



**Yorkshire Ambulance Service NHS Trust**

**LEEDS PALLIATIVE CARE AMBULANCE  
OPERATIONAL POLICY**

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## **1 Introduction**

### **1.1 Purpose**

The Palliative Care Ambulance Service was set up in Leeds in 2007 as part of the Marie Curie Delivering Choice Programme which aimed to develop and help provide the best possible service for palliative care patients, allowing them to be cared for in the place of their choice.

Early consultation with stakeholders identified that a lack of appropriate ambulance transport can be one of the factors that restricts or prevents the fulfilment of a patient's previously expressed wish to die at home.

This policy will be reviewed annually and updated by the Palliative Care Transport Working Group.

### **1.2 Aim of the Service**

The aim of the service is to provide a dedicated resource supported by staff with additional clinical skills in order to operate a flexible and responsive service to patients. The Palliative Care Ambulance will be able to respond at short notice to requests for transport for palliative care patients.

## **2. Guidelines for Referral**

### **2.1 Operational hours**

Bookings can be taken Monday to Friday between 06:00 and 20:30 and Saturday to Sunday 07:00 to 18:30.

The last booking for same day transport will be made before 17:30 hours.

Should there be a need for transport in the time outside of these hours, The Dedicated Telephone Number will automatically divert to the Emergency Operations Centre (EOC)

### **2.2 Criteria for referral**

- The patient is registered with a NHS Leeds GP.
- The patient has a valid DNACPR order (if appropriate)\*
- The patient is near the end of life and is being transferred to their preferred place of care. (Category 1).
- The patient is near the end of life or is a palliative patient with complex needs unable to travel in private transport, and requires transport for urgent palliative treatment or investigations e.g. MRI Scan. (Category 2)

\* All patients who are Category 1 must have a DNACPR.

### 2.3 Prioritisation and confirmation of booking

Requests are prioritised by the Specialist Hub according to patient type and need, regardless of the patient's destination within Leeds. In order to ensure that this resource is used appropriately and to its maximum efficiency, a categorisation system has been implemented and applied by the Specialist Hub for transport requests.

This system contains 2 types of palliative care patients, as follows:

**Category 1** - End of life transport to preferred place of care (with valid DNACPR)

Patient is rapidly deteriorating (days to short weeks). Urgent priority / rapid response.

**Category 2** - Urgent transfer for palliative care treatment (with valid DNACPR order if appropriate).

Patient requires transfer to hospital or hospice for urgent palliative treatment or investigation.

If patients near the end of life require transfer to a significant life event, and no other suitable form of on the day transport is available, the palliative care ambulance can be utilised for these cases during any period of inactivity.

This system of categorisation ensures that Category 1 patients receive an appropriate and rapid response.

Inter-hospital transfers between LTHT sites should be undertaken by LTHT's independent transport contractors EMS. The LTHT Transport Booking office should be contacted to make these arrangements.

Outpatient appointments are normally given in excess of 48 hour's notice and should therefore use the PTS transport that has been contracted. PTS should still be approached if there is less than 48 hour's notice as they can still sometimes meet shorter deadlines depending on vehicle availability. Please note that PTS are able to transport patients with a syringe pump and a DNACPR.

If LTHT or PTS are unable to meet the patient's transport requirements, the palliative care ambulance can be utilised for Category 2 palliative outpatient appointments during any period of inactivity.

If demand exceeds availability, and the above options have been exhausted, existing patient transport/A&E services will be used to supplement this service.

Should the patient's condition deteriorate on the journey to their home (this may be a Care Home without Nursing), the crew will contact the specialist hub who will contact the appropriate District Nurse Team who will arrange to visit as soon as possible.

An identified individual will meet the patient at home where possible – this could be a family member, friend or neighbour or District Nurse if the patient assessment indicates that this is required.

## 2.4 How to make a referral

The overriding aim of the referral process is to ensure that referrers accessing the service are able to do so easily and are provided with a timely response.

Referrals can be made by any health and social care professional.

**Referrals should be made by telephoning the Yorkshire Ambulance Service (YAS) Specialist Hub on 0300 3300263.**

This is a dedicated telephone line for Leeds palliative transport requests. If your call is not answered immediately please remain on the line as the calls are queued and the operators are aware of your call which will be prioritised. The operator will provide you with an estimated time of collection and a unique booking reference number.

