# Non-Emergency Patient Transport (NEPT)

# *Frequently Asked Questions for THS and AT*

## Clinical Service Delivery

### Forms

1. ***What forms must the THS facility complete for NEPT assessment?***
* A THS referring facility must always complete Form 10A – Patient Assessment Record to assess suitability of patients for NEPT (and must provide two copies for each patient on handover to the NEPT crew).
* Form 10A – Patient Assessment Record can be ordered through Stores if required – Order Code 215356 (non stock code).
* All THS facilities and wards must have their own supply of Form 10A.
1. ***What form is the THS required to complete for NEPT booking?***
* Form 10A – Patient Assessment Record as a prerequisite to booking, **plus**
* NEPTA booking form or other Ambulance Tasmania (AT) booking form, as NEPT bookings for the THS will always be made via AT.
1. ***What forms must a referring facility provide on handover to either public or private NEPT crew?***
* THS referring facilities must always provide **two** copies of Form 10A – Patient Assessment Record to an NEPT crew before the crew can accept a patient, regardless of whether AT NEPT or private NEPT is used.
* All NEPT services should confirm with the referring facility that Form 10A has been completed at the time of booking.
1. ***What forms must be used by NEPT services?***
* Private NEPT crews will use hard copies of Form 10A – Patient Assessment Record and Form 10B – Patient Care Record.
* AT NEPT crews will use a hard copy of Form 10A and will keep an electronic patient care record (VACIS).
1. ***If Ambulance Tasmania refers a case to private NEPT, will Form 10A be provided to the private NEPT service?***
* Yes, the THS referring facility must complete Form 10A and provide **two** copies to the private NEPT crew on handover.
1. ***What forms must be provided to THS receiving facilities by an NEPT crew on patient handover?***
* Private NEPT crews must provide the THS receiving facility with a copy of Form 10A – Patient Assessment Record and Form 10B – Patient Care Record on patient handover.
* AT NEPT crews will provide the THS receiving facility with a copy of Form 10A – Patient Assessment Record only on patient handover, as their patient care record is held electronically (VACIS).
1. ***What happens when NEPT patients from interstate flights are received in Tasmania?***
* NEPT crews in Tasmania must not accept patients without a completed Form 10A – Patient Assessment Record. This applies to interstate patients who have been assessed and transported by air into Tasmania for pickup by NEPT crews.
* Where an NEPT flight service is used, Form 10A must be completed by the registered paramedic, registered nurse or registered medical practitioner escorting the patient on board the flight and provided to the NEPT land crew at clinical handover.
* NEPT providers will have copies of Form 10A to provide to a referring service for completion on arrival into Tasmania.
* Where a commercial flight service is used, Form 10A must be completed by a registered paramedic, RN or registered medical practitioner escorting the patient on board the flight, and provided to the NEPT land crew at clinical handover.
* If there is no clinical escort on board the aircraft, Form 10A must be completed by the referring facility prior to booking NEPT.
* When a referring facility enquires about patient transport, it must be confirmed whether Form 10A is available and if not, Form 10A must be sent to the referring facility for patient assessment.
* If Form 10A is unavailable, the Regulation, Licencing and Accreditation Unit must be notified of how patient assessment was made, within 2 business days of the patient transport.
1. ***When is the ‘Ambulance Tasmania – Interfacility Transfer Request’ form used?***
* The Ambulance Tasmania (AT) Interfacility Transfer (IFT) request form is used for transfers of patients from facilities to higher level care health facilities, where a suitably experienced AT clinical escort is required to provide specific and/or acute patient care for the transport. These transfers occur across both public and private health services.
* These transfers are **NOT NEPT**, and therefore do not require a Form 10A – Patient Assessment Record to be completed in addition to the AT IFT form.

