

WHEN THE ANSWER IS NOT AN AMBULANCE

Neil Kirby
Chief Executive
Ambulance Tasmania

The paradigm has shifted



PICTOC: Ambulances used to be sent to every road crash, regardless of seriousness. (ABC News: Vassil Malandris)

Ambulances are no longer routinely being sent to car accidents in South Australia, as the State Government attempts to ease the burden on the health system.

Previously, ambulances were deployed to all crashes, regardless of whether they were needed.

RELATED STORY: Nurse visits for non-emergency triple-0 calls to help reduce 'helish' SA hospital crowding

RELATED STORY: How is ramping affecting SA's hospitals?

RELATED STORY: Ambulances ramped at Adelaide's newest public hospital

MAP: SA

WHEN THE ANSWER IS NOT AN AMBULANCE

The Tasmanian solution

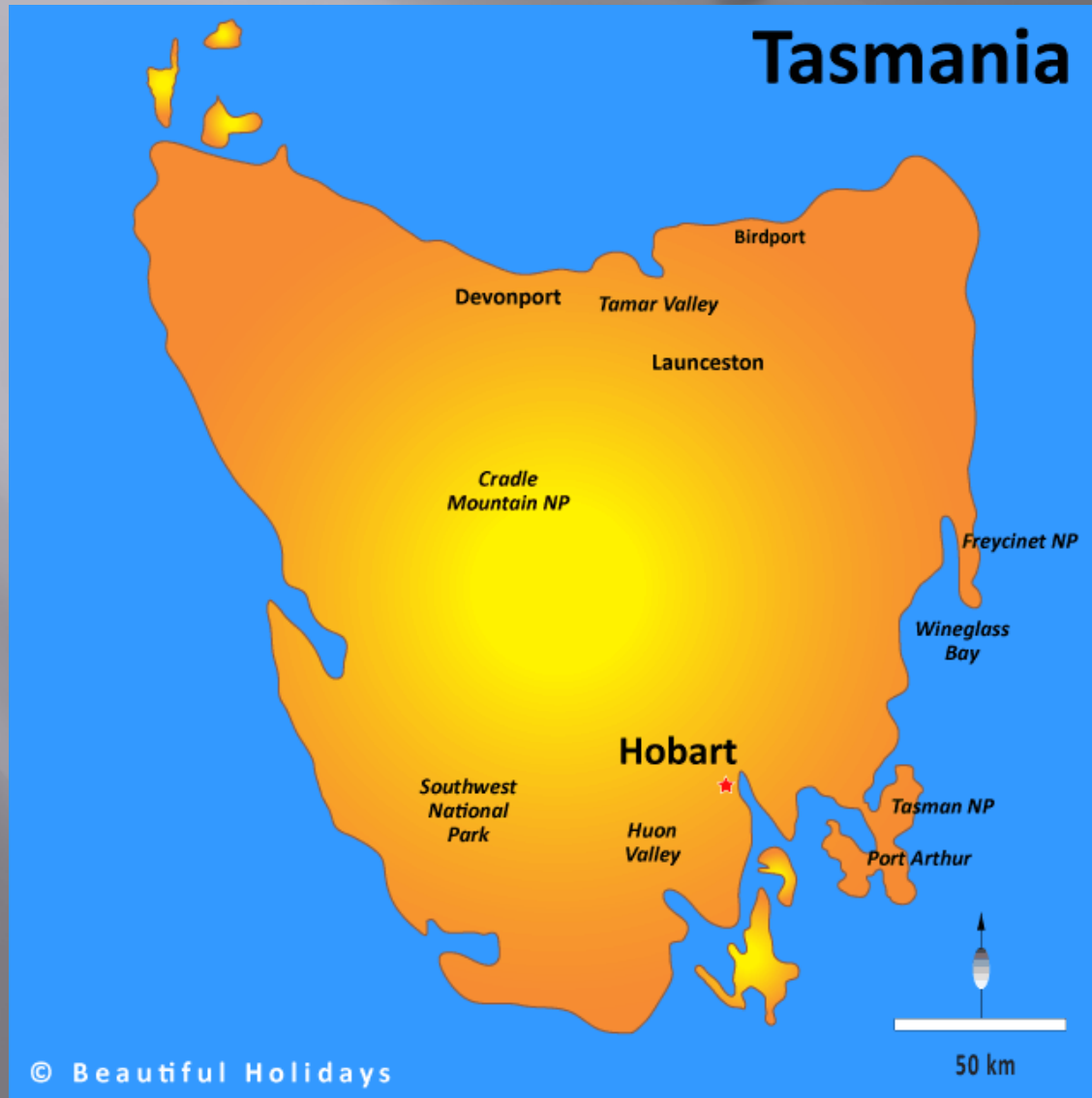
Don't forget about us . . .