## 2.5. DNACPR

It is expected that all category 1 patients will have a valid DNACPR form. Category 2 patients may have a DNACPR form if appropriate. As part of the regionally agreed protocol for patients with a DNACPR decision in place, the Registration Clerk within YAS will, as part of their questioning protocol, routinely ask whether there is a DNACPR decision in place for the patient.

The Registration Clerk within YAS will need to clarify at this point, if any relatives who may be travelling with the patient are aware of the DNACPR decision.

The caller must be informed to have the original copy of the DNACPR decision available for the crew to view and confirm its content on arrival and that the document should be ready to be transferred with the patient in an appropriate format.

The caller is further reminded that the original copy of the DNACPR decision is required to be retained with the patient for the duration of the journey(s).

The palliative care ambulance crew must ensure that the DNACPR form is passed to the family/carer to be placed in the patients care plan.

**NOTE: THERE IS NO LONGER A NEED TO FAX A COPY OF THE DNACPR ORDER TO YAS.**

When the crew arrive at the ward or care setting they ***must*** ask the member of staff responsible for the patient for the original copy of the DNACPR decision.

Upon receipt of the DNACPR form the crew need to check that it has been fully completed:

- Patient information in full – Box 1
- All Sections 1-3
- Where appropriate any specific ambulance instructions – this may include contact details of a member of the patient's medical team and an agreed destination in the event of death in the ambulance for those patients who may be deemed seriously ill.

Staff must remember that discretion **must** be maintained at all times.

The crew **must** record on their PDA that they are conveying the patient with a completed and valid DNACPR decision.

The current Palliative Care Ambulance Policy is available in the Palliative Care Ambulance giving further detail to the crew regarding support in the event that deterioration in the patient's condition on the journey leads to death. Specific ambulance crew instructions may also have been documented on the regional DNACPR form (bottom of page) - the crew will need to cross reference with this form.

A clinician (doctor or nurse) should facilitate discussion with the patient (where appropriate) and the patient's family about their preferred destination for the patient's body should death occur in transit. The options are:-

Chapel of Rest (Funeral Director)  
Agreed point (i.e. hospice)

The Chapel of Rest is the Lupton Avenue Branch of Dodgson's Funeral Directors; Tel (0113 249 8849) located close to central hospital sites with good access and support facilities to provide care for the patient's body, support for any family members and assistance for the crew. Medical certification is required to be completed before the family can arrange for their preferred Funeral Care provider to take over the care of the patient's body. If there has been no discussion with the patient and/or family, and no preferred destination stated at the time of booking; should apparent death occur during transportation, the crew will contact 999 for a paramedic to be despatched and inform the specialist hub. Once the paramedic has verified the death, the patient's body will be transported to the identified Chapel of Rest to await medical certification.

### **2.5.1 Transportation of vulnerable patients**

Patients that require additional support on the journey can be transported with a relative or a Registered Nurse/Health Care Assistant.

### **2.5.2 Transportation of patients who have an active infection**

Patients transferring with an active infection such as C Diff must be highlighted to the Specialist Service Hub at the time of the booking to allow the booking desk to allocate sufficient time for cleaning of the vehicle between patients. Where possible; patients with an active infection should be transported at the end of the day.

### **2.5.3 Transportation of bariatric patients**

A bariatric patient will be defined as anyone regardless of age, who has limitations in health and social care due to their weight, physical size, shape, width, health, mobility, tissue viability and environmental access with one or more of the following area:

- Has a Body Mass Index (BMI) > 40 kg/m<sup>2</sup> and or are 40kg above ideal weight for height (NICE 2004)
- Exceeds the working load limit (WLL) and dimensions of the support surface such as a bed, chair, wheelchair, couch, trolley, toilet, mattress.

The patient's weight must be clearly stated when booking an ambulance through the Specialist Service Hub .The Palliative Care Ambulance is a standard ambulance capable of transporting patients up to 127kg/20 stone. Yorkshire Ambulance Service has access to a heavy duty ambulance capable of transporting bariatric patients. Ideally the Ambulance service will require at least 72 hours notice in order to undertake a risk assessment and transfer strategy

### **2.5.4 Transportation of Patients requiring Oxygen**

The palliative ambulance has; on its vehicle an oxygen cylinder and portable oxygen units. Patients can be transported with up to 100% oxygen.

The prescribed dose of oxygen required during transportation must be given at the time of booking by a health care professional.

Children requiring the use of oxygen during transportation must be accompanied by their parent/carer/health care professional who will administer the oxygen to the child.

The patient must use their own mask or cannula.

