own).
- The decision to move a patient to 'Fit to Sit' status should either be made by the ambulance triage nurse or senior doctor. The patient must transfer from the Ambulance to the main ED waiting room to sit and await assessment by either an Emergency Nurse Practitioner (ENP), General Practitioner (GP) or doctor in the 'Majors' area of the department.
- The 'Sit' area is defined as the ED Waiting Room, this does not include the corridors area of the ED without express permission of the duty senior doctor.

Once again, apologies for the delay please be assured that we are working extremely hard to arrange for your patient to be taken into the Emergency Department taking into account the clinical priority other the other cases also waiting in ambulances.

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