



Conveyance and Discharge of Care Policy

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Version	1.0

DOCUMENT CHANGE HISTORY		
Initiated by	Date	Author
Trust Clinical Quality and Safety Group	August 2011	John Martin – Consultant Paramedic
Version	Date	Comments (i.e. viewed, or reviewed, amended approved by person or committee)
0.1	9 August 2011	Approved by Clinical Quality and Safety Group
1.0	15 August 2011	Approved by Executive Management Team

The Trust will not tolerate unlawful discrimination on the grounds of the protected characteristics of: age, disability, gender reassignment, race, religion/belief, gender, sexual orientation, marriage/civil partnership, pregnancy/maternity. The Trust will not tolerate unfair discrimination on the basis of spent criminal convictions, Trade Union membership or non-membership. In addition, the Trust will have due regard to advancing equality of opportunity between people from different groups and foster good relations between people from different groups.

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Equality Impact Assessment	Yes
Linked procedural documents	JRCALC Clinical Practice Guidelines 2006 Patient Care Record policy Infection Control Policy Manual Handling Policy
Dissemination requirements	All managers and staff via email and intranet

Contents

Paragraph		Page
1	Introduction	3
2	Purpose	3
3	Duties	3
4	Scope and Definitions	5
5	Patient Groups	5
6	Approval of the Transfer and Discharge of Care Policy	5
7	Assessment, Diagnosis and Treatment	6
8	Refusal of Treatment	6
9	Decision on conveyance	6
10	Conveyance requirements	7
11	Documentation and Handover	9
12	Conveyance to specialist centres	9
13	Non Conveyed Patients	9
14	Documentation for Non Conveyed Patients	11
15	Safety Netting	11
16	Deviation from national guidance	11
17	Process for monitoring compliance with, and the effectiveness of the policy	12
18	Process for reviewing, approving and archiving this document	15
19	Dissemination, Implementation and Access to this Document	15
20	Equality and Human Rights Impact Statement	15
21	References	15
	Appendix A Equality Impact Assessment Summary	16

1. Introduction

- 1.1 The East of England Ambulance Service NHS Trust (EEAST) is committed to ensuring an appropriate level of care is provided throughout the patient contact period. This includes appropriate assessment, decision making and treatment including conveyance to other healthcare settings, referral to other healthcare providers as well as discharge at point of contact where clinically appropriate.

2. Purpose

- 2.1 The purpose of the policy is to provide direction and guidance for the planning and implementation of a high-quality and robust system to ensure that patients are conveyed to other healthcare providers or appropriately referred or discharged (not conveyed).

3. Duties

- 3.1 The Medical Director has a responsibility to ensure that policies and practice are reviewed and are compliant with national guidelines and that EEAST has a functioning procedure which facilitates the appropriate conveyance of patients to other healthcare providers and referral or discharge of care where conveyance is not required.
- 3.2 The Director of Service Delivery, or nominated deputy, is responsible for the implementation of this policy.
- 3.3 The attending staff have a duty to act within the limit of their expertise and training.
- 3.4 Staff must be conversant with EEAST policy, ensure that they maintain their care assessment, diagnosis and treatment skills in line with their training, ensure that they have the necessary equipment to safely convey patients to appropriate healthcare facilities.

3.5 General Managers and Service Delivery Managers

General Managers have the responsibility for the day to day delivery of the transfer process and any associated risks.

3.6 Health Emergency Operations Centre Managers

The Health Emergency Operations Centre (HEOC) Managers have a responsibility to ensure the correct conveyance procedures are followed in a timely way to balance the needs of the patient and the operational requirements. EEAST use the Advanced Medical Priority Dispatch System (AMPDS). This system was developed in America to provide an accurate and clinically reliable system for prioritising patients who want to access the emergency Ambulance Service. In order to successfully achieve this, the AMPDS system relies on the call taker balancing the needs of the caller by using of a set of standard protocol questions to rapidly gain an accurate and detailed picture of the patient's presenting clinical condition and identifying the most appropriate resource to be allocated. The Trust has developed an alternative response for some patients by re-routing the call to the Clinical Support Desk (CSD) which is operated by senior practitioners. Re- routing calls have been proved to save time and money (Improving Emergency Care in England 2004) and can save more lives by freeing up vital

emergency ambulance resources to respond to the next Category A life threatening emergency call. The CSD allows patients to be directed to the most appropriate care often including referral to minor injury units, the patient's GP, or arranging for community based nurses to attend to the patient.

