Protocol for the handover of ambulance patients in the Emergency Department

August 2025

VICTORIA State Government | Department of Health

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Contents

Purpose

This document outlines a standardised **Ambulance Handover**[1] process to support:

- Safe and timely transfer of individuals arriving by ambulance to the Emergency Department (referred to in this document as "**Ambulance Handover**").
- Consistent and accurate recording of information to support broader ambulance-related performance oversight across health services, the Department of Health (the department) and Ambulance Victoria (AV).
- This document replaces the previous *Protocol for the clinical handover of ambulance patients in the ED* (June 2014).

Preliminaries

Definitions and related reporting requirements referenced throughout this document align with the department's current *Victorian Emergency Minimum Dataset (VEMD) Manual 2025-26*. In the event of any inconsistency, the VEMD Manual 2025-26 or later versions as appropriate, will take precedence.

Who should use this document

This document should be used by ED clinicians and ambulance paramedics as a protocol for the clinical handover and physical transfer of patients arriving by ambulance in the ED.

Health service and Ambulance Victoria (AV) executive staff are responsible for ensuring this protocol is applied at each respective health service as outlined in the annual Policy and Funding Guidelines for health services.

Why it matters

A standardised Ambulance Handover process enhances patient safety by ensuring consistent transfer of critical information, leading to better patient outcomes, timely care, improved staff collaboration, and increased paramedic availability.

Additionally, inconsistent reporting masks performance inefficiencies that increase likelihood of adverse events and limit the ability to improve processes and support better patient care.

1. Extracted from *VEMD Manual 2025-26, Section 2: Concepts and derived item definitions* accessed on 4th July 2026 via https://www.health.vic.gov.au/data-reporting/victorian-emergency-minimum-dataset-vemd. **Note** that this excludes Ambulance Clearing Time.

Principles

Principles to support effective ambulance handover of ambulance patients in Victoria:

PRINCIPLE 1:

Appropriate environment

The health service clinician is responsible for providing an appropriate environment for handover. The area should preserve patient confidentiality and limit non-critical interruptions to communication during handover.

PRINCIPLE 2:

Staff availability

Health services should ensure appropriate staff are available to receive clinical handover. The clinician receiving handover should be clearly identifiable and prepared to receive the handover uninterrupted. This is particularly important in the case of trauma or time criticality, when multiple clinicians are in the receiving area.

PRINCIPLE 3:

Agreement

Health services should establish processes which clearly outline roles and responsibilities of the receiving clinician and ensure agreement of clinical handover. At the point of agreed handover time, the receiving clinician accepts full responsibility for the patient. Receiving clinicians should take the opportunity to ask clarifying questions as part of the standardised handover.

PRINCIPLE 4:

Data integrity

Information collected is mutually agreed between ED clinician and paramedic crews and accurately recorded in appropriate information systems.

PRINCIPLE 5:

Concise

Clinical handover information is timely, accurate and completed only once, using an easily understood language with minimal accepted abbreviations.

PRINCIPLE 6:

Consistent structure and content

All handovers have a consistent structure to guide the content and flow of information in a manner that suits the clinical context and contain a minimum standard of information.

Achieving safe clinical Ambulance Handovers

Effective handovers involve the **consistent exchange and accurate recording** of information that is concise and structured according to a handover tool to provide high-quality patient care and reduce adverse events.[2]

Ambulance paramedics and hospital staff have a shared responsibility for ensuring effective and high-quality communication of relevant clinical information at clinical handover.

A process map infographic has been developed to assist clinicians and paramedics in working through each step of the clinical ambulance handover process and is available for download via https://www.health.vic.gov.au/patient-care/protocol-handover-ambulance-patients-emergency-department.

Key Responsibilities

The following table outlines the shared responsibility between ambulance paramedics and emergency staff in ensuring effective, high-quality communication of relevant clinical information when patient care responsibility is transferred.

