



Version 1

Role Delineation of Services

NSW Ambulance



NSW Ambulance





INTRODUCTION

Role delineation is utilised in NSW Health to inform strategic service, clinical, workforce and capital planning. The NSW Ambulance Role Delineation of Services (RDS) is informed by the NSW Ambulance Statewide Specialist Capability Framework (SSCF) and was developed through stakeholder engagement. As the RDS is a 'live' document, the review of clinical features can be achieved to ensure key reforms in clinical areas are incorporated in service planning.

DEFINITION

Role delineation provides a framework that describes workforce and other requirements for the safe delivery of clinical services. The aim of the RDS is to provide a consistent language for describing service levels. It is a tool used in service planning and workforce planning and can inform clinical governance considerations regarding determining services provided at a particular location. The RDS does not duplicate or replace existing policies, guidelines or standards such as staff credentialing criteria or Australasian Health Facility Guidelines. Where policies, guidelines or standards referenced in the RDS are updated or replaced, the new policy, guideline or standard applies.

The RDS does not aim to describe all of the services potentially provided at NSW Ambulance facilities but rather those that are sufficiently common to be useful exemplars. Services not described in the RDS should be covered by appropriate policy.

APPLICATION

The RDS applies to current and planned ambulance services. When developing plans such as clinical services plans, business cases and other service plans, the RDS is a tool for describing the capacity, profile and roles of the facilities under consideration. Each service is planned and developed to the level appropriate to meet the needs of the relevant catchment population including network considerations, ensuring efficiency in the health system as a whole, while improving local access.

INTERPRETATION

Networking of services is essential for safe and effective mobile health care provision. Networking factors are considered when determining service levels, particularly in regional and rural areas. An essential consideration is that the requirements of the service are met for mobile health care provision within local catchments with across network and/or Aeromedical support for high acuity and complex cases.

NSW Ambulance has a strong commitment to education and research. While role delineation can inform the level of education and research provided at any particular location, related activities are undertaken at various service levels and are not generally useful in role delineation.

There is recognition of the interdisciplinary nature of mobile health care provision by including different staff requirements at the various levels to allow flexibility.

The RDS is presented in two interrelated sections. Within these sections, each individual service level is described under four headings: service scope, service requirements, workforce and SSCF category. 'SSCF category' aligns SSCF workforce categories to RDS service levels. Only whole numbers may be applied; the use of split numbers should not be used to describe service levels. There are six service levels in ascending order of complexity and four service subtypes. Service subtypes are not hierarchical.



Service Level	Service Scope	Service Requirements	Workforce	SSCF Category
1	Provide person-centred clinical care informed by scope of practice. Engage in NSW Ambulance Care Programs, primarily Emergency and Critical Care and Building Resilient Communities. Primary and secondary assessment of patients prior to arrival of paramedic or retrieval team. Respond to local major incidents.	Mobile health care provision with Basic Life Support (BLS) equipment for resuscitation. 24-hour access to higher level services (may be via virtual care) for patient care support and referral or transfer to definitive care. 24-hour access to Aeromedical medical and retrieval resources for providing care in and extrication from remote and austere environments. May include Service Subtype I at identified locations according to service planning rationale.	Clinical Volunteers, including hospital-based services within some small communities. Paramedics where Service Subtype I is indicated.	H
2	Provide person-centred clinical care informed by scope of practice including effective collaboration with healthcare, community and emergency services partners with referral or transfer to definitive care. Deliver NSW Ambulance clinical strategies including meeting needs of vulnerable patient cohorts. Deliver NSW Ambulance Care Programs: Emergency and Critical Care, Community Paramedicine*, Integrated and Alternative Care, Building Resilient Communities, Intra-facility Support, Retrieval Program and Virtual Clinical Care Program. Primary and secondary assessment and stabilisation of critically ill patients prior to arrival of backup or retrieval service. Discharge or referral of non-critically ill patients where indicated. Respond to major incidents within network.	Mobile health care provision with appropriate equipment for Advanced Life Support (ALS) resuscitation prior to transfer to definitive care. Documented processes to guide clinical management, including paediatric, mental health and maternal care as appropriate. Formal network and relationship with higher level services (may be via virtual care) for advice, education and quality review. Formal escalation plan for obtaining clinical assistance for critically ill patients. Formal processes to ensure readily available patient transfer. Provision of unscheduled care aligned to patient presentation utilising referral and alternate care pathways. Quality and risk management programs in line with current National Safety and Quality Health Service Standards. Clinical information system that records patient details, clinical information and data. Provide support to lower level networked services including patient care and referral or transfer to definitive care along with mentoring, clinical supervision and quality review. May include Service Subtypes II and III at identified strategic geographic locations.	Paramedics. Supports development of Vocational Entry Trainee (VET) interns post-completion of first in-service. Caseload and casemix sufficient for provision of paramedic service. May deliver patient care in collaboration with Clinical Volunteers or other health providers.	D
3	As for Level 2.	As for Level 2.	As for Level 2. Caseload and casemix supports development of graduate Paramedic Interns, VET interns and VET trainees.	C
4	As for Level 3.	As for Level 3.	As for Level 3. 24-hour on-duty Paramedic module. Caseload and casemix sufficient for provision of Intensive Care Paramedic (ICP) paramedic specialist service. May include up to 6 ICPs.	B
5	As for Level 4. Provide specialised clinical care. Manage complex emergencies, including activity related to across network services.	As for Level 4. Specialise in management of trauma, cardiac arrest and other life-threatening presentations. Specific treatments for identified conditions including severe behavioural disturbance, dysrhythmias and pain management. May include Service Subtype IV at identified locations according to service planning rationale.	As for Level 4. 24-hour on-duty ICP module with a minimum of 12 established ICP positions. Supports development of novice ICP practitioner or ICP trainee.	A
6	Provide multidisciplinary person-centred clinical care including effective collaboration with healthcare, community and emergency services partners. Provide statewide specialist medical, paramedical and nursing care for critically ill patients with transfer to definitive care by either fixed wing, rotary wing or by road. Undertake search and rescue missions.	As for Level 5. 24-hour specialist health care provision with enhanced mobility and agility with statewide coverage including metro, regional, rural and wilderness locations. Documented processes to guide specialist clinical management, including cardiovascular and major trauma as appropriate. Specialists for providing care in and extrication from remote and austere environments. Formal processes for retrieval of high acuity patients to definitive care.	Includes Doctors, Critical Care Paramedics (CCP) and Registered Nurses (RN). Supports development of Doctor, CCP and RN trainees.	I