### NEPT Transport

1. ***When should AT NEPT be called and when should private NEPT be called?***
* The THS should always book NEPT via AT. AT will usually refer the case to AT NEPT. However, AT may determine that private NEPT is appropriate (due to scheduling and resource requirements) and where the THS approves it, private NEPT may be booked.
* Refer to THS NEPT Booking Flow chart, the Private [NEPT Booking Flow Chart](https://www.dhhs.tas.gov.au/__data/assets/pdf_file/0003/385572/NEPT_Booking_Flow_Chart_.pdf) on the [NEPT website](https://www.dhhs.tas.gov.au/nept/home)
1. ***Are any AT NEPT services accredited to transport patients sitting in wheelchairs?***
* AT NEPT is accredited to transport patients who are able to sit in a wheelchair. Only AT approved wheelchairs can be used.
* No private NEPT service is currently accredited to transport patients sitting in wheelchairs. If private NEPT is booked, patients in wheelchairs should be assisted out of their wheelchair and onto the NEPT stretcher or NEPT vehicle seat for transport.
1. ***Should AT NEPT or private NEPT be booked for residents of Residential Aged Care Facilities (RACF) who are being transferred from the THS to their RACF?***

For travel from THS to RACF:

* If a resident is assessed as being suitable for NEPT and requires transport to a public facility, then Ambulance Tasmania’s NEPT service must be contacted.
* The THS will book via AT and AT will determined whether public NEPT is appropriate or whether private NEPT can be considered.
* If the resident is assessed as being medium acuity, then AT NEPT should be used.
* AT NEPT can also be used for low acuity residents provided other means of transport such as Community Transport, have been explored and deemed inappropriate.
* AT NEPT may refer to a private NEPT (with THS approval).
1. ***What is a reasonable period to wait for transport to arrive once booked?***
* The ability of AT NEPT service providers to meet a timeframe will depend on the availability of transport services and personnel at the time.
* If the referring facility needs to book a specific time for the pick up to occur, the referring facility should ask AT whether they can meet this time frame.
* If AT NEPT is unable to meet the required timeframe, and it is approved by the THS referring facility, private NEPT may be booked by AT.
* The referring facility should always be ready to handover the NEPT patient at the booked time.
* If there are delays or operational issues, please initially refer these to the AT Health Transport Coordination Centre (HTCC).
1. ***When a patient has been transferred by NEPT for an appointment, and it is a return trip, how do you close the loop re clinical handover?***
* If a patient is transported from a THS health service facility for an appointment at an intermediary facility (return trip) and the patient’s condition is unchanged for the return transport, the original Form 10A – Patient Assessment Record must be provided to the return NEPT crew on clinical handover. The NEPT service should only commence a new Patient Care Record (Form 10B or VACIS) if there has been a change in crew.
* Clinical handover for the return trip must include a note on the new Patient Care Record (Form 10B or VACIS) indicating that the patient’s condition is unchanged from the original patient assessment.
* If patient condition has changed and emergency transport is required, Ambulance Tasmania emergency services must be called on 000 and NEPT must not be used.
1. ***Who completes Form 10A for a NEPT from home to an appointment?***
* In preparation for NEPT services to a single appointment or a series of appointments, the patient’s community healthcare provider (ie GP, Nurse Practitioner) or THS health care provider must complete Form 10A – Patient Assessment Record to determine the patient’s acuity level before booking for NEPT.

### Clinical Escorts

1. ***Can a referring THS facility provide a clinical escort for AT NEPT?***
* Yes, the clinical escort is provided from the referring THS facility/ward. AT NEPT does not have capacity to provide clinical escorts.
* However, it must be noted that the THS cannot provide a clinical escort for private NEPT.
1. ***Who can be a clinical escort?***
* A registered nurse, registered enrolled nurse, registered paramedic or registered medical practitioner who is employed by the THS referring facility, can act as a clinical escort for AT NEPT.

