

**INQ17/3 — INQUIRY INTO THE MANAGEMENT OF HEALTH CARE DELIVERY
IN NSW**

Bruce Notley-Smith to ask the Secretary of the Ministry of Health —

QUESTION:

(1) This replacement system, is it used elsewhere?

Further Supplementary Questions from the Committee

- (a) What was the total budget allocated for the design and implementation of the IIMS?
- (b) How much of the allocated funding has been expended to date?
- (c) What is the breakdown of costs for software and hardware for the system?
- (d) What is the estimated cost of the replacement data system?
- (e) How much has been spent on the replacement system to date?

ANSWER:

(1) The replacement system, ims+, as it stands, is a product from RiskMan International. RiskMan International was recently acquired by Datix International. Versions of the RiskMan's system are currently used by Queensland Health and Victoria Health.

Answer to supplementary questions (a) - (e)

The original IIMS was implemented in 2003. The estimated cost of the replacement is \$22.22 million to completion. ims+ is being developed to ensure it meets the needs for an intuitive, easy to use and technically advanced system.

As of February 2018, \$14.2 million has been spent on the replacement system, of which \$2,056,818 was on software licenses and vendor implementation costs, and \$172,043 on hardware.

Bruce Notley-Smith to ask the Deputy Secretary, Dr Nigel Lyons —

QUESTION:

(2) The Committee received evidence regarding local protocol committees that aim to increase the interagency cooperation and coordination specifically for mental health care. Are you able to give us a brief overview of the work of those committees?

ANSWER:

Local Memorandum of Understanding (MOU) committees (previously known as local protocol committees) are responsible for monitoring the operation of the MOU between NSW Health and NSW Police and supporting staff to deliver effective and safe responses to people accessing these services.

These committees address:

- issues to best meet the clinical and safety needs of people with mental health problems accessing services and the safety of staff involved in their care
- specific local considerations
- interagency issues and disputes referred by staff.

These committees operate at a local, local health district and state level. They are co-chaired by representatives from the mental health service and emergency department.

Membership includes senior staff from NSW Health (general hospitals, emergency departments, mental health services, health security, NSW Ambulance) and NSW Police who hold a level of responsibility for decision making commensurate with the level of committee.

Members are expected to consistently attend and constructively participate in meetings and to provide feedback to staff who have referred issues and concerns.

Staff are encouraged to refer issues and concerns to these committees in a timely manner and have them resolved.

QUESTION:

(3) Can you give me a run-down of the electronic medical records system used by paramedics?

ANSWER:

NSW Ambulance has an electronic Medical Record (eMR) which allows paramedics to record clinical aspects of patient care.

The eMR software is known as the Victorian Ambulance Clinical Information System (VACIS). Since its origins as a Victorian only program, the system development today is as a collaboration which includes five ambulance services: Victoria, Tasmania, Queensland, Australian Capital Territory and NSW.

Paramedics access the eMR on a ruggedised laptop. Pertinent information established during the Triple Zero (000) call and recorded within the Computer Aided Dispatch system (CAD) is displayed on the in-ambulance eMR laptop. This information includes the incident number and address details, the response priority and nature of the call as well as incident times, such as time of response, at location, at destination.

The paramedics document clinical aspects of the patient care provided which includes case description, clinical protocols applied, vital signs and treatment. On arrival at a hospital the patient record is printed and is handed by the paramedic to staff. Currently there is no connectivity between hospital and Ambulance eMR systems to electronically transfer the clinical record. However, NSW Ambulance is working on a concept with eHealth to link electronically the NSW Ambulance eMR with hospital eMR.

The laptop synchronises with the eMR clinical database warehouse (CDW). The CDW is utilised to access records for clinical review, performance analysis and reporting.

NSW Ambulance has a deployment program underway to refresh 550 eMR devices together with in-vehicle equipment as a staged approach across the Metropolitan and Rural Areas of NSW with all works expected to be completed in the second half of 2018.

QUESTION

(4) Do the devices that they are currently using receive updates, regular maintenance and replacement?

Ms PEARCE: Are you talking about global positioning systems [GPS] or other systems?

The CHAIR: Whatever devices they are using.

ANSWER

(4) Along with an eMR ruggedised laptop, each ambulance has a Mobile Data Terminal (MDT) for two-way data transfer:

- The MDT receives the following information from the Control Centres:
 - Case details (including address details, chief complaint, priority, triaged nature of problem, any caution/medical/access notes attached to the location, additional notes entered in by the call taker or dispatcher, destination details if a prescheduled medical booking).
 - Directives from the dispatcher (eg Return to home station).

- The MDT communicates back to the Computer Aided Despatch (CAD) system with the following information:
 - Status updates (eg Acknowledgement of cases, At Scene, Depart Scene, Available).
 - GPS information for tracking purposes.
 - Paramedic details (eg Name (via staff ID), clinical level, additional capabilities (e.g. rescue))
 - Duress alerts.

The in-vehicle MDT equipment and hardware is provisioned with a preventative maintenance schedule provided under the current NSW Telco Authority contract servicing all NSW Ambulance vehicles fitted with a MDT device. The MDT software is upgraded on release by the vendor and with testing by NSW Ambulance.

In line with current plans, NSW Ambulance is undertaking the refresh of all MDTs within the Metropolitan Region of NSW with work expected to be completed in the first half 2018. The refresh of MDTs within the Rural Region of NSW was completed in December 2016.

Additionally, high-functioning devices known as “ruggedized” smartphones are being trialled in 200 paramedic vehicles, and will assist in improving patient outcomes and staff safety by overcoming telecommunications black spots in rural and regional areas. Black spots can occur due to varying terrains and topography, and technological limitations.

The smartphones will complement existing radio communications and will ensure paramedics have uninterrupted phone connection at all times. The devices are shock-proof, waterproof and dust-resistant and function more efficiently than satellite phones in many environments.