

Non-Emergency Patient Transport Regulation

For NEPT Providers, Patient Transport Officers and Clinical Escorts

November 2019



Regulation Unit
Department of Health





Welcome

- Housekeeping
- Introduction
- Overview of new NEPT Regulations
- Implementation
- Scenarios – group discussion
- Questions
- Evaluation

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Housekeeping – site specific

Introduction – speakers – site specific

Session objectives – that the participants will have an understanding of:

1. The purpose for new NEPT Regulations to:
 - Ensure consistency of transport services across all NEPT providers
 - Ensure transport for appropriate non-emergency type patients from one facility to another
 - Ensure safe, high quality patient transport

2. The Implementation of the NEPT Regulations from 1 December 2019, and the:
 - Form 10A – Patient Assessment Form (sending facility)
 - Process for booking NEPT services
 - Form 10B – Patient Care Record (NEPT services)
 - Clinical handover requirements using ISBAR methodology between referring and receiving services, NEPT services and/or to Ambulance Tas

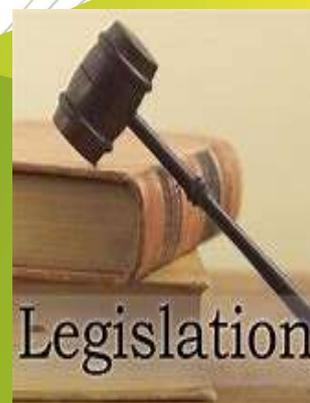
3. Typical NEPT scenarios, appropriate scope for NEPT patients, and the legal requirements
 - group discussion

4. Questions

Evaluation – site specific

New NEPT Regulatory Provisions

- Purpose
- Outline responsibilities of NEPT Service Providers
 - Clinical Governance
- Specify quality assurance requirements
 - Systems and processes
- Define scope of service and patient suitability
- Enforcement



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The **Ambulance Service Act 1982** and The **Ambulance Service (NEPT) Regulations 2019** provide the legal requirements for ambulance and Non-Emergency patient transport services in Tasmania.

The new **Ambulance Service (NEPT) Regulations 2019** commence on **1 December 2019**.

The NEPT Service Provider has a responsibility for Clinical Governance for the service to ensure :

- quality transport services
- quality, maintained vehicles and equipment
- qualified staff with appropriate knowledge and skills for Non-Emergency patient transport
- risks to patients, staff and the public are appropriately mitigated

The NEPT service provider must have a Clinical Governance Committee in place that is responsible for:

- overseeing safety and quality of patient transport and all clinical aspects of patient care
- reviewing any critical incidents and complaints
- providing advice regarding improvements to the NEPT Service Provider regarding the safety and quality of the service

The NEPT service provider must ensure all quality assurance requirements are in place for:

- risk management
- staff credentialing and procedures within the staff member's Scope of Practice
- clinical care provision
- Infection prevention and control IP&C
- vehicles and equipment – maintenance and consumables
- incident management and escalation of patient care to Ambulance Tasmania if required
- consumer feedback and complaints
- staff orientation, ongoing education and training, and performance management
- consumer engagement
- record keeping,
- provision of audits
- annual reporting requirements

The scope of NEPT services is for low and medium acuity patients

- Patients must be assessed for their suitability
 - Low acuity patients require basic care and observation
 - Medium acuity patients require clinical care and monitoring
- The NEPT Regulations clarify a standard approach to the assessment of patients' suitability for NEPT using Approved Forms
 - Form 10A (for referring facilities) and
 - Form 10B (for NEPT services)
- The NEPT Regulations define the importance of a robust clinical assessment for each patient prior to transportation using NEPT services
- The NEPT Regulations stipulate that a clinical escort is required for medium acuity patients, and some of the clinical circumstances
- The NEPT Regulations aim to strengthen processes around transport, patient care and clinical handover

Enforcement

- The NEPT Regulations allow for provisions for charging licensing fees, and charging infringement notices for breach of the Regulations
- The Department of Health's Regulation Unit will monitor NEPT Services to ensure compliance with the new Regulations and will conduct annual audits at a minimum
- This will ensure safe, high quality private NEPT services and help minimise risks to patients

NEPT Services – Safety and Quality



- Appropriately trained crew
- Can only accept NEPT 'suitable' patients
- Secretary Approved Forms
- Maintain records for each patient transport
- Report critical incidents and near misses

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The NEPT service must have governance systems and processes in place to ensure safe, high quality transport services.

