



NSW Ambulance

excellence in care

NSW Ambulance Year in Review **2013/14**



Introduction

A new concept of operations

2013/14 has been a year of reform for NSW Ambulance, with great achievements across the entire organisation. Our ongoing mission to provide excellence in out-of-hospital care to the people of NSW has led to a number of exciting new initiatives and a new concept of operations focused on providing the right care to the right patient in the right place at the right time.

NSW Ambulance's patient profile has changed over time. The average age of our patients is 57.2 years, compared with 39.5 years for ED presentations. They have different health needs and require less trauma intervention, but experience more falls and age-related chronic illness.

As a result, our caseload has also changed, with 40 per cent of cases assessed as low acuity, or not urgent. Another 50 per cent of cases are urgent but not life-threatening, and only

10 per cent are life-threatening emergencies such as cardiac arrests or major traumatic injuries.

In order to meet the needs of our patients now and into the future, in 2013/14 we consulted extensively with staff at all levels of the organisation to gather feedback on the way we operate and identify new ideas and opportunities. The result is our new concept of operations, *Today is the Day We Make Tomorrow Different*.

This model focuses on providing every patient with the most appropriate care for their injury or illness. We no longer transport all patients to an ED, but instead take care to the patient; rather than take the patient to care. This includes providing stay-at-home treatment or referrals to further health care where appropriate.

As always, if a patient needs an ambulance quickly we'll utilise all of our resources to get it to them. However, if their injury or illness is not life-threatening,

we now provide the entry point into the health care system, so patients get the care they need whether that be in or out of hospital.

We've implemented a number of new models of care this year to assist us in achieving this goal. These rank amongst our most outstanding successes for 2013/14 and you can read about some of these in the following pages.

We've also continued to develop our world-leading cardiac and stroke care programs, introduced new systems and developed many new strategies to improve the workplace safety of our most valuable resource; our staff.

I look forward to continuing to work on implementing this new concept of operations and building on our already strong foundation of excellent patient care.

THE CARE
TO THE PATIENT
IN THE WAY
IN THE PLACE
AT THE TIME
RIGHT



A handwritten signature in black ink, which appears to read 'Ray Green'.

Ray Green ASM
Chief Executive

Making tomorrow different

patient centred, staff focused

NSW Ambulance's new concept of operations is based on four domains of patient care which reflect the diverse needs of people who phone Triple Zero (000) for an ambulance. This model ensures ambulance resources are available for life-threatening emergencies and provides non-urgent patients with at-home treatment or access to more appropriate health care.

The four domains of patient care in NSW Ambulance's new concept of operations are:

Emergency care

Time critical incidents that pose an immediate risk to health, life, property or environment. NSW Ambulance will ensure the appropriate response gets to the patient in the shortest amount of time.

Urgent/unscheduled care

Time sensitive incidents which require quick action and attention or are less time sensitive. Depending on the needs of the patient, NSW Ambulance will provide a more appropriate care pathway than transporting to hospital; one which provides exactly what the patient needs.

Community support

A well planned and safely-executed specialist response provided to a patient located in a difficult to access, complex or dangerous area – such as caves, remote bushland, cliffs, water or snowy areas.

Health support

These responses support the complex NSW Health system, such as coordinating aeromedical retrievals, arranging transport for patients with special requirements and providing assistance during large-scale health emergencies.



There is no such a thing as an inappropriate Triple Zero (000) call, just inappropriate responses. Not all people who call NSW Ambulance need to go to hospital.

10%

(of patients have life-threatening conditions such as cardiac or trauma injuries which require hospitalisation.)

50%

(of patients require urgent but non life-threatening care such as suturing, wound dressing, resolving catheter issues, needing stitches or intravenous antibiotics, and are likely to not require hospitalisation.)

40%

(of patients have low acuity conditions such as coughs and colds or muscle and limb pain and do not require hospitalisation.)

In December 2012, the NSW Minister for Health released the *Reform Plan for NSW Ambulance*, which outlined five strategic directions aimed at improving ambulance services for the NSW community.

IMPLEMENTING REFORM

NSW Ambulance formed a high-level steering committee of stakeholders from across the health system to oversee the plan's implementation.

The journey

By 30 June 2013, 11 of the 34 reforms in the plan were complete. By 30 June 2014, this had increased to 25 completed, with the remaining nine on track.

- **Strategic Direction 1** – delivered, resulting in improved relationships between NSW Health entities.
- **Strategic Direction 2** – first step implemented with the transition of Non-Emergency Patient Transport (see page 11).
- **Strategic Direction 3** – well underway. NSW Ambulance improved its ability to respond to patients requiring the most urgent/emergency medical attention with the introduction of a new Triple Zero (000) triage system in March 2013. In the first 12 months, this system resulted in 122,000 fewer emergency 'lights and sirens' responses – meaning emergency cases are better prioritised and staff and community safety is improved.



- **Strategic Directions 4 and 5** – progressing well. Plans are in place to ensure NSW Ambulance has sustainable and effective infrastructure for the future, while the governance structure has been strengthened with the permanent recruitment of the NSW Ambulance Executive.

The implementation of the *Reform Plan for NSW Ambulance* will assist in ensuring patient care is delivered in a coordinated way across the entire health system, increasing the ability of ambulances to respond to urgent, life-threatening emergencies.

“...if a patient doesn't require emergency assistance, initiatives contained in the reform plan will be built on to provide and/or coordinate an alternate pathway of care with other health providers which meets the patient's needs in the right way, at the right time.”

The future

NSW Ambulance makes a difference to people's lives in seconds and minutes. However, if a patient doesn't require emergency assistance, initiatives contained in the reform plan will be built on to provide and/or coordinate an alternate pathway of care with other health providers which meets the patient's needs in the right way, at the right time.

Reform plan implementation will continue over the next 12 months, with the majority of reforms completed by the end of 2014. The steering committee will meet for the last time in early 2015 to review progress and reflect on key achievements.

REDUCING HOSPITAL DELAYS

In July 2013, the NSW Auditor-General released the report, *Reducing Ambulance Turnaround Time at Hospitals*, which assessed strategies in place to reduce the time ambulance crews spend waiting at hospital EDs. Reducing these delays will improve NSW Ambulance's capacity to respond to life-threatening emergencies.

The journey

The report makes 23 recommendations across 11 key areas. NSW Ambulance is working with the NSW Ministry of Health to implement all 23, with 13 now completed and most of the others due by December 2014. Progress to date includes:

- Analysis of the main reasons for time delays and the development of strategies to address them.



- The NSW Health *Triage of Patients in NSW Emergency Departments* policy has been updated to assist in improving transfer of care from paramedics to ED staff.
- Improvement in the National Emergency Access Target (NEAT, an agreement between the Commonwealth and State governments regarding the health and hospital system) at a state level from 61 per cent for 2012 to 76 per cent for April 2014.
- Discontinuation of assigning an ambulance to incidents referred to Healthdirect Australia. An ambulance is now only assigned to these cases if – after consultation between the patient and a Healthdirect nurse – it's determined an ambulance is required.

The future

Implementation of the recommendations contained in the report is continuing and will be reviewed by The Public Accounts Committee in early 2014/15.

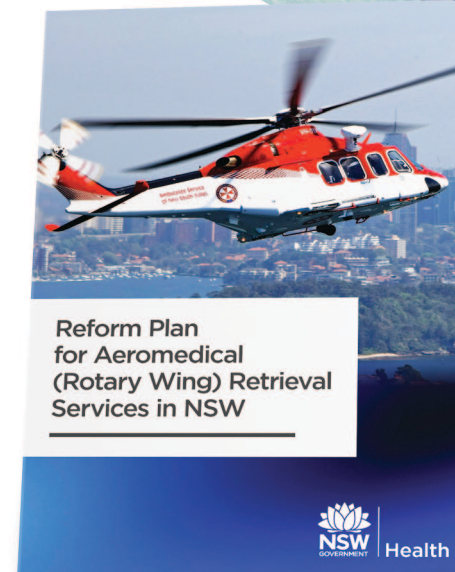
AEROMEDICAL REFORM

On 17 July 2013, the Minister for Health released the *Reform Plan for Aeromedical (Rotary Wing) Retrieval Services in NSW*, which addresses the second part of the Strategic Review of NSW Ambulance. The aim of this plan is to improve medical retrieval services across NSW, giving trauma and critical care patients in rural and remote areas fast and appropriate access to high-level clinical care.