### Child Patients

1. ***What is the rationale behind why children under 2 years cannot be transported by NEPT?***
* Children under the age of 2 years require specific care as they are particularly vulnerable. Tasmania has a Neonatal Emergency Transport Service (NETS) which transports sick neonates/infants from one facility to another. The NETS staff are appropriately educated and trained to transport and care for these children.
* AT NEPT may act as the transport for patients under 2 years of age if the patient is being transferred back to a lower acuity facility for step-down care.
* If a NETS team requires a patient transfer to a higher acuity care facility, AT AMR will organise the logistics (no Form 10A – Patient Assessment Record is required in this instance).
* If a patient (mother) is accepted for NEPT who has recently given birth to a neonate, the NEPT service may transport the neonate with the mother provided:
	+ the neonate does not require supervision, observation and care beyond the ability of the mother, and
	+ the neonate does not require supervision or medical treatment by the NEPT crew, and
	+ the neonate can be legally transported in the vehicle, and
	+ the mother is being transported from one health facility to another health facility that is willing to accept both the patient and the neonate.
1. ***Why do children aged 2-14 years require a clinical escort?***
* A clinical escort is required for patients aged 2-14 years as they are considered vulnerable patients. A clinical escort will mitigate risks and ensure patient safety. Clinical escorts accompanying children must hold a Working with Vulnerable People Registration.

### Medications

1. ***NEPT patients often need to be transported with their medications. Are there any implications with respect to Tasmanian poisons legislations?***
* An alert and mentally capable patient can possess and self-administer their own legally dispensed medications. These medications will be pharmacist labelled in the original manufacturer’s packaging; or included in a pharmacist prepared and checked dosage administration aid (eg WebsterPak™) in accordance with the labelling and packaging requirements for prescription medicines.
* Patient-transport officers do not have any legal authority to possess or administer medications.
* A clinical escort who is an RN can assist a patient in administering dispensed medications (provided they are in the original manufacturer’s packaging or pharmacist prepared and checked dosage administration aid) in accordance with their scope of practice.
1. ***If a patient has a syringe driver operating, can they be transported by NEPT, and if so, subject to what conditions?***
* A patient who satisfies the NEPT criteria and who has a syringe driver administering medication must be accompanied by a clinical escort who is an RN. The RN clinical escort will then be able to provide any clinical care and monitoring necessary.
* The RN clinical escort, as part of their scope of practice, should also be familiar with the purpose and functioning of subcutaneous (SC) syringe drivers and patient assessment requirements. SC infusion devices are used to deliver medications to treat a variety of symptoms including pain, nausea, vomiting, breathlessness, agitation, delirium and ‘noisy breathing’.
* The referring facility approved Health Care Professional who undertook the patient assessment must document on Form 10A the requirement for an RN as a clinical escort, the medication contained in the syringe driver, and the dose.
* The clinical handover process between the two Health Care Professionals must include:
	+ A visual check of the syringe driver to ensure the medication order aligns with the medication in the syringe being provided to the patient, and this alignment is noted and documented on the Patient Care Record (Form 10B or VACIS);
	+ A visual check of the syringe driver and confirmation that the device is functional (ie flashing light, arrows running constantly across the screen etc);
	+ An assessment of the patient’s pain score to ensure their pain is adequately controlled (for palliative patients this can be confirmed by a family member), and documented on both Form 10A and the Patient Care Record (Form 10B or VACIS);
	+ A visual check that the remaining medication volume is sufficient for the proposed length of the NEPT transport journey, and that all connections are tight, with the tubing patent and secure;
	+ A handover regarding cannula insertion date and infusion commencement date;
	+ A visual check of injection site for signs of inflammation, tenderness, haematoma, skin reaction, or leakage at the site, and that all abnormal findings are documented on Form 10A; and
	+ Ensuring a spare and fully-charged battery is always available for battery-operated devices.
1. ***Can a patient’s medication chart be transported with the patient?***
* A medication chart is a legal order for the administration of medications within a medical institution, and therefore does not extend to an NEPT event.
* Where the patient is transferred to another facility, a photocopy of the patient’s medication chart may form part of the clinical handover process. This photocopy does not constitute a valid legal order for the administration of medications, it is simply a profile of the patient’s current medications.
* Where a patient may need to self-administer medication on a planned long trip, a photocopy of a patient’s medication chart could be requested for guidance where a clinical escort assists.
1. ***Can a NEPT service deliver medications to patient at another health facility, on the back of an NEPT job?***
* No. NEPT Services are not licensed or authorised to transport a non-NEPT patient’s medications from one facility to another.
* Patient-transport officers do not have any legal authority to possess or administer medications.
1. ***Can a NEPT service deliver blood or blood products to a health service facility within Tasmania, on the back of an NEPT job?***
* No. NEPT Services are not licenced or authorised to store, distribute and handle blood or blood products safely and securely to comply with national standards.