These include that:

The NEPT Crew are appropriately trained with applicable qualifications

- Patient Transport Officers must have a minimum of Certificate III in Non-Emergency Patient Transport (or a qualification deemed to be equivalent by the Secretary).
 - Certificate III in Non-Emergency patient transport includes units on providing first aid, recognising healthy body systems, communicating and working in health or community services, and working with vulnerable people
- Clinical Escort can be EN, RN, Registered Paramedic or MP
- The clinical escort must be applicable for the acuity of case – to undertake clinical observations, manage indwelling devices (but not IVT which is excluded from scope of NEPT), manage equipment and escalate care if required

The NEPT service can only accept NEPT 'suitable' patients who have been assessed by an approved health care professional

- The assessment must be undertaken by an approved health care professional using Form 10A, to ensure the patient is suitable for NEPT transport
 - An approved health care professional is a RN, Registered Paramedic, or a MP
 - In Residential Aged Care Facilities, an Enrolled Nurse (EN) may commence the assessment using Form 10A, but the assessment must be agreed to and signed by an RN
- The assessment must be signed by the assessor, stating that the patient is low or medium acuity, as close to the time that transport is booked as possible
- The assessment must be endorsed by the most senior RN in charge and on duty at the facility, or by a MP – agreeing that the patient is low or medium acuity and therefore suitable for NEPT transport

Secretary Approved Forms must be used

- Form 10A – Patient Assessment Record – completed by the referring facility/health service
- Form 10B – Patient Care Record – completed by the NEPT Service
- Form 9 – Incident Report – required and completed by the NEPT Service

Records must be maintained for each patient transport encounter

- Form 10A (Patient Assessment Record Form) will come in a book, providing an original Form with 2 carbon copies
- The Referring Facility will keep the original Form 10A in the patient's record, and provides the 2 copies to the NEPT crew
- The NEPT crew provide a copy of Form 10A to the Receiving Facility, along with a copy of Form 10B (Patient Care Record Form)
- The 2 Forms (10A and 10B) are required for clinical handover by the NEPT service to the Receiving Facility and referred to as the 'Patient Care Record'.

Report critical incidents and near misses

- The NEPT service are responsible for recording and reporting critical incidents and near misses to the Department of Health Regulation Unit using Form 9 (Incident Report Form)

NEPT suitable patients: Definition

NEPT patients are patients

(a) whose medical needs have been assessed by a member of an approved health profession (Registered Nurse, Registered Paramedic or Medical Practitioner) as:

- (i) requiring patient transport; and
- (ii) not being time-critical or acute;

and

(b) who may require –

- (i) basic care and observation; or
- (ii) clinical care and monitoring;

(from *Ambulance Service Act 1982*)

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The **Ambulance Service Act 1982** provides this definition for NEPT suitable patients

NEPT patients are patients

(a) whose medical needs have been assessed by a member of an approved health profession (RN, Registered Paramedic or Medical Practitioner [MP]) as –

- (i) requiring patient transport; and
- (ii) not being time-critical or acute; and

And (b) who may require –

- (i) basic care and observation; or
- (ii) clinical care and monitoring;

The new Regulations distinguishes criteria for low and medium acuity patients:

- Criteria for all low/medium acuity patients:
 - Must be at least 2 years of age
 - Must not be acute or time-critical
 - Is unlikely to deteriorate while using NEPT
 - vital signs must be stable and normal for person
 - Must not have had recent deterioration in respiratory rate as a result of a diagnosed illness or disease
- **Low** Acuity Patient – must not be a paediatric (must be older than 14 years) and requires basic care and observation
- **Medium** Acuity Patient - can be a paediatric (between 2 – 14 years); will require some clinical care and monitoring, and therefore will require a clinical escort to take clinical observations; and document on the Patient Care Record – Form 10B.
- **For avoidance of doubt, medium acuity includes:**
 - Paediatrics >2 < 14 years
 - oxygen therapy (if established prior to NEPT services and the patient is stable on it)
 - A patient that requires active monitoring – ie: 'cardiac monitoring' to assess a patient's cardiovascular status, not cardiac rhythm (this would be outside of NEPT scope for low and medium acuity patients)
- **High** Acuity Patient – is acute and/or time-critical – and therefore not suitable for NEPT

Low Acuity / Medium Acuity

All patients must be stable:

- Not time critical or acute
- Not likely to deteriorate during transport
- Have NOT had recent deterioration in respiratory rate as a result of a diagnosed illness or disease

