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	Effective Date:	08-30-2022
	Document Type:	Policy
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	Department/Section:	ER/OPD
	Document Title:	AMBULANCE PROTOCOL

PURPOSE:

To establish guidelines on the proper use of the hospital's transport system.

LEVEL:

Registered Nurse, DEM Physician, DEM PGI, Cashier, Auxiliary, Ambulance Driver


DEFINITION OF TERMS:

Ambulance- a vehicle designed and equipped in transporting sick or injured patients to, from, and between places of treatment by land, water or air, affording safety and comfort to the patients and avoiding aggravation of illness or injury. This excludes rapid response vehicles such as, but not limited to, motorcycles, cars and other vehicles designed to transport patients but are not equipped to respond to medical emergencies.

ER -Emergency Room, it is also called Emergency Department. The department in the hospital responsible in providing urgent medical and surgical care.

POLICY:

1. Ambulance service shall be an indispensable part of operating a hospital facility.
2. Patients of all ages shall be transported by the ambulance.
3. The Assessment Tool for Licensing a Land Ambulance and Ambulance Service Provider shall be revisited and accomplished twice a year (May and September) with assistance from the Total Quality Division to ensure that all the requirements set by the Health Facilities and Services Regulatory Bureau of Department of Health are complied.

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4. Service Delivery:

4.1. Continuous Quality Improvement:

- a) A client satisfaction survey (see Annex A) shall be accomplished after every trip made by the ambulance.
- b) All surveys shall be documented properly and analyzed to ensure that the ambulance service given to the clients are satisfactory.
- c) Any issues and complaints raised by the client shall be addressed immediately by the department/ person concerned.

4.2. A quality assurance program (*See policy on Ambulance Continuous Quality Improvement Program for further details*) shall be in place.

4.3. A copy of the clinical protocol for each cases attended by the ambulance service shall be created and readily available for use by the ambulance team at all times.

5. Information Management:


5.1. The Hospital Referral Form (see Annex B) shall be completely and accurately filled out by the Ambulance Team.

5.2. All Hospital Referral Form shall be filed and stored in the department for a maximum of five (5) years. Disposal of which shall follow the hospital's protocol on disposing hospital documents.


5.3. A logbook bearing all the details of the ambulance trips shall be kept inside the ambulance. Once the logbook is filled, it shall be kept in the designated storage area inside the ER/OPD for a maximum of five (5) years.

5.4. An Annual Statistical Report shall be created by the ER/OPD Manager by the end of the year.

- a) The report shall be presented to the Management Committee and a copy of the report will be sent to the Total Quality Division.
- b) The Annual Statistical Report shall contain the following information: (per vehicle)
 - Total number of conductions
 - Total hospital to hospital conduction
 - Total other health facilities to hospital conduction


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- Hospital to home conduction
 - Home to hospital conduction
 - Hospital to other routes (i.e. hospital to airport) or vice versa)
 - Reasons for referral or transport
6. The ambulance personnel shall ensure that the environment is safe for the patients and staff including the members of the public.
 7. The ER/OPD Department shall make sure that the emergency kit/box that goes with the DPOTMH ambulance has complete medicines, gadgets and paraphernalia following DOH guidelines and recommendation. (*see SOP on Ambulance Equipment, Medicines and Supplies*)
 8. The ER/OPD Department and the Engineering and General Services Division shall make sure that the schedule of Ambulance driver shall cover 24 hours from Mondays to Saturdays and until 5pm on Sundays.
 - 8.1. The AMITY ambulance shall run the operation of the ambulance from 5:00 P.M. every Sunday until 6:00 A.M. on Monday and/or if the DPOTMH ambulance are not available (eg. Preventive maintenance or engine trouble, etc.). DEM staff nurse shall direct the client to call AMITY the soonest time for the availability of the ambulance. AMITY hotline number is 161.
 - 8.2. In the absence of AMITY during allotted schedule, the DPOTMH driver will be on call to run the ambulance.
 9. The ambulance shall not be used for transport of patient from other hospital to another hospital, from a hospital to DPOTMH, from a house to another house or from house to other hospital.
 - 9.1. Psychiatric patients and dead patient shall not be transported by the ambulance.
 10. ER/OPD staff nurses shall facilitate if the need for an ambulance arises within the schedule time in their department. For in patients, the assigned staff nurse on duty

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shall facilitate the request for ambulance that shall includes: ambulance charges, ambulance call slip and amity waiver for the use of AMITY ambulance.