3.7 Health Emergency Operations Centre Staff

The HEOC staff have a responsibility to ensure that they comply with the AMPDS standards to determine the correct response code and the correct determinant so that operational staff are given the correct clinical information as they are being deployed by the dispatcher to the incident. The HEOC staff also provide essential communication links between the operational crews, other emergency services and the receiving hospitals and usually pass on pre-alert messages so that the A&E department can prepare for the arrival of a critically ill patient thereby allowing specialist trauma teams and resuscitation teams to be assembled from other parts of the hospital before the patient is handed over at the hospital.

3.8 Operational Staff

All operational staff are guided by the Code of Conduct in the Ambulance Service Basic Training Manual and by Standards of Performance, Conduct and Ethics and Standards of Proficiency issued to Paramedics by the Health and Care Professions Council (HCPC). The prime duty therefore of all staff is to provide the patient with good and safe standards of practice and patient care with proper regard to ensure their welfare, well-being and that their health and safety is never compromised. All patients should be properly assessed using the concepts of a Primary Patient Survey, and if the patient is "non-time critical" the use of a Secondary Patient Survey to assess the patients' needs and provide in full the necessary treatment to the highest possible standard.

Staff are expected to discharge their duty of care to their patients in accordance with the training and the standards detailed in the Basic Training Manual, the Paramedic Training Manual and the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) pre hospital clinical practice Guidelines and Trust CSOPs, Clinical Quality Instructions (CQIs) and Patient Group Directions (PGDs), remembering to remain within their scope of practice at all times.

As healthcare professionals, staff must protect the health and wellbeing of their patients who use or need the services offered by the Trust which means keeping high standards of conduct and always acting in the best interests of the patient. In providing the patient with the right care at the right time in the right place staff must work in partnership with other healthcare professionals and work effectively as a multi disciplinary team when having to transfer the patient directly to a specialist centre and/or between specialist centres. In this way the patient pathway will be seamless and the quality of their care will remain at a high standard.

All staff are required and have a responsibility to identify risks and to highlight these to the appropriate manager, usually via the Serious Untoward Incident Reporting Procedures. Employees also have a responsibility to co-operate with managers and to contribute to the process of identifying and reducing risks.

4. Scope and Definitions

- 4.1 Scope: The Scope of this policy applies to all patient contact episodes in relation to the patient groups outlined in section 5. It considers the assessment and decision making in relation to both conveyance and non-conveyance.
- 4.2 Conveyance: The definition of 'conveyance' for the purposes of this policy is: "The transfer of patients, medical and clinical personnel, equipment and associated records, as appropriate including from one healthcare facility to another as well as the initial journey from the scene."
- 4.3 Discharge: The definition of discharge is "the ceasing of duty of care for a patient following an episode of care."
- 4.4 Healthcare Facility: Healthcare facilities are defined as the following:
- Hospital (including Emergency Departments/Accident & Emergency Department, wards or specialist units within hospitals)
 - Walk in Centres
 - Minor injuries Units/Urgent Care Centres
 - Nursing homes or Hospice
 - NHS Trusts facilities (clinics, dental facilities)

5. Patient Groups

This policy applies to the following patient groups.

- Emergency (999) patients being transported to the local district hospital
- Emergency (999) patients who refuse assessment or treatment
- Emergency (999) patients who do not require transport to a healthcare facility
- Emergency (999) patients being transported to a specialist healthcare facility
- Emergency (999) patients being transported to an alternative healthcare facility
- General admissions to healthcare facilities
- Conveyance of patients between healthcare facilities

