

Non-Emergency Patient Transport Regulation

For Private Referring Health Services
November 2019



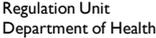
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Welcome

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







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

NEPT service providers

- There are currently five licensed private NEPT service providers
 - Ambulance Private
 - Medical Edge
 - Royal Flying Doctors Tasmania
 - St John's Ambulance
 - The Moreton Group

- Ambulance Tasmania provides NEPT services for:
 - public patients to and from public health facilities
 - public patients to and from private facilities

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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 < 14years
 - 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 to: Medical Practitioner Registered Nurse Paramedic

A Primary Diagnosis (specify):
 None
 Myocardial infarction
 Mental Health
 Cognitive
 Behavioural
 Physical
 Other (specify): _____

B Specify any relevant comorbidities:
 None
 PMSA/VRE/IRISGN
 Diabetes Type I or II
 Glucocorticoid Deficit Immuno-suppressed
 Hep A, B, C
 Obesity

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
 Respiration (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

Any comment relevant to vital sign variations: _____

Non-Emergency Patient Transport (NEPT) Licensing Ambulance Service Act 1982
Tasmanian Government
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).
 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
 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
 Does the patient require a wheelchair?
 Yes No
 List any Advance Care Directive instructions: _____
 List any special patient care requirements (for example: balding 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): _____

Signature _____ Date: ____/____/____
 Time: ____:____ (24 hour)

ADWIN (or Name of NEPT booking officer/booker) _____ Booking Date: ____/____/____
 Time: ____:____ (24 hour) Transport Date: ____/____/____
 Time: ____:____ (24 hour) Reported 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

Tasmanian Government

Patient Assessment – Referring Facility

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



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It is the Referring Facility's responsibly to complete a robust patient assessment using Form 10A

- This will require 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 are 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 undertaken CPR???

If Residential Aged Care facilities staff present:

NB: for reasons of practicality, at an RACF - an EN who knows the patient can commence a patient assessment, however the assessment must be completed and signed by a RN.

Assessment criteria

- Diagnosis
- Relevant comorbidities
- Existing conditions
- Current care or treatments
- Allergies
- Post-operative? Pain?
- Vital signs – Alert and cooperative
- IS PATIENT *LOW OR MEDIUM* ACUITY?

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Form 10A Assessment - Approved health professionals – RN, MP, Registered Paramedic

1. Private referring facility and private patient? If yes to both then private NEPT can be considered.
2. If Public patient in private facility, patient assessed by Ambulance Tasmania first, then decision whether public or private NEPT is made.
 - RACF patient (if can't be transferred safely by Community Services, private car, Taxi – public NEPT or private NEPT can be considered [consider who will pay for private NEPT])
3. Provide patient personal details
4. Patients under 2 years of age must not be transported by private NEPT
5. It is a requirement of the Regulations that the patient is alert and co-operative
6. Are there 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 also comply with infection prevention and control and undertake standard and transmission based precautions. NEPT services have policy's and procedures like hospitals, day procedures centres and residential aged care facilities.
 - 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 fit on standard trolleys, chairs and not pose a risk to NEPT crew.
7. Does the patient have any existing conditions that may predispose them to harm - physical, behavioural, mental, cognitive
8. Is there any current care or treatments in place – oxygen (medium acuity), medications, IV cannula, IDC, drains, syringe driver, treatment for Diabetes
9. Allergies
10. Weight/ BMI – If bariatric consider if special weight rated equipment/vehicle required that may require transport via Ambulance Tasmania's special ops ambulance.
11. It is a requirement that the patient is stable
12. If patient is post-operative, how long since operation? The patient's RPAO must be completed prior to consideration for NEPT
13. Is patient in pain? if so, has pain relief been provided? (Record time of last analgesia when ready to transport).
 - Pain /10, does patient require regular pain relief, are they likely to need during transport.
 - Patients should be alert and cooperative so can carry their own medications, and self administer if required.
14. Is patient alert and cooperative? If not, describe how they are.
15. 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.
16. Is patient low or medium acuity? – **low** – basic care and observation; **medium** - clinical care and monitoring so clinical escort required; **high** – acute and/or time-critical - AT
17. Child patients aged 2-14 years may be transported if NEPT suitable but will always require a clinical escort.
18. Are there any other special requirements which must be taken into account?
 - Eg. stretcher required, special skills required of clinical escort, special equipment required in NEPT vehicle (as noted on Form 10A).
 - If so, such requirements must be satisfied prior to transport. NB There are currently no private NEPT vehicles which are equipped to transport a patient in a wheelchair.
19. Is the patient palliative... check to see they have an Advanced Care Directive in place prior to transport. ACD must stay with patient. Clinical handover details to the NEPT crew
20. 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.
21. If assessment is carried out at a health facility - has Form 10A been endorsed by a Senior RN, or MP?

IS PATIENT LOW OR MEDIUM ACUITY?

What if you are unsure? – discuss with AT triage service (see NEPT Booking Flow Chart)

If patient's medical needs or symptoms are acute or time critical (eg due to an episode of acute illness or medical condition) and require active treatment or care they are considered high acuity and NOT NEPT suitable.

Assessment Forms

For **private** patients in private facilities:

- NEPT assessment must be completed using Patient Assessment Form 10A,
- and this form must be provided to the private NEPT crew.

• For **public** patients in private facilities:

- NEPT assessment must be completed using Patient Assessment Form 10A,
- AT's NEPT booking form must be completed and faxed/mailed to AT.

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For private patients in private facilities, NEPT assessment must be completed using Patient Assessment Form 10A, and this form must be provided to the private NEPT crew.

For public patients in a private facility, AT's NEPT booking form must be completed and faxed/mailed to AT.

If AT assess a PUBLIC patient as NEPT suitable, they may in some circumstances refer a patient on to a private NEPT service. Form 10A must be completed and be provided to the private NEPT crew.

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



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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 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.

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.

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