EXAMINATION OF AUDITOR-GENERAL'S PERFORMANCE AUDIT REPORTS MAY 2013 – JULY 2013

Organisation: NSW Ministry of Health

Name: Dr Mary Foley

Position: Director General

Date Received: 20/08/2014

Mr Jonathan O'Dea MP
Chair, Legislative Assembly Public Accounts Committee
Parliament House
Macquarie Street
SYDNEY NSW 2000

Dear Mr O'Dea

Thank you for your correspondence to the Hon Jillian Skinner MP, Minister for Health and Minister for Medical Research and to me regarding a submission from the Ministry on the implementation of recommendations of the Auditor-General's Report on *'Reducing Ambulance Turnaround Time at Hospitals.'*

Please find enclosed a submission for your consideration outlining responses and actions to date on the recommendations of the Audit that relate to NSW Health. Thank you for providing the template to assist the Ministry in developing a response.

Of the twenty two recommendations made to NSW Health specifically to the Ministry and Ambulance Service of NSW, I am pleased to advise that all recommendations have been actioned with twelve recommendations completed and the remainder mostly due for completion by December 2014.

NSW Health is pleased to have progressed this extensive body of work during the last 12 months with particular reference to:

- Publication of NSW Health policy directive PD2013_047 *Triage of Patients in NSW Emergency Departments* following extensive consultation and updating.
- Improvement of National Emergency Access Target (NEAT) performance at a state level from 61.1% for 2012 to 76.2% for April 2014. This achievement was contributed to by the Whole of Hospital Program which is designed to support Local Health Districts and Specialty Networks in driving the strategic change needed to improve access to care and patient flow in NSW,
- Ambulance Service NSW analysis and action to improve Make Ready Time.
- Ambulance Service NSW progress as part of the ASNSW reform plan which includes recommendations concerning the Health Access Coordination Centre (HAC) and *healthdirect*.

Should you require any further information please contact ███████████████
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Yours sincerely

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Dr Mary Foley
Secretary NSW Health

29. 7. 14

IMPLEMENTATION OF RECOMMENDATIONS

NSW Health: 2013 Performance Audit: Reducing Ambulance Turnaround Time at Hospitals

	RECOMMENDATION	ACCEPTED OR REJECTED	ACTIONS TO BE TAKEN	DUE DATE	STATUS (completed, on track, delayed) and COMMENT	RESPONSIBILITY (Section of agency responsible for implementation)
1.	Regarding its performance measure for transfer of care, the Ministry of Health, in consultation with the Ambulance Service of NSW and Local Health Districts, should:					Ministry of Health: System Purchasing and Performance – Health System Information and Reporting
1a	by December 2013, clarify the tasks which should occur before transfer of care is complete (page 18)	Accepted	A review of this data definition is currently in progress to ensure the end point of transfer of care is clear to all staff. Additional information regarding this definition will be communicated to the Health System prior to December 2013.	Dec 2013	The NSW Health policy *PD2013_047 'Triage in NSW Emergency Departments'* has been revised and republished. The revised policy contains further detail on the tasks that should occur for 'Ambulance Transfer of Care' to take place. The formal definition in the Health Information Resources Directory (HIRD – NSW Health's official directory of "metadata" and data standards) has been revised to include the expanded definition of Ambulance Transfer of Care. Transfer of Care is defined as the transfer of accountability and responsibility for a patient from an ambulance paramedic to a hospital clinician. The communication to the NSW Health System on the updated definition has been completed. This included formal correspondence to Local Health District/Specialty Health Network (LHD/SHN) Chief Executives, Pillar Agencies and NSW Ambulance. Direct communication was also distributed to Emergency Department (ED) Directors and Nurse Managers, ED clinical staff and ED Data Managers. The Ambulance Transfer of Care Reporting System provides supporting information documents on use of the system – these have also been updated to reflect the expanded definition of Ambulance Transfer of Care (ToC). **_Status:_** Completed	Ministry of Health: System Purchasing and Performance – Health System Information and Reporting
1b	by July 2014, consider	Noted	There is no national standard or definition	July 2014	Information from other Australian jurisdictions indicates that	Ministry of

