



# Clinical Practice Procedures: Other/QAS Clinical Consultation and Advice Line

<b>Policy code</b>	CPP_OT_QCCA_0722
<b>Date</b>	July, 2022
<b>Purpose</b>	To ensure a consistent procedural approach to QAS Clinical Consultation and Advice Line.
<b>Scope</b>	Applies to Queensland Ambulance Service (QAS) clinical staff.
<b>Health care setting</b>	Pre-hospital assessment and treatment.
<b>Population</b>	Applies to all ages unless stated otherwise.
<b>Source of funding</b>	Internal – 100%
<b>Author</b>	Clinical Quality & Patient Safety Unit, QAS
<b>Review date</b>	July, 2025
<b>Information security</b>	UNCLASSIFIED – Queensland Government Information Security Classification Framework.
<b>URL</b>	<a href="https://ambulance.qld.gov.au/clinical.html">https://ambulance.qld.gov.au/clinical.html</a>

While the QAS has attempted to contact all copyright owners, this has not always been possible. The QAS would welcome notification from any copyright holder who has been omitted or incorrectly acknowledged.

All feedback and suggestions are welcome. Please forward to: [Clinical.Guidelines@ambulance.qld.gov.au](mailto:Clinical.Guidelines@ambulance.qld.gov.au)

## Disclaimer

The Digital Clinical Practice Manual is expressly intended for use by appropriately qualified QAS clinicians when performing duties and delivering ambulance services for, and on behalf of, the QAS.

The QAS disclaims, to the maximum extent permitted by law, all responsibility and all liability (including without limitation, liability in negligence) for all expenses, losses, damages and costs incurred for any reason associated with the use of this manual, including the materials within or referred to throughout this document being in any way inaccurate, out of context, incomplete or unavailable.

© State of Queensland (Queensland Ambulance Service) 2022.



This work is licensed under the Creative Commons Attribution-NonCommercial-NoDerivatives V4.0 International License

You are free to copy and communicate the work in its current form for non-commercial purposes, as long as you attribute the State of Queensland, Queensland Ambulance Service and comply with the licence terms. If you alter the work, you may not share or distribute the modified work. To view a copy of this license, visit <http://creativecommons.org/licenses/by-nc-nd/4.0/deed.en>

For copyright permissions beyond the scope of this license please contact: [Clinical.Guidelines@ambulance.qld.gov.au](mailto:Clinical.Guidelines@ambulance.qld.gov.au)

As the provision of prehospital care advances towards patient-specific management, teleconsultation adjuncts are increasingly being used to ameliorate treatment pathways.<sup>[1-3]</sup> The *QAS Clinical Consultation and Advice Line*, enables ambulance clinicians to receive real-time clinical support and/or authorisation to perform interventions from senior medical specialists.

In alignment with the principles of good clinical practice, ambulance clinicians are encouraged to utilise this service in circumstances where consultation may assist in the delivery of patient care or enhance patient safety. Examples of these circumstances include, but are not limited to:

- Patient presentations or clinical situations the ambulance clinician has limited previous experience managing
- Instances where the ambulance clinician is responding as a single officer and requires support
- Instances where interventions outside of the documented QAS Scope of Practice may be beneficial
- Instances where the administration of a drug or performance of a clinical procedure requires mandatory consultation
- Instances where a clinical error has occurred which is an immediate risk to patient safety

The *QAS Clinical Consultation and Advice Line* is a recorded telephone menu system which allows ambulance clinicians to select the required service/specialist required for consultation. There are currently six unique consultation options that can be selected:

## 1. High Acuity Response Critical Care Paramedic (HARU-CCP) or Ambulance Medical Officer (AMO)

- This option should be selected for all consultations that regard clinical practice guidelines, clinical practice procedures or drug therapy protocols.
- If confusion exists regarding which specialist should be contacted for consultation, this option should be selected.

## 2. Mental Health Liaison Service (MHLS)

- The MHLS is staffed by specialised mental health clinicians who can access relevant Queensland Health records to augment the health care journey of a patient experiencing a mental health crisis.
- The MHLS can provide ambulance clinicians real-time information, advice and support regarding suggested care pathways and provide clarification on the application of mental health legislation.