Health Services

Emergency Department Staff	Executives and Senior Management
• Ensure an environment exists, including staff, to receive ambulance patients immediately on arrival to the ED. • Provide a suitable handover environment. • Agree on 'ambulance handover complete' time. • Acknowledge and accept responsibility for the patient • Enter agreed time in ED patient flow tracking system.	• Provide governance and leadership to ensure full local implementation of the guidelines. • Establish and maintain local processes for efficient clinical handover and patient transfer from ambulance stretchers. • Ensure sufficient resources are available to support timely clinical handover and patient transfer, in line with SoP timeframes. • Ensure all data is recorded and report accurately reflecting departmental requirements.

Ambulance Victoria

Paramedics	Executives and Senior Management
• Review clinical handover details pre-arrival. • Remain with the patient during clinical handover. • Reach agreement with the receiving ED clinician on 'ambulance handover complete.' • Enter agreed time in VACIS.	• Provide governance and leadership to ensure full local implementation of the guidelines. • Develop, implement and monitor local processes such as demand management strategies to support appropriate ambulance distribution and alignment to receiving health services' clinical capabilities.

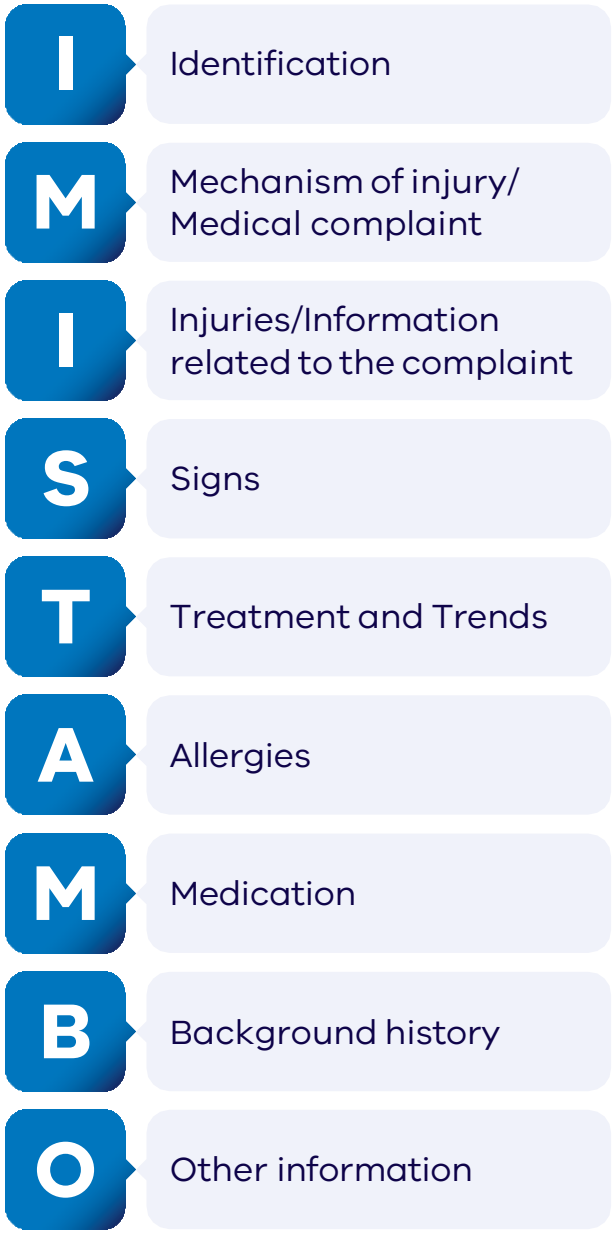
2. Dawson, King and Grantham, et al, Improving the hospital clinical handover between paramedics and emergency department staff in the deteriorating patient, Emergency Medicine Australasia (2013) 25, 393–405.

IMIST – AMBO Clinical Handover model

Many models of clinical handover (sometimes referred to as structured handover tools) exist in Victoria, nationally, and internationally. The IMIST-AMBO model is a standardised model used by many Victorian health services and AV when communicating clinical handover of ambulance patients in the ED.