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	reducing the benchmark for transfer of care from 30 to 20 minutes in line with most other Australian state and territories (page 30).		for the Transfer of Care indicator. As the Audit report states, transfer of care benchmarks vary greatly across Australian jurisdictions, ranging from 15-40 minutes and the indicator itself varies from measuring a "transfer of care" concept to measuring total turn-around time. NSW Health will review what other jurisdictions are currently doing in relation to performance measurement in this area to compare NSW Health's approach to measurement and reporting to those used in other jurisdictions.		there is no agreed standard for this indicator – Victoria utilises a 40 minute Key Performance Indicator (KPI), Queensland utilises a 30 minute KPI. NSW Ministry of Health's (MoH) approach to revision of the ToC KPI is that sustained performance to the target for a period of time (e.g. 6-12 months) would firstly have to be achieved. This may indicate a review of the KPI is required. If so, modelling of the impact of decreasing the target to 20 minutes would occur, with negotiations with LHD/SHNs to follow. At this stage, no revision of the ToC KPI is required. **Status:** Completed	Health: System Purchasing and Performance – Health System Information and Reporting
2.	By July 2014, the Ministry of Health and Agency of Clinical Innovation, in consultation with Local Health Districts, should provide guidance and advice on the development of hospital escalation plans to ensure they include:	Accepted	This recommendation is supported and reflects the current operational framework already implemented in NSW. Demand Escalation and the use of escalation plans within hospitals form one of the 7 essential elements of NSW health's current Patient Flow Systems framework for achieving effective patient flow in our hospitals. Continued implementation of the patient Flow Systems framework is one of the key strategies of NSW Health's "Whole of Hospital Program".	July 2014	Communication was sent to all LHD/SHNs requesting review of their existing hospital escalation plans. Request was made for LHDs/SHN to detail if the plans met the elements as described in this recommendation (2a), b) and c), as well as other essential elements of effective and robust hospital escalation plans. 13 LHDs/SHNs provided a response to the request and confirmed that their plans met the requirements of this recommendation. The NSW Agency for Clinical Innovation and MoH are continuing to work with the 4 other LHDs to update their existing plans to ensure compliance with the guidelines. **Status:** Completed	Ministry of Health: System Purchasing and Performance – Health System Information and Reporting
2a	ambulance delays as a response trigger	Accepted	See above	July 2014	See 2.	
2b	a whole-of-hospital response involving wards and other hospital services	Accepted	See above	July 2014	See 2.	
2c	what actions should occur, who is responsible for them,	Accepted	See above	July 2014	See 2.	

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	and within what timeframe (pg 19).					
3	By July 2014, Local Health Districts should evaluate the effectiveness of strategies to move emergency department patients to hospital wards, i.e. in line with National Emergency Access Targets, in reducing transfer of care time (page 24).	Accepted	The evaluation of these strategies is supported and ongoing evaluation is an integral part of the "Whole of Hospital Program". As part of the program, hospitals and Local Health Districts are required to identify issues related to performance in line with the National Emergency Access Target; develop local solutions to address these issues and then evaluate the effectiveness of the implementation of solutions.	July 2014	The National Emergency Access Target (NEAT) is a Tier 1 KPI within the NSW Health Performance Framework. As part of the Service Agreements between MoH and the LHDs/SHNs, KPIs including NEAT set out the expected performance of Hospitals with accountability for performance residing with each LHD/SHN. The 'Whole of Hospital Program' is designed to support LHDs/SHNs in driving the strategic change needed to improve access to care and patient flow in NSW. It seeks to connect or streamline existing work and processes, striving to improve efficiencies, which will in turn contribute to achieving KPIs such as NEAT and ToC. An integral part of this process is evaluation of strategies implemented. This recommendation is 'complete', however achievement of NEAT will remain an ongoing process for LHDs/SHNs. Ongoing evaluation of strategies is an integral part of health reform associated with NEAT performance and a particular focus of the 'Whole of Hospital Program'. NEAT at a state level has improved from 61.1% for 2012 to 70.8% for 2013. Up until April 2014 the NSW NEAT had further improved to 76.2%. All LHDs have improved NEAT performance for the first quarter of 2014 compared with the same time in 2013. The improvements range from 2.7% (SCHN) through to 21.8% (WNSWLHD). **Status:** Completed and ongoing	Ministry of Health: System Purchasing and Performance – Health System Information and Reporting
4	By December 2014 NSW Health should make hospitals more responsive to ambulance delays by:			Dec 2014		
4a	determining the maximum time paramedics should wait	Noted	Recommendation 4 a is noted; however, as this is based on a strategy in operation in	Dec 2014	The revised NSW Health policy 'PD 2013_047 - Triage in NSW Emergency Departments' details the focus for NSW (as per the	Ministry of Health: System