Low Acuity

- Not a paediatric (14 years or older)
- Require only basic care and observation

Medium Acuity

- Can be a paediatric (between 2 - 14 years)
- Requires clinical care and monitoring by a clinical escort

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Low Acuity

Not a paediatric (14 years or older)

Require only basic care and observation

Stable Not time critical or acute

Not likely to deteriorate during transport

Have NOT had recent deterioration in respiratory rate as a result of a diagnosed illness or disease

Medium Acuity

Can be a paediatric (Between 2 - 14 years)

Requires clinical care and monitoring – clinical escort

Non-Emergency Patient Transport (NEPT) Licensing Ambulance Service Act 1982
Tasmanian Government
FORM 10A PATIENT ASSESSMENT RECORD

REFERING FACILITY: _____

Tick boxes where relevant to indicate agreement.
 Original copy to be filed at referring facility, duplicate and triplicate to be provided on handover to NEPT.

Name of referer/referring facility (print) _____ Patient destination _____

Reason for transport: _____

Is this a return trip? Yes No

NB: Neonates (under 29 days) must not be transported as an NEPT patient. Infants aged 29 days to under 2 years must not be transported as an NEPT patient. Pediatric patients aged 2-14 can only be transported if assessed as a medium acuity patient and will always require a clinical escort.

Patient Representative
 Relationship to patient (circle next of kin | friend | carer | health practitioner nominated by patient)
 Name (print) _____ Contact details (print) _____

Assessment of Patient Condition
 Date: ____/____/____ Location: _____ Assessor (print name): _____
 Time: ____:____ (24 hour) Assessor is: Medical Practitioner Registered Nurse Paramedic

A Primary Diagnosis (specify):
 None
 PMSA/VRE/IRISGN Diabetes Type I or II
 Glucocorticoid Deficit Immuno-suppressed
 Hep A, B, C Other (specify) _____
 Obesity

B Specify any relevant comorbidities:
 None
 On cytotoxic treatment
 Receiving oxygen
 On medication
 Cannula
 In-dwelling catheter
 Treatment for Diabetes A or B
 Other (specify) _____

C Specify any existing conditions that may predispose patient to harm:
 None
 Dementia
 Intellectual disability
 Mental Health
 Cognitive
 Behavioural
 Physical
 Other (specify) _____

D Specify details of any current care or treatments commenced prior to transport:
 None
 On cytotoxic treatment
 Receiving oxygen
 On medication
 Cannula
 In-dwelling catheter
 Treatment for Diabetes A or B
 Other (specify) _____

E Allergies (specify): _____
 If diabetic, within normal range? Yes No Last BSL Date: ____/____/____
 Patient weight: _____ kg Patient weight: _____ kg
 Date: ____/____/____ Time: ____:____ (24 hour)

Is the patient post-operative? Yes No If Yes, when was operation completed? Date: ____/____/____ Time: ____:____ (24 hour)
 Is the patient receiving regular pain relief? Yes No If Yes, specify (drug/dose/frequency): _____
 Is pain relief likely to be required during transport? Yes No If Yes, specify (drug/dose/frequency): _____

Clinical Observations of Vital Signs
 Generally clinically accepted healthy ranges for vital signs: A&D&S Chart 2012
 Registration (10-18 breaths/min), O2 saturation (92-100%), Pulse (50-99 average/min), Blood Pressure (110-159 mmHg), Temp (35.5-37.9 °C)
 Date/Time (24hr) Resp Rate SpO2 Pulse Blood Pressure Temperature Pain (1 to 10) Alert and cooperative

____/____/____ Time: ____:____ (24 hour)

Any comment relevant to vital sign variations: _____

*Original copy goes on file at referring facility. Duplicate and triplicate are provided on handover. *Original copy goes on file at referring facility. Duplicate and triplicate are provided on handover.

Non-Emergency Patient Transport (NEPT) Licensing Ambulance Service Act 1982
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CR10A PATIENT ASSESSMENT RECORD

REFERING FACILITY: _____

Tick boxes where relevant to indicate agreement.
 Original copy to be filed at referring facility, duplicate and triplicate to be provided on handover to NEPT.

