D15/12834
(LAC12/107)

The Hon Jillian Skinner MP
Minister for Health

Ref:INQ14/38

Ms Ronda Miller
Clerk of the Legislative Assembly
Office of the Clerk
Parliament House
6 Macquarie Street
SYDNEY NSW 2000

4 MAY 2015

Dear Ms ~~Miller~~ Ronda

Report No. 19/55 of the Public Accounts Committee – Examination of the Auditor-General's Performance Audits May 2013 – July 2013

I refer to your letter of 14 November 2014 in relation to Report No. 19/55 of the Public Accounts Committee (PAC) – *Examination of the Auditor-General's Performance Audits May 2013 – July 2013.*

I am pleased to provide NSW Health's progress (please refer to **Tab A**) in relation to recommendations 5, 6, 7, and 8 that relate to the Auditor-General's performance audit reports on Building Energy Use in NSW Hospitals, Managing Operating Theatre Efficiency for Elective Surgery and Reducing Ambulance Turnaround Time at Hospitals conducted in 2013.

NSW Health welcomes the work of the Audit Office and Public Accounts Committee. I am pleased to report to the PAC on the progress on each of the four recommendations in the context of the broader government strategy for energy efficiency, health specific strategy like NSW Ambulance's Integrated Care Strategy and the completion of recommendation 7 with the Operating Theatre Guidelines published in December 2014.

Should you require any further information, please contact Ms Deborah Oong, Associate Director, Corporate Governance and Risk Management on 9391 9446 or email doong@doh.health.nsw.gov.au.

Yours sincerely

Jillian Skinner

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Tab A

NSW HEALTH Response to Recommendations 5, 6, 7, 8 from the REPORT No. 19/55 of the Public Accounts Committee – Performance Audits May 2013 – July 2013

No.	PAC Recommendation	Status Update by NSW Health
5.	The Committee recommends that NSW Health adopt a comprehensive sustainability strategy by February 2015	**Performance Audit Building Energy Use in NSW Hospitals** The revised Sustainability Strategy is currently being completed. New targets for energy and water use and waste production that are consistent with the Government Resource Sustainability Strategy have been canvassed with the District Energy Managers and a reporting framework has been developed. The Sustainability Strategy document is currently being finalised with an emphasis on the integration of sustainability into our way of doing business. The final strategy will be completed, reviewed and released by mid-May 2015.
6.	The Committee recommends that NSW Health support the introduction of the energy and water benchmarking tool to Local Health Districts by February 2015	**Performance Audit Building Energy Use In NSW Hospitals** The first version of the energy and water benchmarking tool has been completed, reviewed by the Ministry and by the Reference Group established for its development and has been presented to the Sustainability Roundtable in April 2015. The benchmarking results will be provided to Local Health District Chief Executives by the end of April utilising both the current 2013 data and the 2014 data. It should be noted that as this is the first version of the benchmarking tool, there are a number of issues with both the data that is being imputed to the tool and with the tool itself. These will need to be resolved in future evolutions of the tool. The experts engaged to develop the tool noted that this also occurred with the NABERS tool for offices, where there was a four to five year development process before it became widely accepted in the market as accurately benchmarking energy use. The Ministry is already considering key issues to be resolved in the future development of the energy Benchmarking tool. These include: ▪ The use of the National Weighted Activity Unit for acute, non-acute and emergency services as the measure of activity against which energy use will be benchmarked. This should provide a much better measure of hospital activity than the measures currently use. ▪ Better delineation of the scope of activity that is being undertaken through each electricity meter, allowing a more consistent comparison across various sites. The development of the water benchmarking tool will provide even greater challenges, as water consumption data is not available for most hospitals outside the area covered by Sydney Water, Hunter Water and the Central Coast Water Scheme. As a result, further development of the water benchmarking tool has been delayed by 12 months to allow improved data collection on water consumption.

No.	PAC Recommendation	Status Update by NSW Health
7	The Committee recommends that NSW Health finalise the guidelines to promote best practice in operating theatre management by December 2014	**Performance Audit Managing Operating Theatre Efficiency for Elective Surgery** The Operating Theatre Guidelines were finalised in December 2014 and have been published and can be viewed on the Agency for Clinical Innovation website at: http://www.aci.health.nsw.gov.au/__data/assets/pdf_file/0004/252436/operating-theatre-efficiency-guidelines.pdf
8	The Committee recommends that NSW Health support the Ambulance Service of NSW in the roll out of the transferring patients to hospital alternatives initiative to other areas of NSW as part of the integrated care program	**Performance Audit Reducing Ambulance Turnaround Time at Hospitals** NSW Health will continue to support NSW Ambulance in the implementation of a range of models of care in transferring patients to hospital alternatives according to local needs of health services. NSW Ambulance's Integrated Care Strategy focuses on improving the integration and connectedness of the models of care with other health and social services providers, Medicare Locals and non-government organisations within and across Local Health District boundaries. Factsheets are provided as examples of the various initiatives under NSW Ambulance's integrated care strategy.

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FACT SHEET

Frequent User Management

NSW Ambulance has received prestigious awards and attracted worldwide interest for its innovative Frequent User Management (FUM) program, which works with frequent Triple Zero (000) callers to identify more appropriate health care, breaking the cycle of reliance on NSW Ambulance.

