



2019-20

Safety and Quality Account



NSW Ambulance

excellence in care



NSW Ambulance

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October 2020



Table of Contents

NSW Ambulance Performance Highlights 2019-20	4
Achievements in Safety and Quality	6
Statement on Safety and Quality	7
2019-20 Account	9
Priority 1: COVID-19	10
Priority 2: Staff Health, Wellbeing and Safety	22
Priority 3: Secondary Triage	30
Priority 4: Aboriginal Health	35
Priority 5: The 10 Programs of the Global Resuscitation Alliance	38
The Patient Experience	43
Safety and Quality Priorities 2020-21	50



Click or tap a section above to jump to that page. Clicking or tapping the footer section will bring you back to the Contents page.



NSW Ambulance Performance Highlights 2019-20



Triple Zero (000)

And emergency service calls received

1,084,454



Incidents generated

960,749



Ambulance responses

1,217,659

Representing an average of one response every **25.9 seconds**



Aeromedical responses

10,453

By road, fixed wing and helicopter



Life Threatening (Priority 1A)

Median response time was

7.65 minutes



Emergency (Priority 1)

Median response time was

11.72 minutes



Response

25.9 seconds

NSW Ambulance responded to one incident every 25.90 seconds in 2019-20



Major trauma cases

7,189



Adult cardiac arrests

748

The number of cases where we attempted resuscitation with return of spontaneous circulation on arrival at hospital



Survival rate

For cardiac arrest patients attended

12%

Survived to hospital discharge



Reduction in Ambulance use

71.2%

Reduction in Ambulance use by patients enrolled in the Frequent User Program, which equates to **1,796** avoided uses



Palliative care patients

872

Were treated in the community, avoiding an emergency department admission



Falls

38,427

Cases were attended



Referring to other locations

21,708

Patients attended by NSW Ambulance were referred to a location other than an emergency department



COVID-19

Clinicians attended or transported

761

Confirmed COVID-19 cases



Clinical Review Group

Reviewed a total of

598

Cases including 294 witnessed cardiac arrests.



Achievements in Safety and Quality

Statement on Safety and Quality



**Adjunct Associate
Professor Dominic
Morgan ASM**

Chief Executive,
NSW Ambulance

Chief Executive

ALTHOUGH 2019-20 has been an incredibly challenging year for health services, the quality of the clinical care we provide to our patients has remained our primary focus. Across all domains of our organisation, we have increased efforts to improve patient safety and better support our staff in providing care.

The NSW Ambulance Safety & Quality Account 2019-20 reflects our achievements across these areas and details areas of future focus.

The year will forever be distinguished by the COVID-19 pandemic. While it has brought unprecedented challenges to NSW Ambulance, it has also provided an extraordinary opportunity to review and refine our quality and safety processes and procedures in order to remain at the forefront of thinking and practice.

In January 2020, our workforce observed the risks of the impending pandemic and responded with the formation of an extensive and long running Incident Management Team. As the infection risks became clearer, the Ambulance Public Health Unit was also established to facilitate fast and effective contact tracing and support for our employees.

To prepare for a potential surge in demand for our services, we brought forward significant workforce enhancements of 457 staff, including a record-breaking single intake and the build of 89 additional ambulances to ensure we were well-equipped to meet the needs of the community.

To further improve the safety and quality of care we provide our patients, COVID-19 also provided our organisation with an opportunity to commence a partnership with NSW Health. Through the Secondary Triage program, avoidable hospital transfers from Residential Aged Care Facilities (RACFs) are minimised which enables patients to receive safe and appropriate care in their place of residence.

Throughout a continuously evolving and challenging environment, staff wellness and safety has remained a priority for NSW Ambulance. With unprecedented demand placed on PPE, streamlining the supply chain and improving consumption and awareness of PPE within NSW Ambulance ensured we were able to protect staff, patients and families.

To further support our staff, enabling them to deliver high quality and safe patient care, NSW Ambulance launched the Family Support Network in May 2020, which provides family members of current staff with important resources and tools to better support their loved ones throughout their career at NSW Ambulance. We have also continued our Wellbeing Workshops, with over half of the workforce now equipped with simple yet powerful strategies and skills to enhance their health, safety, self-awareness, wellbeing and quality of life.

Throughout 2019-20, NSW Ambulance has remained committed to improving the survival rate of out-of-hospital cardiac arrest through the implementation of 10 wide-ranging programs. These include a now extensive Cardiac Arrest Registry and a soon-to-be-implemented public access defibrillation program, which will utilise other emergency service organisations to attend cardiac arrests in the community when they are the closest resource.

I am incredibly proud of our unwavering commitment to clinical quality and staff safety during these extraordinary times and I am confident that this commitment will continue to strengthen the quality care we provide to patients

Looking to the future, we will continue to focus on placing the needs of Aboriginal people at the centre of service delivery and developing strong relationships with Aboriginal Communities and organisations. We will also continue to develop staff capability, enhance staff safety and wellness and ensure we provide the right care at the right time to the people of NSW.




Attestation Statement

NSW Ambulance has established frameworks, systems and processes for regular measuring and routine reporting on Clinical Governance including the safety and quality of care provided to our patients. This is reflected in the governance attestation statement, released annually.

Corporate Governance Attestation Statement

NSW AMBULANCE

1 July 2019 to 30 June 2020



STANDARD 2: ENSURING CLINICAL RESPONSIBILITIES ARE CLEARLY ALLOCATED AND UNDERSTOOD

The Chief Executive has in place frameworks and systems for measuring and routinely reporting on Clinical Governance and the safety and quality of care provided to the communities the Organisation serves. These systems and activities reflect the principles, performance and reporting guidelines as detailed in NSW Health Policy Directive 'Patient Safety and Clinical Quality Program' (PD2005_608).

The Organisation has:

- Clear lines of accountability for clinical care which are regularly communicated to clinical staff and to staff who provide direct support to them. The authority of facility/network general managers is also clearly understood.
- Effective forums in place to facilitate the involvement of clinicians and other health staff in decision making at all levels of the organisation.
- A systematic process for the identification and management of clinical incidents and minimisation of risks to the organisation.
- An effective complaint management system for the organisation.
- Collaborative mechanisms in place with local Aboriginal Health Services as well as the LHD Aboriginal Community Controlled Health Services.
- Adopted the NSW Health *Decision Making Framework for Aboriginal Health Workers to Undertake Clinical Activities* to ensure that Aboriginal Health Workers are trained, competent, ready and supported to undertake clinical activities.

The Chief Executive has mechanisms in place to ensure that the relevant registration authority is informed where there are reasonable grounds to suspect professional misconduct or unsatisfactory professional conduct by any registered health professional employed or contracted by the Organisation.

Snapshot: Safety and Quality Priorities

2019-20 has been a challenging year for health and emergency services, facing bushfires, floods and a pandemic. Throughout this, NSW Ambulance has been committed to providing high quality care and working to continuously improve patient safety.

NSW Ambulance has selected five priorities that emerged through 2019-20 to highlight our performance and achievements in safety and quality. These priorities are:

- 1** Response to the risks presented by the ongoing **COVID-19** pandemic
- 2** New initiatives complementing our existing efforts to maintain and improve **Staff Health, Wellbeing and Safety**
- 3** Implementing the **Secondary Triage** program
- 4** Continuous commitment to delivering improved services for **Aboriginal Health**
- 5** Focused efforts on our commitment to the **Ten Programs of the Global Resuscitation Alliance**



2019-20 Safety and Quality Account



Priority 1: COVID-19

In January 2020, NSW Ambulance along with many other organisations observed the risks of the impending COVID-19 pandemic and implemented multiple concurrent strategies. The primary focus has been the safety and wellbeing of all staff, volunteers and patients.