Assessment of Acuity Level
NB: High acuity patients must not be transported by NEPT. Both low and medium acuity patients must be clinically stable on assessment and must not have acute or time critical medical needs.
High Acuity Patient's medical needs or symptoms are acute or time critical (for example a result of severe injury, episode of acute illness or medical condition) and require active treatment or care.
Medium Acuity Patient needs a clinical escort for basic clinical care and monitoring (for example a stable patient receiving O2 where treatment was established prior to transport, or a child aged 2-14 who are more prone to fluctuating condition than adults).
Low Acuity Patient only needs a basic level of care and observation (eg a stable patient being transferred for imaging).
 If Patient acuity is (circle): Low or Medium The patient is not high acuity (initial): _____

Clinical Escort / Equipment / Treatments
NB: All medium acuity patients must have a clinical escort provided by the NEPT service for basic clinical care and monitoring during transport. Is a clinical escort required?
 Yes No List any special skills, experience, qualifications required of the clinical escort (print): _____
 Does patient exhibit signs or symptoms suggestive of infectious disease that could be transmitted through airborne particles?
 Yes No
 Does the patient require a stretcher?
 Yes No List any other special equipment required (print): _____
 Does the patient require a wheelchair?
 Yes No
 List any Advance Care Directive instructions: _____ List any special patient care requirements (for example bedding for long trips, language barriers, mobility aids, procedures): _____

Patient Assessment for NEPT: (see policy on assessment) Discuss any concerns with Ambulance Tasmania Triage 1300 513 927
 the patient is aged over 2 years old, AND
 the patient only requires either basic care and observation, or basic clinical care and monitoring, AND
 the patient is of stable condition, AND
 the patient does not have acute or time critical medical needs, AND
 transporting the patient is unlikely to pose a risk to the public, another NEPT patient or NEPT staff.
 AND on this basis EITHER:
 the patient is assessed as being suitable to be booked for NEPT, OR
 the patient is assessed as not suitable to be booked for NEPT.

Assessed by (print name and sign): _____

Assessment is made at a health facility, a Medical Practitioner (or the most senior Registered Nurse available and employed by the facility) must endorse this assessment.
 EITHER: I endorse this assessment that the patient is suitable to be booked for NEPT.
 OR: I am of the opinion this patient is not suitable for NEPT, and Ambulance Tasmania has been contacted.
 Endorsed by (print name and position): _____

Signature: _____ Date: ____/____/____
 Time: ____:____ (24 hour)
 Booking Date: ____/____/____ Transport Date: ____/____/____
 Made Time: ____:____ (24 hour) Departed at Time: ____:____ (24 hour)

Whenever patient handover to Ambulance Tasmania occurs, the ISBAR protocol must be followed.
 (An acronym that provides a simple, effective way of prioritizing information when communicating about a patient and their situation)

I Introduction: identify yourself and the patient.
S Situation: state the patient's current problem and diagnosis.
B Background: state the recent, relevant clinical history for the patient.
A Assessment: provide clinical observations for the patient.
R Recommendation: provide what action you recommend and be clear about timeframes.

FORM 10A PATIENT ASSESSMENT RECORD

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Patient Assessment – Referring Facility

- Patient suitability - is a clinical escort required?
- Likely patient's needs on-route
- Likelihood of patient deterioration
- Likelihood of any unforeseen risks



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Referring facility responsibilities

Form 10 A Patient Assessment

- Must be undertaken by an approved health professional – (MP, RN or Registered Paramedic) to determine whether NEPT is suitable and assess for low or medium acuity
- The assessment requires critical thinking about the patient's suitability and clinical needs during transport.
 - consider the reason for transport, their comorbidities, existing conditions, current care and treatments, are they post-op, are they stable, is their pain under control, are there any language barriers, what is their cognitive state, are they mobile, are there any precautions for this patient?
 - is a clinical escort is required, and does the clinical escort need specific knowledge and skills?
- Is there any clinical requirements that require care, monitoring, observations, and documentation?
 - is any specific equipment required?
- What is the likelihood of the patient deteriorating based on their current clinical status, and progress last few days?
- Are there any unforeseen risks to consider ie: what if held the NEPT vehicle was held up in traffic ... is patient likely to require pain relief?
- If patient is palliative – Need to consider if Advanced Care Directive is in place or not? If the patient arrested in transit ... should the crew undertake CPR?

Endorsement of Patient Assessment Record

- Level of responsibility *
- Only a MP or the most Senior RN employed by and available at the facility can clinically endorse an assessment undertaken on a patient as suitable for NEPT.