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	with patients at emergency departments before hospitals must move patients from the ambulance stretcher and into their care		the ACT, a very different system to NSW, detailed investigation will be required to determine a possible application of this exact model in NSW hospitals. The priority for NSW in this regard is the implementation of Low Acuity Pathways for patients, as indicated in Strategic Direction 3 of the Reform Plan for NSW Ambulance. This will provide a greater range of alternate pathway options for ambulance patients.		Reform Plan for NSW Ambulance) on the offload of patients from Ambulance stretchers and release from the care of Paramedics. In particular, this includes patients suitable to be offloaded to the waiting room. **Status:** Completed	Purchasing and Performance – Health System Information and Reporting
4b	phasing out Ambulance Release Teams and redirecting resources to patient flow strategies in the hospital that help reduce transfer of care time (page 25).	Accepted	This recommendation is already part of the strategic direction outlined in the Reform Plan for NSW Ambulance. NSW Ambulance, with the Agency for Clinical Innovation, is leading the continued implementation of new models of care to improve the release of ambulance crews. Implementation of the Whole of Hospital Program specifically aims to improve the flow of patients through our hospitals – therefore reducing the need for solutions such as Ambulance Release Teams in emergency departments.	Dec 2014	This recommendation is currently in the data analysis phase which seeks information from NSW Ambulance on the volume, incidence and distribution of Ambulance Release Team (ART) usage by hospital and LHD for 2012-2014. Data is also being analysed in relation to ToC performance. Early data analysis demonstrates (as expected) that as access to EDs and hospital improves, ambulances are able to be offloaded more readily on arrival to ED, decreasing the need for ART. Several LHDs with high usage of ART in 2012 have shown decreased use in 2013 and little to no usage of ART in the first 6 months of 2014. NEAT at a state level has improved from 61.1% for 2012 to 70.8% for 2013. Up until April 2014 the NSW NEAT had further improved to 76.2%. All Metropolitan LHDs have improved NEAT performance for the first quarter of 2014 compared with the same time in 2013. The improvements range from 2.7% (SCHN) through to 21.5% (WSLHD and 14.1% (SLHD). ACI is currently leading a piece of work in response to the NSW Ambulance Reform Plan which addresses continued implementation of models of care to support cessation of ART. Further planning for implementation of this recommendation will	Ministry of Health: System Purchasing and Performance – Health System Information and Reporting

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					occur once the data analysis phase is complete. *Status:* In progress	
5	By July 2014, to reduce ambulance turnaround time, the Ambulance Service of NSW:			July 2014		
5a	review the main reasons for delays that occur after a patient has been off-loaded at hospital and introduce strategies to address these	Accepted		July 2014	An analysis of key reasons for Make Ready Time (MRT) delays strongly demonstrated linkages with the Electronic Medical Record (eMR), Environmental Cleaning for the most critical incidents, and frontline performance issues.

In relation to eMR, NSW Ambulance: (a) has enhanced its procedures for paramedics to access timely eMR technical support, (b) is conducting trials on the feasibility to install suitable printers in emergency departments to significantly improve printing times, and; (c) is undertaking a system upgrade from Windows XP to Windows 7 which will potentially support multiple printing options for the eMR.

In relation to Environmental Cleaning and other factors which may appropriately extend MRT for the most critical incidents attended by paramedics, at this stage the focus of performance improvement action will be toward less critical incidents which comprise approx. 90% of frontline ambulance case workload.

In relation to performance and benchmarking, (a) NSW Ambulance has introduced a daily MRT performance report which frontline managers use to follow-up individual cases where MRT is greater than 30 minutes; (b) following the success of this strategy which resulted in fewer incidents where MRT was greater than 30 minutes, on 1 June 2014 the time benchmark in this report was reduced to 25 minutes, (c) an internal MRT benchmark has been established for within NSW Ambulance (see 5b).