Don't forget about us . . .



Don't forget about us . . .



- 500,000 population
- Only state with majority of population outside of capital city
- Oldest population
- 3 Emergency Departments
- Limited specialist services
- 350 FTE
- 500 volunteers
- 54 Stations
- 12 24hr FT double crew
- 3 single 24 hr + Volunteer
- 14 single BSO + Volunteer with on-call
- 25 Volunteer only

But with nothing but water between us and the South Pole, we are ideally positioned to see the Aurora Australis



© A Kirby shot

Hobart, Tasmania



© Kirby's Holiday Photos

DERWENT RIVER & TASMAN BRIDGE



© A Kirby shot

TASMAN BRIDGE TRAGEDY 1975



TASMAN BRIDGE 1975



Some just have it lucky



Australia's worst ever mass shooting



Broad Arrow Café Memorial



Port Arthur Massacre



Port Arthur Massacre



SO WHAT IS THE PROBLEM?

Growth in Demand

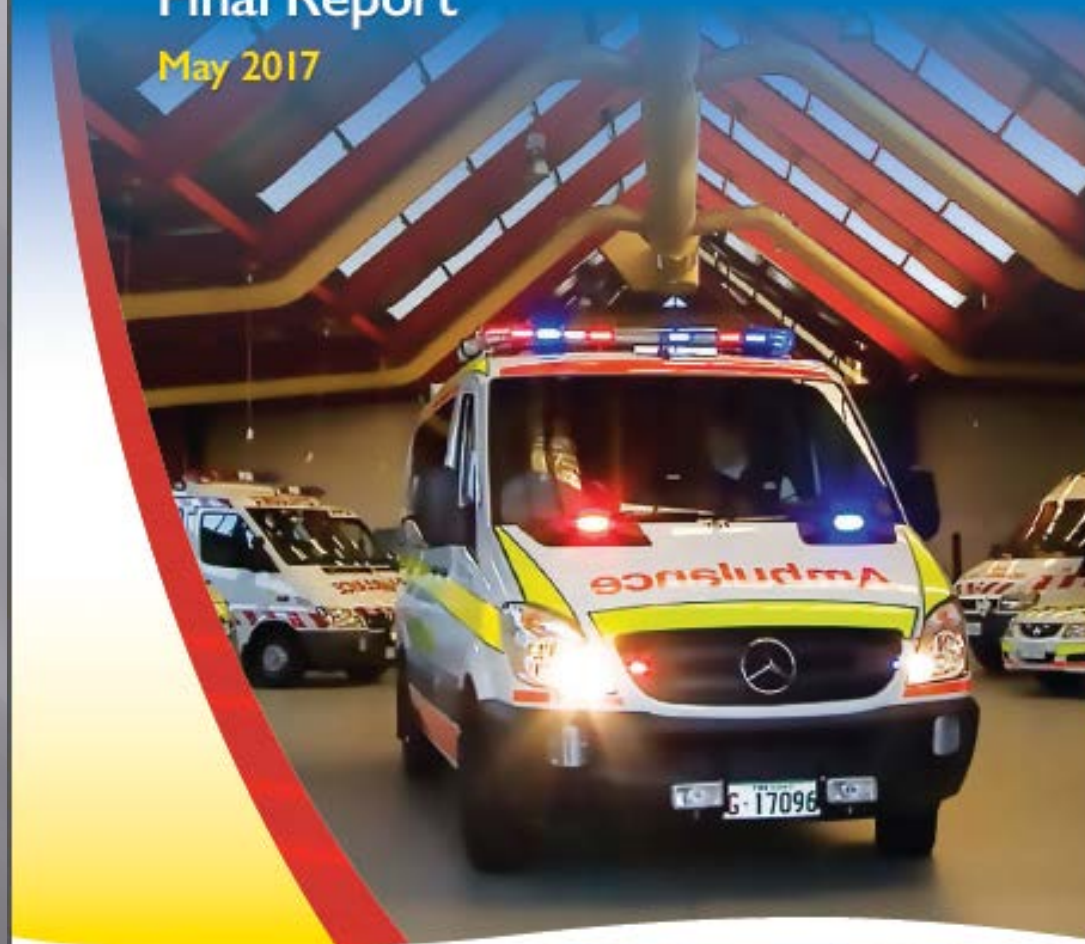
Patients not finding the most appropriate health pathway