Frequent users represent a relatively small group of patients, but they account for a disproportionally high number of calls to NSW Ambulance. The high number of calls made by these patients leads to concerns that they may not be receiving the most appropriate care, generates high health care costs and places increasing stress on ambulance services and the wider health system. This, in turn, potentially compromises access, quality and safety of care, and patient outcomes.

It is important to note that these are not necessarily patients who are abusing or misusing the system. Rather, they should be viewed as a complex and psychosocially vulnerable group of patients whose health care needs are not being met and who resort to accessing care via Triple Zero (000).

Responding to such patterns of use in the most appropriate way can deliver improvements to the patient's quality of care, help to address underlying issues, reduce service pressures and deliver significant system-wide savings.

Working with patients

The FUM program works proactively and collaboratively with patients and other key stakeholders to provide timely and appropriate treatment to patients who have been identified as frequent users, breaking the cycle of reliance on NSW Ambulance.

Based on evidence in the literature, five strategies/interventions were identified for implementation as part of the FUM program:

1. notification to existing care providers only
2. notification to patient only
3. notification to patient, LHD and development of multi-agency plan
4. designated case management
5. agreement of appropriate ambulance use.

The program has adopted the definition of 'frequent' as 10 or more calls in a six month period. The patient is seen as a key stakeholder, with initial contact being a written invitation to participate. Following a one-on-one needs assessment, an interagency care planning meeting is held with participation from all current and potential service providers. The patient is encouraged to attend interagency care planning meetings (with support provided as necessary), is aware of the reasons why interventions are necessary, and has input into the interventions that will be implemented.

An evaluation of the program, as at 30 June 2014, shows an average reduction in use of 68 per cent in the patients who are receiving interventions.

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FACT SHEET - FREQUENT USER MANAGEMENT

Model of care process flowchart

Identification/ review

- Identify high-use frequent user patient from data report.
- Undertake review of patient ambulance use/presenting acuity with zone manager for area where the patient resides or had the majority of contacts.

Determine intervention

- Following review, choose initial intervention to trial.
- Discuss proposed intervention with Frequent User Clinical Services Committee.

Assessment planning

- If NSW Ambulance intervention is indicated, determine who will undertake the assesment/contact the patient.
- Plan to undertake assessment. If assessment will take place face-to-face, two people are required.

Contacting patient

- Send standard letter to patient.
- Make follow-up phone call (if number is available) five to seven days after letter to introduce service and arrange assessment to determine reasons for ongoing use of ambulance services.
- Offer home-visit as preferred mode of assessment; if patient declines, offer phone assessment.
- If no response to phone call after a number of attempts, discuss option of home visit with Frequent User Clinical Services Committee.
- If patient refuses to engage, discuss further at Frequent User Clinical Services Committee.

Engaging patient

- If patient is amenable to assessment, provide further rationale for the service and intended outcomes.
- Inform patient of confidentiality and how the information will be used.
- Undertake assessment using standardised tool.
- Inform patient of follow-up contact within one week of assessment date.
- Arrange a date and time to contact the patient to provide feedback outcome of assessment and discuss possible interventions which will be offered.

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Paramedic Connect

Paramedic Connect is a collaborative initiative between NSW Health and NSW Ambulance to increase paramedic engagement with communities and increase access to health services in rural and remote communities.

Background

Health services worldwide face many challenges in providing timely health care to their communities. It is evident through a number of health reviews, and more recently highlighted in the *Garling Report*, that increasing pressures caused by an ageing population, changes in technology, community expectations and demands on the health care workforce are significant demand drivers influencing the delivery of health care – particularly in rural and remote communities.

In order to meet these challenges, health service providers are identifying opportunities to develop collaborative and flexible service models that could enhance the efficiency, effectiveness, and sustainability of existing health care services to better meet community needs in rural and remote areas. The view of communities and health care workers is essential in shaping this model of care which is patient-centred and designed to provide value-added services to rural and remote communities.

A successful pilot of what is now Paramedic Connect was undertaken in Hillston in 2007 and yielded a range of benefits for the community and the paramedics who work there.

The changing role of NSW Ambulance

NSW Ambulance has traditionally been seen as a provider of emergency care and transport and recognises this will continue to be its core role. In recent years, NSW Ambulance has implemented innovative models of care to support rapid developments in technology and clinical advances in the field of out-of-hospital care such as Low Acuity Pathways, pre-hospital thrombolysis and patient referral and alternative destination initiatives to assist in managing demand due to increased pressures within the health system.

As clinical capabilities and treatments improve, ambulance services everywhere are transforming from emergency transport providers 'taking the patient to care', to mobile health services 'taking care to the patient'. There are numerous examples both in Australia and overseas of paramedics assisting health services in areas of health care outside of the traditional role of the ambulance services.

In recent years, changes within NSW Ambulance have seen priorities shift to developing the role of ambulance services in supporting a broader range of health care; building a clinical workforce that can be more responsive and systematised in interactions with health and social service partners.