### Patients on Oxygen

1. ***If a patient is receiving oxygen, can they be transported by private NEPT?***
* The Registered Nurse, Medical Practitioner or Registered Paramedic must undertake the clinical assessment of the patient to determine if they are medium or low acuity and suitable for NEPT.
* This assessment must consider the patient’s pre-admission condition (ie their normal condition), existing comorbidities, and their current condition.
* The final assessment of the patient will depend on overall circumstances and will be a clinical decision.
* A patient with oxygen therapy BI be assessed as a **LOW ACUITY PATIENT** and transported **WITHOUT** A CLINICAL ESCORT, if:
	+ the patient has a **chronic** respiratory disorder (ie Chronic Obstructive Pulmonary Disease) and has previously been prescribed domiciliary oxygen (ie at home), and:
		- the patient is stable (ie not acute, time-critical or had any recent deterioration in their respiratory rate or oxygen saturations due to their current illness), and
		- the clinical assessment does not reflect any additional clinical issues (ie needing monitoring or care by a clinical escort).
	+ the patient is **palliative**, at end of life and requires low level oxygen therapy for comfort measures; and
		- does not require a clinical escort to provide patient care and/or monitoring.
	+ The NEPT Patient Transport Officer must have the qualifications and skills to provide the basic care and observation required for the NEPT and care of the patient with oxygen in progress.
* A patient with oxygen therapy in progress ***must*** be assessed as a **MEDIUM ACUITY PATIENT** and transported **WITH** A CLINICAL ESCORT, if the patient:
	+ ***does not normally*** require oxygen at home, and/or
	+ has ***had recent deteriorations in respiratory status and oxygen saturations*** relating to their condition and/or treatment in this current admission; or
	+ does normally require oxygen at home, ***but for this current admission the patient meets medium acuity criteria for another reason***, and therefore, requires clinical care and monitoring by a clinical escort.

### Patients with delirium, and/or cognitive impairment, or dementia

*From the ACSQHC Delirium Clinical Care Standard 2016*

**Delirium:** is characterised by a disturbance of consciousness, attention, cognition and perception that develops over a short period of time (usually hours or days) and tends to fluctuate during the course of the day. Patients with delirium may be agitated and restless (hyperactive delirium), quiet and withdrawn (hypoactive delirium), or move between these two subtypes (mixed delirium). Delirium is sometimes confused with dementia but there are important differences.

**Cognitive impairment:** is characterised by difficulty with memory, thinking, concentration and ability to read and write.

**Dementia:** is gradual, people with dementia are usually alert, and cognition and symptoms are slowly progressive.

Older patients with cognitive impairment, dementia, severe medical illness or a hip fracture are considered at the greatest risk of developing delirium during a hospital admission.