Booking process - private patient in a private facility

Private patient in a private facility (HSE / Residential):

- Low or medium acuity - private NEPT
- Any question re acuity - discuss with AT (HTSCC)
- If assessed as borderline medium / high - transfer by AT



Private Patient in a private HSE

- Low and medium acuity patients *MUST NOT BE* acute or have time-critical medical needs
- Low acuity can be transported by qualified PTOs
- therefore the patient *MUST BE* clinically stable and unlikely to deteriorate on-route, 14 years or older & only require a basic level of care and observation
- Medium patient can be transported by PTO with a clinical escort.
- Patient *MUST BE* > than 2 yrs & be clinically stable
- A medium acuity patient may have additional comorbidities, existing conditions, or had treatments that require low level clinical care and/or observation
- *MUST HAVE* a clinical escort (EN, RN, Registered Paramedic, or MP) with the knowledge and skill required to provide clinical care (within SOP), document appropriately, accompany the PTO and handover using ISBAR to receiving facility.
- If any question re acuity – discuss with AT’s Health Transport Service Co-Ordinator Centre HTSCC 1300 513 927
 - If agreed medium – transfer by private NEPT with clinical escort
 - If assessed as borderline medium/high acuity – transfer by AT
- Refer to NEPT BOOKING FLOWCHART

Booking process - public patient in a private facility



Public patient in a private HSE

- Low or medium acuity
- Complete NEPTA online booking form
- AT NEPT resources assessed
 - Transfer by AT NEPT
 - Referred to private NEPT

Public Patient in a private HSE

- Low and medium acuity patients *MUST NOT BE* acute or have time-critical medical needs
- Complete NEPT booking form – (and fax/email booking form to HTSCC Health Transport Service Coordination Centre (1300 513 997)
- AT resources assessed for availability, and if available scheduled for transport with AT NEPT
- If AT resources unavailable, and transfer time can not be changed to next available AT resource, permission must be approved by relevant THS facility to transfer patient by private NEPT
- *Refer to THS Contact's Chart*
- If THS approves transfer by private NEPT – book private provider
- If not approved by THS, alternate AT NEPT times need to be explored or alternative transport options considered.
- If a private NEPT service is engaged, a completed Form 10A must be completed and provided to the private NEPT crew.

Patient handover from referring facility to private NEPT

- There must be a verbal patient handover from the referring facility that is to the satisfaction of the NEPT crew member
- **ISBAR**
- The NEPT crew must be provided with a copy of the Patient Assessment Form (Form 10A)

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I
S
B
A
R

1. **Introduction** – identify yourself and the patient
2. **Situation** – state the patient’s current problem, their diagnosis and reason for NEPT
3. **Background** - State the recent, relevant clinical history in accordance with the patient assessment - Form 10 A and provide copy
4. **Assessment** – discuss most recent clinical observations
5. **Recommendations** – discuss actions required and timeframes.

RN providing patient handover should handover to the clinical escort for medium acuity patients.

For low acuity patients, RN will consider the Scope of the receiving Patient Transport Officer to ensure understanding of relevant clinical information.

PTO must feel comfortable with the information provided during the patient handover.

Form 10A Assessment Handover to NEPT crew

- Crew need to check:
 - A. Patient's Diagnosis
 - B. Relevant comorbidities
 - C. Existing conditions
 - D. Current care or treatments
 - E. Allergies
 - F. Patient acuity level
- And copy details to Form 10B (Patient Care Record)
- AND still believe that the patient is still NEPT suitable.

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Form 10A Assessment – Undertaken by approved health professionals at health facilities – Registered Nurse, Medical Practitioner, Registered Paramedic

On handover, when the NEPT crew accepts a patient for transport, they must commence Form 10B the patient care form, which requires them to check the patient assessment form (Form 10A) and note agreement/comments on Form 10B.

The referring facility will book the patient in with the NEPT Service Provider (so another check here to ensure NEPT suitability).

It must be determined at this point, if a clinical escort is required and if there is any special equipment needs. The NEPT service must maintain records, for evidence of the booking and conversation – SYSTEM & PROCESS

NEPT crew need to ensure:

- Patient is stable
- Not acute OR time critical
- Does not require higher level clinical services (ie: medical care for deterioration in condition / abdo pain FI for example)

Should all have been assessed and endorsed by referring facility, but important to remember that NEPT patients should:

- not have indwelling intravenous devices (except IV cannula)
- not require ECG monitoring
- not have any infectious diseases
- not be a psychiatric patient
- Not be on cytotoxic therapy / or immunosuppressed – must not travel with another patient
- not require spinal precautions
- not have had narcotic medication within last 30 minutes – 1 hour
- Not require medication during transport (unless low level analgesia provided by clinical escort)

NEPT Education - Providers PTOs Escorts

NEPT Crew assessment

- NEPT crew must ensure patient is:
 - Stable, and low or medium acuity
 - Not acute or time critical, and unlikely to deteriorate
 - There is no risk to patient or crew
- Documents on Form 10B (Patient Care Record)
 - Transport Details / Patient Representative Details
 - Crew members
 - Patient history / Clinical Assessment Record



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NEPT crew need to ensure: (2 scopes of practice – Clinical Escort / PTO)

- Patient is stable
- patient is low or medium acuity
- Not acute OR time critical
- unlikely to deteriorate
- Transport poses no risk to patient or crew
- If a clinical escort or special equipment required, this should have already been determined when the booking was made.