Health partnerships in rural and remote communities

In preliminary discussions with Local Health Districts (LHDs), opportunities have been identified where NSW Ambulance might contribute to enhancing the delivery of health services in designated sites in rural communities. Potential activities identified to be part of the program include:

- **Health promotion** – providing information and community education enables the community to respond more effectively to changes in their health and better prepares them for experiencing health emergencies. Specific health promotions activities such as the Aboriginal Cardiac Care and *Life, Live it Save it* programs target specific groups within the community to improve health awareness and health outcomes.
- **Primary health care** – managing low acuity and chronic disease patients at home supports independence and reduces demand on hospitals. It also creates relationships between paramedics and people in the community with a higher risk of an acute health emergency. Paramedics would be included in activities, such as care in the home, chronic disease management, patient monitoring, clinics, drop-in visits, medication management and post-operative observations.
- **Emergency care** – paramedics are health professionals with specific expertise in acute out-of-hospital emergency care. Paramedics could be involved in providing support to local EDs in a range of different ways, including participation in clinics and continuity of care of patients transported by NSW Ambulance.

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FACT SHEET – PARAMEDIC CONNECT

Implementation process

A strong consultation framework has been developed to engage local health service staff and paramedics in implementing Paramedic Connect. The nature of program activities will be specifically linked to community need in each location, based on a needs assessment process which aims to maximise opportunities for paramedics to assist in improving health status in their communities.

Strong business rules underpin the program, protecting NSW Ambulance's core functions in the community. A clear suitability assessment framework guides the selection of paramedic activities and patients.

Following the consultation period, an implementation plan for each location will be prepared that will detail key functions, milestones, evaluation and reporting processes.

A comprehensive monitoring and review process will allow key stakeholders to provide feedback on program activities and ensure they are responsive to community needs. The range of activities undertaken at each site is determined by a community needs assessment and through consultation by paramedics and health management at a local level. Stations only engage in activities which are logistically achievable and sustainable.

Proposed sites

NSW Ambulance has initially identified over 30 sites throughout rural and remote NSW where potential collaboration opportunities could be undertaken. These sites have been initially identified on the basis of the volume of activity for both NSW Ambulance and other health services as well as the capacity for potential collaboration.

Benefits of the program

The Paramedic Connect trial revealed increased paramedic satisfaction and retention in remote areas. Other benefits include less hospitalisation for low acuity and chronic disease conditions due to improved health access for rural communities, improved engagement of the community with NSW Ambulance, and better recognition of paramedics as key health professionals in rural communities. Paramedic Connect empowers paramedics to have a key role in addressing issues of health access and health outcomes facing rural and remote communities.

The principles underpinning these broad Paramedic Connect proposals are:

1. NSW Ambulance's core function will not be compromised.

2. Each support activity is not a substitution for existing services, but is an enhancement to what is already being provided.

For further information or if you wish to discuss this initiative, please contact Manager, Models of Care Michelle Shiel on (02) 9779 3809 or email mshiel@ambulance.nsw.gov.au

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Aged Care

The development of an integrated aged care program within NSW Ambulance will focus primarily on exploring the opportunity and feasibility of alternative service provision within the aged care segment, through the enhanced scope of clinical practice associated with paramedics.

NSW Ambulance is actively involved in several aged care working groups which include local stakeholders. These involve LHD/hospital, community and aged care staff working together on reforms to address urgent and unplanned illness or injury of aged care residents at their usual place of residence. While there is currently no specific targeting of specialist paramedic resources to aged care facilities, there is some recognition of the potential those clinicians could bring in terms of initiating alternative models of care which would decrease the number of patients requiring transport to an Emergency Department.

For the patient with cognitive impairment and dementia

For the patient with no cognitive impairment or dementia

1. Review current suite of clinical guidelines and tools.
2. Implement appropriate clinical tools as applicable.
3. Development of Health linkages.

Appropriateness of referral options for the aged.

Age-specific assessment guide.

Assess appropriateness of pain assessment scale inclusive of the cognitive-impaired patient.

Analgesia reference guide for the aged patient.

Elderly trauma assessment.

TOP5 tool in place.

Wound assessment and management.

Catheter care and troubleshooting.

Authorised Care or Advance Care Directive/Plan in place.

Falls prevention and risk assessment tool and enhancement of training.

Elderly At Risk identification tool.

Elderly Abuse identification risk assessment tool.

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FACT SHEET – AGED CARE

Specific areas of focus for aged care

There are specific areas of focus for the aged care program, which can be categorised into internal and external components. A number of LHDs have already established aged care emergency triage models of care, which will be of interest in allowing us to establish an integration link.

These models are specific to residential aged facilities which only account for 20 per cent of the aged population, meaning 80 per cent of the aged populations remain in the community[1].

Providing alternative models of care within the aged care segment could potentially be achieved via two streams:

Stream 1:

Enhancing the intensive care paramedic's (ICP) clinical decision-making, patient assessment, clinical risk assessment, diagnostic, clinical and referral skills. This can be achieved through the provision of additional training that focuses on clinical reasoning and decision-making based on detailed history taking and physical examination, assessment, screening and care of the aged. This would provide ICPs with additional capability to safely manage patients in their community and refer those patients who do not require transport to an ED to an alternative destination.