**Kate Hipsley –
Public Health and
Infection Control Advisor**

Ambulance Public Health Unit

The Ambulance Public Health Unit (A-PHU) was established in March 2020 to contribute to the NSW Ambulance COVID-19 response. The A-PHU was established to ensure that any public health risk for clinical staff was rapidly identified and addressed. This included ensuring that all clinical contact with any potential COVID-19 positive patient was identified, and staff were provided with early support and advice.

On any given day you may find a staff member of the A-PHU:

- Contacting impacted employees who have treated a positive COVID-19 patient to offer support, advice and direction
- Liaising with the Employee Connect Team to ensure the ongoing welfare support and care for our employees
- Assisting the State Incident Management Team to respond to COVID-19 Public Health enquiries
- Developing documentation to assist with understanding the COVID-19 pandemic and its potential impacts
- Offering advice to employees requiring information about COVID-19
- Liaising with Local Health District Public Health Units and surveillance teams to discuss potential risks and issues around the state.

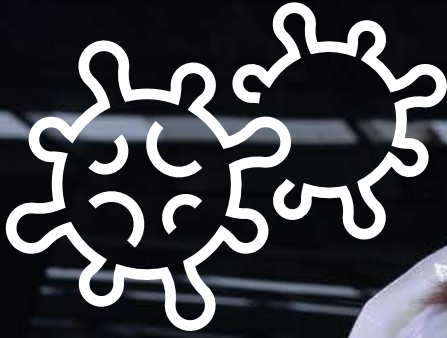
The A-PHU has been in contact with over 1,000 employees regarding exposure or queries about COVID-19.

Infection Control Strategy

The Infection Control Manager role was adapted to become the Public Health and Infection Control Advisor. This role works directly with the State Incident Management Team and the A-PHU to provide contemporary and focused advice in response to COVID-19. In collaboration with other departments, the Public Health and Infection Control Advisor and Infection Control team were critical to creating a continued focus on the importance of infection control practices during the pandemic. This has led to an informed workforce with strong infection prevention and control foundations that have contributed to maintaining staff and patient safety throughout this pandemic.

This was achieved through:

- Continued liaison and expert advice to the Incident Management Team on infection control matters to support safe clinical practice
- Updated COVID-19 clinical procedures and training material to reduce transmission and promote staff and patient safety
- The publication of over 30 videos, posters, weekly PPE updates to all staff and the introduction of the COVID-19 staff portal, in collaboration with media and marketing team
- The Rapid Emergency Department (RED) Mobile Ambulance Cleaning Trial – in collaboration with HealthShare NSW, ambulance vehicles were cleaned at Liverpool ED between patients
- Developing COVID-19 safe plans and risk assessments to support business as usual in key operational functions.



Just some of the resources on infection control produced during COVID-19 included:

- Which mask do I use?
- Four@TheDoor poster and dashboard sticker
- Flowchart for staff following potential contact with Novel Coronavirus
- Cleaning after suspected or confirmed COVID-19
- PPE guidance for suspected or confirmed COVID-19 patients
- Stop the Spread
- Personal Items and Uniform Laundry Recommendations
- Fit Checking P2 / N95 Masks



Aeromedical Operations

NSW Ambulance has the largest aeromedical operation in the southern hemisphere staffed by specialist doctors, nurses and critical care paramedics, with operations being delivered from 11 bases across the state (8 helicopter and 3 fixed wing). The heightened risk and awareness of COVID-19 required rapid adjustments to be adapted by NSW Ambulance Aeromedical Operations. Aeromedical Operations face unique challenges when providing critical care to patients over up to six to ten hours, working on helicopter, fixed wing and boat environments and in challenging weather.



Aeromedical Crewing Excellence Training Centre (ACE-TC) paramedic educators testing the skills of the Helicopter Rescue team during some static training

In addition to the organisation wide COVID-19 strategies, NSW Ambulance Aeromedical Operations implemented:

- Activation of an Aeromedical Incident Management Team, reporting into the State Incident Management Team for COVID-19
- Fortnightly videoconference open “question and answer” sessions to discuss the approach to COVID-19
- Introduction of additional personal protective equipment specific for aeromedical needs
- Additional donning and doffing training
- Assessing high risk procedures via the cold-warm-hot zone method
- New checklists and simulation training

Aeromedical Operations placed specific focus on learning everything possible from every mission, and applying these lessons going forward. A “Lesson Learned” portal has been developed online to provide key points and actions in a very accessible format for staff to discuss at the commencement of every shift on every base.



Clinical Protocol Updates

By late March 2020 it became apparent that NSW Ambulance would need to review all clinical practice to ensure that the competing needs of protecting clinicians and ensuring positive patient outcomes were met and maintained. This required a rapid evaluation of NSW Ambulance protocols, pharmacologies and skills.

In order to complete this extensive and imperative body of work, NSW Ambulance formed the COVID-19 Clinical Practice Expert Reference Group (ERG). This ERG was comprised of paramedics, paramedic specialists, nurses and medical representatives.

Initially the ERG focussed on interventions that related to potentially Aerosol Generating Procedures (AGPs). This led to the implementation of NSW1 - Pandemic Management Protocol. The review was later expanded to consider clinical practice that is not normally associated with AGPs as well as the specialist areas of practice within NSW Ambulance.

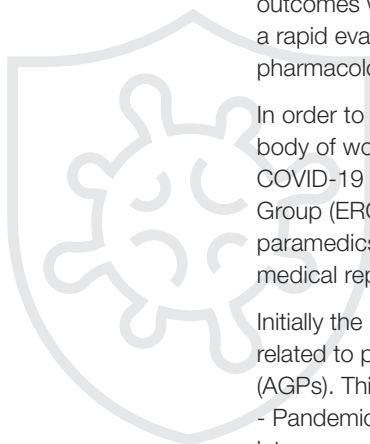
Since April, the ERG has continued to monitor patient safety relating to the new protocol, and the evidence base supporting the Pandemic Management Protocol to ensure it continues to provide for clinician safety while maintaining patient safety and positive patient outcomes.

The Paramedic Advisor

As COVID-19 evolved, so did the evidence base with advice and guidelines on how clinicians should respond to the pandemic. Consideration of the emerging evidence and implications to clinical practice, led to the introduction of the role of Paramedic Advisor to the State Incident Management Team (IMT) for COVID-19.

The Paramedic Advisor has:

- Provided clinical leadership and expert input to clinical developments within NSW Ambulance in the context of the evolving situation, leading to the introduction of protocol changes to support clinical practice in the COVID-19 environment including 3 updates to Intensive Care Paramedic practice.
- Provided advice to the IMT on clinical issues affecting patient care and the ability of paramedics to deliver this care.
- Assisted and supported the IMT to enhance the clinical support provided to paramedics.
- Provided a global oversight of paramedic practice by monitoring clinical practice trends.



Critical Care Paramedic Educator Marty Nichols is leading the COVID-19 Clinical Practice Expert Reference Group



Personal Protective Equipment

Responding to COVID-19 has placed unprecedented demand on the supply chain and increased consumption and awareness of Personal Protective Equipment (PPE). Masks and gowns in particular have generated significant attention and scrutiny at the commencement of COVID-19. As the pandemic evolved, requirements for specific PPE use in particular clinical settings also evolved in alignment with the advice and recommendations from the Clinical Excellence Commission.

Traditionally (pre COVID-19), PPE was supplied by HealthShare NSW to NSW Ambulance in a traditional “pull” service model, with ad-hoc ordering by each of the 226 stations. The response to COVID-19 rapidly changed this to a “push” model to ensure a sustainable approach to PPE supplies.