Status: Completed | Ambulance Service of NSW |

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5b	introduce benchmarks for make-ready time and monitor performance against these (page 25)	Accepted			Further analysis for reasons for MRT delays and historical MRT performance has been undertaken as outlined in section 5a. Following analysis of these data, NSW Ambulance has concluded that an immediate MRT benchmark of 90% within 25 minutes will be adopted as an internal NSW Ambulance measure of reporting in the first instance. The exact wording of the Benchmark will be: 90% of P1-3 incidents that are transported to an Emergency Department will have a Make Ready Time of less than 25 minutes. It is intended that the 25 minute MRT benchmark will be progressively revised downwards with the implementation of other longer term strategies to reduce MRT (as outlined in 5a). **Status:** Completed	Ambulance Service of NSW
	Improving the patient flow of booked ambulances					
6.	By December 2013, the Ministry of Health should re-enforce compliance with its policy on inter-facility transfers for patients requiring special care, to ensure Local Health Districts admit patients direct to inpatient beds and not through the emergency department (page 32).	Accepted	This recommendation is supported as it reflects current NSW Health policy and will be re-enforced as part of the Whole of Hospital Program.	Dec 2013	The NSW Health Clinical Risk Advisory Group (CRAG) has tasked the Critical Care Networking Advice Line Working Group with investigating the process of inter-hospital transfers. The Working Group will review this in relation to: • Policy • Data, volume and distribution • Governance required • Performance measures • Training and education • Communication • Escalation The group has deemed that the policy itself (**PD2011_031 Inter-facility Transfer Process for Adults**) is appropriate for NSW Health system use. The issue of LHD/SHN compliance with PD2011_031 was raised at the NSW Health Senior Executive Forum on 31 January 2014 with agreement that LHD/SHN responsibility for	Ministry of Health: System Purchasing and Performance – Health System Information and Reporting

RECOMMENDATION	ACCEPTED OR REJECTED	ACTIONS TO BE TAKEN	DUE DATE	STATUS (completed, on track, delayed) and COMMENT	RESPONSIBILITY (Section of agency responsible for implementation)
				implementation of the policy be a priority. A draft letter to be co-signed by MoH and CEC to LHD/SHN Chief Executives requesting renewed focus on implementation of the policy is currently undergoing minor adjustments prior to being delivered. **Status:** In progress – timeline has been extended beyond December 2013 due to the very large piece of work involved.	
7. By December 2014, NSW Health improve the patient flow of booked emergency ambulances, especially inter-hospital transfers and bookings made by health staff in the community, by:	Supported in principle	This recommendation is supported in principle, however is a significant body of work and will be addressed as part of the review of demand management strategies within the Reform Plan for NSW Ambulance. In particular, the Reform Plan focuses on a range of methods aimed at reducing bookings for emergency ambulances from residential aged care facilities. Four Local Health Districts already had programs in place to address this issue, and based on the success of those programs, a further 10 hospitals were given funding in 2012/13 to establish outreach services to Residential Aged Care Facilities. Going forward, more Local Health Districts are implementing similar programs based on this model. Building on these successes, further work will involve a significant number of stakeholders, including the Agency for Clinical Innovation, Medicare Locals, General Practitioners and Medical Specialists, and will require considerable analysis of a range of patient flow issues and alternate patient pathways especially	Dec 2014	See below for specific detail:	Ministry of Health: System Purchasing and Performance – Health System Information and Reporting and Ambulance Service of NSW

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		between general medical practices and hospitals. By December 2014, NSW Health will have analysed this data which will inform further clear strategies for implementation.			
7a reviewing the volume, type, and distribution of booked ambulance patients presenting to NSW hospitals	Supported in principle	See above	Dec 2014	NSW Ambulance is currently collecting this data for analysis. On implementation of MPDS protocol 33 the ability to further review the volume and nature of time critical medical requests will be enhanced. Testing of the protocol functionality and integration within CAD is in progress which will inform the project plan and executive briefing. _**Status:**_ In progress	Ambulance Service of NSW
7b reviewing the process for booking ambulance patients by hospitals or health staff in the community to identify any problems which may need to be addressed	Supported in principle	See above	Dec 2014	This portion of the recommendation will be progressed once data analysis is complete. _**Status:**_ In progress	Ambulance Service of NSW
7c introduce strategies to address any gaps and improve patient flow of booked ambulance patients (page 32)	Supported in principle	See above	Dec 2014	This portion of the recommendation will be addressed once data analysis is complete (see 7a). Strategies to address the flow of booked inter-hospital transfers will also be addressed through the CRAG's Critical Care Networking Advice Line Working Group which is reviewing the need for an implementation guideline to support implementation of *PD2011_031 Inter-facility Transfer Process for Adults Requiring Specialist Care.* _**Status:**_ In progress	Ambulance Service of NSW
Reducing unnecessary hospital transports					
We recommend that the Ambulance Service of New South Wales:					
8 By December 2014, reduce	Accepted	These recommendations are supported	Dec 2014		Ambulance