Stream 2:

Extended care paramedics (ECPs) are competent in assessment, screening and care of the aged utilising their expanded scope of practice. They are also able to identify acutely ill patients, including 'fallers', and facilitate referral of care for the aged patient following a fall or with complex medical conditions.

The allocation of a dedicated ECP resource to a pre-defined community – with known high demand for ambulance services for selected aged care-related presentations – will allow for improved coordination, care and referral.

At present, an ECP response to an aged care facility is arbitrary and dependent on case identification, prioritisation, locality and availability of the ECP resource. This can result in ECP resources not being responded, therefore missing the opportunity for the full range of non-ED care options being made available at the point of care.

Reference

[1]*Aged and Community Services NSW and ACT*

For further information or if you wish to discuss this initiative, please contact Manager Models of Care Michelle Shiel on (02) 9779 3809 or email mshiel@ambulance.nsw.gov.au

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FACT SHEET

Mental Health Acute Assessment Team proof of concept

Some mental health patients are being transported directly to mental health facilities rather than taken to hospital Emergency Departments (EDs) under a new proof of concept (PoC) which commenced in Western Sydney in December 2013.

Many patients with acute and non-acute mental health problems access care by phoning Triple Zero (000). While NSW Ambulance paramedics have access to a mental health training program, this is designed to inform the emergency management of the patient's presenting behaviour while being transported to hospital for definitive assessment. It does not equip paramedics to make a mental health diagnosis or plan ongoing care and treatment, which can only be done by a qualified mental health professional following a comprehensive mental health assessment. The majority of these patients are therefore taken to an ED for further diagnosis.

Project overview

The Mental Health Acute Assessment Team (MHAAT) PoC teams a specialist paramedic with a mental health nurse for dispatch to specific mental health related Triple Zero (000) callers. This skill-mixed team provides increased assessment and referral capabilities in the out-of-hospital setting, giving mental health patients access to the most appropriate care in the quickest time possible and minimising inappropriate transport to EDs.

The PoC is a joint initiative of the Ministry of Health, NSW Ambulance and Western Sydney Local Health District (WSLHD). The Ministry is the program sponsor, with service provision and clinical governance provided by NSW Ambulance and WSLHD. The Ministry has identified the potential benefits to both patient care and EDs should appropriate patients be transported directly to mental health facilities. It also supports utilising patient pathways which involve assessment and treatment at the scene and discharge from the care of NSW Ambulance, with referral to community-based services where appropriate.

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FACT SHEET – MENTAL HEALTH ACUTE ASSESSMENT TEAM

Potential patients

It's conservatively estimated that 15 per cent of people who phone Triple Zero (000) require mental health care; approximately 100,000 people per year[1]. Many of these patients require a combination of physical, psychosocial and psychiatric treatment – the last often requiring admission to a mental health facility in a general hospital such as Westmead Hospital, or to a specific mental health facility such as Cumberland Hospital. For some, treatment of physical injuries in a general hospital environment is required initially, followed by care at a mental health facility. For others, direct admission to a mental health facility is appropriate, with minor treatment for physical conditions occurring concurrently.

The following Triple Zero (000) callers may benefit from a joint paramedic/mental health assessment and treatment approach:

- those with a self-identified mental health condition
- people calling on behalf of a patient, indicating that the patient is experiencing a mental illness.

NSW Ambulance paramedics may also recommend that certain patients require mental health input/advice and request the MHAAT via the control centre. These could include:

- those with an underlying mental health condition which was initially presented as a physical condition but, on assessment, doesn't require physical care
- patients with physical care needs, but where a mental health issue is a complicating factor in assessment or treatment.

Medical Priority Dispatch System (MPDS) determinants assumed to be associated with mental health related problems will be automatically considered.

Patient exclusions

Patients with the following criteria may be excluded:

- patients currently scheduled under the Mental Health Act by a NSW Police Force officer or a NSW Ambulance paramedic
- patients aged 17 years or younger
- patients aged 65 or more (if ATSIS 55)
- patients who don't meet 'between the flags' criteria
- patients sedated under NSW Ambulance Patient Management Protocol A7.

Preliminary results

The PoC has delivered on its objectives of providing mental health patients with access to the most appropriate care as well as avoiding unnecessary transports to hospital EDs:

- 30 per cent of patients attended by the MHAAT were not transported at all. Half of these patients were referred to community health services following medical and psychological clearance by the MHAAT.
- Of the patients transported, 58 per cent were transported directly to a mental health facility, avoiding the ED. The MHAAT transported 80 per cent of these patients.
- Of the patients transported, 40 per cent required hospital treatment and were therefore transported to an ED.
- The remaining 2 per cent of transported patients were transported to alternative destinations (e.g. GP).

The MHAAT PoC has benefited both NSW Ambulance and the broader health system by more efficiently managing operational demand from mental health patients. Each MHAAT team response in the specialty MHAAT vehicle has freed up an ambulance for emergency responses, avoided unnecessary ED admissions and secondary transfers and therefore not contributed to access block. Qualitative feedback from patients, NSW and LHD staff and other stakeholders has been positive.