1. ***If a patient has delirium, can they be transported by NEPT?***
* Yes, the Registered Nurse, Medical Practitioner or Registered Paramedic must undertake the clinical assessment of the patient to determine if they are medium or low acuity and suitable for NEPT.
* This assessment must consider the patient’s pre-admission cognitive condition (ie: their normal), existing comorbidities, and their current cognitive state.
* The final clinical assessment of the patient and need for a carer escort or clinical escort will depend on overall patient circumstances (and not limited to symptoms described in this paper) and will be a clinical decision.
* A patient ***may*** be assessed as a **LOW ACUITY PATIENT**, if the patient has dementia and/ or cognitive impairment, and:
	+ the patient is stable (ie not acute or time-critical) and alert, and
	+ the clinical assessment does not reflect any additional clinical issues (ie need for clinical care or monitoring by a clinical escort).
	+ If necessary, a carer escort (such as a family member, friend or carer of the patient) can travel with the patient while the patient is being provided with NEPT services for patient support, comfort and security.
* A patient ***must be*** assessed as a **MEDIUM ACUITY PATIENT**, if the patient has dementia and/or cognitive impairment, **and delirium**, and:
	+ the patient has low level anxiety that is controlled; confusion and/or disorientation but where the patient is not distressed; and/or
	+ the patient has oxygen therapy; and/or
	+ the patient meets medium acuity criteria for any another clinical reason where the patient requires clinical care and monitoring, and/or supervision by a **clinical escort** (in accordance with their scope of practice).
* For clarity, a patient should be assessed as **HIGH ACUITY** and **be transported by AT** if:
	+ the patient is in a heightened state of anxiety, showing signs of agitation or violence (where the use of physical restraints may exacerbate this), have confusion and/or disorientation, and/or hallucinating; or
	+ the patient has changes in their vital signs due to delirium (ie tachycardia, hypertension, or fever).

### Advanced Care Directives

1. ***What if a patient has an Advanced Care Directive (ACD)?***
* If a patient has an ACD, a copy must be provided by the referring facility to accompany the patient during transport, noted on Form 10A – Patient Assessment Record, and discussed at clinical handover. The NEPT crew must take the patient’s wishes into account as expressed in the ACD.
* The ACD must be taken into account in patient assessment using Form 10A.

### Restricted circumstances for one-person crew

1. ***In what restricted circumstances can a patient be transported by a one‑person NEPT crew?***
* A one‑person crew is only permitted in cases where:
	+ the crew member is always able to visually monitor the patient; and
	+ the patient is a low-acuity patient and can be safely assisted into and out of the vehicle by the single crew member; and
	+ the patient does not have a diagnosed communications disorder; and
	+ the patient can clearly communicate with the crew member during NEPT transfer.
* If the patient has impaired cognitive function, or confusion or disorientation, the patient must be accompanied by a carer escort who is willing and able to support and reassure the patient. A one‑person crew is not permitted if a stretcher is to be used.

## Clinical Governance

1. ***Will the new NEPT regulatory changes and Secretary Approved forms be monitored and evaluated and if necessary, amended?***
* Yes. The Department of Health will conduct surveys during 2020 and feedback from the private and public sector will be considered in making future changes.
1. ***Will there be a move towards use of standard electronic forms?***
* Yes, this is anticipated after the new regulatory changes for NEPT and the Secretary Approved forms have been monitored and evaluated over 2020.
1. ***Will the Department of Health provide an annual report reflecting NEPT activity and progress?***
* Yes.
1. ***Why are there standard, Secretary Approved forms for use with NEPT?***
* The Regulations require Secretary Approved forms for reasons of procedural fairness, consistency, and to standardise records for auditing and reporting processes.
1. ***Will NEPT services be audited for compliance with the Regulations?***
* Yes.
1. ***Are NEPT Services subject to national / international standards?***
* Yes, including but not limited to the following:
	+ Quality assurance plan must be in accordance with relevant AS/NZ standards.
	+ Vehicle cleaning must comply with the National Health Medical Research Council Australian Guidelines for the Prevention and Control of Infection in Healthcare (2019).
	+ Stretchers, seats and restraints must comply with relevant AS/NZ standard.
	+ Vehicles are to comply with the Tasmanian Vehicle and Traffic (Vehicle Standards) Regulations 2014 (which includes the Australian Standards for vehicle design).
	+ Maintenance of equipment must comply with AS/NZ standards.
	+ Record keeping must comply with ISO 15489-2004 Records Management (as amended or substituted from time to time).

Questions can be directed to the Department of Health, Regulation, Licencing and Accreditation Unit on 03 6166 3854 or nept@health.tas.gov.au.

Approved by Manager, Regulation, Licencing and Accreditation Unit, on behalf of the Secretary of the Department of Health, December 2019.

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