This “new” model for COVID-19 created ‘PPE Sector representatives’. Masks and gowns were being automatically dispatched to one central location within a sector and these items were then distributed within each sector and managed locally.

Dependent on the clinical presentation, paramedics require differing levels of PPE. To assist clinical staff selecting the right PPE for the presenting clinical needs, NSW Ambulance introduced “PPE Packs”.

These are delineated into ‘contact precautions’, ‘droplet precautions’, ‘airborne precautions’ and ‘aerosol generating procedure (AGP) precautions’.



An opportunity arose to streamline the PPE supply chain in order to provide quality assurance and establish governance and accountability. All four PPE packs are now packed by an external supplier, Aruma and returned to HealthShare NSW Westmead for ongoing distribution to the PPE Sector representatives state-wide.

This model for PPE:

- Ensures quality assurance of PPE
- Reduces touch-points across PPE supply chain
- Promotes trust of PPE by paramedics





Influenza Vaccination

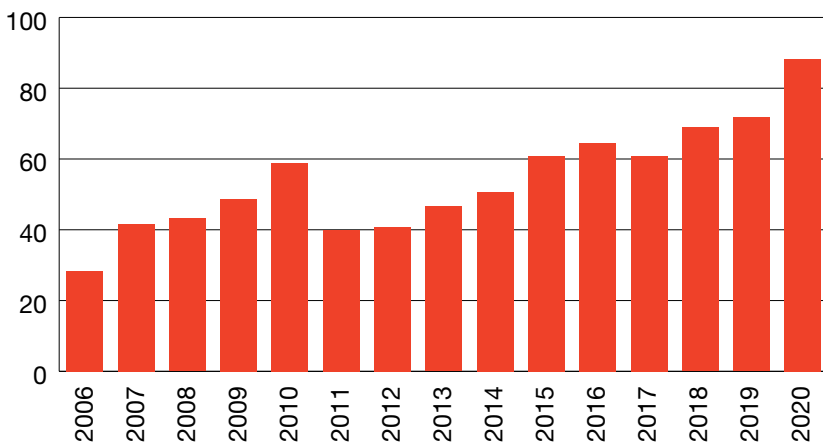
The existing NSW Ambulance influenza vaccination program was commenced early in 2020 in response to COVID-19 in order to increase protection for our staff and patients and minimise the potential for severe respiratory infections. The 2020 program included increased proactive measures to encourage staff to access the influenza vaccine early in order to reduce the potential for co-infection with COVID-19 and influenza.

The introduction of Public Health Orders that applied at Residential Aged Care Facilities (RACFs) requiring all people entering to provide evidence that they have received the vaccine added a level of complexity to the vaccination program. All clinicians with direct patient care who are likely to be dispatched to a RACF were therefore required to have the vaccination.

In 2020 as a result of this increase focus, there has been a significant increased focus in uptake of the vaccination.

- 95.3% of all staff, volunteers and contractors have engaged with the myFlu platform to state their vaccination preference
- 87.6% of all staff, volunteers and contractors have taken up a 2020 vaccine

% of staff vaccinated against influenza



Workforce Surge



NSW Ambulance maintained a high level of preparedness and response to the evolving COVID-19 pandemic event. This preparedness extended to ensuring the ability of NSW Ambulance to surge its response capacity in the event of a significant increase in community demand.

This resulted in bringing forward the 2020-21 Statewide Workforce Enhancement Program (SWEPP) paramedic staff enhancements and being allocated funding for fleet enhancements to support the surge in staff numbers.

To support this staff enhancement, 89 additional vehicles were required. 35 of these were built to an Intensive Care Paramedic (ICP) specification and included Lifepak 15 units and video laryngoscopes.

- There were 70 permanent appointments completing graduate internship via the Ambulance Education Centre as part of the 2019-20 schedule.
- The Ambulance Education Centre will normally induct 30-35 graduate trainees at a time. In April 2020, the induction program was modified to support a large intake and 180 SWEPP permanent appointments were brought forward to participate in induction, available to roster in May 2020.
- A short term casual workforce was established, with the intention to only be deployed if necessary if NSW Ambulance experienced a major surge in requests for assistance related to the COVID-19 pandemic. 250 third year paramedic students were recruited into an induction program similar to a standard VET induction course, as Casual Trainees.

In May 2020, 426 new recruits graduated, making NSW Ambulance the largest ambulance service in the world.



Supporting Staff and their Families

Through COVID-19 NSW Ambulance launched the Staff and Family Support Package, aimed at providing information, activities and ideas for staff at work and for staff and their families who are isolating or sick at home. The multimedia content includes: online print and video resources, live streaming sessions, small group chat and Q & As. Each week, webinars were delivered and recorded on topics such as eating healthily during COVID-19, the top five tips for maintaining wellbeing during COVID-19, talking to kids about COVID-19, and exercising at home with kids during COVID-19.

In May 2020, NSW Ambulance Staff Health launched the Family Support Network for the families of all staff. The Family Support Network provides the family members of current staff with important resources and tools, so they can better support staff throughout their career at NSW Ambulance. It provides families with information on where best to get advice if they have any concerns. 6,495 Family Support Packs were mailed to families of staff members which included a letter from the Commissioner and reference material.



Additional Family Support events will be held when COVID-19 restrictions ease

Just some of the webinars developed to assist staff to stay well during COVID-19 included:

- Eating Healthy during COVID-19
- Top 5 tips for maintaining wellbeing during COVID-19
- Supporting children and adolescents through COVID-19
- Exercising at home with kids during COVID-19
- Managing anxiety
- Maintaining spiritual health
- At home activities with kids

Other mental health and fitness resources were developed including:

- Maintaining wellbeing during COVID-19
- Tips for self-isolation
- Exercise and diet during COVID-19
- Supporting our colleagues during COVID-19

Supporting our Families

We recognise that the demands of first responder roles can impact on family life and personal relationships. The NSW Ambulance Family Support Network is here for you and your family, whoever family is for you.

Families are often our best supporters. Help them help you.

For a wide range of information, tools, resources and supports your families can utilise to assist you with your wellbeing, as well as their own physical and mental health, search 'Family Support Network' on the NSW Ambulance website to learn more.

www.ambulance.nsw.gov.au




Supporting our Families

Information, tools, resources and supports to families of NSW Ambulance employees.

🔍 'Family Support Network' on the NSW Ambulance website to learn more.



 www.ambulance.nsw.gov.au

When times are tough...

NSW Ambulance has your back.

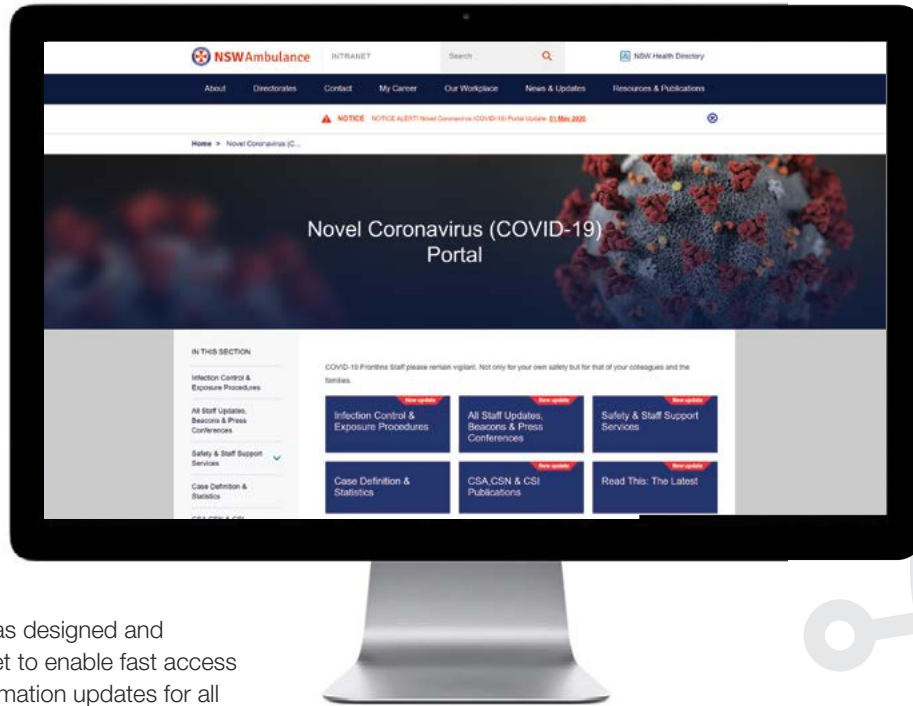
🔍 'Family Support Network' on the NSW Ambulance website to learn more.