Next steps

The MHAAT PoC has demonstrated that out-of-hospital emergency mental health care provision has been enhanced by the implementation of a specialist mental health team. Patients are able to access the most appropriate psychiatric care in the shortest possible timeframe, with a demonstrated reduction in unnecessary presentations to EDs.

The data and operational information collected to date is being used to inform the development of a service delivery model that may be suitable for implementation within other LHDs. The PoC will be subject to ongoing review and monitoring throughout its implementation, with adjustments made as necessary to optimise objectives. Developing close working relationships with stakeholders who benefit from the efficiencies of the MHAAT – such as community mental health services, EDs and the NSW Police Force – will be the key to the ongoing feasibility of the MHAAT project.

References

[1] *ASNSW Demand Analysis: Compendium of Information to Support Planning of Ambulance Services, February, 2011, p68*

For further information contact Director Mental Health Kevin McLaughlin on kmclaughlin@ambulance.nsw.gov.au

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FACT SHEET

Patient referrals and alternative destinations

There has been increasing demand on emergency ambulance resources to attend Triple Zero (000) cases where the patient is considered to have a low acuity medical or minor injury presentation suitable for out-of-hospital care. Previously, in the absence of formalised referral arrangements, paramedics have been required to transport patients to the hospital Emergency Department (ED) despite recognising this may not be the most appropriate care destination for the patient.

The patient referrals and alternative destinations initiative involves paramedic specialists, where appropriate, referring and/or transporting low acuity patients to an alternative destination such as their regular general practitioner (GP) following a Triple Zero (000) call. The aim of this initiative is to improve patient outcomes by providing continuity of care with their regular primary health care provider. It also recognises the specialist role GPs have in the ongoing care of their patients and in areas such as chronic disease where they have a greater understanding of their patient's baseline presentation.

This integrated care model should be considered to enhance service provision for patients who are generally accessing health or social services through the Triple Zero (000) system. It will benefit these patients by matching their clinical needs to the most appropriate health care.

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FACT SHEET – PATIENT REFERRALS AND ALTERNATIVE DESTINATIONS

This initiative currently requires intensive care paramedics (ICPs) to complete additional training focused on improving their clinical reasoning and decision-making skills. This additional capability is grounded in taking a detailed history and physical examination of the patient, which then allows the ICP to safely refer patients identified as not requiring ED treatment to an alternative care pathway.

Successful trial

Providing appropriate patients with alternative referral destination options has been successfully trialled on the NSW Central Coast in a proof of concept collaboration with Central Coast Medicare Local. These referrals were successfully realised as a result of:

- The paramedics being conversant with the indications for referring patients and the referral processes in relation to the wider health community, and how these processes may be utilised.
- The paramedics' understanding of the purpose and function of the range of settings in which emergency/unscheduled care is delivered, including the ambulance service, primary care, out-of-hours facilities and the ED.
- The paramedics acknowledging and understanding the roles and values of those involved in delivering emergency/unscheduled care.

Specific areas of focus for the alternative patient destination model of care.

Alternative patient destination models

Guide and support local implementation teams

Investigate other appropriate referral options

Facilitate training

For further information or if you wish to discuss this initiative, please contact Manager Models of Care Michelle Shiel on (02) 9779 3809 or email mshiel@ambulance.nsw.gov.au

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Extended Care Paramedics

Extended care paramedics (ECPs) are based on the UK Emergency Care Practitioner program, modified to fit within the Australian health care system. While ECPs remain part of the emergency response capability of NSW Ambulance, they have an increased clinical role in:

- medical/clinical examination
- recognition and management of minor illness and minor injury presentations
- the provision of definitive care
- referral to community-based health services for a range of presentations.

What are the aims of ECPs?

- to reduce unnecessary presentations to hospital Emergency Departments (EDs)
- to offer safe and effective healthcare choices to patients and improve clinical outcomes
- to reduce the number of contacts patients require to access appropriate care
- to improve ambulance operational performance
- to provide a more financially efficient service delivery model that delivers wider health system savings
- to add value to ambulance encounters, linking Triple Zero (000) callers with appropriate services.

What can ECPs do?

ECPs have been trained to identify the clinical needs of patients and determine the most appropriate disposition for the patient. ECPs have also been trained to assess and manage clinical risk.

ECPs follow a clinical-decision making algorithm which aims to identify patients with presentations requiring transport to an ED for further assessment and management. For patients with low-risk presentations, ECPs may be able to offer alternatives other than an ED. Some patients will be referred to a GP while others may be referred to services provided by the Local Health District (LHD) or community-based services. ECPs can also provide immediate care for patients with presentations that fall within the ECP scope of practice.

What specific skills can ECPs perform?

ECPs are authorised to perform a range of extended skills. These include wound care including glue and sutures, catheterisation including supra-pubic, replacing gastric tubes, back slab plasters for immobilisation of upper limb injuries, reduction of certain dislocations, digital nerve blocks, otoscopy, Quick Screen falls assessments, urinalysis and pregnancy tests.

Some patients who access health care by phoning Triple Zero (000) may receive more appropriate care if treated on-scene. ECPs are a group of paramedics with the training to provide extended care for low-risk minor illness and minor injury presentations such as falls, lacerations, dislocations and UTIs.

What problems do ECPs target?