11. For ambulance reservations (e.g. Inter Department use, Riverside College, DPOTMH foundation, etc.) it must be done at least 3 days before the schedule activity with corresponding charges applied.
12. A minimum of at least two (2) responders, excluding driver is required for every ambulance dispatched. These responders are either Doctor, Nurse, Auxiliary that had undergone staff development and continuing education program such as,
 - 12.1. standard first Aid,
 - 12.2. Basic Life Support,
 - 12.3. Advanced Cardiac Life Support- trained from a DOH recognized training provider to upgrade the knowledge and skills of the staff.
 - 12.4. Emergency Medical Technician (EMT) Training/ Paramedic Training (required by DOH starting year 2020 onwards)
13. There shall be one (1) driver for every shift and each shall have the following:
 - 13.1. Valid Professional Driver's License
 - 13.2. Certificate of Proficiency from TESDA (NC II) in Driving.
14. All DPOTMH patients transported to other Hospitals within a radius of 20 kilometers after city limits shall be accompanied by either a Resident Doctor, a Nurse or a Post Graduate Intern (PGI).
 - 14.1. All DPOTMH patients transported to their home shall not be accompanied by a Resident Doctor, a Nurse or a Post Graduate Intern (PGI).
15. Ambulance shall be adequately equipped with appropriate equipment, medicine and supplies and shall bear markings prescribed by the DOH (*see Standard Operating Procedure on Ambulance Equipment, Medicines and Supplies*).

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16. All ambulance transactions shall follow the standard protocol set and designed to service DPOTMH patients.
17. For patients who are brought into the DPOTMH Emergency Department by any ambulance of different health facility with no accompanying relative/significant others, the accompanying health care staff shall leave DPOTMH when a relative of the said patient arrives.
18. All DPOTMH regular/permanent employees are entitled to free use of ambulance within a radius of 20 kilometers after city limits.
19. All DPOTMH patients transported to other Hospitals within a radius of 20 kilometers after city limits shall be accompanied by either a Resident Doctor, a Nurse or a Post Graduate Intern (PGI).
20. All DPOTMH patients transported to their home shall not be accompanied by a Resident Doctor, a Nurse or a Post Graduate Intern (PGI).
21. In cases of equipment breakdown, an admitted patients who seek for STAT procedure in another hospital may utilize the DPOTMH ambulance for free, provided it is ordered by his/her attending physician in the patient chart as a STAT diagnostic procedure.

DOCUMENTATION:



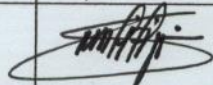
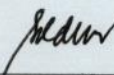


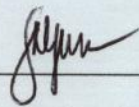
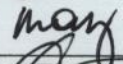

Revised Policy


DISSEMINATION:

1. Hospital Communicator
2. Unit Meeting


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	Document Title:	AMBULANCE PROTOCOL

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	Name/Title	Signature	Date
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Verified by:	KONRAD JAN J. ESCOBIA OIC- ER/OPD Department		9/6/22
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	SHALAINE SOCORO L. DURAN, RN Nurse Manager for Operations		9/6/2022
	HANNAH KHAY S. TREYES, RN, MN Chief Nurse		9/7/2022
Reviewed:	DENNIS C. ESCALONA, MN, FPCHA, FPSQua Quality Assurance Supervisor		9/06/2022
Recommending Approval:	MARIA LIZA C. PERAREN, RN, MAN Nursing Service Division Officer		9/8/2022
	MA. ANTONIA S. GENSOLI, MD, FPPS, FPCHA Vice President – Chief Medical Officer		9-13-22
Approved:	GENESIS GOLDI D. GOLINGAN President and CEO		9/24/22

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ANNEX A:

 <p>DR. PABLO O. TORRE MEMORIAL HOSPITAL</p>	<h1>RIVERSIDE MEDICAL CENTER, INC.</h1> <p>Owner and Operator of the Dr. Pablo O. Torre Memorial Hospital A proud member of the Metro Pacific Hospital Holdings, Inc.</p>
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DPOTMH AMBULANCE PATIENT SATISFACTION SURVEY

Dear DPOTMH Client,

As part of our compliance with the Department of Health (DOH), may we ask for a minute of your time in evaluating our Ambulance Services? Your objective evaluation of our Ambulance Services will help us improve our services.