 www.ambulance.nsw.gov.au

Communicating with Staff

NSW Ambulance internal communications throughout the COVID-19 pandemic have been robust and agile in response to the evolving challenges faced, providing staff with timely, relevant information.



A COVID-19 staff portal was designed and implemented on the intranet to enable fast access to the rapidly evolving information updates for all staff, contractors and volunteers.





NSW Ambulance
COVID-19
THE LATEST

- 3053 confirmed cases in NSW today
- 2543 are 'recovered' cases
- 464 'active' cases
- 46 lives have been lost in NSW
- 312,717 people have been tested and cleared in NSW
- A tally of NSW COVID-19 hotspots suburb by suburb is below

(Statistics reported 2000hrs, 11/05/2020 by NSW Health, include interstate residents in NSW Health facilities)

Always Use NSW Ambulance Authorised PPE

It cannot be over emphasised that to protect your safety, as well as that of your colleagues, patients, family and community, it is vital to always use the correct authorised PPE as provided by NSW Ambulance.

For guidance on the 'Application of PPE (Masks & Gowns) in Response to COVID-19', including the range of authorised PPE available to use based on the mode of transmission of the infectious agents: [CLICK HERE](#) to view.

Please note that the surgical mask or the gown colours may vary according to different manufacturers.

(This linked asset can also be viewed via COVID-19 Staff Portal, Infection Control & Exposure procedures section)

NEW PPE Donning, Transporting and Doffing Guidance videos

These PPE video resources should be viewed as a sequence in the following order.

1. **COVID-19 PPE Donning guidance video**
 - This video introduces the 'PPE Crew Pack' now available.
 - The PPE in this video is suitable for AGPs, however the 'Donning' order is the same for droplet and airborne PPE requirements.

[CLICK HERE](#) to view.
2. **PPE required during transport of suspected/ confirmed COVID-19 patient video**
 - In this instance the assisting clinician removes part of the PPE to avoid contaminating the driver compartment. Whilst the treating clinician remains in full PPE.

There have been:

1.5 Million+ page views of Intranet content between January – August 2020

83,000+ page views of COVID-19 Staff portal created for fastest access to latest information for frontline staff between 15 March - 18 August 2020


108+ All staff emails – including 'The Latest' newsletter issued daily at 18:00hrs with important updates and latest information

30+ bespoke videos to issue instructions, advice, information and support for staff

150+ COVID-19 assets and materials i.e. flowcharts, stickers, posters, FAQs, PPE information and digital updates



Communicating with Staff



2 April 2020


Cleaning after suspected or confirmed COVID-19

- 1. Preparation – at start of shift**
 - Check that you have all required PPE on your person, i.e. gloves, eyewear
 - Check that the vehicle has an adequate stock of PPE including:
 - 6 x yellow gowns
 - 6 x P2/N95 masks
 - 4 x bushfire masks
 - Surgical face masks
 - Check the vehicle has an adequate supply of Clinell wipes
- 2. After transfer of suspected or confirmed COVID-19 patient**
 - When transferring care of patients at hospital, if you use hospital equipment on the patient e.g. BP machine or patient-side, clean it after use
 - Remove used linen from stretcher and leave in linen skip at hospital
 - Remove PPE carefully (gloves, hand hygiene, eyewear, gown, mask, hand hygiene)
- 3. When you are ready to clean**

Apply clean PPE (Skills Manual 114.2) and clean the used equipment and ambulance surfaces to the "completion of shift" standard (Skills Manual 114.5.7)

 - Remove all personal items from vehicle
 - Remove waste from vehicle
 - Remove stretcher and clean thoroughly
 - Clean all equipment and surfaces that have been in contact with the patient
 - Clean surfaces that have been frequently touched by paramedics during the care of the patient
 - Clean all flat surfaces, door handles, steering wheel, MDT, radios, kits/handles and allow all surfaces to dry
 - Grout the floor of the vehicle is clean
 - Make up and return stretcher to the ambulance
 - Clean car keys
 - Remove PPE correctly post vehicle-clean, to avoid self-contamination

These procedures are also applicable after all suspected or confirmed respiratory infection cases.

 **NSW Ambulance** excellence in care

1 July 2020

Have you Checked?

THE 4 Four At the Door

OVER THE PAST 14 DAYS:

-  Has anyone inside been overseas or to any known hotspots?
-  Does anyone inside have a fever or dry cough?
-  Has anyone inside had contact with a confirmed COVID-19 patient?
-  Has anyone inside been diagnosed with pneumonia or any other medical condition?

 **NSW Ambulance** excellence in care


31 July 2020

COVID-19 Rapid Emergency Department ambulance cleaning service

Campbelltown ED

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graph TD
    A{Are you presenting to a hospital with a HealthShare mobile cleaning service?} -- No --> B[Standard operational procedure]
    A -- Yes --> C[Ambulance arrives at ED]
    C --> D[Paramedic to check and secure all Restricted Medications (inc. those in crash drawers) in red medication kit, and all methoxyflurane in green medication kit]
    D --> E[Paramedic returns to vehicle after Transfer of Care (TOC)]
    E --> F[Paramedics press 'off' stretcher']
    F --> G[Vehicle is cleaned]
    G --> H[Any identified medication management issues should be reported immediately following usual management procedures in Medication Management Policy Directive PD2019-022 and Operating Procedure PRO2019-015.]
  
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 **NSW Ambulance** excellence in care


22 April 2020

COVID-19 Fit Checking P2 / N95 Masks

P2 / N95 masks offer protection from airborne spread diseases and aerosol generating procedures.

-  Separate the edges of the mask to fully open it. Bend the nose wire to form a gentle curve.
-  Hold the mask upside down to expose the two headbands.
-  Using your index fingers and thumbs, separate the two headbands.
-  While holding the headbands, cup the mask under your chin.
-  Pull headbands up and over your head.
-  Place the upper headband on the crown of your head. The band should run just above the top of your ears. Place and position the lower headband at the base of your neck (under your ears).
-  Gently conform/press the nosepiece across the bridge of your nose by pressing down with fingers until the fit is snug. Continue to adjust the mask until you feel you have achieved a good and comfortable facial fit.
-  When exhaling it is important at this stage to check there is no air leakage around the edges of the mask. Continue adjusting the seal of the mask if needed.

Brands of P2 / N95 masks may have slight variation. Always refer to the manufacturer's instructions.