The broad priority areas for ECPs include aged care, aged care screening, falls risk assessment, wound assessment and management, minor injury presentations, minor illness presentations, and musculoskeletal and sporting injuries. Problem descriptions that ECPs will commonly be dispatched to include:

- allergies/hives/medical reactions/stings
- animal bites/attacks
- assaults
- back pain (non-traumatic)
- breathing problems
- burns
- diabetic problems
- fitting/convulsions
- eye problems/injuries
- falls/back injuries (traumatic)
- haemorrhage/lacerations
- person ill (specific diagnosis)
- traumatic injuries (specific).

What problems can ECPs treat on scene?

If the patient has a low-risk presentation, an ECP may be able to provide care on the spot. ECPs can assess and manage a wide range of minor illness and injury presentations. Some specific problems include minor allergic reactions, asthma, back pain, mammal bites, minor burns, catheter problems, dislocations, falls in the elderly, urinary retention, urinary tract infections and wounds. The ECP scope of practice will continue to adapt over time to meet patient needs.

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FACT SHEET – EXTENDED CARE PARAMEDICS

What medications can ECPs give?

In addition to standard NSW Ambulance pharmacology, ECPs can administer:

- amethocaine for pain relief of non-penetrating eye injuries
- ADT vaccine for tetanus-prone wounds
- antibiotics for mammal bites and UTIs
- paracetamol, ibuprofen, combined paracetamol with codeine, and oxycodone for pain
- prednisone and hydrocortisone, for moderate to severe asthma
- Telfast for minor allergic reactions
- Gastrolyte, an oral rehydration solution
- Ural for symptomatic relief in urinary tract infections.

Does calling an ECP always result in non-transport?

No. ECPs are trained to comprehensively assess patients and determine the most appropriate treatment. Even if the presentation is within ECP scope of practice, not all cases may be suitable for the ECP to manage on the scene. This represents ECPs appropriately managing clinical risk. Each case will be unique and therefore decisions will be based on the circumstances of the case.

Non-transport rates (NTR)

ECPs achieve almost double the non-transport rate for urgent/unscheduled care cases when compared with standard care. This increases with ECP-appropriate (low acuity) cases, where the average NTR is 59.8 per cent – that is, 59.8 per cent of cases attended do not result in transportation to an ED. This is in contrast to the NTR for standard care, which sits at an average of 20 per cent. This higher NTR benefits both NSW Ambulance and the broader health system, as well as patients who are receiving the most appropriate care for their condition.

When and where are ECPs available?

ECPs currently operate within the Western, South West, South East and Sydney South LHDs, as well as the Illawarra, Central Coast and Hunter.

ECP clinical education program

The ECP Training Program offers a clinical school setting attached to a tertiary referral hospital. It's delivered within a multi-disciplinary faculty comprising medical, paramedical, nursing and allied health specialties and has been tailored for NSW in collaboration with NSW Health, LHDs, hospitals and GPs. ECPs are taught about clinical topics by specialists in their field.

The program comprises:

- 10-week initial training phase – students learn how to conduct full physical systems assessments, how to take extensive medical case histories, and participate in problem-based learning scenarios.
- Students undertake clinical placements with various allied health specialties including the Children's Hospital at Westmead, community health and nursing providers, in an ED and with a GP.
- A rigorous assessment process including observed structured clinical examinations and written exams.
- A 36-week ongoing education program involving work-based, portfolio and research components.
- Successful candidates receive their ECP qualification at the end of 36 weeks of clinical practice. They are then required to engage in a continuous development program.

Clinical Services

The ECP model has implemented a rigorous clinical governance framework. Every patient's health care record (non transport) is reviewed by a Clinical Services Team with cases attracting attention or representing NSW Ambulance discussed at a monthly Monitoring and Safety Committee meeting. Every patient who is provided with an ECP care pathway is eligible for a callback for quality assurance and patient satisfaction purposes.

For further information or if you wish to discuss this initiative, please contact Manager Models of Care Michelle Shiel on (02) 9779 3809 or email mshiel@ambulance.nsw.gov.au

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Authorised Care Plans

The purpose of NSW Ambulance Authorised Care Plans is to strengthen systems to support paramedic decision-making in meeting the needs of individual patients with specific medical conditions, as well as respecting predetermined and agreed palliative and end-of-life wishes.

Authorised care encompasses palliative care treatment and end-of-life decisions through the application of standardised Advanced or End-of-Life Care Plans. These plans authorise paramedics to provide care outside their usual scope of practice, whilst putting the patient's wishes first by providing the right care in the most appropriate setting.

Based on NSW Ambulance experience, Authorised Care Plans have been successful in meeting the goals for end-of-life wishes for patients and ensuring they receive care at the location of their choosing wherever possible, thereby reducing unnecessary and avoidable Emergency Department (ED) admissions.

In this program, NSW Ambulance liaises with Local Health Districts (LHDs), Medicare Locals and the treating clinicians. The plans are registered with NSW Ambulance and uploaded into the computer aided dispatch (CAD) system, enabling a real-time automated alert to be provided to responding paramedics that an endorsed plan is in place.