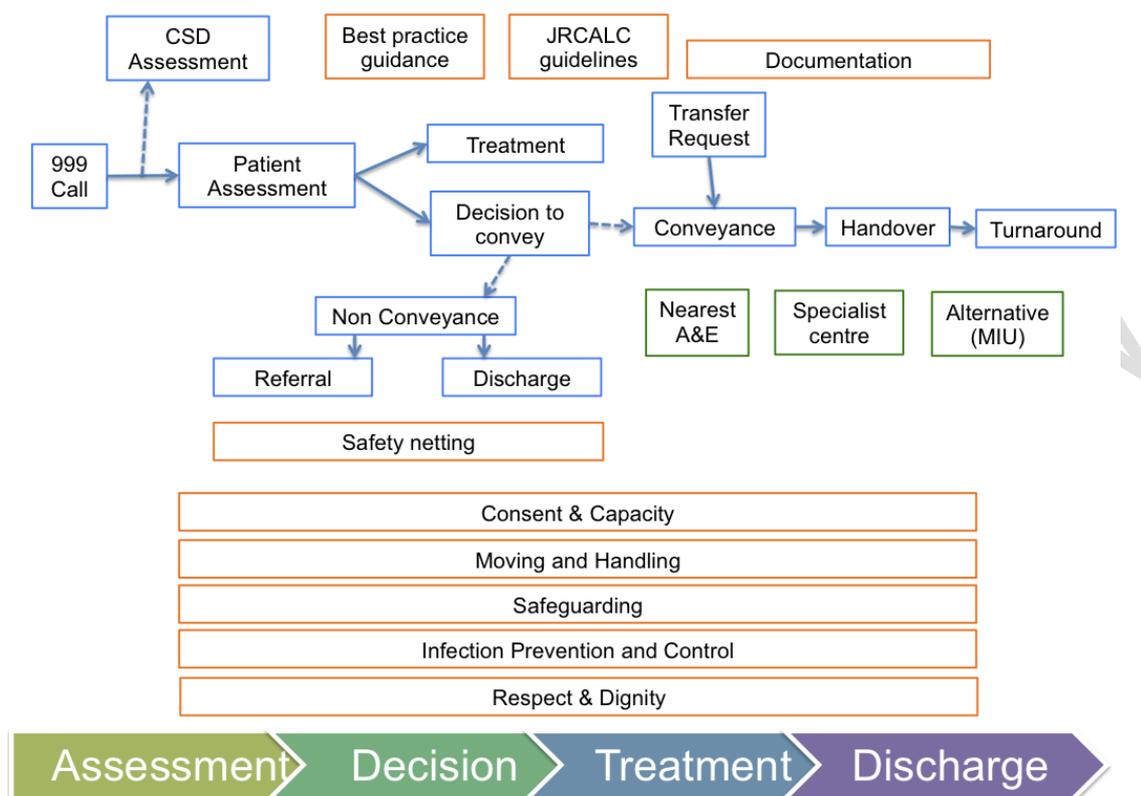
Within each patient group outlined a number of sub-groups exist such as children, patients with learning disabilities etc. in these cases the primary group applies and special consideration should be given to the requirements of each patient sub-group.

6. Approval of the Conveyance and Discharge of Care Policy

- 6.1 The draft policy is developed by the trust consultant paramedic and is submitted to the Clinical Quality and Safety Group for comment and approval. After approval it is to be submitted to the Quality and Risk Assurance Committee to ensure correct process has been followed before circulation to all staff.

7. Assessment, Diagnosis and Treatment

Each patient contacting the service will undertake an assessment, and then follow a pathway this is outlined in the below diagram.



The process of assessment, diagnosis and treatment will be carried out in accordance with JRCALC guidance, clinical training, clinical standard operating procedures and professional regulations (if appropriate).

8. Refusal of Treatment

- 8.1 Some patients will refuse treatment and transport. In these cases an assessment of capacity should be undertaken according to the Trust mental capacity act procedures. If the patient is deemed to have capacity then their wishes should be respected and the encounter documented on the patient care record.
- 8.2 Where the patient does not have capacity the clinician should act in the patient's best interest and treat and convey according to this principle.

9. Decision on conveyance.

- 9.1 Once a clinical assessment has been undertaken, differential diagnosis reached and treatment started a decision on conveyance is required. This decision should be undertaken with reference to best practice guidance and in consultation with the patient where they have mental capacity.
- 9.2 The decision will include a consideration of the appropriate healthcare facility to take a patient. This could include:

- Local accident and emergency unit
- Specialist centre for a specific condition i.e. stroke, cardiac or trauma
- Booked maternity unit
- Healthcare facilities offering a specific service i.e. minor injury centre, urgent care centre

10. Conveyance requirements

- 10.1 When considering conveyance requirements careful consideration should be given to the vehicle type, safeguarding issues and infection prevention and control in relation to the clinical condition of the patient. Reference should be made to the protection of vulnerable adults and children policy, infection control policy and manual handling policy.
- 10.2 Clinicians should consider the patient group to which the patient belongs and carefully consider the vehicle type in relation to transport.
- 10.3 Vehicle types may include front-line ambulances, intermediate tier ambulances, cars, mini-buses or helicopters. Each vehicle type will have a specific equipment specification, this should be considered when a conveyance decision is made alongside the skill level of the conveying staff.