## 3. Clinical Hub

- The Clinical Hub is a secondary triage service that prospectively conducts an in-depth secondary triage to determine the most appropriate healthcare pathway that is proportionate to the acuity of the patient's complaint.
- Ambulance clinicians may be requested to contact the clinical to receive patient specific information to augment healthcare delivery.

#### 4. Palliative Care (PallConsult)

- This service is staffed by specialised palliative care consultants that operate external to the QAS. To ensure a timely and appropriate consultation, ambulance clinicians must clearly identify themselves as a QAS employee to ensure pre-hospital specific guidance is provided.
- This service is open to all patients who have a diagnosed terminal or life limiting illness and is not limited to patients already known to Hospital and Health service palliative care teams.
- Decisions regarding the ongoing management and administration of medication must align with existing QAS clinical policy. If any doubt exists regarding the advice or instructions provided, the HARU-CPP/AMO option of the consult should be contacted for further direction.

#### 5. Poisons information Centre

- This service is staffed by specialised clinical pharmacists trained in toxicology that operate external to the QAS. To ensure a timely and appropriate consultation, ambulance clinicians must clearly identify themselves as a QAS employee to ensure pre-hospital specific guidance is provided.
- Ambulance clinicians are encouraged to utilise this service when attending patients presenting with acute poisoning either from unintentional or deliberate causes and require more specific information.

#### 6. Virtual Emergency Department referral

- This option should be selected when referring patients through the Metro North Virtual emergency department service that operates 0800-2200 Monday – Friday and 0800 – 1800 Saturday/Sunday. This service provides patients of all ages that present with a low acuity complaint access to emergency medical care in their home environment, avoiding unnecessary hospital conveyance.

#### Indications



- To obtain information and/or advice on a health condition and/or planned treatment pathway
- Prior to administering drugs or performing procedures requiring clinical consultation and approval as required and mandated in the DCPM.

#### Contraindications



- Nil in this setting

#### Complications



- As the consulting specialist is providing guidance or advice without personally assessing the patient, overarching clinical judgement remains the responsibility of the attending ambulance clinician.

## Additional information

- All calls to the *QAS Clinical Consultation and Advice Line* are recorded for quality assurance and training purposes. Additionally, they form part of the patient's clinical record.
  - Any attempt to contact the *QAS Clinical Consultation and Advice Line* or any instruction provided, must be appropriately documented within the relevant electronic ambulance report form (eARF). Ambulance clinicians should utilise the unique clinical consultation/advice line option within the management section and provide a short summary of the consultation in addition to the name of the approving clinician.
  - The collection of any images for the purpose of clinical consultation and/or quality assurance, forms part of the patient's health record and their existence must be documented with the relevant eARF. The storing of images must occur in alignment with the relevant policy statement available on the [QAS Portal](#).
  - Ambulance clinicians should adopt closed loop communication when utilising this service. This involves confirming and repeating back the information provided during the clinical consultation to ensure miscommunication does not occur.
  - If no option is selected within 10 seconds after the menu option has been played, the call will automatically be directed to option 1 (HARU-CCP/AMO).
  - If phoning the *QAS Clinical Consultation and Advice Line* using a satellite phone, the call will automatically be directed to option 1 (HARU-CCP/AMO) who can transfer the call accordingly to other options as required.
- If ambulance clinicians are unable to contact the *QAS Clinical Consultation and Advice Line*, or an error is identified with the system, the local operations centre should be contacted who will connect them with the required clinician.
  - All faults associated with the *QAS Clinical Consultation and Advice Line* must be reported using the electronic form available on the [QAS Portal](#).

## Procedure – QAS Clinical Consultation and Advice Line

1. Contact the *QAS Clinical Consultation and Advice Line* via [REDACTED] and select the required clinician.
2. Regardless of the option selected, the following structured narrative should be followed:

### Introduction



- Can I confirm I've contacted the *[insert clinician required]*?
- My name is *[name]* and I am a *[clinical rank]*
- I am currently located at *[suburb]* which is in *[QAS region]*

### Purpose



- I am phoning for *[clinical consultation/clinical advice]*
- Identify patient *[demographic details and current clinical presentation]*
- My treatment to this point has involved *[treatment]*

### Confirmation of information



- Can I confirm you have *[advised/authorised] the following drug/intervention/management*?

3. Complete the relevant eARF in accordance with existing clinical documentation policy.