THE SOLUTION?

Let's have a Review

Review of Ambulance Tasmania Clinical and Operational Service Final Report

May 2017



Tasmanian Health Reform

- ▣ White paper on Safe and Sustainable Clinical Services
- ▣ Healthy Tasmania 5 year Strategic Plan
- ▣ *Patients First* released April 2016
 - More timely care in Emergency Departments
 - One recommendation was:
 - ▣ *“examine enhancing the scope of practice for paramedics to enable them to manage pre-hospital and potential emergency department demand including reviewing the potential for secondary triage and referral to alternate services”.*

Review Considerations

- ▣ Merit in widening scope of practice of paramedics
- ▣ Treating patients in their home/community where clinically appropriate
- ▣ Improve patient flow into the acute hospital system, including enhanced triaging
- ▣ Collaborative clinical governance and integration of clinical services across ambulance and the Tasmanian Health Service
- ▣ Role of private non-emergency patient transport service
- ▣ Partnerships between ambulance and community & primary care services
- ▣ Impact on balance with core service of emergency ambulance response

Review Design

- ▣ Literature review of national and international initiatives
- ▣ Analysis of Ambulance Tasmania data
- ▣ Consultation with stakeholders and staff
- ▣ Site visits to other jurisdictions

Review Findings

- ▣ Between 2009-10 and 2015-16 demand grown by 28% (annual growth 5.5%)
- ▣ Higher than national average (3.6%)
- ▣ 14 times rate of population growth
- ▣ Emergency response times have increased
- ▣ Much of Tasmania only has 1 ambulance available within a timely emergency response radius, with any back-up considerable distance away.
- ▣ Utilisation rate has increased annually and now exceeds national utilisation rate
- ▣ 149.4 patients per 1,000 population