 **NSW Ambulance** excellence in care



1 April 2020

EMPLOYEE CONNECT
COVID-19
HOTLINE
 (02) 6118 7888

Call the Hotline for a single point of contact for all staff related queries to COVID-19

COVID-19 support contacts

Cherrybush Program
 Ph: 02 8522 7322 Mobile: 0412 885 139
 Email: Paul.McFarlane@health.nsw.gov.au

Emergency Assessment Program
 Ph: 1320 360 364

Employee Connect
 Ph: 02 6118 7888
 Email: AMBULANCE.EmployeeConnect@health.nsw.gov.au

NSW Ambulance Clinical Advice Line
 Ph: 02 9228 2282 (24/7) or 02 9228 2282 (weekdays 04-7)

Pain Support Unit/Pain Peer Support Team Coordinator
 Ph: 02 9228 2282 Mobile: 0439 722 808
 Email: AMBULANCE.PainSupport@health.nsw.gov.au

Safety & Recovery
 Ph: 1800 088 288 (weekdays 0800-1800) / 1 steps to safety
 Email: AMBULANCE.SafetyRecovery@health.nsw.gov.au

Staff Psychology Clinics
 Aeromedical and Sydney Contact: 0458 740 796
 Chief Penitentiary: 02 9520 7985 or 0458 878 517
 Central Coast and North Sydney Region: 0289 768 882
 Hunter New England: 02 4921 7338 or 0289 385 562
 Northern Region: 02 5622 8120 or 0438 385 502
 Southern Region: 0422 861 620
 State Headquarters: 02 9228 2282
 Sydney and South Eastern Region: 0458 878 517
 Western Region: 02 9823 1108 or 0442 421 807
 Western Sydney and Hume Blue Mountains Region: 0458 277 108

NSW Ambulance excellence in care

NSW Ambulance PPE for suspected or confirmed COVID-19

25 March 2020

1 When putting on (or donning) the PPE for routine patient care it is important to do so in the following order;

1. Perform hand hygiene
2. Long sleeved disposable gown
3. Surgical mask (P2 or N95 mask only for Aerosol Generating Procedures – AGPs*)
4. Protective eyewear
5. Gloves
6. Patient should wear a surgical face mask if tolerated

Use this PPE when in close proximity to, or in the same room as the patient.
 *AGPs include intubation, non-invasive ventilation, and manual ventilation prior to intubation, cardiopulmonary resuscitation & high flow oxygen

2 Before driving, the paramedic should;

1. Remove their gloves and perform hand hygiene
2. Remove the gown and perform hand hygiene (leave mask on if previously applied)
3. When moving back into close contact with the patient re-apply clean PPE as above

3 When removing (or doffing) the PPE, it is important to do it in the following order to reduce the chance of self-contamination;

1. Gloves
2. Perform hand hygiene
3. Protective eyewear
4. Gown
5. Remove and dispose of the mask by handling the straps only
6. Perform hand hygiene

These procedures are also applicable after all suspected or confirmed respiratory infection cases.

NSW Ambulance excellence in care

20 March 2020

NSW Ambulance

Stop the Spread

Why is soap and water for hand hygiene so important against COVID-19

- The coronavirus molecule is coated with lipids (fats) and proteins
- Soap contains molecules that break down the proteins lipids and fats on the coronavirus
- The friction of scrubbing of hands physically disturbs the molecule and destroys it, in conjunction with the soap breaking down the network of lipids and proteins on the coronavirus
- Running water will remove the debris of the virus from your hands and prevent the virus proliferating on your skin (i.e. using your skin as a breeding ground before entering your respiratory tract)
- Duration is important! Washing hands with soapy water for at least 20 seconds

Soap and water is vital!

NSW Ambulance



Priority 2:

Staff Health, Wellbeing and Safety

NSW Ambulance has focussed on the health, wellbeing and safety of all staff and volunteers as a priority. In 2019-20, with staff facing bushfires, floods and a pandemic, these programs have been an even more critical part of the NSW Ambulance employee support system that aims to ensure the health and welfare of our workforce.

NSW Ambulance

Your Safety Comes First

NSW Ambulance is trialling new technologies, uniform items and training to keep Paramedics safer at work

Technology:

- New portable radios
- Body Worn Cameras at Liverpool Superstation, Hamilton Station and Sydney Ambulance Centre for 12 months
- Mobile and satellite phones
- Mobile data terminals (MDT) with enhanced duress capabilities

Uniforms:

- Trial of utility vest

Training:

- Occupational violence prevention training

For information on the SDA Amendment For a copy of the entire SDA

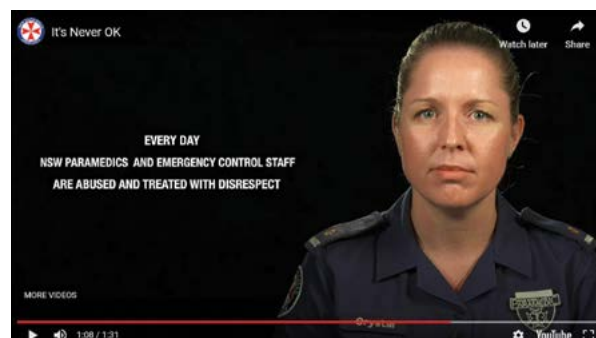
Or email AmbulanceBWCProject@health.nsw.gov.au for more information

Occupational Violence and Body Worn Cameras

Occupational violence is increasingly being experienced and reported by NSW Ambulance employees. It is anticipated that 2020 will have the most recorded occupational violence incidents in NSW Ambulance history.

NSW Ambulance is committed to keeping staff safe at work from violence and harm, and providing support to those who are unfortunate enough to experience it. In 2020 the Occupational Violence Team has strived to work closely and partner with all key stakeholders, internal and external, to provide a high level of service and support to affected staff. The scope of the occupational violence program now includes:

- Post Incident Support, including preparation for and attendance to NSW courts
- Strategic planning and management to ensure continuity, growth and positive development of new and existing services
- Staff Health and Workers Compensation Referral and Notification
- Tracking, management and stakeholder updates on incidents that progress to criminal prosecution
- Complex Violent Patient Case Management with patient profiles and management plans
- Risk Assessments, incident investigations and root cause analysis
- All staff training on occupational violence and its prevention



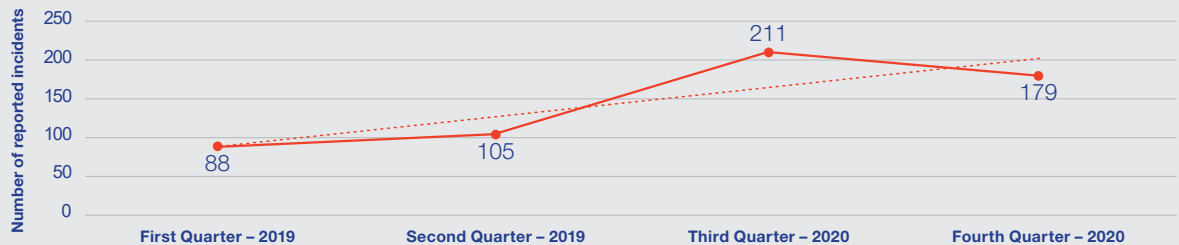
Case Study:

A juvenile patient with a long standing mental health history and complex trauma had been reported as a perpetrator of physical assault and verbal abuse multiple times over the past 90 days. The patient had become a very frequent user of ambulances and regularly required sedation and mechanical restraint when being transported to hospital.