## 2.6 Process to notify of delay

The specialist Hub will manage the working schedule for the Palliative Care Ambulance. If the crew identify a risk of potential delay, they will inform the specialist hub. The hub will then communicate this delay, with an explanation and an updated expected time of collection.

## 3. Out of Hours Period

Existing transport arrangements will continue to be used during times when the Palliative Care Ambulance is not in action.

## 4. Staffing

The Palliative Care Ambulance is a double crewed resource comprising of YAS Patient Transport Service (PTS) staff. The crews have received additional clinical and support training from St Gemma's Hospice, Martin House and YAS to specifically transport patients with palliative needs.

## 5. Training

To ensure the Palliative Care Ambulance is resourced and can manage all types of palliative care transport requests, a certain amount of skills training for the dedicated crew has been necessary. Staff have undertaken a dedicated training programme to support this. This includes the following:

<b>TRAINING</b>	<b>PROVIDER</b>
Basic life support including op airway, bag and mask and delivery of oxygen. PRF form filling	YAS
Introduction to Palliative Care	St Gemma's Hospice
Communication Skills & Body Language, Breaking Bad News & Supporting Carers	St Gemma's Hospice
Prevention of the spread of infection	YAS
Care of the patient during transit and recognition of when death approaching including DNACPR Form	YAS & St Gemma's Hospice
Syringe pumps & Oxygen	YAS & St Gemma's Hospice
Understanding of the Palliative Care Ambulance Operational Policy.	YAS
Customer Care and Equality & Diversity	YAS
Moving and handling, theory and practical which includes all ambulance equipment	YAS

## **6. Procedure if patient deteriorates en route**

In the event that the crew are concerned about continuing the journey or if they believe death might be imminent and there is no Registered Nurse support accompanying the patient:-

- The crew will pull in at the side of the road
- The crew will ring 999 for support
- The crew will contact the Specialist Hub with an update of the situation
- If the crew believe the patient has died they must record the time they observed the patient takes his/her last breath. The crew should also note who was present at that time
- The attending paramedic from YAS will advise if it is appropriate to continue on the journey, or they will offer appropriate support, and should death occur (or have occurred), they will verify the death
- The Specialist Hub will advise the relevant departments of the situation including the Chapel of Rest/Hospice
- The attending paramedic will document verification in the patient's Single Assessment Process folder (if available/applicable) and in the YAS documentation
- The Specialist Hub will direct the crew to take the patient's body to the identified Chapel of Rest in order for the essential medical certification to be completed.
- The crew will inform the Specialist Hub that they are ready to proceed to the Chapel of Rest. The Specialist Hub will advise if this can be done immediately or if there is a need to allow time for funeral care staff to return to the office – especially after 17:00 hours, at the weekend or on Bank Holidays
- The crew will then take the patient's body, and any accompanying family member (if they wish), to the Chapel of Rest. There is no charge for this facility.
- Once the relevant medical documentation has been finalised the family are at liberty to select any funeral care provider of their choice. The family are required to instruct any such Funeral Director to take over the care of the deceased and costs thereafter will be borne by the family.

## **7. Palliative Domiciliary Support**

There are rare occasions when District Nursing Teams require assistance with a patient who has rapidly deteriorated, is near the end of life and is required to be moved within their own home e.g. transfer from his/her own bed to be nursed in a hospital bed at home. The Palliative Care Ambulance crew can offer support in this situation provided the patient is not semi conscious/unconscious and there is available capacity on day.

## **8. Clinical Governance**

There is a clear clinical governance framework that underpins the service including effectiveness, governance and risk, safety, clinical and cost effectiveness and patient focus.

This framework will be overseen by the Palliative Care Transport Working Group and the Clinical Governance Dept. within YAS.

## **9. Outcome Measures**

This service will benefit patients, carers, healthcare professionals and healthcare providers by:

- Helping patients achieve their choice for place of care by reducing delays in discharge caused by restrictions to transport
- Ensuring appropriately trained ambulance personnel will provide quality care services to patients at the end of life during transportation
- Providing effective ways of working with professionals
- Providing better coordination and connectivity between hospital, hospice, community and ambulance services

In providing patients with choice in place of care at the end of life, whilst improving service provision, it is expected that the number of patients dying at home will increase.

## **10. Performance Monitoring**

Continual monitoring and audits of the Palliative Care Ambulance Service will be undertaken and performance will be monitored and evaluated.

Views of patients/carers will be included in audits