The journey

By 30 June 2014, the following had been implemented:

- Southern (Bankstown, Orange, Wollongong and Canberra) and Northern, (Newcastle, Lismore and Tamworth) operational zones were defined and a procurement process for NSW Retrieval Helicopters commenced (on track for completion in December 2014).



- A doctor and paramedic crewing model for all primary retrievals was implemented, with 24/7 operations at Newcastle Helicopter Base from March 2014.
- 24 hour operations commenced at Orange Helicopter Base in March 2014.
- Recruitment and planning underway to implement an on-base doctor and paramedic crew at Lismore (November 2014) and Tamworth (March 2015).
- Work on upgrading Wollongong Helicopter Base facilities is well underway.
- Statewide Medical Retrieval Governance Committee established and a governance framework for

medical retrieval endorsed.

- Enhanced staffing in the Aeromedical Control Centre and Medical Retrieval Unit in place.
- Risk & Safety Management program established and implemented and the framework to develop and grow the Risk & Safety Management System is in place.
- The position of Helicopter Paramedic was developed and the necessary aviation, environmental and clinical training programs designed and delivered.

The future

Implementation of recommendations will continue in line with program plan.



The cardiac care and stroke reperfusion strategies of NSW Ambulance are amongst the very best in the world; providing exceptional out-of-hospital care to the most urgent and time-critical patients wherever they are in the state.

CARDIAC CARE PROGRAM

Time is of the essence in heart attacks. Reducing the time from symptom onset to re-establishing coronary artery blood flow is the key to minimising death and disability in an ST Elevation Myocardial Infarction (STEMI). NSW Ambulance's most recent Cardiac Care Program, which commenced in 2011 and is now almost completely implemented, is one of the best in the world and provides the people of NSW with early access to cardiac reperfusion for STEMI, wherever they may be in the state.

The journey

All NSW Ambulance paramedics have been given specialised training and state-of-the-art equipment to identify a STEMI using the latest 12-lead ECG technology (NSW Ambulance has more 12-lead ECG units in ambulances than in all NSW Health EDs combined). STEMI-positive ECGs are transmitted to a cardiologist or doctor for additional confirmation. When

“ This year, 1522 patients were referred to PAPA (1159 last year) and 104 patients received PHT (49 last year). Since the program commenced, NSW Ambulance has made more than 4000 PAPA referrals and managed more than 340 PHT cases. ”

a STEMI is confirmed, paramedics follow distinct clinical pathways to provide the most appropriate cardiac reperfusion for the patient as soon as possible.

The Pre-Hospital Assessment for Primary Angioplasty (PAPA) and Pre-Hospital Thrombolysis (PHT) pathways enable paramedics to provide early, effective out-of-hospital treatment and pre-notify hospitals so the cardiac team is ready on arrival. Both pathways reduce the time from symptom onset to definitive treatment, saving heart muscle, improving patient outcomes and reducing costs to the community.

This year, 1522 patients were referred to PAPA (1159 last year) and 104 patients received PHT (49 last year). Since the program commenced, NSW Ambulance has made more than 4000 PAPA referrals and managed more than 340 PHT cases, with evidenced world-class outcomes.

Implementation of PHT was completed in Western, Southern, Central Coast and outer Sydney communities this year. The cardiac program received statewide support from paramedics, the health system and patients. NSW Ambulance is now supporting other ambulance services with their Acute Coronary Syndrome (ACS) projects, providing access to its education modules, project plans, and experience.

The future

NSW Ambulance will seek opportunities to transfer the methodologies of the cardiac program to similar clinical projects and align with the NSW Rural Health Plan for ACS.

ROLL-OUT OF LIFEPAK 15 DEFIBRILLATORS

More than 1200 new state-of-the-art defibrillators have been supplied to every ambulance and single responder vehicle throughout the state. This \$15 million project started in 2009 and was completed in February 2014.

The journey

The LIFEPAK 15 was chosen after a lengthy evaluation process as it could provide vital signs monitoring, defibrillation and the ability to transmit an ECG signal to health care facilities. The LifePak 15s are an essential component of NSW

Ambulance's State Cardiac Reperfusion Strategy as they use a 12-lead ECG analysis program to identify an ST Elevation Myocardial Infarction (STEMI) and transmit the ECG to a cardiologist. The machines are also robust, reliable and user-friendly and have relatively low running costs when it comes to durability, repair and scheduled maintenance.

The future

A team is exploring the feasibility of initially carrying a lightweight AED as a first response defibrillator, to reduce the weight carried by paramedics.



STROKE REPERFUSION PROGRAM

Thrombolysis (dissolution of blood clots) of selected stroke patients results in a significant reduction in morbidity and mortality, with early intervention the key. Ischaemic strokes account for approximately 80 per cent of all strokes, yet only some seven per cent of these patients receive thrombolysis (nationally), as the drugs must be administered within 4.5 hours of stroke onset. NSW Ambulance has implemented strategies and trained all paramedics to identify stroke early to potentially improve thrombolysis rates for stroke patients statewide.

The journey

NSW Ambulance, in collaboration with the NSW Ministry of Health and the NSW Agency for Clinical Innovation (ACI), developed a program to improve patient access to stroke services across the hospital network, in particular to early stroke thrombolysis at an Acute Thrombolytic Centre (ATC). The program aimed to increase the number of eligible patients receiving thrombolysis and early stroke care by introducing a validated stroke assessment tool, identifying appropriate hospitals, and pre-notifying hospitals to ensure the stroke team is ready on arrival.

Paramedics play an important role in early identification and notification of stroke-positive patients through the use of the pre-hospital assessment tool, FAST (Face, Arms, Speech, Time), and by pre-notifying the receiving hospital to 'turn the stroke system on'. Where appropriate, paramedics transport eligible-stroke

“Paramedics play an important role in early identification and notification of stroke-positive patients through the use of the pre-hospital assessment tool, FAST (Face, Arms, Speech, Time), and by pre-notifying the receiving hospital to 'turn the stroke system on'.”

positive patients directly to an ATC that provides 24/7 thrombolytic services.

All NSW Ambulance paramedics are now trained in the stroke reperfusion program and aspects of stroke care as part of their scheduled training. The stroke reperfusion program has been integrated as part of the standard of care for stroke patients.

Evidence of the success of the program is that the thrombolytic rate has at least more than doubled from a national average of 7 per cent to around 16 per cent based on an analysis of patient outcome feedback from hospitals.

The future

NSW Ambulance continues to collaborate with its health partners to enhance access to acute stroke care for patients having an acute stroke episode. A recent example is paramedics being able to transport stroke FAST-positive patients directly to rural Acute Stroke Units (ASUs) where, due to distance, access to an ATC is unrealistic.

ECMO RETRIEVAL

An increasing number of patients require life support beyond that of a conventional mechanical ventilator. Extra Corporeal Membrane Oxygenation (ECMO) is a system originally designed to keep patients alive whilst undergoing open heart surgery, but is now also used for patients with severe respiratory failure for whom conventional mechanical ventilation is insufficient. Patients transported on ECMO via Air Ambulance planes, e.g. from a small hospital to a larger one, are totally dependent on the integrity and function of the equipment. It is, therefore, essential that ECMO equipment is loaded safely and stored securely during transport.