NEPT crew need to agree the following have been documented:

1. Patient personal details
2. Patients under 2 years of age must not be transported by private NEPT. Child patients aged 2-14 years may be transported if NEPT suitable but will always require a clinical escort.
3. Patients representative
4. Assessment of patient's condition. Is patient stable? Is patient alert and co-operative?
5. Primary diagnosis
6. any relevant co-morbidities
 - Infectious diseases – patients with MRSA, VRE, MGNB, C Diff etc.. Can be transported using NEPT if they are stable, not likely to deteriorate, and will not pose a risk to NEPT crew. If will pose a risk, the patient is not appropriate for NEPT
 - NEPT crew must comply with infection prevention and control and undertake standard and transmission based precautions in accordance with policy's and procedures
 - Patient's having cytotoxic treatments may be immunosuppressed, so must not be transported with other patients.
 - Diabetic patients may require food or fluids for longer trips
 - Ensure patients who are obese will not pose a risk to NEPT crew.
5. Existing conditions that may predispose patient to harm - physical, behavioural, mental, cognitive Current care or treatment - oxygen, medications, IV cannula, IDC, drains, treatments for Diabetes
6. Allergies
8. If patient is post-operative, how long since operation? RPAO must be completed prior to consideration for NEPT
9. Is patient in pain? if so, has pain relief been provided? (Record time of last analgesia when ready to transport).
 - Patients should be alert and cooperative so can carry their own medications, and self administer if required.
10. Are there any abnormalities in vital signs (differing from normal for the patient)?
 - RR and effort (*Important criteria), SpO2, HR, BP, Temp.
 - These readings may indicate patient is unstable and not suitable for NEPT.
11. Is patient low or medium acuity? .
12. Is the patient palliative... review requirements. ACD must stay will patient.
 - Clinical handover details receiving facility
13. Is there any evidence of an infectious disease that would pose a risk?
14. any other special requirements which must be taken into account?
 - special skills required of clinical escort/special equipment required in NEPT vehicle.
15. Does the final tick box section on Form 10A for patient assessment for private NEPT satisfy requirements for NEPT suitability? This is a requirement and this section can only be signed by a MP or RN or Registered Paramedic.
16. If assessment is carried out at a health facility has Form 10A been endorsed as required?
17. If the patient's medical needs or symptoms are acute or time critical (eg a result of severe injury, episode of acute illness or medical condition) and require active treatment or care, they are high acuity and therefore not NEPT SUITABLE.