Data Privacy and confidentiality shall be properly observed.

Thank you very much.

NAME: (Optional) _____ Age: ____ Address _____

- The DPOTMH Ambulance personnel arrived on time.

Agree	Neither Agree or Disagree	Disagree
-------	---------------------------	----------
- The DPOTMH team acted in a compassionate and caring manner.

Agree	Neither Agree or Disagree	Disagree
-------	---------------------------	----------
- The DPOTMH team were knowledgeable and competent.

Agree	Neither Agree or Disagree	Disagree
-------	---------------------------	----------
- The DPOTMH team listened to the report given by the facility staff and asked appropriate questions to ensure quality patient care.

Agree	Neither Agree or Disagree	Disagree
-------	---------------------------	----------
- The DPOTMH team were polite and respectful.

Agree	Neither Agree or Disagree	Disagree
-------	---------------------------	----------
- The DPOTMH team were professional.


Agree	Neither Agree or Disagree	Disagree
-------	---------------------------	----------
- The overall quality of care our patient received from DPOTMH was excellent.

Agree	Neither Agree or Disagree	Disagree
-------	---------------------------	----------


DPOTMH-CRCCO-I002
Effective Date: 03-01-2022


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ANNEX B:

 <p>RIVERSIDE MEDICAL CENTER, INC. Owner and Operator of the Dr. Pablo O. Torre Memorial Hospital A proud member of the Metro Pacific Hospital Holdings, Inc.</p>	<p align="center">REFERRAL FORM</p>	
	<p>Date: _____ Time: _____ Referred Facility: _____</p> <p>Patient: _____ Age / Sex: _____ / _____</p> <p>Guardian: _____ Relationship: _____</p> <p>Brief History / Clinical abstract: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Clinical impression: _____</p> <p>_____</p> <p>Medications given: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>BP: _____ HR: _____ RR: _____ T: _____ O2sat: _____</p> <p>-----</p> <p align="center">REFERRAL ACKNOWLEDGMENT FORM</p> <p>Patient: _____</p> <p>Received by: _____ (Signature / Name and designation)</p> <p>Date: _____ Time: _____</p> <p>DPOTMH-DEM-1022 Effective Date: 09-01-2021</p> <p align="right">Unauthorized duplication of this form is strictly prohibited</p> <p align="center">B.S. Aquino Drive, Bacolod City, Neg. Occ. 6100, Philippines • www.rivermedcenter.net (034) 705-0000 / (034) 433-7331</p>	

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	Effective Date:	08-30-2022
	Document Type:	Standard Operating Procedure
	Page Number:	1 of 3
	Department/Section:	ER/OPD
	Document Title:	AMBULANCE PROTOCOL

PURPOSE:

To establish guidelines on the proper use of the hospital's transport system.

SCOPE:

Applies to all ER/ OPD staff of Dr. Pablo O. Torre Memorial Hospital


PERSON RESPONSIBLE:

Registered Nurse, DEM Physician, DEM PGI, Cashier, Auxiliary, Ambulance Driver

PROCEDURE:

A. CALLS FROM OUTSIDE THE HOSPITAL


1. The Emergency room nurse on duty receives a call requesting for an ambulance.
2. The Emergency room nurse on duty who receives the call asks for pertinent data required in the ambulance call slip and the time of patient pick up.
3. The Emergency room nurse on duty activates the DPOTMH ambulance system by:
 - 3.1. Preparing the necessary materials for the ambulance run
 - 3.2. Coordinating with the nurses and DEM doctors
 - 3.3. Filling and signing the ambulance call slip
4. The Emergency room nurse on duty forwards the ambulance call slip to the assigned auxiliary who coordinates with the driver for dispatch.
5. The Emergency room nurse on duty verifies and confirms with the caller by return call using the contact number received from the caller.
6. The Emergency room nurse on duty makes appropriate charges for the use of ambulance to the patient concerned and attaches the ambulance call slip to the logbook for documentation.