PRIMARY PATIENT GROUPS

Emergency (999) patients being transported to the local district general hospital	This is the normal disposition for patients conveyed. Patients should be conveyed appropriately to the presenting condition.
Emergency (999) patients who refuse assessment or treatment	These patients will not be conveyed. Assessment should be made of the capacity to make this decision and should be clearly documented on the PCR.
Emergency (999) patients who do not require transport to a healthcare facility	These patients do not require conveyance. A discussion should be had with the patient and clear documentation of any advice or other arrangements should be made on the PCR.
Emergency (999) patients being transported to a specialist healthcare facility	In some cases it will be beneficial to clinical care to not be transported to the local hospital but to another hospital offering a specialist service. This should only occur where EEAST has approved the pathway or after discussion with the senior clinician on call. In these circumstances clear discussion should be had with the patient and relatives about the specialist unit and why conveyance to this healthcare facility would be beneficial. The specialist unit should be pre-alerted.
Emergency (999) patients being transported to an alternative healthcare facility	For some patients an alternative healthcare facility to a hospital may provide the appropriate care. For example a minor injury unit. Decisions relating to these patients should follow guidance for the specific unit agreed in advance by EEAST. If any doubt

	is raised about the capability the unit should be contacted prior to conveying the patient to discuss the case.
General admissions to healthcare facilities	Where a medical professional has booked admission to a healthcare facility HEOC should record the conveyance requirements including time of admission and clinical care anticipated to be required. EEAST will then meet the conveyance requirements outlined.
Conveyance of patients between healthcare facilities	Patients being conveyed between healthcare facilities should have the clinical requirements discussed at the time of booking the transfer with HEOC. These requirements should then be followed.

SUB PATIENT GROUPS

Patient Group	Conveyance Requirements
Children	Wherever possible children should be conveyed with an accompanying adult. Specialist restraint systems for the conveyance of children should be used.
Mental Health Admission	Patients being admitted for formal Mental Health Assessment should be conveyed according to the legal requirement of the mental health act including the appropriate paperwork which must be conveyed with the patient.
Stroke Patients	Those patients presenting with an acute stroke meeting the criteria within the EEAST stroke pathway should be conveyed to a specialist stroke service.
Cardiac Patients	Those patients presenting with an acute myocardial infarction meeting the criteria within the EEAST PPCI pathway should be conveyed to a specialist PPCI service.
Trauma Patients	Those patients presenting with major trauma meeting the criteria within the EEAST trauma pathway should be conveyed to a major trauma centre.
Bariatric Patients	Consideration should be given to the weight limits on equipment and also the dignity of the patient when undertaking conveyance.

Vehicle Type	Considerations
A&E Double Manned Ambulance	Suitable for transfer of all patient groups. Consideration should be given to weight of patient and limit of the trolley cot and tail lift.
Intermediate tier ambulance	Consideration to the limited amount of clinical equipment on the vehicle in making the decision.
Rapid Response Car	Only patients who are clinically stable, do not require continuous monitoring and do not

	have suspected infectious disease or open wounds should be conveyed in cars.
Specialist bariatric vehicle	Should be considered for patients who require specialist equipment for conveyance.
Helicopter	Should be considered where time to definitive care may be improved by conveyance in a helicopter in relation to clinical condition.

11. Documentation and Handover

- 11.1 Documentation should be completed for each patient encounter as outlined in the Patient Care Record Policy. This should clearly include the conveyance destination and relevant information in relation to the decision to convey. All treatment should be recorded and the PCR handed over to the health care professional taking responsibility for the patient.
- 11.2 Upon arrival at the destination the patient should be removed from the transporting vehicle using the most appropriate and safe means for their clinical condition.
- 11.3 A verbal clinical handover of the patient should be given to the health care professional taking responsibility for the patient and respecting privacy and dignity at all times.

12. Conveyance to specialist centres

- 12.1 In some clinical cases conveyance to a specialist centre should be considered. Decisions relating to this should be in accordance with the specific clinical pathways developed and approved for the specific presenting condition. Pathways include Stroke, Cardiac and Trauma.

13. Non Conveyed Patients

- 13.1 Not all patients accessing the emergency service are conveyed to a healthcare facility. This decision is taken either by the clinician on scene in a face-to-face assessment or on the telephone by a senior clinician, hear-and-treat assessment.

There are two broad areas of non-conveyance, these being clinician led and patient led.