The journey

In 2009, over 30 patients with ECMO equipment were transported by NSW Air Ambulance, with patient survival comparable to anywhere in the world. However, the equipment was not loaded and secured as well as possible, so

Air Ambulance collaborated with ECMO specialists from Royal Prince Alfred and St Vincent's Hospitals, the Royal Flying Doctor Service and engineers from Total Aerospace Solutions to develop a better and more secure system.

The new system, implemented in 2013, neatly incorporates the ECMO equipment into the stretcher itself; minimising the risk of line disconnection or falling equipment. This reduces risk to the patient and allows staff to focus even more on caring for these critically-ill patients, rather than constantly having to check the equipment. The new equipment has reduced the risk of transferring patients on ECMO, and also made it more feasible to transfer patients from non-metropolitan areas to larger centres.

The future

ECMO is being increasingly used for in-hospital cardiac arrest patients as a bridge to coronary revascularisation, with promising early results. This may further increase the demand for ECMO transfers in future.



Not all people who phone Triple Zero (000) require treatment in a hospital ED. To provide all patients with the right care at the right time, and ensure emergency ambulance resources are available for the most urgent and time-critical patients, NSW Ambulance has implemented or expanded a number of alternate care patient pathways in the last 12 months.

REFERRALS TO GPs OR ALTERNATE DESTINATIONS

One of the recommendations of the 2013 Auditor General's Report was to enable paramedics to determine, based on their clinical assessment, that transport to an ED is not required for some patients. These patients would instead be referred to more appropriate destinations, such as their general practitioner (GP) or medical centre. This concept was put to the test in 2013/14 as a six month Proof of Concept on the NSW Central Coast.

The journey

The concept enabled intensive care paramedics (ICPs) to refer patients assessed as 'low acuity' (not urgent) to a destination other than an ED – such as to their GP or an after-hours medical centre. This collaboration with Central Coast NSW Medicare Local aimed to improve patient outcomes where possible by providing continuity of care with their regular health care provider, who had a greater knowledge of the patient's medical history.

“The concept enabled intensive care paramedics (ICPs) to refer patients assessed as 'low acuity' (not urgent) to a destination other than an ED – such as to their GP...”

ICPs were selected for the Proof of Concept because of their advanced clinical knowledge and skills, enabling them to more thoroughly assess patients and identify those not requiring hospital treatment. The 25 ICPs in the trial also received additional training to ensure they could safely refer these patients. Further clinical support was available via regular teleconferences.

The trial was evaluated after six months, with key results including:

- ICPs offered 83 patients the option of a referral instead of transport to an ED; 82 of them took the referral.
- Most appointments were made for the same or following day, with most patients referred to their GP.
- 83 per cent of patients went to their GP by private vehicle.
- ICP single responders attended a high proportion of cases and because of the referrals, did not need to call for an emergency ambulance to transport the patient, leaving them free to attend to medical emergencies.
- Patients were very satisfied with the care and the recommendation for an alternate referral.
- Patients thought the paramedic was very well informed and knowledgeable about the referral process.

This model of care reduces case cycle time and frees up NSW Ambulance resources, ensuring they're able to respond to emergencies.

The future

Discussions are underway to expand this model into the Macarthur area of Sydney and there has been a great deal of interest from other Medicare Locals and LHDs. Other options for referral are also being explored, such as an after-hours doctor to visit patients in their home.

MENTAL HEALTH ACUTE ASSESSMENT TEAM

In 2013, NSW Ambulance attended over 60,000 calls identified at the call-taking stage as being of a mental health or psychiatric nature. The care paramedics are able to provide to these patients is often not the most appropriate and results in unnecessary transport to a hospital ED. To provide more suitable care to these patients, a six-month Mental Health Acute Assessment Team (MHAAT) trial commenced in Western Sydney in December 2013.

The journey

The MHAAT trial involves a specialist team – made up of an Extended Care Paramedic (ECP) and a mental health nurse – being dispatched to patients identified at the call taking stage as experiencing a mental health issue. The team provides a comprehensive medical and mental health assessment to enable them to decide whether to transport to an ED or, if appropriate, to transport directly to a declared mental health facility.

“Of the 398 patients treated in the trial, 58 per cent were transported directly to a mental health facility and two per cent were not transported at all (following medical and psychological clearance by the team).”

The MHAAT trial made large gains towards reducing unnecessary transports to EDs. Of the 398 patients treated in the trial, 58 per cent were transported directly to a mental health facility and two per cent were not transported at all (following medical and psychological clearance by the team).

The trial demonstrated that out-of-hospital emergency mental health care has improved with the implementation of a specialist mental health team. Patients are able to access the most appropriate psychiatric care in the shortest possible timeframe, and unnecessary presentations to an ED have decreased.

The future

The feasibility of an ongoing MHAAT will be assessed. Developing close working relationships with stakeholders who benefit from the MHAAT project – such as community mental health services, EDs and the NSW Police Force – will be key to the ongoing feasibility of the project.



URGENT CARE COORDINATION

Extended care paramedics (ECPs) are specialist paramedics with the training to provide extended care for low-risk minor illness and injuries such as falls, lacerations, dislocations and UTIs. To improve the tasking of ECPs to the most appropriate incidents, a specialised dispatching initiative was established at the Sydney Control Centre in February for a six month trial.

The journey

The UCB trial involved a dedicated dispatcher to monitor incoming cases, identify those best suited to attendance by an ECP, and allocate and dispatch an ECP resource. Early results were very positive, showing significant improvements in three key areas:

- Increased tasking of ECPs to low acuity (not urgent) cases. Previously, only 34.6 per cent of cases attended by ECPs were low acuity. This increased to 59.8 per cent, meaning more ECPs attended the most

appropriate jobs for their skills, and more low acuity patients were attended by paramedics with the skills to provide extended care on-scene.

- Because ECPs are able to treat more injuries and illnesses on-scene, or refer the patient to a community service provider, they should have lower rates of unnecessary transports to hospital. Before the UCB, 61 per cent of ECP patients were transported to hospital. This decreased to 39 per cent – meaning many more patients received in-home treatment or more appropriate referral than a trip to an ED.
- ECPs were dispatched to far less ‘emergency’ cases, for which they are not the most appropriate resource.

The future

Evaluation continues, however the concept has already increased delivery of the right care to the right patient at the right time through improved resource-to-patient matching. The proof of concept increased ECP associated savings across the health system by reducing unnecessary transports to EDs, thereby decreasing delays in hospitals and freeing up NSW Ambulance resources for emergencies.

“Extended care paramedics (ECPs) are specialist paramedics with the training to provide extended care for low-risk minor illness and injuries such as falls, lacerations, dislocations and UTIs.”

MANAGING FREQUENT CALLERS

A number of people phone Triple Zero (000) 10 or more times a year, when other health care would be more appropriate. The Frequent User Management (FUM) program adopts a patient-centred approach to link these patients with more appropriate health care services, thereby reducing their reliance on NSW Ambulance.

The journey

In one year, 938 frequent callers made 14,578 calls to NSW Ambulance, resulting in 11,428 transports to a hospital ED. The FUM program was set up in response to this, and has developed a model of care and a range of interventions for patients who made 10 or more calls in a 6-month period.

The primary aim of the program is to ensure the patient is the central focus and interventions promote optimal quality of life and sustained recovery. The FUM team works closely with patients who’ve made

the highest number of calls to assist them in managing a variety of psychosocial, stress and anxiety-related issues and, where necessary, links them with relevant health care providers. This increases the patients’ ability to manage their own health and access care in the most appropriate way. A flow-on effect is that NSW Ambulance capacity to respond to emergency calls is enhanced.

Since the program was launched, 55 patients have had some level of FUM intervention. An evaluation of a group of 18 patients who were being managed by the program in June 2014 showed an average reduction in calls of 68 per cent.

The future

Data being collected will improve the understanding of this group of patients and be used to inform the ongoing development of the program. Options for expanding the program are being investigated, with a specific focus on collaborative programs with LHDs.