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

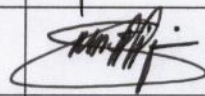
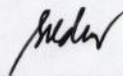


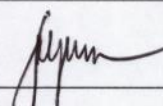
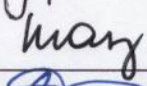

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B. CALLS WITHIN THE HOSPITAL

1. The Station nurse on duty calls the Emergency Room for the availability of ambulance.
2. The Station nurse on duty encodes to Bizbox the corresponding ambulance charges.
3. The Station nurse on duty secures three copies of ambulance slip from the Emergency Department and logs the call slips in the ambulance logbook (refer required data from the logbook).
4. The Station nurse on duty fills in the pertinent data required in the ambulance call slip, this includes the Official Receipt No. for cash payment or Reference No. for charge/in patient.
5. The Emergency room nurse on duty countersigns the call slip.
6. The Station nurse on duty informs the auxiliary assigned for ambulance runs if the patient is ready for transport.
7. The Station nurse on duty endorses the three copies of the ambulance slips to the auxiliary.
8. The Auxiliary on duty for ambulance informs the ambulance driver on duty of the dispatch schedule.
9. The Auxiliary transports the patient from the station via stretcher.
10. The auxiliary positions and secures the patient in the stretcher inside the ambulance.
11. Transport begins.
12. Upon returning, the ambulance driver retains two ambulance slip copies; one copy is endorsed to the Security Guard and the other copy to the Emergency Room Nurse on duty.
13. The Emergency Room Nurse on duty keeps the call slip for filing.




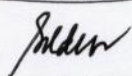


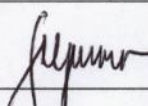
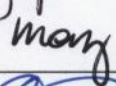

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	Document Title:	AMBULANCE PROTOCOL

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	Name/Title	Signature	Date
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	HANNAH KHAY S. TREYES, RN, MN Chief Nurse		09/07/2022
Reviewed:	DENNIS C. ESCALONA, MN, FPCHA, FPSQua Quality Assurance Supervisor		9/6/2022
Recommending Approval:	MARIA LIZA C. PERAREN, RN, MAN Nursing Service Division Officer		9/8/2022
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Approved:	GENESIS GOLDI D. GOLINGAN President and CEO		9/22/22

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	Effective Date:	08-30-2022
	Document Type:	Flowchart
	Page Number:	4 of 4
	Department/Section:	ER/OPD
	Document Title:	AMBULANCE PROTOCOL

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	Name/Title	Signature	Date
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Reviewed:	DENNIS C. ESCALONA, MN, FPCHA, FPSQua Quality Assurance Supervisor		09/06/2022
Recommending Approval:	MARIA LIZA C. PERAREN, RN, MAN Nursing Service Division Officer		9/8/2022
	MA. ANTONIA S. GENSOLI, MD, FPPS, FPCHA Vice President – Chief Medical Officer		9-13-22
Approved:	GENESIS GOLDI D. GOLINGAN President and CEO		9/22/22