Non-Emergency Patient Transport
(NEPT) Licensing
Ambulance Service Act 1982

FORM 10B
PATIENT CARE RECORD

PT ID: _____

SURNAME: _____ D.O.B.: _____

OTHER NAMES: _____

ADDRESS: _____

NEPT SERVICE: _____

BARCODE TBA

Transport Details		NEPT Crew																																					
Pick Up Location	Date: / / Time: : (24 hr)	Crew Member Names	Quals/Role																																				
Destination Location	Date: / / Time: : (24 hr)																																						
Patient Representative		Clinical Escort																																					
Name		Clinical Escort Name	Quals/Role																																				
Relationship to patient			Initials																																				
<p>NEPT Clinical Assessment Record</p> <p>Assessing NEPT Crew Member (print name): _____ Date: / / Time: : (24 hour)</p>																																							
Pain (0-10)	Last analgesia dose and time (specify):	Analgesia required for transport? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, specify:	diabetic, last BSU (specify):																																				
If Yes, Score (1 to 10): Clinical Equipment (0-10): <input type="checkbox"/> Oxygen _____ L/min via _____ <input type="checkbox"/> Cannula (note site) <input type="checkbox"/> Drain (note site) <input type="checkbox"/> Other (specify):	Colour (0-10): Pink Pale Grey Other (specify):	Mobility status (0-10): <input type="checkbox"/> Ambulant <input type="checkbox"/> Needs Assistance <input type="checkbox"/> Other (specify):	Transport mode (0-10): <input type="checkbox"/> Stretcher <input type="checkbox"/> NEPT seat <input type="checkbox"/> Wheelchair <input type="checkbox"/> Other (specify):																																				
Cognitive status (specify): Vision (0-10): <input type="checkbox"/> Glasses, wearing with patient <input type="checkbox"/> Contact lenses <input type="checkbox"/> Other (specify):	Hearing (0-10): <input type="checkbox"/> Hearing aid in situ <input type="checkbox"/> Reduced hearing <input type="checkbox"/> Other (specify):	Dentures (0-10): <input type="checkbox"/> In situ <input type="checkbox"/> Carried with patient <input type="checkbox"/> Other (specify):																																					
<p>Clinical Observations of Vital Signs (as required)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Time (24 hr)</th> <th>Resp rate</th> <th>SpO2</th> <th>Colour</th> <th>Pulse</th> <th>Blood Pressure</th> <th>Temperature</th> <th>Pain (1 to 10)</th> <th>Alert and cooperative?</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				Time (24 hr)	Resp rate	SpO2	Colour	Pulse	Blood Pressure	Temperature	Pain (1 to 10)	Alert and cooperative?																											
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<p>If patient's medical condition changes during transport, a crew member must contact Ambulance Tasmania (call 000) for consultation with an AT clinician and comply with any AT instructions (r.13).</p>																																							
<p>Patient Care Report (print)</p>																																							
<p>Reason NEPT ceased: (for example discharged to receiving service)</p>																																							
<p>Discharge from NEPT Service:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Clinical Handover provided by NEPT Crew Member (print name):</th> <th>Location:</th> <th>Date: / /</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <th>Clinical Handover received by (print name):</th> <th>Location:</th> <th>Time: : (24 hour)</th> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				Clinical Handover provided by NEPT Crew Member (print name):	Location:	Date: / /				Clinical Handover received by (print name):	Location:	Time: : (24 hour)																											
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FORM 10B PATIENT CARE RECORD

FORM 10B PATIENT CARE RECORD



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NEPT record keeping responsibilities

NEPT services must keep:

- records of the booking and conversation with the referring facility

AND copies of:

- the Patient Assessment Form they receive from the referring facility (Form 10A)
- the Patient Care Record (Form 10B) they complete

AND the crew must provide copies of Forms 10A and 10B to the receiving facility, or AT if patient is transferred to AT



NEPT services must keep records of:

- the booking and conversation with the referring facility
- copies of the *Patient Assessment Record* from the referring facility (Form10A), plus the completed *Patient Care Record* (Form10B)

The crew must provide copies of Form 10A and 10B to:

- the receiving facility
- the facility providing an appointment
- Ambulance Tas if patient is transferred to the care of Ambulance Tas



Clinical Escorts

Required for all medium acuity patients (and all child patients aged 2-14 years)

The clinical escort will:

- Provide clinical care and monitoring
- Receive and provide clinical handover regarding the patient using ISBAR
- Complete documentation
- Support patient transport officer

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Clinical escorts are required for all medium acuity patients (and all child patients aged 2-14 years)

A clinical escort is crew member who is an EN, RN, Registered Paramedic or a MP.

The clinical escort must possess the knowledge and skills required to provide clinical care and monitoring (ie observations) on-route (within their scope of practice)

The clinical escort will:

- Provide clinical care and monitoring (observations)
- receive and provide clinical handover regarding the patient using ISBAR
- Complete documentation
- Support patient transport officer

NEPT crew must refuse transport

- If the patient is not NEPT suitable
- If the crew does not meet the clinical escort requirements
- If specific equipment is required and can't be provided
- If transport would pose a risk to the health and safety of patient/crew/public



Where there is any doubt that the patient does not meet the low/medium acuity criteria, they **MUST refuse to transport**.

This includes where the NEPT crew does not consider:

- the patient to be NEPT suitable eg. patient's condition has changed since assessment and no longer low/medium acuity but higher acuity
- If the crew does not meet the clinical escort requirements, such as qualification (EN, RN, Registered Paramedic, MP) or posses specific skills or experience (as noted on Form 10A)
- If any specific equipment is required and can not be provided
- If transport would pose a risk to health/safety of patient/crew/public
- and this information was not handed over.