PARAMEDIC INTENSIVE CARE UNIT

The concept of single-responder Paramedic Intensive Care Units (PICUs) is currently being trialed in the Hunter region of NSW. A PICU is an intensive care paramedic (ICP) responding in a non-transport vehicle to emergency Triple Zero (000) calls.

The journey

The aims of the PICU trial, which features two PICU units in operation seven days a week, include:

- more efficient utilisation of the skills, experience and clinical training of ICPs
- optimised deployment of ICPs across the Newcastle area
- greater opportunities for the community to access ICP skills
- further development opportunities for paramedics in the Newcastle area
- development and implementation of a new model of clinical service delivery in the out-of-hospital environment to improve patient outcomes.

The PICU trial was implemented following extensive consultation with ICPs, the staff unions, Hamilton ambulance station, Northern Control Centre and Service Delivery staff.

The future

Early data indicates the trial objectives will be met. Results will be monitored and evaluated, and a final report will be submitted to the NSW Ambulance Executive.

PALLIATIVE AND END-OF-LIFE CARE

The Authorised Care Program enables paramedics to respect the palliative wishes of a patient when responding to a person with a NSW Ambulance Authorised Care Plan in place. These plans are prepared collaboratively by the patient and their GP in consultation with the palliative care team, family and/or residential aged care facility.

The journey

Authorised Care Plans were initially established in collaboration between NSW Ambulance and The Children's Hospital at Westmead where paediatric palliative care plans were put in place to support children at home.

In 2012/13, NSW Ambulance piloted the use of adult palliative care plans at a large residential aged care facility on the NSW Central Coast and with patients under the care of the Amaranth Foundation in southern NSW. During the pilot, almost

50 per cent of patients with an Authorised Palliative Care Plan who were attended by NSW Ambulance were not transported to hospital, but were able to remain at home for their care. Not only did this enable patients to receive care at the location of their choosing, it also avoided unnecessary transport and admission to a hospital ED.

In 2013/14, Authorised Care Plans were rolled out as a statewide strategy. NSW Ambulance, in conjunction with patients, families/carers and GP/treating clinicians, maintains a statewide register of Authorised Palliative Care Plans. Over 500 plans have been recorded and there are currently 350 active plans registered.

The Authorised Care Plan approach is in line with the goals of NSW Health's *Advance Planning for Quality Care at End of Life: Action Plan 2013–2018*. The program enables paramedics to provide care outside their usual scope of practice, whilst putting the patient's wishes first.

“The Authorised Care Program enables paramedics to respect the palliative wishes of a patient when responding to a person with a NSW Ambulance Authorised Care Plan in place.”

The future

In consultation with the NSW Ministry of Health, NSW Ambulance is developing strategies to prepare for the roll-out of statewide NSW Health resuscitation plans. Key areas of relevance for paramedics include inter-facility transfer and some community patients under the care of NSW Health employees. NSW Ambulance is also involved in ongoing discussions with the NSW Office of the Chief Health Officer, the Coroner and the NSW Police Force to institute a policy for paramedics to formally verify death.



NEW AMBULANCE STATIONS

New stations give NSW Ambulance the opportunity to respond to the changing and forecasted demands of the local population, while also providing staff with vastly improved facilities including IT infrastructure and training rooms.

A number of new stations were completed this year and exciting plans were announced for the future.

The journey

New stations were officially opened at Coonamble, Bundeena and Murwillumbah in 2013/14, and construction was completed on Albury, which will officially open in July 2014. Planning and construction of a new \$2.8 million station in Bega also commenced.

A major change for metropolitan Sydney was revealed in June, with the announcement by NSW Health Minister Jillian Skinner of \$24.5 million in funding to commence the building program for five new 'hub' or 'super stations' in the Sydney metro area.

These super stations, to be located in Bankstown, Blacktown, Kogarah, Liverpool and Penrith, represent a major shift in NSW Ambulance infrastructure in developing major metropolitan stations with state-of-the-art facilities in areas of current and projected demand. The stations will support a mobile paramedic workforce now and into the future and ensure NSW Ambulance resources are strategically located in the right places at the right times. The outcome of the program will be improved services to patients and local communities.

The future

In 2014/15, design of a new station for Kempspey will commence, and a new station for Wagga Wagga is expected to be approved. NSW Ambulance will also start work on updating the operational model to suit the introduction of super stations. Construction is expected to commence in the next 12 months.

SAFER TRANSPORT FOR REGIONAL BARIATRIC PATIENTS

Multi-Purpose Vehicles (MPVs) are specialist ambulances with wider, powered stretchers to enable safer loading and transport of bariatric patients weighing up to 300 kg. MPV-Generals were introduced into a number of regional areas this year, providing greater quality of care for patients and improving the safety of paramedics.

The journey

Morbidly obese and bariatric patients can present loading and transport challenges



for a standard ambulance, e.g. if patients are too wide for a standard stretcher they can't be strapped in safely. MPV-Generals include a wider, powered stretcher which can carry up to 300 kg and a HoverJack and HoverMat which assist in transferring patients unable to walk or weight-bear. When not required for bariatric or high-dependency patients, the vehicles can be utilised as a standard ambulance.

The new vehicles were introduced to Albury, Hamilton, Goulburn, Wellington and Woolgoolga this year, where all staff received training to use the vehicles' specialist features and equipment.

PATIENT TRANSPORT SERVICES

The separation of emergency and non-emergency patient transport (NEPT) was a key element of the Reform Plan for NSW Ambulance. Ensuring emergency ambulances are not held up with non-emergency patients keeps them free to attend patients requiring urgent/time critical medical attention. It also allows for more reliable NEPT bookings as transport vehicles are not called away to attend emergencies.

The journey

During 2013/14, NSW Ambulance worked closely with NSW Health and HealthShare to transition NEPT booking, scheduling and dispatch functions to the HealthShare Greater Metropolitan NEPT Booking Hub (GMBH) in Parramatta.

The NSW Ambulance NEPT Booking Hub opened at Regents Park on 6 July 2013, using VisiCAD to manage bookings and dispatch within the Sydney metro area.

The vehicles have significantly reduced the risk of manual handling incidents and received high praise from regional paramedics. One Goulburn paramedic commented, "It's a great feeling; this vehicle allows us to bring dignity back to those patients who at times have very low self-esteem".

The future

By the end of 2014, new MPV-Generals will be introduced to Wagga Wagga, Lismore and Port Macquarie. A new range of powered stretchers is also being trialed in the vehicles and will be evaluated in the future.

Processes and efficiencies were improved over the next 10 months until transition to the GMBH in May 2014. During the early weeks of operation, NSW Ambulance provided intensive support to HealthShare to ensure the transition of all relevant knowledge and information.

NSW Ambulance Control Division is now liaising directly with the GMBH to reduce the number of NEPT patients transported in emergency ambulances as additional NEPT vehicles from LHDs come online. GMBH now dispatches all NSW Ambulance Patient Transport Services throughout metropolitan Sydney.

The future

The NEPT fleets in Northern Sydney and the Central Coast LHDs will transition to the Booking Hub on 16 August 2014. NSW Ambulance will continue to work closely with the GMBH to reduce the number of NEPT patients in emergency ambulances.



BUSH FIRE READINESS

The bush fires of October 2013 were referred to as the state's worst fire emergency since the 1960s, starting with devastating fires in Springwood and Lithgow on 17 October and including fires in the Southern Highlands, the Central and South Coast, the Hunter region and other areas.

The journey

NSW Ambulance plays an important role in bush fires and works closely with other emergency services to ensure NSW Ambulance resources are available exactly where and when they're required. This year, paramedics provided frontline medical support to firefighters even when their own homes and property were under threat. As the emergency unfolded, paramedics were deployed to most fire

locations or staged close by to enable a quick response.