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	unnecessary ambulance responses by:		and reflect those detailed in Strategic Direction 3 of the Reform Plan for NSW Ambulance. Ambulance has undertaken considerable work to enhance the referral of calls to *healthdirect* and has implemented a "no send" policy to calls that have been referred for secondary triage.			Service of NSW
8a	increasing the proportion of eligible calls referred to the telephone advice line *healthdirect*	Accepted	See response to rec 8	Dec 2014	This recommendation will be partially progressed in accordance with SD3.3 in the Reform Plan, "Health Access Coordination Centre (HAC) and *healthdirect*", however further work will need to be undertaken to increase the portion of eligible calls referred to the telephone advice line *healthdirect*, as per the Audit Office recommendation. The Reform Plan states that NSW Ambulance fully transition to *healthdirect* Australia for the provision of secondary triaging services and this occurred in April 2013. NSW Ambulance has set up regular performance meetings with *healthdirect* and the Ministry of Health to monitor trends in relation to calls transferred to *healthdirect* for secondary triage. These meetings will provide the framework for regular review of data with the aim of increasing the proportion of eligible calls. The Response Grid Quality Committee (RGQC) has reviewed a range of determinants and endorsed as suitable for Secondary Triage. A process to review these determinants, their nature and potential impact by *healthdirect* has been agreed. Following which any enhancement will be formalised through respective CEs and the MoH. A further review of the Medical Priority Despatch System (MPDS) determinants has identified 6 determinants from the sick person and poisoning / overdose protocols subsequently endorsed by the RGQC to be eligible for secondary triage. The volume of which will increase the total volume of referrals by approximately 80%.	Ambulance Service of NSW

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					Implementation is pending. *Status:* Partially completed	
8b	stop assigning ambulances to calls transferred to healthdirect	Accepted	See response to rec 8	Dec 2014	As at April 2013 NSW Ambulance has discontinued assigning an ambulance to incidents that have been referred to *healthdirect*. An ambulance is now only assigned to a *healthdirect* incident if – after consultation between the patient and healthdirect – it is determined than an ambulance is required for the condition being suffered. In addition to this, systems are being reviewed to ensure that calls referred back to NSW Ambulance from *healthdirect* are given the appropriate response category (for example, a cold Extended Care Paramedic response) so that these calls continue to be subject to appropriate resource utilisation. *Status:* Completed	Ambulance Service of NSW
8c	in conjunction with NSW Health, review the impact of telephone advice referrals on ambulance and emergency department activity (page 36).	Accepted	See response to rec 8	Dec 2014	This is a shared responsibility between NSW Ambulance and the Ministry of Health. NSW Ambulance has set up regular performance meetings with *healthdirect* and the Ministry of Health to monitor trends in relation to calls transferred to *healthdirect* for secondary triage. These meetings provide the framework for regular review of data and will consider the impact of telephone advice referrals on ambulance and emergency department activity. Also related to 8a. The regular performance meetings include a clinical review of the call from end to end including paramedic assessment where relevant; ultimately discussions evolve on trends identified. *Status:* Completed	Ambulance Service of NSW
9	By December 2014, increase the non-transport rate by enabling paramedics to treat	Accepted	These recommendations are supported and form part of the development of new models of care detailed in Strategic	December 2014	Work to increase the non-transport rate by enabling paramedics to treat more patients at the scene will be progressed in accordance with Strategic Direction 3 of the reform Plan for NSW	Ambulance Service of NSW