Utilisation Rate

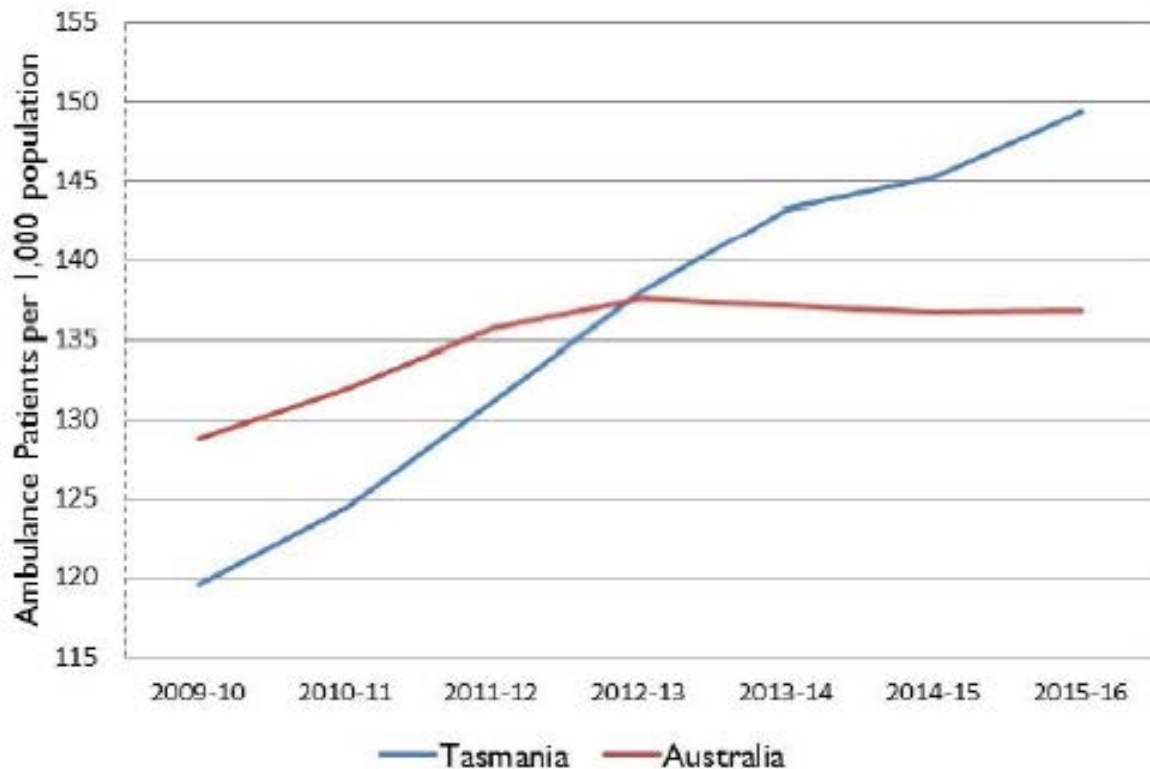


Figure 1 – Utilisation rates of ambulance services nationally and in Tasmania

(Source: Productivity Commission)

Review Findings

- ▣ 20.4% of ambulance calls did not result in a transport.
- ▣ 47 of patients acute non-time critical or non-acute
- ▣ Only 2% of calls truly life-threatening (i.e. cardiac arrest)

Review Findings

- ▣ Most common chief complaints for patients transported (in order)
 - Abdominal pain
 - Chest infection
 - “Unknown Problem”

Review Finding

- ▣ Most common chief complaints (transported and not transported)
 - Minor wounds, lacerations and minor closed fractures
 - Soft tissue injuries and burns
 - Mental health issues
 - Back pain

Review Findings

▣ Drivers of demand and utilisation



Review Findings

Figure 4: Distribution of age of patients attended by Ambulance Tasmania, 2014-2016