Paramedics assessed and treated almost 200 patients (including 50 firefighters) and aided in the evacuation of hospital patients and nursing home residents. Special Operations teams were tasked to specific fire events in support of Rural Fire Service (RFS) firefighters, and were again deployed in January/February to Victoria and South Australia.

The future

NSW Ambulance's *State Bushfire Plan* has been updated for 2014/15 for what the RFS has predicted will be another challenging bush fire season. Staff also have access to online training which enhances the effectiveness of NSW Ambulance in major events and increases numbers of staff available for deployment into Emergency Operations Centres.

“NSW Ambulance plays an important role in bush fires and works closely with other emergency services to ensure NSW Ambulance resources are available exactly where and when they're required.”

MANAGING PEAK DEMAND

Winter is traditionally a period of peak demand for NSW Ambulance and the wider health system. Greater numbers of patients being transported to busy hospitals can delay crews – meaning these crews and vehicles are unavailable to respond to emergencies. To manage this increased demand, NSW Ambulance plans ahead and collaborates closely with hospitals, LHDs and Medicare Locals.

The journey

Plans for the 2014 peak demand period focused on giving managers the tools to proactively manage resources during busy times. Greater emphasis was placed on paramedics and managers consistently monitoring the situation so they could notice when delays started and take action earlier. New initiatives included:

- The trial of an application which allows a 'real time' view of all operational incidents/delays and manager availability.
- A *Quick Reference Guide* – displayed in hospital waiting areas which outlines

actions to be taken when ambulances are delayed at the hospital.

- Separation of Non-Emergency Patient Transport from the routine workload of NSW Ambulance (see page 11).
- Development of the *Operational Peak Demand Management Strategy* to help control centre staff identify areas of building pressure due to demand and hospital delays.

The future

NSW Ambulance is the first point of contact some people have with the wider health system. As such, paramedics can play a central role in referring patients who do not require hospital treatment to more appropriate care. Demand management strategies like the Frequent User Management program (page 9) and the alternate referrals to GPs trial (page 8) represent a shift in the NSW Ambulance concept of operations; providing the right care in the right place at the right time.



BUILDING A CULTURE OF EVIDENCE-INFORMED PRACTICE

Academic research, local knowledge, and the expertise of clinical and operational staff are vital for making the best clinical policy decisions at NSW Ambulance. Paramedic practices grounded in research evidence are associated with improved patient experiences, better health outcomes, a reduction in the number of variations to clinical practice, less harm and wastage, and improved cost-efficiency for NSW Ambulance and NSW Health.

The journey

NSW Ambulance researchers have undertaken two projects which aim to build organisational capacity to utilise research evidence in decision-making practices: *Evidence for Excellence in Care*, using evidence to inform clinical policies, and the first data linkage studies for transported and non-transported patients.

Evidence for Excellence in Care is founded upon extensive reviews of literature which were conducted in 2012/13 and provided the framework for the model now used by NSW Ambulance to inform clinical policies. The project is the first step towards establishing an organisational culture which routinely utilises research evidence in decision-making processes. The six-phase model has already been employed to review NSW Ambulance's *Cervical Spine Injury Assessment Protocol*.

The first major investigations of the NSW Ambulance linked dataset were completed in 2013/14, with several more studies in the pipeline. The first investigation centred around health outcomes of both transported and

non-transported patients, including any subsequent hospital admissions or re-attendances for patients not initially transported to an ED. It also reviewed all deaths that occurred during the study period (2006–09).

The future

Data linkage study findings help build more meaningful key performance indicators for NSW Ambulance and assist paramedics to understand how the care they provide impacts on health outcomes.

VOLUNTEERS AND COMMUNITY FIRST RESPONDERS

Volunteer and Community First Responder (CFR) units are established to support local communities in rural and remote areas where distance increases ambulance response times. Some dramatic advances have been made across the state this year.

The journey

Five new volunteer and CFR units were established this year (Bulga, Howes Valley, Putty, Dangar Island and Hatzolah) and the White Cliffs unit was re-established.

Delivering on-site training to new recruits saw a team of educators travel to remote locations. In 2013/14, training was delivered in locations including Pooncarie, White Cliffs, Wollongong, Goolgowi, Sydney, Bulga and Armidale.

A pilot program was also undertaken to provide current host station trainers with a 'Train the Trainer' qualification. This was highly successful and will be pursued again in 2014/15.

Volunteer and CFR training exercises this year included an Xtreme 2 event in Broken Hill, a Crookwell exercise and a Marine Xtreme 2 in Coffs Harbour (pictured left).

Other highlights included the development of a video to celebrate Volunteer Week, and a recruitment video which goes behind the scenes with Eugowra volunteers Jack and Alison. Watch the video at <https://vimeo.com/87055006>

The future

Volunteers and CFR service delivery will continue to be enhanced through online and face-to-face training. A list of locations for new volunteer units has been developed and the feasibility of establishing these units is being investigated, pending levels of support and interest from each local community.

A Volunteer Service Plan has been written and will aid in identifying criteria and operational needs for forming new volunteer and CFR units. In addition, extensive work is being undertaken on the application and vaccination processes which can be challenging for new recruits.





FIRST AUSMAT NSW COURSE

Australian Medical Assistance Teams (AUSMAT) are teams comprised of medical staff (doctors, nurses and paramedics), logisticians, firefighters and environmental health officers which can be deployed to treat patients in disaster situations when resources are limited – both here and overseas. NSW has a commitment to provide trained staff and equipment in the event of an AUSMAT activation, so the first AUSMAT NSW Team Members' Course was conducted in December 2013.

The journey

The NSW Health Emergency Management Unit (HEMU) worked closely with the National Critical Care and Trauma Response Centre (NCCTRC) in Darwin and disaster relief agency RedR to develop the course. Fire & Rescue NSW (FRNSW) and the Australian Government Department of Defence help operate the course, which was run over four days with participants living in tents and eating ration packs as they would on a real deployment.

With FRNSW managing logistics, a complete 'base of operations' was set up including medical tents, command tent, meal room and bathrooms. Course participants learned communication skills and media management as well as a wide variety of skills through the mandatory field exercise – including convoy driving, hostile negotiation, orienteering and cross-cultural communications.

Experienced AUSMAT personnel participated in the exercise as role-players, bringing a degree of experience and realism to the scenarios.

The future

Two AUSMAT NSW courses have now been conducted, with a third planned for November 2014. HEMU will continue to work with NCCTRC and RedR to deliver a consistent and effective course across Australia. This will include standardisation of course documents, lectures and the course exercise. NSW will continue to deliver one AUSMAT course per year to ensure capability to deploy is maintained.

MEDICAL EQUIPMENT FOR RAPID DEPLOYMENT

NSW Health's preparedness to respond effectively to a major health emergency or disaster was greatly enhanced this year by the establishment of a medical equipment cache which enables a fully-equipped field hospital to be set up in austere environments within 24 hours.

The journey

The AUSMAT medical cache developed and maintained by the NSW Health Emergency Management Unit (HEMU) is a fully-equipped ED and staff accommodation packed onto pallets for deployment within 24 hours. The cache is designed to treat 100 people a day in an austere environment for up to 12 days after sudden onset disasters (both natural and man-made).

The cache was developed following the publication of *The National AUSMAT Manual* in December 2012, which provided clearer guidance on requirements for AUSMAT teams and equipment. The previous national Disaster Medical Stock List was reviewed and items were identified for inclusion to meet these requirements.

The resulting AUSMAT medical cache is made up of 529 different types of medical equipment and pharmaceuticals with a total of over 20,000 single items. It is packed in 36 space cases on six pallets with two metal cages for larger items and can be deployed both in Australia and overseas.

The medical cache is supported by a sustainability cache (maintained by Fire & Rescue NSW) which makes the AUSMAT team – usually comprised of 24 to 28 people – fully self-sufficient for the duration of the deployment with food, water, shelter, and communications. This enables the team to have no negative impact on the affected community.