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	more patients at the scene by:		Direction 3 of the reform Plan for NSW Ambulance. There will need to be further analysis on the current Low Acquity pathway protocols to identify improvement opportunities while avoiding risks to patients and their clinical safety.		Ambulance as indicated below:	
9a	optimising the use Low Acuity Pathway protocols by removing any barriers that prevent paramedics from using them	Accepted	See above	December 2014	A survey of paramedic perceptions of the Low Acuity Pathway (LAP) program has been completed. This resulted in strengthening of protocol P5 Non Transport Recommended, the following statement has been removed, "Any patient or person responsible who requests ambulance transport must be transported" and will be included in the 2014 Protocol amendments. **Status:** Completed	Ambulance Service of NSW
9b	improving the tasking arrangements of Extended Care Paramedics to ensure they are not automatically used for high priority emergency work (page 38).	Accepted	See above	December 2014	NSW Ambulance is currently establishing a position in the Sydney Control centre that will be responsible for tasking Extended Care Paramedics (ECPs) to the most appropriate ECP "E Suffix" work. In addition to this, a trial with ECPs is occurring in Western Sydney where an ECP and Nurse Practitioner are tasked to mental health determinant cases. This trial commenced in January 2014. One of the key features of this trial is that the ECP vehicle is not tasked for non-ECP specific emergency workload, except only in circumstances where the ECP is the closest resource to an unconscious patient or patient in cardiac arrest. **Status:** Partially completed	Ambulance Service of NSW
10	Enable paramedics to determine, based on their clinical assessment, that hospital transport is not required. This may include:	Noted	Recommendations 10 a and b are noted. The focus for NSW Health is the continued implementation of Strategic direction 3 of the reform Plan for NSW Ambulance. The recommendations identified in this audit report should be addressed with caution due to previous instances of adverse		This body of work is being progressed in accordance with Strategic Direction 3 of the Reform Plan for NSW Ambulance as indicated below:	Ambulance Service of NSW

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			events and subsequent Coroner's investigations; however ensuring patients are directed to the most appropriate place for their care is an area of continuing development. Ongoing consultation with stakeholders such as medicare Locals, General Practitioners, Medical Specialists and other community based care organisations is also required to achieve these recommendations.			
10 a	by December 2014, introducing a process where paramedics can refuse to transport a patient to a hospital emergency department where it is clear that transport is not warranted	Noted	See above	December 2014	Clinical Governance has implemented a proof of concept to enable Intensive Care Paramedics (ICPs) to determine, based on their clinical assessment, that hospital transport is not required. See narrative in section below. Final evaluation report and recommendations from the proof of concept are being compiled. Following this, feasibility for full implementation will be assessed with all stakeholders. *Status:* Partially completed	Ambulance Service of NSW
10 b	by July 2015, in consultation with relevant stakeholders, investigating alternate referral options or transport destinations, such as outpatient clinics and medical centres (page 39).	Noted	See above	July 2015	The Regional Division of NSW Ambulance has established linkages with the Southern NSW Medicare Local to enable care plans to be shared between GPs, LHD and Paramedics, to prevent unnecessary transfer of patients with chronic conditions to Emergency Departments. This initiative commenced in January 2014 and is initially targeted at palliative care patients in the community. NSW Ambulance, in collaboration with Central Coast NSW Medicare Local, are undertaking a six month proof of concept which involves Intensive care paramedics (ICPs), where appropriate, referring and/or transporting 'low acuity' patients to their regular General Practitioner (GP). Evaluation of this program will occur in July 2014. *Status:* Partially completed	Ambulance Service of NSW

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11	By July 2014, regularly monitor and report on the non-transport rate of its demand management initiatives to determine the success of its strategies to reduce unnecessary hospital transports (page 41).	Accepted	This recommendation is supported – NSW Ambulance has already implemented regular monitoring and reporting of non-transport rates in line with the development of new demand management strategies and models of care. This is line with Strategic Direction 3 of the Reform Plan for NSW Ambulance.	July 2014	NSW Ambulance is developing and deriving a method to monitor and report on the non-transport rate.

Testing of alternative compilation methods is underway. A recommendation on the appropriate methodology to be provided to NSW Ambulance Executive for consideration. It is expected that the ongoing compilation of non-transports rates will commence in July 2014. Back time series information will be available at this time.

Status: Partially completed | Ambulance Service of NSW |