Patient handover to receiving facility or AT

- There must be a verbal patient handover from the NEPT crew to the receiving facility
- The receiving facility must be provided with a copy of the:
 - Patient Assessment Form (Form 10A) and
 - Patient Care Record (Form 10B)

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- **Introduction** – identify yourself and the patient
- **Situation** – state the patient’s current problem, their diagnosis and reason for NEPT – Form 10B
- **Background** - State the recent, relevant clinical history in accordance with the patient assessment - Form 10 A provide copy
- **Assessment** – discuss most recent clinical observations / if patient is palliative ACD
- **Recommendations** – discuss actions required and timeframes.

Any Critical incidents during NEPT :

Injury or harm that results in patient requiring extra supervision or medical treatment

An event that results in foreseeable risk of either of these

Reportable Incidents - Form 9

- **Critical incident:**
 - patient death **OR**
 - injury or harm that results in patient requiring extra supervision or medical treatment **OR**
 - an event that results in foreseeable risk of either of these.
- NEPT vehicle in traffic accident during NEPT
- Patient was transferred to AT
- Assistance was provided to the patient under the direction of AT
- Warning lights were used



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Reporting of incidents

- Any reportable incident must be reported to the Secretary orally as soon as practicable after the incident and within two business days of the incident occurring,
- the Secretary must be provided with a completed Incident Report Form (Form 9) with Forms 10A (patient assessment) and 10B (patient care record) attached.
- **Reportable incidents are:**
 1. **Critical incident (patient death/injury or harm that results in patient requiring extra supervision or medical treatment/an event that results in foreseeable risk of either of these)**
 2. **NEPT vehicle involved in traffic accident during NEPT**
 3. **Patient was transferred to AT**
 4. **Assistance was provided to the patient under direction of AT**
 5. **Warning lights were used**
- Where the incident was life-threatening or fatal, the patient's next-of-kin or patient representative (family member/carer/registered health practitioner nominated by patient) or patient legal representative must be orally notified as soon as practicable after the incident.

NEPT Form 9 Reporting: Injuries, Transfers, Deaths and other Events

Part I: Details of the Incident (submit this form to Regulation and Licensing Unit within 2 days of incident)

1. Details of Private Non-Emergency Patient Transport Service

Name of NEPT Service: _____

NEPT Crew Members:

Name	Qualifications
_____	_____
_____	_____

Bus/Coach pick up location, date and time: _____

Bus/Coach drop off location, date and time: _____

2. Details of Patient

UR / Patient Number: _____	Date of Birth: _____	Patient Acuity Level: _____
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3. Details of Incident (where not of ambulance)

Location: _____ Date: _____ Time: 00:00 am

- Critical incident - Patient death
- Critical incident - Patient injured or harmed, requiring additional supervision or medical treatment
- Critical incident - Event where there was a foreseeable risk of patient death, or patient harm or injury that would require additional supervision or medical treatment
- Traffic accident or traffic incident during NEPT
- Transfer of the patient to Ambulance Tasmania
- Provision of assistance to the patient under the direction of Ambulance Tasmania
- Using warning lights by the NEPT vehicle
- Any other incident or event specified as a reportable incident in the relevant NEPT licence.

Description of Incident (please include a detailed account of the incident including any contributing factors and outcome)

Details of Reporting

Patient Related	Traffic Incident
Date of report to patient representative: / /	Was a police report made? Y / N
Notes:	Date reported to police?
	Reference Number:
	Is this vehicle still in service?

Anticipated Date of Investigation (if unknown, please provide estimate)	Date of Oral Report to Secretary
Date reported to DoH:	Date reported to DoH:
Name: _____ Position: _____	Signed: _____ Date: _____

FORM 9

REPORTABLE

INCIDENT

FORM



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Tasmanian Government

Scenarios – Group Instructions

1. Work through assessment criteria – use checklist tool
2. Determine the patient's acuity level, any special equipment needs, clinical escort requirements
3. Determine the booking process for the patient – NEPT service, how to book, pick-up times etc
4. Identify any issues for clinical handover
5. Consider your facility's interhospital transfer requirements, other documents - patient records, xrays etc

1. Work through assessment criteria – consider using the 'checklist tool' with information from Form 10A Patient Assessment Form
2. Determine acuity level, special equipment needs, clinical escort requirements
3. Work through booking process for each scenario – the NEPT service (Private/public patient), booking form/process, pick-up times
4. Identify any issues in preparation for clinical handover
5. Determine/consider your facilities interhospital transfer requirements – are you familiar with the form?, patient records that need to be sent with the patient



- Comments / Issues
- Evaluation

Email: nept@health.tas.gov.au
Website: www.dhhs.tas.gov.au/nept

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Evaluation – site specific