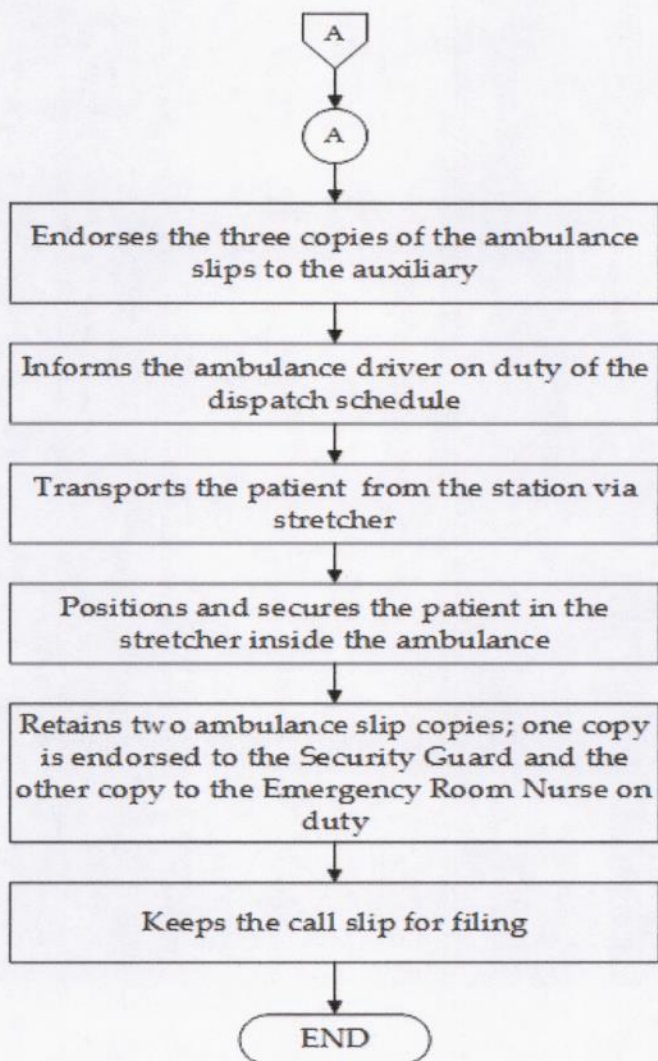


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FLOWCHART





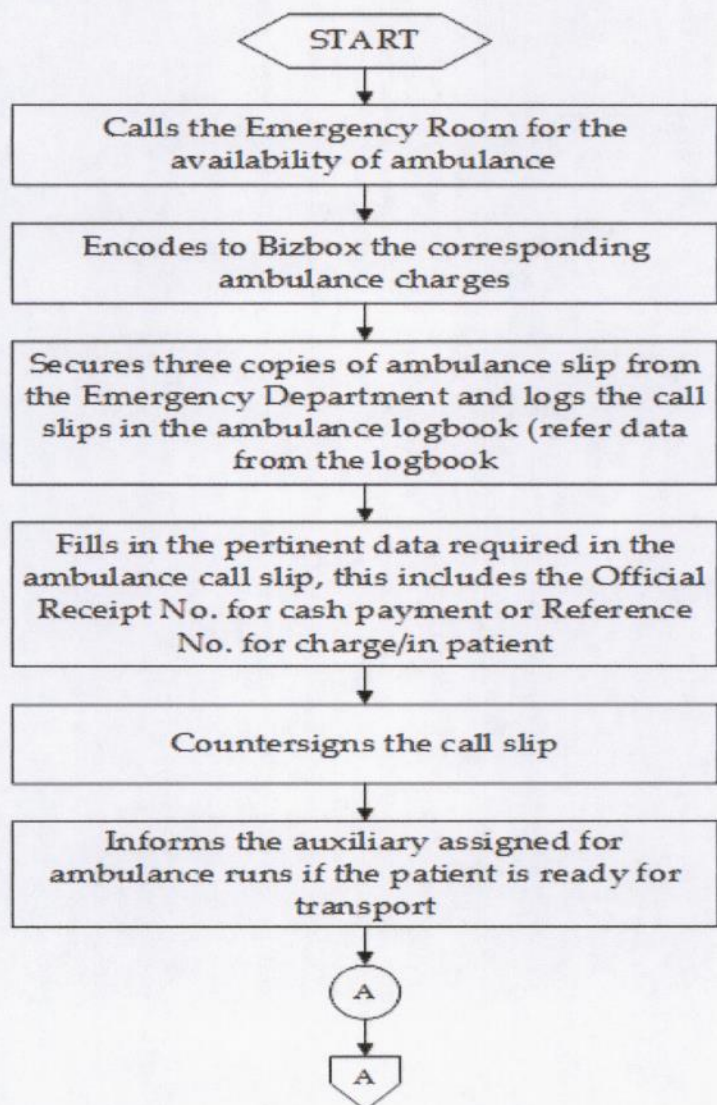
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FLOWCHART