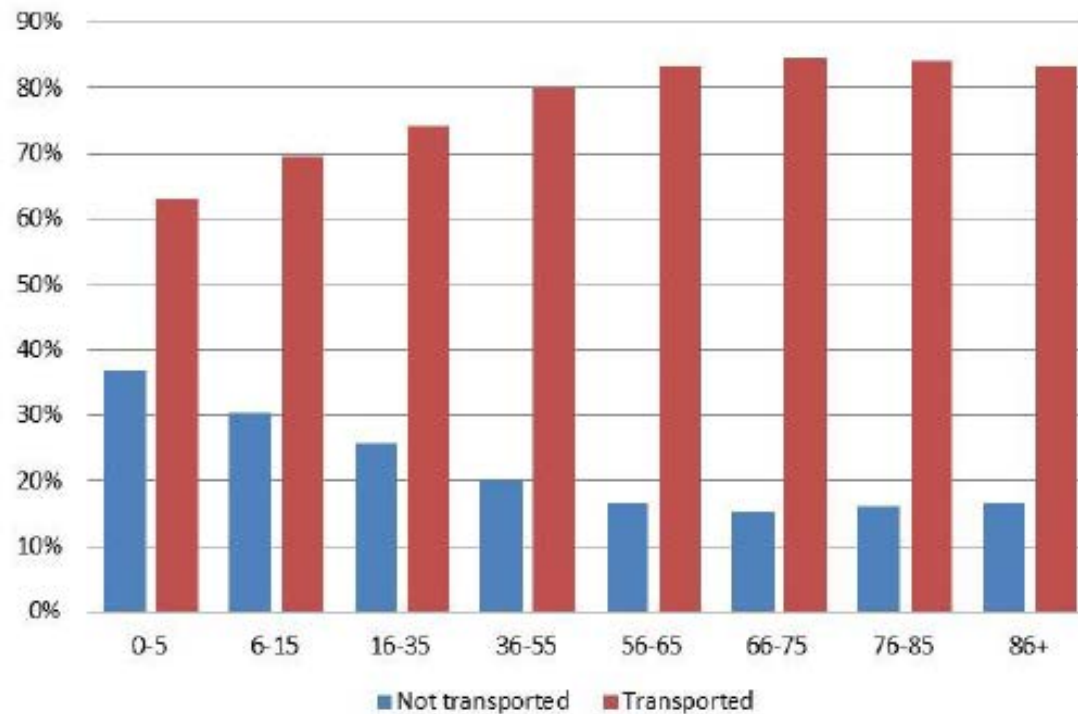


Figure 5 – Transport Category by Age

(Source: KPH, 2017)

Review Finding

Figure 5 – Transport Category by Age

(Source: KPH, 2017)

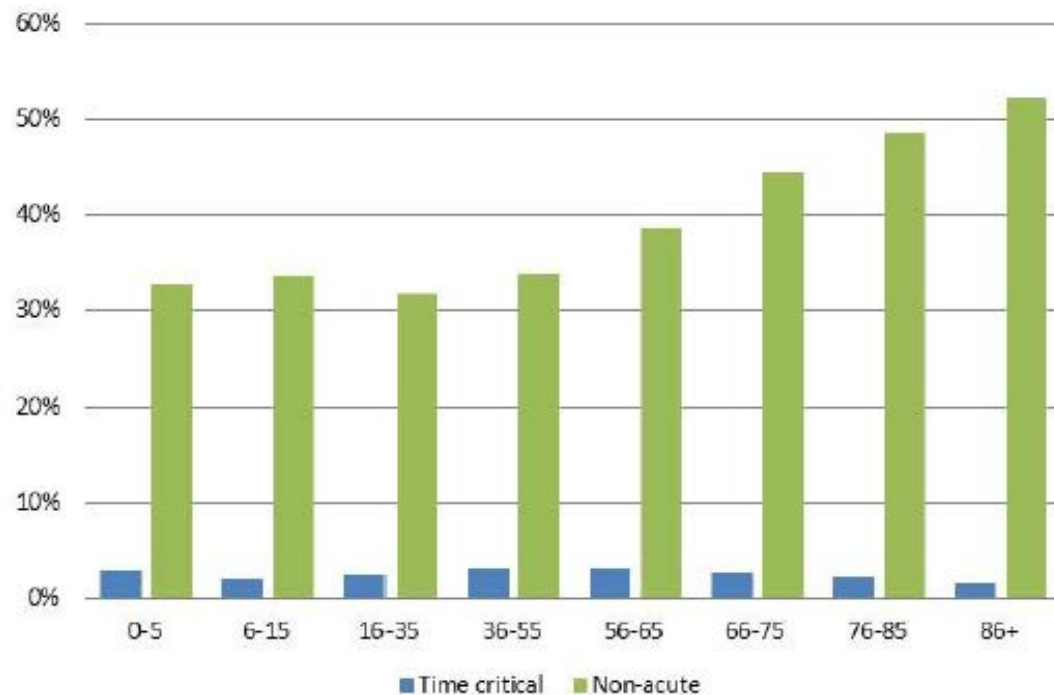


Figure 6 – Transport Urgency by Age

(Source: KPH, 2017)

Review Findings

- ▣ Drivers of demand and utilisation
 - Elderly heaviest users of services
 - However ED demand is increasing more among high acuity (injury/poisons) than chronic disease
 - Reduced access to general practitioner (family doctor)
 - Chronic disease prevalence
 - Rates of health literacy
 - Increasing emphasis on screening, self assessment
 - People without regular relationship with a primary care provider and/or inadequate social support have higher ambulance and ED utilisation.

Review Recommendations

1. Capacity of emergency ambulance services increased (immediate 12% increase in full time paramedics).
2. Development of a secondary triage system similar to Ambulance Victoria.
3. Commence discussions with external providers for access to clinical pathways outside of the acute health care system
4. Engagement with primary and community health services to build relationships and alternative pathways.