The three core elements of NSW Ambulance Authorised Care Plans are:

Authorised Paediatric Palliative Care Plan
for children under the care of the Children's Hospital Network or their treating clinician. This plan gives the family and/or enduring guardian the opportunity to discuss treatment and transport options for the patient, namely to remain at home with support services in place for the length of care, or to be transported directly to a predetermined health facility.

Authorised Adult Palliative Care Plan
for adult patients under the care of their treating clinician where treatment and/or transport options have been discussed and noted in the Authorised Care Plan.

Authorised Care Plan
for patients with specific medical conditions under the care of their treating clinician. This plan enables paramedics to administer pre-authorised medications and procedures outside of NSW Ambulance's normal practice.

Qualified paramedics are authorised to administer the medication, and/or procedures listed on the Palliative or Authorised Care Plan.

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FACT SHEET – AUTHORISED CARE PLANS

Patient-centred

This model of care increases confidence and understanding of the paramedic role specific to end-of-life care and the promotion of care plans. Paramedics complement existing services and the support being provided by in-situ facility staff, carers and family, as well as specialist and primary health providers.

This program also strengthens processes, enabling paramedics to support and respect the patient's palliative wishes where an authorised care plan has been collaboratively written and agreed between them and their general practitioner. This plan is developed in consultation with the palliative care team, family and/or a residential aged care facility.

Authorised Palliative Care and End-of-Life Care Plans pilot

The outcome of the Authorised Palliative Care and End-of-Life Care Plans pilot in 2012 showed almost 50 per cent of patients attended by NSW Ambulance who had an Authorised Palliative Care and End-of-Life Care Plan in place, were not transported to the ED.

The overall impact for the hospital was that 42 patients were not occupying a bed in the ED nor admitted beyond the ED. For the patient, it meant they were able to remain at home for their care and NSW Ambulance was able to contribute to the wishes of the patient. The cost savings for the ED during the pilot are estimated at $25,284, based on the average cost of an ED encounter being $602.

Since the pilot, NSW Ambulance has experienced a growth in the number of authorised palliative care and end-of-life care plans being submitted for endorsement; currently there are 250 of these plans registered. If the experience of the pilot is repeated, and 50 per cent of these patients are not transported to an ED, there is a potential saving of $75,250 for the ED. This is in addition to the benefit to NSW Ambulance of less patient presentations to the ED, thereby reducing the causation of access block, as well as the benefit to the patient of having their wishes respected.

For further information or if you wish to discuss this initiative, please contact Manager, Models of Care Michelle Shiel on (02) 9779 3809 or email mshiel@ambulance.nsw.gov.au

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FACT SHEET

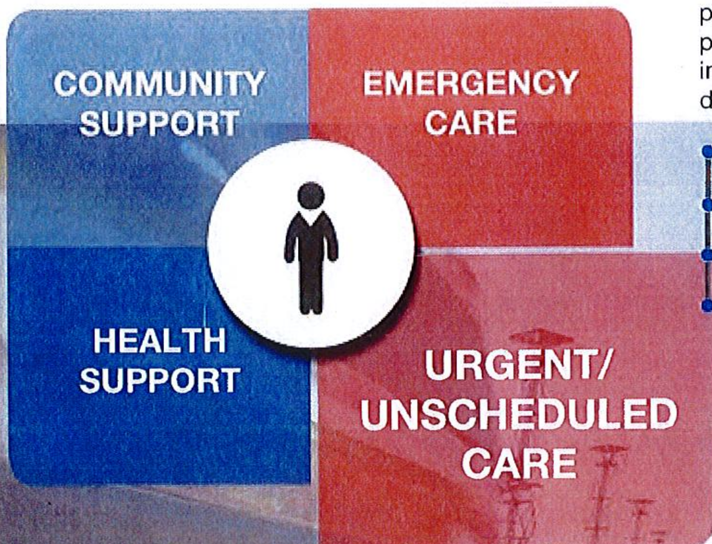
Integrated Care Strategy

NSW Ambulance has initiated a number of key clinical and demand management programs in recent years. The Integrated Care Strategy focuses on improving the integration and connectedness of these initiatives with other health and social service providers, Medicare Locals and non-government organisations within and across Local Health District (LHD) boundaries.

The work profile of NSW Ambulance is continuing to evolve from its traditional focus on acute care and transport to one of ever-increasing out-of-hospital care provision. This is due primarily to the changing demographics of our patients.

NSW Ambulance's new concept of operations is based on four domains (see diagram, below). NSW Ambulance has a unique position as the health-care arm of the emergency services, and the emergency arm of the health service.

The domain of urgent/unscheduled care offers the most opportunity and likelihood for providing care in the home – in consultation with other health service providers using an integrated approach where necessary – with no need for transport to hospital. It is, therefore, this domain which will have the most impact on decreasing hospital presentations and connecting patients with the most appropriate health care.