Clinician Led

- Following an assessment the attending clinician may decide that immediate hospital transport is not required. There may be occasions where further assessment or continuation of treatment is required. In these circumstances the attending clinician should make appropriate arrangements. This could be a general practitioner for follow up care or a specialist practitioner for further assessment and advice. Assessments should include a full set of observations. A detailed medical history. The clinician should also seek to look at the patient's current medication.
- Where initial support for this decision may be required the Trust's clinical advice line can be contacted on 07753950843 at any time.

- If the referral route is utilised then a clinical handover should occur to allow for acceptance of care. The patient should be informed and should be in agreement with this course of action. Safety netting advice must be left and the clinical documentation must details the above points.
- It is important to remember that where the referral cannot be arranged or could place risk to the patient then they should be conveyed to hospital for further care.
- If the patient is assessed and no further care is required and they have the capacity to consent then they can be discharged from the clinicians care. Sign posting for further advice must be given along with the patient being left with a copy of the patient care record. A patient care record will be completed for every patient contact. The level of detail and type of form used will be determined by the Trust providing the level of care given during the journey and by whom care has been provided. Both paper and electronic patient care records are used within the Trust.

Patient Led

- When a patient first refuses or indicates that they do not wish to travel to hospital the first fundamental question is whether the patient has the capacity to consent.
- If a patient DOES have capacity then their wishes should be respected. This should be clearly documented on the patient care record. The patient should still be left with 'worsening *instructions*'. (Track and Trigger guidance)
- If a patient DOES NOT have capacity then alternative courses of action should be considered.
 - Contacting the general practitioner or other suitable/relevant healthcare professional.
 - Discussing with the clinical advice line
 - Asking the police for assistance
- Where the patient is under 18 then parental consent is valid. The principle of Gillick competency applies for acceptance of treatment but not refusal.
- Above all the important point is to always act in the patient's best interest.

Special Circumstances

- Intoxicated patients – following assessment it may be appropriate for patients to be discharged to the care of another individual. They should have a complete assessment that is documented and a copy with the patient care record left with the individual. Patients may also been left in the care of the police. They may be left with a lower level of consciousness if there is no medical or traumatic reason but they must be able to maintain their own airway. Advice, guidance and safety netting should be provided. Vulnerable Adults- A vulnerable adult is any person over the age of 18 who is, or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation' (*Who Decides*; Government paper 1997)
- Anything done for or on behalf of people without capacity must be in their best interests and should be the least restrictive decision in terms of their basic rights and freedoms.

- If in doubt in an emergency, the patient may be treated or action may be taken under the terms of 'Common Law' to protect life. It is safer to treat or intervene than leave someone to die.

14. Documentation for Non Conveyed Patients

- 14.1 For each patient encounter the assessment and decision relating to ongoing care should be recorded including conveyance.
- 14.2 For face-to-face assessment a patient care record (paper or electronic) must be completed. Where non-conveyance occurs a copy should be left with the patient.
- 14.3 Where discharge of care occurs over the telephone this must be clearly documented within the PSiam patient contact record.
- 14.4 Any advice given to the patient should be clearly stated.

15. Safety Netting

- 15.1 When not conveying patients to a healthcare facility there is a requirement to ensure the patient is given appropriate advice in relation to ongoing care and any potential complications that may occur. This can include worsening instructions, following a track and trigger approach to ensure they know what to recognise and who to contact.

16. Deviation from national guidance

- 16.1 EEAST recognises that situations may occur where deviation from national clinical guidance may be beneficial. In these circumstances the clinician must be able to demonstrate the following:
- They have primacy of care for the patient.
 - They understand the clinical, physical, procedural and legal implications (i.e. consent, best practice and competence) of deviating from agreed guidelines or protocols in the circumstance with which they are faced.
 - Where at all possible they have sought advice from a colleague where appropriate.
 - All decisions are fully documented.
- 16.2 The greater the level of deviation from clinical guidelines or protocols the greater the level of advice or guidance that must be sought.

17. Process for monitoring compliance with, and the effectiveness of this Policy

The EEAST Clinical Quality and Safety group should monitor incidents through the audit process in relation to this policy.