Service Subtype Descriptor	Service Subtype Scope	Service Subtype Requirements	Workforce	SSCF Category
I	Provide person-centred clinical care in identified small communities informed by scope of practice. Undertake first response, intra-facility support and chronic and complex care.	Mobile health care provision - may include delivering health care in collaboration with LHD and PHN clinicians. Improve access to care in small communities and address patient need efficiently and proactively.	Paramedics, Community Paramedics or a mix of these. May deliver patient care in collaboration with Clinical Volunteers.	TBC
II	Provide specialised technical functions at identified services according to strategic geographic location.	Access and treat patients in isolated, remote, difficult or snowfield environments. Perform inter-agency support roles with Emergency Services Organisations (ESO).	Special Operations Team (SOT) Paramedics. May include Remote Area Access (RAA) and/or Alpine Paramedics.	G
III	As for Service Subtype II.	Undertake road crash rescue, agricultural, animal, domestic and industrial rescue. Extricate patients from hazardous environments.	Rescue Paramedics working within an accredited rescue unit. May include general land rescue, vertical rescue and in-water flood rescue.	F
IV	Provide extended care at identified services informed by scope of practice. Target minor presentations and complex and chronic conditions utilising expanded referral network.	Mobile health care provision with enhanced skills in patient assessment and recognition and management of minor illness and injury and chronic conditions with referral to community-based health services for a wide range of presentations.	Extended Care Paramedics (ECP). Caseload and casemix sufficient for provision of ECP service.	E

*Community Paramedicine represents an emerging domain with the potential to complement and enhance provision of health services to the community in collaboration with other providers.

WORKFORCE ROLES (OUTLINE)

Clinical Volunteers provide care in their communities and are accredited, trained and administered under the direct jurisdiction of NSW Ambulance. Clinical Volunteers play a vital and valued role in the provision of patient care in multiple NSW communities.

Paramedics are highly trained clinicians providing mobile out of hospital health care in emergency and non-emergency settings. Paramedics assess and document patient health needs to determine appropriate care in line with clinical practice guidelines and scope of professional practice.

Intensive Care Paramedics (ICP) are specialist clinicians and senior clinical members of paramedic teams. ICPs provide clinical leadership by monitoring clinical practice, assessing and mitigating risk to patients, improving efficiency and coordination at the point of care and advocating for patients with high acuity presentations.

Extended Care Paramedics (ECP) are specialist clinicians with an advanced skill set to manage presentations ranging from acute injuries to chronic and complex care. They provide definitive care and referral to community-based health services. ECPs deliver clinical leadership and mentoring regarding best practice interventions and treatment pathways.

Rescue Paramedics are part of a multidisciplinary team working collaboratively to deliver advanced patient access, critical care, and extrication. Operational environments are complex and require a high level of skill, knowledge, flexibility, and co-ordination to deliver services safely and effectively.

Special Operations Team (SOT) Paramedics are trained and equipped to safely access and treat patients in isolated, remote, or difficult environments that are outside of the scope of normal operations.

Remote Area Access (RAA) Paramedics are SOT paramedics who have undergone additional training to provide specialised response to specific incidents such as canyons and situations where an overnight camp may need to be established prior to a first light extrication of patients.

Critical Care Paramedics (CCP) are part of a multidisciplinary team working collaboratively to deliver advanced patient access, critical care and extrication within an integrated safety and risk management system. Aeromedical operational environments are complex and require a high level of skill, knowledge, flexibility and co-ordination to deliver services safely and effectively.



Nurses are employed within Aeromedical and VCCC. **Flight Nurse Midwives** are responsible for the clinical management of patients transported by fixed wing aircraft between regional and metropolitan health facilities and interstate. **Clinical Coordinator Nurse Specialists** undertake critical care triage and telehealth clinical support in the Aeromedical Control Centre. Virtual Clinical Care Centre (VCCC) **Registered Nurse Triage Clinicians** perform secondary triage and refer appropriate patients to established health care pathways, escalate care or notify return of the incident to the appropriate Control Centre for dispatch of resources.

Doctors are employed within Aeromedical and VCCC. **Critical Care Doctors** work in medical teams with CCPs and Flight Nurses and undertake critical care telehealth support across NSW Health as State Retrieval Consultants. Doctors also provide medical leadership in the office of the Director of Medical Services and undertake Control Centre roles.

FURTHER READING

These documents contain supporting and definitional material relevant to the RDS and should be consulted when interpreting role delineation.

NSW Ambulance Clinical Services Plan 2024-2029

NSW Ambulance Statewide Specialist Capability Framework

NSW Ambulance Vision and Strategic Plan 2021-2026

NSW Ambulance The Next Normal Workforce Strategy 2022-2026

NSW Health Guide to the Role Delineation of Clinical Services



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