The future

A Federal Government project will review the current medical cache capability in Australia, looking at standardisation of equipment for interoperability reasons and to meet the new Foreign Medical Team classification requirements. These medical caches will be used for inter-jurisdictional, intra-jurisdictional and international disaster support.

“The AUSMAT medical cache developed and maintained by the NSW Health Emergency Management Unit (HEMU) is a fully-equipped ED and staff accommodation packed onto pallets for deployment within 24 hours. The cache is designed to treat 100 people a day in an austere environment for up to 12 days.”

NSW HEALTHPLAN REVISED

NSW Health is identified in the NSW State Emergency Management Plan as the combat agency for human infectious diseases and as a supporting agency during other major incidents and emergencies. NSW HEALTHPLAN, a written plan which provides clear guidance for a whole-of-Health response to major incidents or emergencies, was revised in 2013/14.

The journey

Research was undertaken regarding emergency management principles and how these had evolved to ensure the new version of HEALTHPLAN was in line with current ideology. It was identified that the new plan needed:

- a clear governance structure for health emergency management
- to incorporate the concept of operations using the Incident Control System (ICS)
- to strengthen relationships with key health-related services and participating and supporting organisations

- to provide consistency in health emergency management arrangements across all levels of health.

Meetings were held with all health-related services (medical, NSW Ambulance, mental health, public health, health communications, HealthShare and The Sydney Children's Hospitals Network), LHDs, Health Service Functional Area Coordinators and Disaster Managers to establish the framework for, and later review of, the new document.

The plan incorporates the ICS model and delineates roles and responsibilities for each of the key components of the health response. This will allow for a more efficient and effective response by NSW Health to any major incident or emergency. NSW HEALTHPLAN was raised to the 'standby' status during the bushfires in October 2013.

The future

NSW HEALTHPLAN will be exercised annually and reviewed following any major incident or emergency where HEALTHPLAN was or could have been activated.

“ The QSA is a unique initiative that allows NSW Health to improve the quality of clinical care for patients; not only within NSW Ambulance but across the continuum of care for patients moving through the public health system... The QSA is not a pass/fail exam, but a process which identifies opportunities for improving the quality of clinical care. ”

CEC QUALITY SYSTEMS ASSESSMENT

The Quality System Assessment (QSA) is an annual improvement process managed by the Clinical Excellence Commission (CEC) which targets specific clinical policies, procedures and protocols.

The journey

The QSA is a unique initiative that allows NSW Health to improve the quality of clinical care for patients; not only within NSW Ambulance but across the continuum of care for patients moving through the public health system. Participation is compulsory for NSW Ambulance, LHDs and Justice Health.

The QSA is not a pass/fail exam, but a process which identifies opportunities for improving the quality of clinical care. Every cycle includes questions on the quality of care provided, the culture within an organisation, how clinical care is overseen, and the management of clinical risk. The 2013/14 cycle also included questions about the systems in place to ensure:

- the appropriate transition of care for patients between health care professionals
- effective and efficient environmental cleaning of the clinical care environment; for NSW Ambulance, this specifically referred to cleaning practices for ambulances
- management of falls for patients whilst in the care of NSW Ambulance.

The cycle begins with a self-assessment completed by selected staff, which is then analysed and the data verified. In 2013/14, NSW Ambulance staff selected completed 233 self-assessments, which represented a 94 per cent response rate.

The future

NSW Ambulance will look at potential strategies to address the two recommendations from the 2013/14 cycle:

- to conduct a periodic review on the incidence of patients who fall whilst in the care of NSW Ambulance
- develop and implement a policy on vehicle cleaning, consistent with the NSW Health Policy.



InterCAD Electronic Messaging System (ICEMS)

The Computer Aided Dispatch (CAD) systems of a number of emergency service organisations (ESOs), including NSW Ambulance, were linked in November 2013, allowing incident requests and messages to be shared in real-time without the need to make phone calls.

The journey

ESOs such as NSW Ambulance, the NSW Police Force and Fire & Rescue NSW require continuous communication to manage incidents. These communications would previously be via phone, so if paramedics required police assistance, the dispatcher would phone police and the call could be subject to delays during peak periods. Should a message need to be relayed to multiple agencies – e.g. in the event of a motor vehicle collision – calls to each agency would have to be made.

ICEMS allows messages to be relayed to multiple agencies in real-time simultaneously. It enhances collaboration and teamwork between agencies by sharing accurate/relevant information and vehicle status and significantly adds to staff safety and welfare. Electronic transfer of incident requests and information also decreases time taken for information to be available to dispatchers and responding personnel.

Since ICEMS was implemented on 20 November 2013, NSW Ambulance has sent or received approximately 11,000 ICEMS requests per month. By 30 June 2014, over 80,000 messages had been sent or received by NSW Ambulance, all in place of phone calls.

The future

During major incidents or disasters, ICEMS provides incident management teams with the ability to relay information in a consistent and accurate manner to all agencies linked to the incident.

NSW Ambulance has arrangements with several interstate services to cross the border to provide out-of-hospital ambulance care. Several of these agencies have shown significant interest in joining the ICEMS network, which will offer further productivity improvements.

REDUCING AND MANAGING WORKPLACE INJURIES

Paramedics are prone to manual handling injuries due to the nature of their work – driving, carrying equipment and loading patients onto stretchers and into vehicles. In 2013/14, NSW Ambulance undertook an independent review of health, safety and workers compensation processes and introduced a new workplace safety goal: Destination NONE – no injuries; not one, not ever.

The journey

The independent review suggested a complete change in priority for NSW Ambulance – focusing on risk prevention and workplace health and safety (WHS) and improving the decision-making processes in these areas.

NSW Ambulance enlisted expert support to embed a risk-culture, minimise workplace injury and illness, and foster new relationships between operational managers and injury management staff.



A full realignment of positions and processes took place, with injury management processes revised to allow for one point of contact for workers and managers within each sector, as well as a focus on early intervention and rehabilitation within the workplace. These closer relationships between injury management and WHS enable early identification of near-misses and trends in types of injuries, as well as allowing for a more holistic case management approach.

The future

Formal evaluation of changes is ongoing, however, informal feedback from frontline staff and managers has been overwhelmingly positive. With tighter processes and more focused injury prevention and management, NSW Ambulance is able to ensure staff remain fit for duty and able to continue to provide the highest level of clinical care to the community.

ENSURING THE HEALTH AND WELLBEING OF STAFF

Delivering high quality patient care relies on ensuring the health and wellbeing of NSW Ambulance staff.

The journey

All NSW Ambulance staff have access to free support services to assist them through challenging times and situations including trauma, stress, mental and physical health, and family and financial concerns. More employees utilised these services in 2013/14 and also attended stress management and resilience training, while managers became increasingly proactive in the care of their staff.

NSW Ambulance has implemented a Healthy Workplace Strategies (HWS) program designed to build a positive, supportive and healthy workplace culture. In December 2013, this program was announced the winner of the Australian Human Resources Institute 2013 *Martin Seligman Award for Health and Wellbeing – Engagement and Productivity*.

Health and fitness have been a major area of focus and more staff are taking advantage of a program which provides reduced membership to swimming pools and gyms. A six-week pedometer challenge was held early in 2014 and 650 employees signed up to participate. NSW Ambulance also has an onsite health coach who assists individuals with achieving their health and fitness goals, as well as providing advice to specialist units.

The future

Staff health will always be a major priority. Programs under development will assist staff to build their fitness on duty while meeting the demands of their roles.



ANTI-VIOLENCE TRAINING

With the ongoing issue of violence towards paramedics, an anti-violence training program was developed in January 2014 to increase paramedic safety and minimise the risk of assault when attending an incident.

The journey

The focus of the training was on increasing situational awareness and avoiding confrontation in operational settings, rather than teaching close-combat techniques. A DVD was developed to be used in training sessions facilitated by local managers around the state. The 20-minute DVD was divided into clear segments and stopped for discussion throughout the two-hour training session.