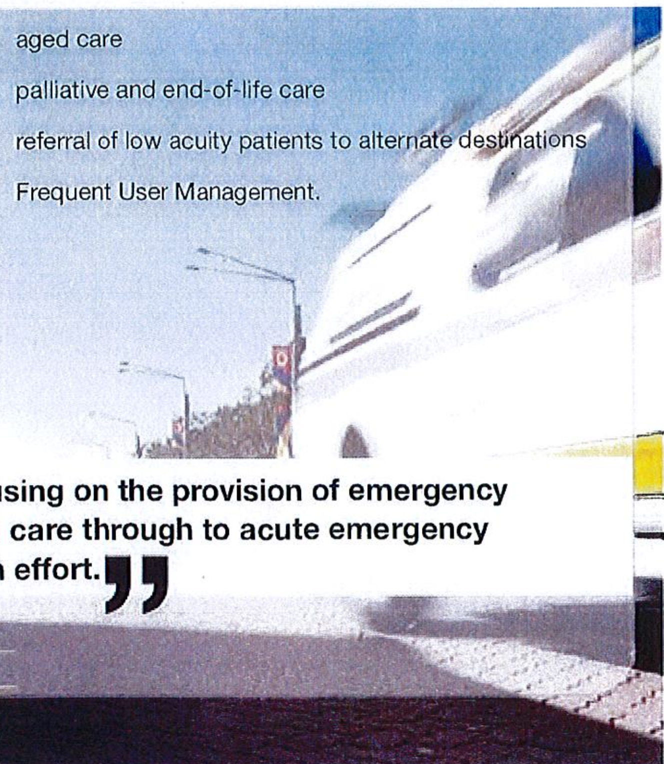
Right patient, right care, right place, right time

The philosophy of an integrated care approach involves the provision of continuous, effective and efficient care that responds to a person's whole of health needs. This is a partnership with the patient, their carer, family and health care providers, ensuring the patient receives the right care in the right place at the right time in the most effective manner. An integrated and coordinated approach from NSW Ambulance ensures paramedics are linking patients with the appropriate service providers and are not working in isolation or duplicating services.

Managing and delivering key ambulance clinical programs involves input from many areas within NSW Ambulance, including the Clinical Services and Service Delivery directorates as well as operational managers and paramedics across the organisation. The integrated care opportunities proposed in this strategy are based on the principle of 'centrally-coordinated and locally-delivered', so it is important the capability and capacity of NSW Ambulance and LHDs in each local area is clearly identified and understood.

A cohort of patient groups with a clear affiliation with the philosophy associated with integrated care has been identified, enabling NSW Ambulance to focus on programs which enhance service provision to these patients. These programs would see paramedics working in collaboration with the patient and care providers to deliver:

- aged care
- palliative and end-of-life care
- referral of low acuity patients to alternate destinations
- Frequent User Management.



> **Today's paramedic is a clinician – focusing on the provision of emergency care from unscheduled primary health care through to acute emergency care – contributing to the broad health effort.**

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FACT SHEET – INTEGRATED CARE STRATEGY

Predicted outcomes

These integrated care initiatives seek to add value to the estimated savings for the wider health system and are calculated in terms of non-presentation to the Emergency Department/per patient. Additionally, NSW Ambulance will benefit from increased capacity due to ambulance resources being 'freed up' sooner, not contributing to the causation of sustainable access issues in the ED.

As the uptake of these programs progresses, there will be a need to ensure sufficient capacity is available to provide key administrative, data evaluation and management functions within NSW Ambulance's Clinical Services directorate.

The predicted outcomes of a coordinated approach to integrated care models are:

- Building of confidence and networks amongst LHDs, local community health providers, Medicare Locals, non-government health providers and across NSW Health.
- Improved patient experience of the health system.
- Reduced waiting times for patients as they navigate the system.
- Improved health outcomes.
- Reduced avoidable or unnecessary hospitalisations.
- Reduced duplication of services.
- Clarity in relation to the role of NSW Ambulance across the identified patient groups.
- Reduced transports and presentations to EDs.

Interrelated initiatives

The integrated care programs will play a pivotal role in connecting health care services with other well established NSW Ambulance initiatives, including those outlined below which specifically address challenges of managing demand around low acuity patients.

Low Acuity Patient pathways

This initiative has provided paramedics with enhanced patient assessment and history taking training, enabling them to make safe decisions regarding non-transport alternatives (including self-care with advice and referral) to offer to low-risk patients when transport to an ED is not the best care option. The primary aim of entering into low acuity patient pathways is to deliver the right patient to the right place to receive the most appropriate care.

Paramedic Connect

Paramedic Connect comprises a range of initiatives which integrate paramedics into the broader health workforce in small rural communities to provide a more comprehensive range of care options whilst maintaining emergency response capacity. It involves community and primary health care and shared training.

CERS Assist

Paramedics have been identified as a valuable resource in the escalation of care for patients in rural and remote locations across NSW. CERS Assist means that, where NSW Ambulance has the capacity to respond, paramedics will provide a pre-determined 1C (hot) response to the level of basic life support, i.e. cardio-pulmonary resuscitation, including airway management and defibrillation skills.

CERS Assist means that paramedics work as part of the health care facility team providing additional assistance in the management of a rapidly deteriorating (red zone) patient until local resources are activated or medical retrieval services are available.

For more information or to discuss NSW Ambulance's Integrated Care Strategy, contact Director Clinical Innovation and Programs Graeme Malone on (02) 9779 3801 or gmalone@ambulance.nsw.gov.au