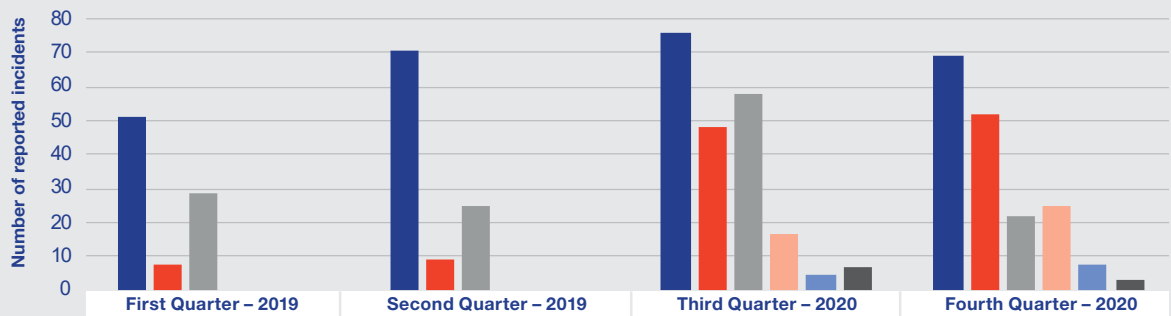
The Occupational Violence Team liaised with internal teams including the Frequent User Program Manager and the Sector's Health Relationship Manager to engage the patient's care team and stakeholders. The patient's care team was unaware of the escalating violence and ambulance usage. Likewise, NSW Ambulance was unaware of the patient's changed management plan.

By openly communicating with the Local Health District, Emergency Department, Mental Health Care Team, GP, School, Ambulance and Police, several initiatives were developed and implemented to reduce the level of harm attending paramedics may face. This included the sharing of a patient profile and management plan, allowing for better patient care and reduced Emergency Department attendance. Regular stakeholder meetings were scheduled and the clear message that violence is not okay was communicated and the patient would face criminal prosecution in-line with NSW Health's Zero Tolerance policies.

2019/20 Financial Year Quarterly Total Reported OV Incidents



2019/20 Financial Year Quarterly OV Incident Breakdown



	First Quarter - 2019	Second Quarter - 2019	Third Quarter - 2020	Fourth Quarter - 2020
■ Physical Assaults	51	71	76	69
■ Threats/Threatening Behaviour	8	9	48	52
■ Verbal Abuse	29	25	58	22
■ Spitting Incidents			17	25
■ Sexual Assault/Harassment			5	8
■ Other			7	3

*Due to changes in the processes of reporting and of occupational violence in 2020, data gathering is more robust and accurate. Data from 2019 has not yet been validated using similar methodology so cannot be guaranteed as accurate by the current OV Team.

**2019 data sourced from IIMS Assaults database.

***2020 data sourced from NSW OV Team database (IIMS/IMS+, Sharepoint Paramedic Assault, and PSDU Briefs).



Body Worn Cameras

The Body Worn Camera Pilot commenced in November 2019 at Sydney Ambulance Centre, Liverpool and Hamilton stations. To date 6,065 check-outs of cameras have been completed by paramedics with weekly check-outs now trending in excess of 200 per week.

Currently, body worn cameras have captured and categorised 97 incidents with 9% assaults, 24% occupational violence and 67% potential threats. There has been an increase in paramedics from the pilot stations reporting that the activation of body worn cameras is contributing to de-escalation of potential threats.

Body worn camera footage has been utilised in the successful prosecution of a person from the Hunter New England region who intimidated paramedics and interfered with an ambulance vehicle. This person has been sentenced to 6 months imprisonment with an 18 month Community Corrections Order upon his release.

Peer Support Program

The NSW Ambulance Peer Support Program is a state-wide support service available to all NSW Ambulance staff and volunteers. Peer Support Officers provide individual support following incidents, provide psycho-education and can refer staff to additional professional supports including Staff Psychology Service, the Employee Assistance and Psychological Services (EAPS) Program, Chaplaincy or other community based support.

There are now 226 Peer Support Officers. It is a popular program with 129 applications to join during the 2019-20 recruitment round. In March 2020, NSW Ambulance inducted 21 Peer Support Officers from across the state, with a further 28 Peer Support officers to be inducted later in 2020.



In 2020, NSW Ambulance Staff Health also produced a “Supporting the Supporters” fact sheet, looking after those who volunteer to support others.

STAFF HEALTH FACT SHEET

Looking after those who volunteer to support others

The Staff Health team are often asked “Who supports the supporters?” In short, we do. We all look out for each other in the Staff Health team.

This fact sheet is for our volunteers such as PSOs, Chaplains, Buddy’s and anyone else who gives up their own time and energies to support others. We in the Staff Health team understand and appreciate our volunteers who are often the eyes and ears on the frontline for us. This information is designed especially for you, our invaluable volunteers and supporters.

Self-care for the carers

When times are particularly uncertain, busy, hectic stressful the “basics” of self-care become harder to achieve. Yet, time and time again, research and practice tell us that the foundations of wellbeing and resilience are quality sleep, exercise and nutrition. For staff supporters, giving yourself time to achieve these foundational activities is paramount. **Self-care is not selfish.** Without taking care of you, it is impossible to be the best PSO, Chaplain, Buddy, Worker, Mother, Father, child etc. Whatever your role is, give yourself permission to put your oxygen mask on first.

Helpful thinking

The first (and often hardest) step is to notice when our self-talk is negative. This can be challenging as many thoughts are automated. However, when we tune into what we are saying to ourselves we have an opportunity to practice working through more helpful alternatives. It can be hard at first, and it takes practice. Get help if you need it. A trusted friend or health professional can assist with perspective giving.

Managing emotional distress

A formula for managing emotional distress includes:

- Identify** the stress in your body. Do you clench your jaw? Get a headache?
- Name** the type of distress. I am feeling anxious, sad, grief...
- Work out your triggers.** Untidy spaces, arguments, news and media etc. When we discover what triggers are for us we can start planning to minimise exposure to triggers.
- Manage** the distress. Experiment with different coping strategies. Try breathing techniques, calling a friend, learning how to relax your body or exercising. Some days we may need to use multiple strategies.

Gratitude

When the world seems out of control and chaotic it can be easy to focus on all the bad things that are happening. Yet, inconceivably amazing and beautiful things are happening too. When we take time to focus, even for a couple of seconds, on something we appreciate it helps train our brain to tune into good. You can thank a team mate for a job well done, notice the smell of fresh clean air, really tune into the taste of your next mouthful. It can be as simple as appreciating a roof over your head or a cosy rain jacket on a stormy day.

Habits and routines

In the volatile, uncertain, complex and ambiguous world we live in routines and habits can be very helpful!

THE IMPORTANCE OF SUPERVISION

Regular de-briefing and working through individual wellbeing and resilience plans with a health professional and/or your team coordinator can be preventative and also assist in challenging times.

SELF-COMPASSION

You are GREAT at being compassionate for others. Now’s the time to use those skills for yourself!

- 1) Be mindfully aware of your own suffering rather than trying to stifle it or stuff it down.
- 2) Be kind to yourself (sometimes we just need to feel sad. We can’t just “tuck up” all the time). Treat yourself as you would a good friend. Make yourself a cup of tea, hot bath, yummy food.
- 3) Common humanity (thousands of people all around the world are feeling about the same things you are at this time. We are all in this together. We can band together and care for one another. We are not alone.)

Having compassion for yourself means that you have and accept your humanity.

KRISTEN NEFF

24 NSW Ambulance | 2019-20 Safety and Quality Account

Chaplaincy Program

NSW Ambulance Chaplains are part of a multidisciplinary support team, available to all staff to provide 24/7 post incident support and holistic care where required. Chaplains are also available to support staff families and bystanders at traumatic incidents.

In 2019-20, the NSW Ambulance Chaplaincy team was expanded to now have 8 Chaplain Team Leaders and 48 Chaplains across the state. Through 2020, NSW Ambulance Chaplains have volunteered on average almost 80 hours per week providing support.

In the January to March 2020 period, Chaplains had 1,866 supportive conversations with staff and supported 2,052 community members. There were 141 station visits totalling 964 hours of service. 10 Chaplains were deployed to the bushfires over 11 days.