The first part of the DVD focused on personal experiences from operational paramedics who'd been assaulted while working. Paramedics spoke directly to the camera, outlining their experiences and the specific lessons they'd learned.

After this section was played, the DVD was stopped so managers and paramedics in each session could share their own experiences, lessons and insights.

The second part contained a realistic re-enactment of a scene familiar to many paramedics – that of a highly agitated and confrontational bystander. Again, this scene inspired viewers to draw on their own experiences and heighten their awareness to basic safety principles in the operating environment.

The DVD also included a statement from NSW Ambulance Commissioner Ray Green reinforcing the organisation's zero tolerance policy towards verbal and physical assaults. A facilitator's guide was also produced to provide managers with a lesson plan for guiding the discussion to cover all key areas.

The future

Anti-violence training is an ongoing priority for NSW Ambulance and it is hoped this training will encourage open discussion between paramedics. Key safety messages are also reiterated in every issue of the NSW Ambulance staff monthly magazine.

“The campaign featured four posters which demonstrated the two sides of every paramedic: in uniform with an ambulance in the background and in civilian clothes with their families or undertaking a hobby. The message was that every paramedic is also somebody's mother, sister, brother or grandfather.”

'IF YOU HURT A PARAMEDIC' EDUCATION CAMPAIGN

The 'If You Hurt a Paramedic' community education campaign was launched in December 2013 to raise community awareness of violence towards paramedics and demonstrate that paramedics are more than a uniform; they're someone's family.

The journey

The campaign featured four posters which demonstrated the two sides of every paramedic: in uniform with an ambulance in the background and in civilian clothes with their families or undertaking a hobby. The message was that every paramedic is also somebody's mother, sister, brother or grandfather. The campaign aimed to create a workplace free of the threat and reality of physical and verbal assault, by:

- raising community awareness of the issue; targeting both potential offenders and the wider community
- encouraging paramedics to not tolerate abuse and report it immediately – creating a culture where no form of abuse is excused as “part of the job”
- being the first step in the NSW Ambulance multi-faceted strategy to reduce paramedic assaults.

The posters were distributed widely throughout NSW and displayed in every ambulance vehicle as well as ambulance stations, waiting rooms and hospitals. Senior ambulance managers liaised with licensed venues in their area to arrange for the posters to be displayed in pubs and clubs, and a partnership with ClubsNSW extended distribution even further, with the posters displayed in all member clubs throughout the state.



The future

This campaign will continue to be used in the future. There is also scope to extend it to cover Triple Zero (000) call takers and update the creative to feature relationships not shown in the first campaign, e.g. dad/grandmother/girlfriend/daughter etc.

ONGOING EDUCATION AND TRAINING FOR PARAMEDICS

Paramedics are required to maintain a current Certificate to Practice (CTP) in order to provide clinical care to patients. This is a guarantee to the community that capability is maintained to a high standard and paramedics are able to provide safe, high quality care to people requiring medical assistance. It also supports paramedics in remaining confident with their practice capability.

The journey

To maintain their CTP, paramedics complete mandatory face-to-face training and assessment with NSW Ambulance educators, delivered in 18-month cycles. They are also required to demonstrate evidence of completing their own clinical professional development activities.

During face-to-face training, all operational paramedics complete a standardised program facilitated through one of 12 regional training units. Approximately 2500 qualified paramedics are trained per cycle and attend one of 350 courses scheduled throughout the state.

The 2014/15 cycle commenced in January 2014 and covers crisis resource management, responding to difficult or challenging behaviour, pain management, managing patients with major trauma and reviewing key paramedic interventions and skills.

The future

Planning for the 2015/16 has commenced with delivery of the new program occurring from July 2015.

TRAINING FOR MANAGERS

The Ambulance Management Qualification (AMQ) – which provides training to frontline managers – underwent a comprehensive review in 2013 to ensure the content and delivery continued to meet the needs of participants and NSW Ambulance.

The journey

The year-long AMQ was introduced in 2008. Over 800 NSW Ambulance staff have enrolled in the course so far, with a 93 per cent completion rate. The AMQ review was conducted through an external researcher who analysed six months of participant evaluation forms, ran focus groups and conducted detailed interviews. This data was collated into a report and based on these findings, a number of changes have been implemented:

- face-to-face training days have been reduced from 12 days to nine
- the requirement for one online pre-work module has changed to 13 online modules completed throughout the year of enrolment
- four assessments were combined into two project-based assessments
- enrolment in AMQ moved from a manager-nominated process to an annual 'Expression of Interest' completed by applicants, with successful applicants chosen by NSW Ambulance Learning & Development using the principles of merit selection.

The AMQ has been mapped to the NSW Public Sector Capability Framework and is in the process of being linked to the Health and Education Training Institute (HETI) Leadership Framework and High Potential Framework.



TRAINING FOR MAJOR INCIDENT MANAGEMENT

The NSW Ambulance Forward Commanders Course (FCC) equips senior operational managers with the knowledge and skills to manage major incidents in the forward commander role. The online training course is a blended learning approach and features 13 online modules which were released progressively from February 2013. The final module, *Scene Management*, was released in March this year. The face to face component of the course is currently being mapped to a number of nationally recognised units of competency.

The journey

The FCC was an initiative of NSW Ambulance Special Operations and was developed with Learning & Development. Course content was based on an internal staff survey which identified 13 key

areas requiring immediate education and development. The online modules were developed and an invitation to complete the course online was emailed to all NSW Ambulance employees.

The future

Staff who've completed one or more FCC module were surveyed and feedback has been collated into recommendations to ensure the course remains accessible and current. These recommendations include:

- further development of the software to conduct 'virtual discussion exercises' from work locations across NSW
- ongoing development of the Commander's Toolkit
- establish a debriefing/lessons learned process.

Other work currently programmed for future development includes building an ambulance command competency and currency framework.

A MULTI-AGENCY LEADERSHIP PROGRAM

A number of emergency services have collaborated on a multi-agency leadership development program which will enable each agency to share its knowledge and expertise to deepen the capability of its senior operational leaders.

The journey

The Leadership Program: A Multi-Agency Approach (MALP) was jointly developed in 2012 by the NSW Police Force, Fire & Rescue NSW, the NSW Rural Fire Service, State Emergency Service and NSW Ambulance. The two-day program is run in various locations throughout the state 10 times each year.

NSW Ambulance managers who participate in the program learn about the differences between leadership, management and command and control between the agencies, and how they come together. They also learn to value the individual differences between agencies and build relationships with the people they regularly work with in challenging and demanding situations.

The future

Planning continues to ensure the facilitators are trained, the program finalised and the venues and participants determined. A robust evaluation methodology is being created to ensure evidence and outcomes are accurately captured.



NSW Ambulance Year in Review 2013/14



AEROMEDICAL CLINICAL GOVERNANCE DAYS

Clinical governance is the process by which an organisation ensures it delivers high quality, safe care to patients. To continuously improve the clinical practice of NSW Ambulance helicopter retrieval teams, fortnightly open forum clinical governance days are being held at the Sydney and Wollongong helicopter bases.

The journey

The central group forum is the Aeromedical Clinical Governance Day, attended by all available registrars, consultants, paramedics and a wide audience of medical students, visiting clinicians and overseas guests. The days incorporate training and educational

elements, but there is a specific focus on addressing all aspects of clinical governance. Discussion of identified cases, presentations of the monthly morbidity and mortality audits and airway registry and winch review sessions are typically included. There are often invited speakers from around NSW and overseas.

Most education is done in the form of a 'flipped classroom' with participants completing set readings before the class so valuable learning time can be devoted to small group workshops or immersive simulation sessions.

The future

Aeromedical Clinical Governance Days will continue to be held in Sydney and Wollongong next year.

NSW Ambulance is in the process of upgrading a number of human resources and payroll systems to align more closely with NSW Health and to enable more efficient rostering, payroll, recruitment and management of workers compensation.