	Monitoring Compliance	Monitoring Committee	Frequency of Review	Lead
Minimum requirements	How	Who	When	Who
Duties	Will be reviewed as part of the update of the policy and will take account of changing roles, organisational structure and tasks	CQSG	Bi-annually or when changes to the policy are made due to guidance or organisational changes.	Consultant Paramedic
Process for assessment, diagnosis and treatment regimes	Will be reviewed as part of the update of the policy, taking in to account changes to secondary facilities, organisational structure and tasks	CQSG	Bi-annually or when changes to the policy are made due to guidance or organisational changes.	Consultant Paramedic
Process which complies with local guidelines to be followed when a patient refuses treatment	Will be review as part of the update of the policy and review of network terms of references taking in to account any organisational changes both internal and external within the network	CQSG	Bi-annually or when changes to the policy are made due to guidance or organisational changes.	Consultant Paramedic
Process for documenting all treatment provided, including information given to the patient	Will be review as part of the update of the policy. Including changes to the training and education policy, changes to syllabuses, national training guidelines or changes to practice requiring addition	CQSG	Bi-annually or when changes to the policy are made due to guidance or organisational changes.	Consultant Paramedic

	training as identified in the trust training need analysis			
Process for the management of deviations from the national guidelines	Will be review as part of the update of the policy. Along with review of the training and education policy. It will be reviewed to reflect any changes to national guidance. Or training needs as identified in the trust training need analysis.	CQSG	Bi-annually or when changes to the policy are made due to guidance or organisational changes.	Consultant Paramedic
Definition of patient groups	Will be reviewed as part of the update of the policy and will take account f any changes in patient groups from specialist clinical networks.	CQSG	Bi-annually or when changes to the policy are made due to guidance or organisational changes	Consultant Paramedic
Conveyance requirements that are specific to each patient group	Will be reviewed as part of the update of the policy or when changes to hospital provision occur or on recommendation of the specialist networks	CQSG	Bi-annually or when changes to the policy are made due to guidance or organisational changes, specifically in relation to local hospital provision.	Consultant Paramedic
Documentation to accompany the patient when being conveyed	Will be reviewed as part of the update of the policy or when changes to the Patient Care Record are made or national legal framework changes.	CQSG	Bi-annually or when changes to the policy are made due to patient care record changes or new legal framework.	Consultant Paramedic
Process for the referral to an appropriate centre of care, which	Will be reviewed as part of the update of the policy or when changes to hospital provision	CQSG	Bi-annually or when changes to the policy are made due to guidance or	Consultant Paramedic

may not necessarily be the nearest unit	occur or on recommendation of the specialist networks.		organisational changes, specifically in relation to local hospital provision.	
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UNDER REVIEW

18. Process for reviewing, approving and archiving this document

- 18.1 This document will be reviewed bi-annually or whenever national policy or guideline changes are required to be considered (whichever occurs first), primarily by the Clinical Quality and Safety Group following which it will be subject to re-ratification.
- 18.2 Archiving of this document should be conducted in accordance with the EEAST electronic archiving procedure.

19. Dissemination, Implementation and Access to this Document

- 19.1 This policy should be implemented and disseminated throughout the organisation immediately following ratification and will be published on the organisations intranet site.
- 19.2 Access to this document is open to all.

20. Equality and Human Rights Impact Statement

- 20.1 This policy embraces Diversity, Dignity and Inclusion in line with emerging Human Rights guidance. EEAST recognises, acknowledges and values the difference between all peoples and their respective backgrounds. EEAST will treat everyone with courtesy and consideration and ensure that no-one is belittled, excluded or disadvantaged in anyway shape or form.

21. References

JRCALC Guidelines 2006

Resuscitation Council (UK) (2010) Resuscitation Guidelines 2010.

NHSLA Risk Management Standards for the provision of Pre Hospital Care in the Ambulance Service

EEAST student ambulance paramedic foundation course syllabus

EEAST Ambulance paramedic module 7 learning outcome document

Department of Health National stroke strategy 2007

National institute of clinical excellence stroke guideline

Joint Royal Colleges Ambulance Liaison Committee. (2006). *UK Ambulance Service Clinical Practice Guidelines (2006)* London: IHCD.

Department of Health. (2004). *Emergency Care Checklist*. London: Department of Health.

National Audit Office. (2004). *Improving Emergency Care in England*. London: The Stationery Office

Appendix A Equality Impact Assessment Summary

Executive Summary Page for Equality Impact Assessment:	
Document Reference:	Document Title: Conveyance and Discharge Policy
Assessment Date:	Document Type: Policy
Responsible Director: Dr Pamela Chrispin, Medical Director	Lead Manager: John Martin, Consultant Paramedic
Conclusion of Equality Impact Assessment: No impact identified	
Recommendations for Action Plan: None	
Risks Identified: None	
Approved by a member of the executive team:	
YES	NO
Name: Dr Pamela Chrispin	Position: Medical Director
	Date: 9 August 2011