In the April to June 2020 period, Chaplains had 2,748 supportive conversations with staff and supported 159 community members (reduced due to COVID-19). There were 115 workplace visits totalling over 1037 total hours of support. The Chaplains were also critical in supporting the induction of the COVID-19 surge staff, providing 15 Chaplains over 20 days to support the incoming staff.

The NSW Ambulance Chaplains are now also focusing on research – publishing the first Chaplaincy team paper and being invited to speak at a First Responder Conference in Sweden about the NSW Ambulance Chaplaincy model and the team's research.

Rev. Paul McFarlane,
Senior Chaplain
visiting Sweden



The first Chaplain joined NSW Ambulance in 1987.



Wallace

There are also two Chaplains with PhDs underway to build an evidence base for what chaplains do to bolster mental health, wellbeing and resilience. A third PhD project could soon be underway to develop and document the model of Chaplaincy that could be adapted in different international contexts.

- Katie Tunks Leach, “Exploring the role and value of chaplains in the ambulance service”.
- Mark Layson, “Utilising a ‘bio-psycho-social-spiritual’ model to minimise the harmful effects of moral infractions associated with trauma exposure in first responder communities.”

Activity Report

January to March 2020





Staff Psychology

First introduced in 2018, the NSW Ambulance Staff Psychologist Services has expanded to 10 senior psychologists based across the state. The team is now embedded across every sector. The in-house service provides evidence-based mental health and wellbeing counselling, post incident support and a range of mental wellbeing initiatives.

Developed in conjunction with the Black Dog Institute, the service has delivered 10 Mental Health and Suicide Awareness Training Programs for managers. The service delivers the opt-in Well Check initiative (as part of the Wellbeing Workshops). During 2019-20, there were 177 Well Checks completed for managers and staff.



Wellbeing Workshops

NSW Ambulance has introduced Wellbeing Workshops, three day workshops for all staff to attend that focus on mental and physical wellbeing and occupational violence prevention. Each Workshop is split into the themes of Well@Work, Safe@Work and Protected@Work. Prior to COVID-19, the face to face workshops were held weekly in Sydney and scheduled through regional NSW. New operational employees attend the workshops as part of their induction.

These workshops provide NSW Ambulance staff with effective strategies and skills that enhance health, safety, self-awareness and quality of life. The Workshops are evidence based and have been developed in consultation with staff, unions and industry specialists.



To date:

- Over **3,600** staff have completed the workshop. This includes **1,811** staff who completed the workshop in 2019-20.
- **82** face-to-face workshops have been delivered
- **79** per cent of participants noticed a significant/positive change to their wellbeing upon workshop completion
- **60** per cent of participants have increased their proactive approach to looking after their physical and mental wellbeing (six month evaluation after workshop attendance)

The Wellbeing Workshops also include delivery of the RAW Mind Coach program to build psychological resilience and mental wellbeing. This program is incorporated with My Health Learning modules that staff can complete anytime or place at their own pace.

- **2,567** staff have completed RAW Mind Coach
- Feedback shows 80 per cent of the staff undertaking the course are now 'confident' or 'much more confident' in their ability to be well at work

Domestic Violence Referral Network

The Domestic Violence Referral Network was launched by NSW Ambulance on International Women's Day in March 2020. Currently over 40% of the organisation are women. Domestic and family violence resources and support have been developed and made available for all staff. Domestic Violence Referral Officers are being recruited, trained and supported to provide confidential advice and support for staff members who disclose domestic or family violence. A 24/7 specialist domestic violence service supporting NSW Ambulance staff has been established.



Employee Connect

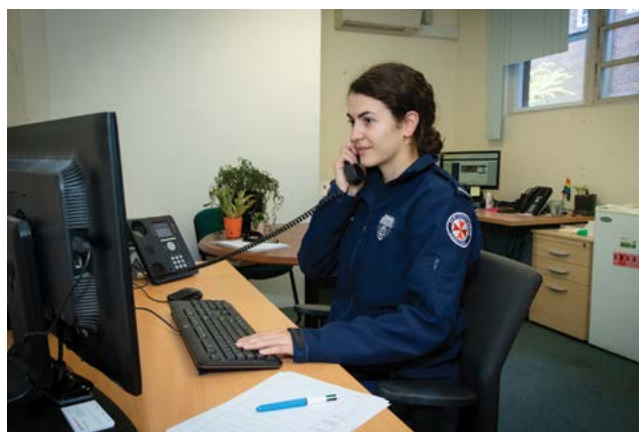
Employee Connect is a new initiative launched in January 2020 to centralise employee-centric case management. Employee Connect is available for all staff to contact when they need assistance with an employment related matter and aren't sure who to call. Employee Connect can also be contacted when an employee feels that they are not being heard or are falling through the cracks and for managers when dealing with a difficult employee related issue and they don't know how to proceed.

Since inception, well over 2,000 calls have been fielded by the Employee Connect team including around 440 calls for non-COVID issues such as recruitment, leave entitlement, performance management and general advice.

In response to the need for current and consistent information related to COVID-19, in April 2020, Employee Connect expanded to provide a 24/7 service. There were 564 COVID-19 contacts in April 2020, 195 in May, 156 in June, 397 in July and 300 in August.



COVID-19
HOTLINE
(02) 6118 7888





ELK Emergency Lifting Cushion

The ELK emergency lifting cushion is an air-powered cushion designed to lift a fallen person from the floor, reducing the risk of injury associated with manual handling while maintaining patient dignity. At the 2019 Safety Summit, Chief Executive Dr Dominic Morgan confirmed that expanding this initiative is a priority. As part of the NSW Ambulance wellbeing investment, the ELK is being rolled out from being in every station to being in every single ambulance.

- **1,969** frontline staff have been trained in the ELK Lifting Cushion practical familiarisation
- **160** ELKs have been installed in ambulances
- **700** ELKs have been ordered
- **256** ELKs are currently being installed



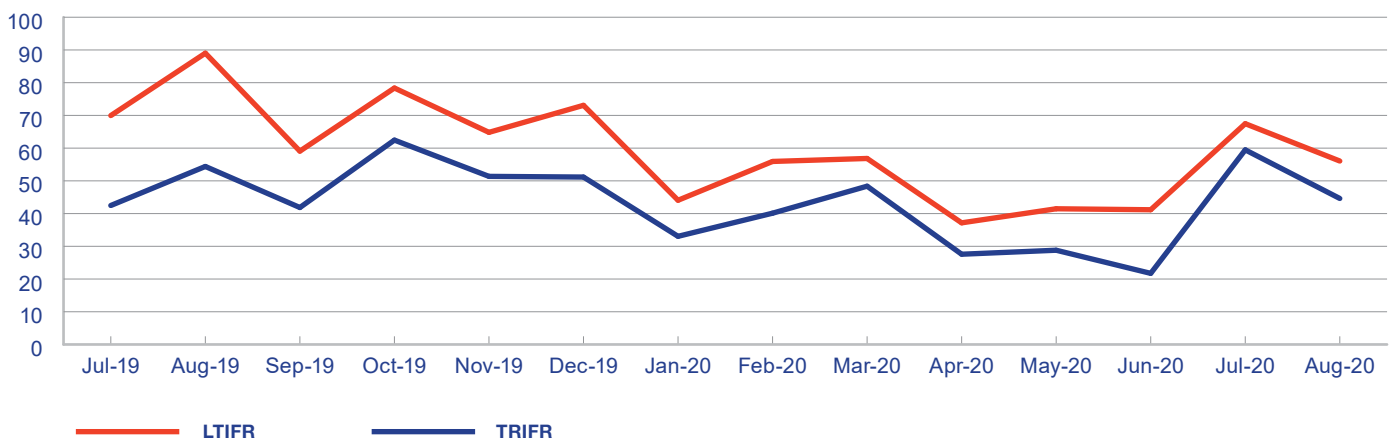
Safety and Recovery

The Safety and Recovery team manages key areas such as First Contact, General Insurance, Paramedic Insurance, Recover at Work, Work Health and Safety, Workers Compensation Insurance Payroll, and Violence Prevention.