CALLS WITHIN THE HOSPITAL





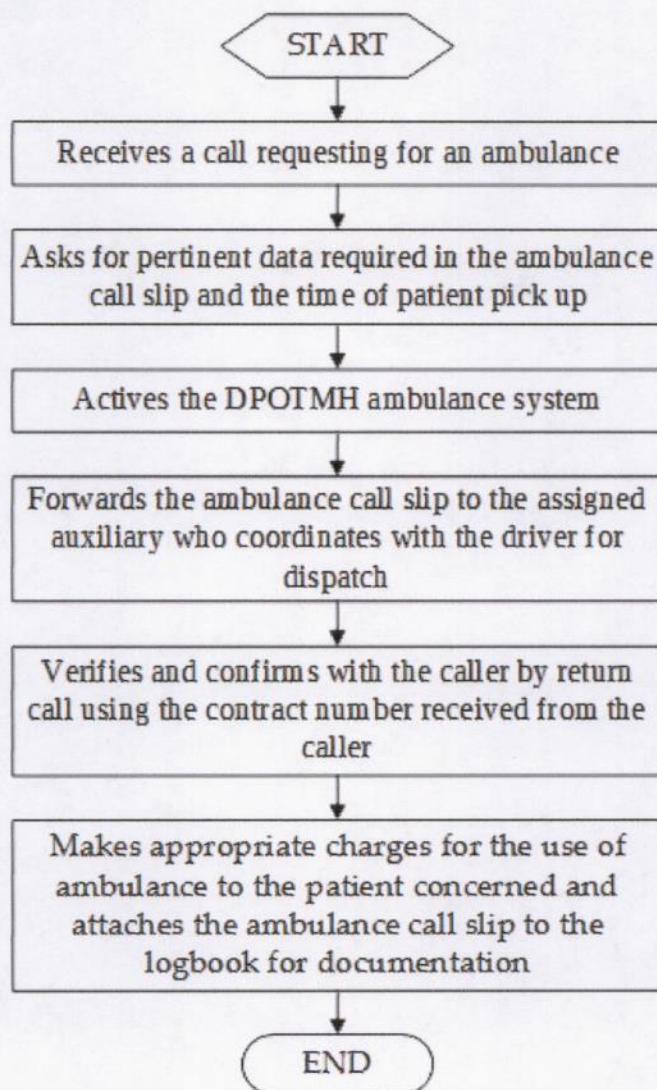
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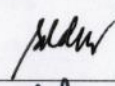


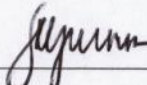
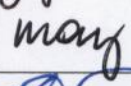

FLOWCHART


CALLS FROM OUTSIDE THE HOSPITAL




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	Effective Date:	08-30-2022
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	Page Number:	3 of 3
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	Document Title:	AMBULANCE PROTOCOL

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	SHALAINE SOCORO L. DURAN, RN Nurse Manager for Operations		9/6/2022
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Recommending Approval:	MARIA LIZA C. PERAREN, RN, MAN Nursing Service Division Officer		
	MA. ANTONIA S. GENSOLI, MD, FPPS, FPCHA Vice President – Chief Medical Officer		9.13.22
Approved:	GENESIS GOLDI D. GOLINGAN President and CEO		9/22/22

 <p>DR. PABLO O. TORRE MEMORIAL HOSPITAL</p>	Document Code:	DPOTMH-I-40-P04-WI01
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charge/in patient.	
5. Countersigns the call slip.	ER Nurse-on-duty
6. Informs the auxiliary assigned for ambulance runs if the patient is ready for transport.	Station Nurse-on-duty
7. Endorses the three copies of the ambulance slips to the auxiliary.	
8. Informs the ambulance driver on duty of the dispatch schedule.	Auxiliary on duty
9. Transports the patient from the station via stretcher.	
10. Positions and secures the patient in the stretcher inside the ambulance.	
11. Retains two ambulance slip copies; one copy is endorsed to the Security Guard and the other copy to the Emergency Room Nurse on duty.	Ambulance Driver
12. Keeps the call slip for filing.	ER Nurse-on-duty

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B.S. Aquino Drive,
Bacolod City,
Negros Occidental,
6100

KEY TASKS	PERSON RESPONSIBLE
CALLS FROM OUTSIDE THE HOSPITAL	
1. Receives a call requesting for an ambulance.	ER Nurse-on-duty
2. Asks for pertinent data required in the ambulance call slip and the time of patient pick up.	
3. Activates the DPOTMH ambulance system	
4. Forwards the ambulance call slip to the assigned auxiliary who coordinates with the driver for dispatch.	
5. Verifies and confirms with the caller by return call using the contact number received from the caller.	
6. Makes appropriate charges for the use of ambulance to the patient concerned and attaches the ambulance call slip to the logbook for documentation.	
CALLS WITHIN THE HOSPITAL	
1. Calls the Emergency Room for the availability of ambulance.	Station Nurse-on-duty
2. Encodes to Bizbox the corresponding ambulance charges.	
3. Secures three copies of ambulance slip from the Emergency Department and logs the call slips in the ambulance logbook (refer required data from the logbook).	
4. Fills in the pertinent data required in the ambulance call slip, this includes the Official Receipt No. for cash payment or Reference No. for	