People Hub

The People Hub is a new business unit which will provide roster support to frontline managers and staff.

Staffed since May 2014 and soon to move to new offices in Regents Park, the People Hub will ensure all NSW Ambulance employees are rostered in HealthRoster (see bottom, right) and will offer:

- customer service to staff with roster and payroll enquiries
- technical support and training to all HealthRoster users
- roster planning and production as an option to NSW Ambulance directorates
- deployment support to the Service Delivery Directorate
- high level analysis reporting for managers and the executive
- ongoing relationship management with HealthShare, StaffLink and the HealthShare NSW service centre in Westmead.



NEW HUMAN RESOURCES SYSTEMS

StaffLink

StaffLink is an electronic HR and payroll system which will streamline the management of people and positions and provide much improved data on NSW Ambulance's workforce and payroll.

In 2013/14, NSW Ambulance completed the preparation work for StaffLink – including data gathering and the analysis of all NSW Ambulance awards. A number of connecting systems were implemented:

- Seqoya – for salary packaging
- Mercury – for recruitment
- Injury Connect – for managing workers compensation claims.

The future

NSW Ambulance is working closely with HealthShare, which hosts the system, to configure StaffLink for NSW Ambulance implementation in 2014/15, when all NSW Ambulance payroll functions will be transitioned to the HealthShare Service Centre at Westmead.



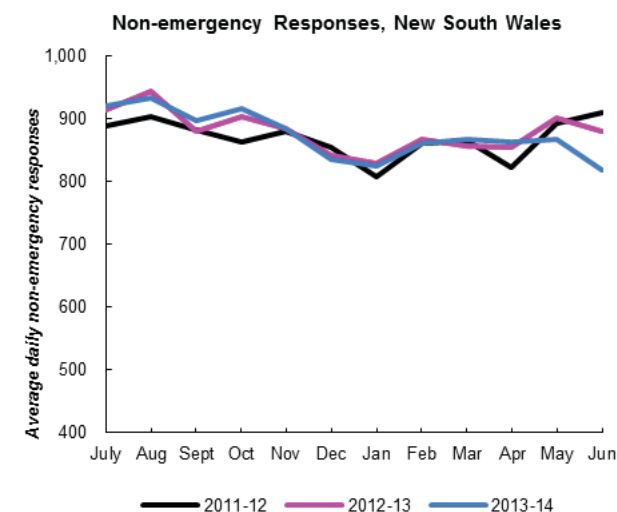
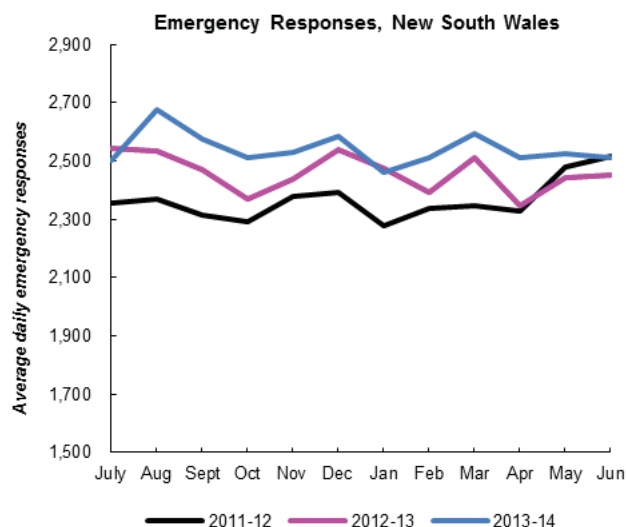
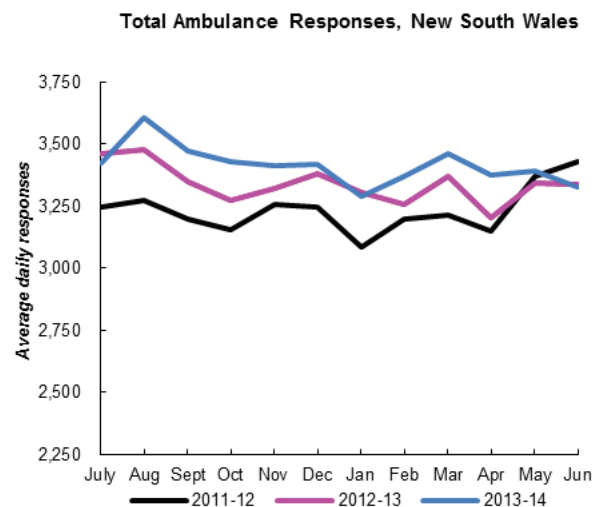
eRostering

HealthRoster is an electronic rostering system used across NSW Health which improves roster management and transparency. In 2012/13, NSW Ambulance developed and implemented a consistent rostering process across operations which enabled the roll-out of HealthRoster in August 2013.

HealthRoster was implemented over a period of nine months in close collaboration with deployment managers and operational management teams. The system transitioned to 'business as usual' in May 2014 with the establishment of the People Hub.

The future

NSW Ambulance is continuing to gather business intelligence and work on time and attendance projects which will complement HealthRoster. The system has now been implemented across most of NSW Ambulance operations and the People Hub is supporting the roll-out to education and operational support units.



Total NSW Ambulance activity

The average daily number of ambulance responses increased by 1.3 per cent over the past year. Factors contributing to this increased activity include population growth, an ageing population and the associated increase in rates of illness.

In 2013/14, NSW Ambulance provided 1,234,843 total responses (both emergency and non-emergency) compared to 1,219,262 total responses in 2012/13. On average, there were 3383 responses per day – equivalent to a response every 26 seconds. Average daily ambulance responses per month are illustrated above.

Emergency activity

In 2013/14, the total number of emergency responses was 927,369 compared with 898,132 in 2012/13. The average number of emergency responses per day increased 3.3 per cent from 2461 in 2012/13 to 2541 in 2013/14.

Average daily emergency activity for the last three years is illustrated above.

Non-emergency activity

Across NSW during 2013/14, NSW Ambulance provided 307,474 non-emergency responses*.

Average daily non-emergency response activity over the past three years is illustrated above.

*Comparison of non-emergency activity for 2013/14 with last year is impacted due to the transition of the management of Patient Transport Service activity to the HealthShare NEPT Booking Hub in May 2014.

Ambulance activity

Dialling Triple Zero (000)

You can dial Triple Zero (000) for free from any phone, even a phone box or SIM-less mobile phone.



Resources

Download a range of health and safety information from our website at www.ambulance.nsw.gov.au

Follow NSW Ambulance on:

 /NSWAmbulance

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 NSW Ambulance



Community education programs

NSW Ambulance has a wide range of self-learning programs and community events, including:

- **Access for Life:** dealing with medical emergencies at work.
- **Be an Ambulance Hero, Dial Zero Zero Zero:** primary school program on what to do in an emergency.
- **Emergency Helpers:** preparing children under five years for emergency situations.
- **First Steps:** assisting new parents in a medical emergency.
- **Life...Live It Save It!:** an educational program aimed at the over-55s to help them deal effectively with medical emergencies.
- **Migrant Resource Program:** provides skills to Non-English Speaking communities on calling Triple Zero (000).
- **Traffic Offenders Intervention Program:** an educational pre-sentencing option available for people to attend if they have been found guilty of committing a traffic offence, run in conjunction with the Police Citizens Youth Clubs NSW.
- **U-Turn the Wheel:** a high school program aimed at educating pre-licensed and licensed students on road safety and the consequences of their actions.
- **Thank a Paramedic Day:** an annual event which provides the community with an opportunity to acknowledge the extraordinary work of paramedics, call takers and other NSW Ambulance staff.
- **bstreetsmart** (in conjunction with Westmead Hospital): an annual youth road and trauma forum open to all high school students in years 10–12 across NSW and the ACT, it's a real life enactment of a motor vehicle collision involving all of the emergency services.