Review Recommendations

5. Continue to expand use of Community Paramedics with focus on urban fringe and rural
6. Community paramedic involved in dispatch to better focus on appropriate patients
7. Delineation of Community Paramedic, Advanced Care Paramedic and Critical Care Paramedic roles.
8. Appointment of Community Care paramedic independent of ACP qualification.

Review Recommendations

9. Monitor the impact of urgent care centres in other jurisdictions as to impact on ED's
10. Partner with a University for delivery of ACP and CP qualification.
11. In partnership with acute, primary and community health services develop patient management plans for appropriate patients including frequent users, palliative care, chronic pain and mental health care.
12. Ambulance arrival boards in Emergency Departments.

Review Recommendations

13. Work with Tasmania Health System to identify threshold of unacceptable risk associated with ramping.
14. Paramedics take blood samples prior too arrival in ED to speed up process times in ED.
15. Develop protocol for referral of patients to non-emergency patient transport (NEPT).
16. Build regulatory framework for NEPT.
17. Review Ambulance Tasmania organisational structure.
18. Identification of appropriate model of corporate support services to reduce single person dependency.
19. Enhance volunteer recruitment, retention and training.

Why we believe it will be successful?

- ▣ Based on the Ambulance Victoria system.
- ▣ Been operational for 15 years
- ▣ Success of that system has been validated.

**Ambulance
Victoria**



**Delivering our patients the
right care, at the right time,
at the right place**

Revised Clinical Response Model Evaluation Report
June 2017

Objective of Revised Model

- ▣ Better align response with patient acuity
- ▣ Provide a faster response to time critical patients.
- ▣ Reduce number of cases which are receiving an inappropriate Code 1 response.
- ▣ Increase number of cases managed through NEPT or alternative health service providers
- ▣ Reduce number of cases requiring dual dispatch of ambulances

AV Report Conclusions

- ▣ Increased CCP attendance at cardiac arrest due to increased availability. (from 87.7% to 92.1%)
- ▣ Improved clinical outcomes. 32.2% survival from shockable cardiac rhythm.
- ▣ Early access to definitive care for stroke patients improved
- ▣ Increase in management of severe pain
- ▣ Faster response times across all codes
- ▣ Code 1 cases attended within 15 minutes increased from 75.8% to 76.4% despite 5.9% (10,000) 000 calls

Av Conclusions

- ▣ Response times 2% ahead of where they would have been with no changes
- ▣ Proportion of 000 calls receiving Code 1 emergency response **decreased** from 51.8% to 40.5%. (98,000 less Code 1 responses, now code 2 or 3).
- ▣ Proportion of 000 calls that ambulance **NOT** dispatched to increased from 9.6% to 16.5% (approx 50,000 less responses). Now receive referral to an alternative health service, or NEPT or self-care.

AV Conclusions

- ▣ Proportion of Code 2 cases attended within 30 minutes increased from 74% to 76%.
- ▣ Proportion of Code 3 cases attended within 60 minutes increased from 77.7% to 82%
- ▣ Estimated 11,600 reduction in attendances at hospital ED departments.
- ▣ Of all calls assessed as non-emergencies 40% could be treated in the home:
 - 34.2% self-care advice
 - 7% locum visit
 - 50.1% self-present to a doctor or hospital
 - 2.5% connected to a telehealth provider for consult with doctor.

Risk Management

- ▣ AV has comprehensive risk management system
- ▣ No serious adverse events during evaluation period (3 months)
- ▣ 61 complaints relating to not sending ambulance (0.1% of triages). 7 considered to be valid and steps taken to prevent recurrence.
- ▣ 13 patients out of 46,682 that should have received code 1 response, but no adverse effects. Not all would have received a Code 1 response through traditional emergency triage.

Conclusions

- ▣ All 19 Recommendations have been approved by Cabinet
- ▣ \$2.3 million has been committed in the first instance, with additional budget bids to be submitted
- ▣ Project Officer being appointed
- ▣ Ambulance Tasmania has high expectation that the new response system will:
 - Increase availability of emergency ambulances thus improving response potential
 - Patients will have their health met through appropriate clinical pathway.
 - Reduction in patients being taken by ambulance to EDs

**The Past: Don't call 000
unless it's an emergency**

**The Future: You have a
health care need, call us, BUT
we will decide if we send an
ambulance.**