



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 disproportionately 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.

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 shows an average reduction in use of 68 per cent in the patients who are receiving interventions.

Based on evidence in the literature, seven strategies/interventions have been developed for implementation as part of the FUM program:

- 1 notification to existing care providers
- 2 notification to patient
- 3 notification to patient, LHD and development of a multi-agency plan
- 4 individual case management
- 5 Agreement of Appropriate Ambulance use (AAA)
- 6 Individual dispatch protocol
- 7 Authorised care plans