The IMIST-AMBO model should be followed during clinical handover of ambulance patients in the ED irrespective of IT systems in place at health services.

The model includes:



Recording and reporting Ambulance Handover times

Ambulance at Destination and Ambulance Handover Complete

'Ambulance at Destination'[3] will be recorded by both ED staff and paramedics. This time represents the **point in which the ambulance is parked in hospital waiting bay with engine off and paramedics activate the arrival button on their Mobile Data Terminal (MDT) to commence the Ambulance Handover process with ED staff.**[4]

'Ambulance Handover Complete'[5] time will be recorded by the ED nurse in the Electronic Medical Record (EMR). This time represents the **agreed point between the Ambulance Victoria (AV) paramedic and ED clinician when the following steps are complete:**[6]

- **Clinical information has been given to the ED clinician; and**
- **The patient has been moved from the ambulance stretcher to the hospital bed, care area or waiting room.**

Both the agreed 'Ambulance at Destination' and 'Ambulance Handover Complete' time is entered into the Victorian Ambulance Clinical Information System (VACIS) and the ED information system for reporting into the VEMD.

The department's reporting processes use the VEMD as the single point of reference for health service reporting, performance management and data analysis. ED clinicians and paramedics are required to both agree on 'Ambulance Handover Complete' times to ensure data remains consistent and accurate.

If there are any concerns with material discrepancies between data sources, please reach out to Performance Improvement via performance.improvement@health.vic.gov.au

3. Extracted from *VEMD Manual 2025-26, Section 2: Concepts and derived item definitions* accessed on 4th July 2026 via https://www.health.vic.gov.au/data-reporting/victorian-emergency-minimum-dataset-vemd
4. Situations that are **not** considered Ambulance at Destination time:
   - Ambulance has a visual on the hospital premise but not yet arrived at the waiting bay (too early).
   - Paramedic arrived on foot at ED triage desk (too late).
5. Extracted from *VEMD Manual 2025-26, Section 2: Concepts and derived item definitions* accessed on 4th July 2026 via https://www.health.vic.gov.au/data-reporting/victorian-emergency-minimum-dataset-vemd
6. Refer to the VEMD Manual 2025/26 for examples of case studies, including what is **not included**.

Acknowledgements

The Victorian Department of Health would like to acknowledge the valuable work of New South Wales Health and New South Wales Ambulance in developing the IMIST-AMBO handover model.

NSW Health and NSW Ambulance have approved the use of the model for clinical handover in the Protocol for the clinical handover of ambulance patients in the ED for the Victorian Health system.

Glossary

Term	Definition
Ambulance at Destination	Time of ambulance arrival at the hospital and immediately prior to the paramedic turning the engine off and/or getting out of the vehicle. This time is generated by ambulance paramedics activating the arrival button on their Mobile Data Terminal (MDT) or RavNet radio when they arrive at the ambulance bay at the hospital.
Ambulance Handover Complete	Time when: • Clinical information has been given to the ED clinician; **and** • The patient has been moved from the ambulance stretcher to the hospital bed, care area or waiting room.
Clinical Handover	Refers to the transfer of professional responsibility and accountability for some or all aspects of care for a patient, or group of patients, to another person or professional group on a temporary or permanent basis'[7]
Physical Transfer	Refers to the physical relocation of a patient from an ambulance chair or stretcher to an Emergency Department bed, chair or waiting room.
VACIS	Refers to the Victorian Clinical Information System.
CIS	Refers to a hospital's Clinical Information System that is used to capture patient information.
EMR	Refers to a patient's Electronic Medical Record.
VEMD	Refers to the Victorian Emergency Minimum Dataset that captures key metric information from hospitals' CIS and EMR for reporting to the department.
SoP	Refers to Health Service's Statement of Priorities

7. Australian Commission on Safety and Quality in Health Care (ACSQHC), National Safety and Quality Service Standards (Sec Edition), Page 75, Sydney, 2021.