This team have continued to experience a decrease in lost time injuries and increase in the proactive response towards improving physical and psychological safety.

In 2019-20 the Lost Time Injury Frequency Rate (LTIFR) and Total Recordable Injury Frequency Rate (TRIFR) have dropped by almost 50%.

Total Recordable Injury Frequency Rate and Lost Time Injury Frequency Rate



Looking Forward

- The Medic Fit Program has commenced its rollout to 241 work sites across the state. This is providing exercise equipment and expert professional guidance for all NSW Ambulance employees to participate in targeted exercise in the workplace. Low-intensity, low-risk exercise sequences have been developed to help everyone make the most of the equipment. Comprising of a bespoke program guide, videos and telehealth capacities makes it unique in emergency services.
- Wellbeing Platform. Developed with Virgin Pulse, the Wellbeing Platform is providing a state-of-the-art wellbeing app for both work and personal use. It will engage staff with the latest health advice.
- Telehealth consultations with health coaches, injury prevention specialists and psychologists. These roles have been recruited and are already providing services to frontline staff.
- From May 2020, supporting smoking cessation via 4-weeks free nicotine replacement therapy (NRT), NSW Quitline calls and/or internal Health Coach check-ins. In July 2020, 15 requests were made for NRT vouchers, with three staff requesting an additional support phone call. NRT redemptions will be tracked and follow-up communication will evaluate smoking status and provide feedback from staff.
- Implementing the NSW Ambulance Health and Wellbeing Strategy.
- Progressing the face-to-face components of the Peer Assisted Learning (PALs) Leadership Program.





Priority 3: Secondary Triage

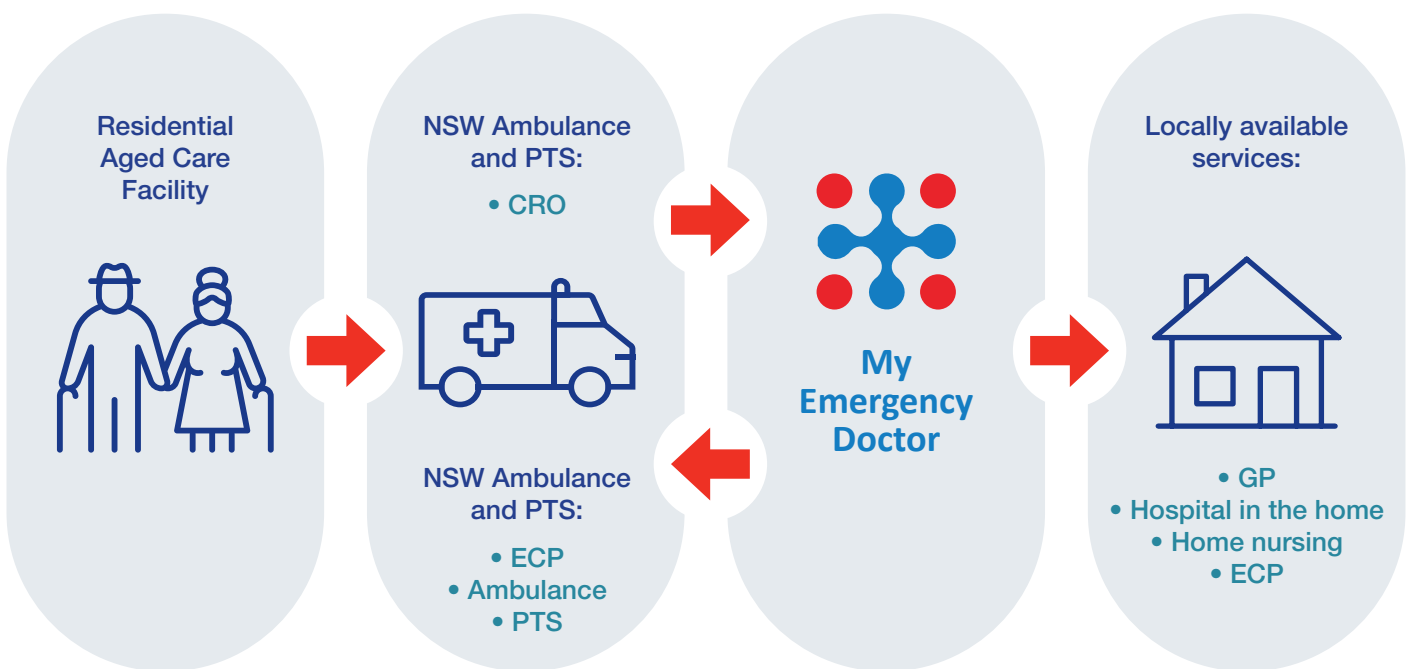
In response to COVID-19, NSW Health partnered with NSW Ambulance and My Emergency Doctor (MED) to introduce a Secondary Triage program for Residential Aged Care Facilities (RACFs) that request an ambulance response.

The program focuses on enabling vulnerable patients who are residents of RACFs to receive safe and appropriate care in their place of residence. This model of secondary triage reduces the incidence of avoidable hospital admission by providing emergency medical care, assessment and management; care navigation and linkage with community services, all through telehealth.

Strict inclusion and exclusion criteria are adhered to when navigating a RACF call to Secondary Triage. Calls received from RACFs, triaged using Medical Dispatch Priority System (MPDS), with a response outcome of 30 minutes or greater (2A, 2B, R3), are eligible to be further assessed for Secondary Triage referral.

To ensure appropriate calls are identified and undertake primary assessment of suitability, NSW Ambulance introduced the Clinical Review Officer (CRO) to the Control Centres. This role acts as the conduit, available 24/7, connecting RACFs with MED emergency physicians.

This was initially implemented in March 2020 with a focus on COVID-19 and flu-like symptoms. However, after early evaluation and initial successes the program was rapidly expanded to include a range of health complaints. The program continues to expand with increasing numbers and further development of scope.





Role of the Clinical Review Officer

The Clinical Review Officer (CRO) is a 24-hour service model, providing the critical link between control centre processes, the RACF and the broader health system. The CRO is also able to provide advice to non-clinical control centre staff in relation to best response options available to NSW Ambulance. The role considers the application of secondary triage as well as in house see and refer treatment options including Extended Care Paramedics (ECPs).

The CRO has access to the NSW Ambulance Computer Aided Dispatch (CAD) system, and monitors the pending incident queue for incidents identified as being from RACFs during the call taking process for potential review. It is through a thorough clinical discussion with the Registered Nurse (RN) on duty that the CRO identifies the suitability for inclusion in Secondary Triage. The CRO takes into account the patient's presenting condition, comorbidities, COVID-19 status of the facility, inclusion/exclusion criteria and red flags.

Identified 'in scope' incidents are warm transferred to My Emergency Doctor (MED) for further

assessment, management and/or referral via telemedicine. Upon transfer to MED, NSW Ambulance cancel the pending incident or responding resource. If transport is required, MED has the ability to book an ambulance via the priority line, book Non-Emergency Patient Transport or request an urgent response via Triple Zero. Likewise, if the CRO finds the patient to be significantly unwell, they may request a response review and upgrade. The ability to rapidly revert to an emergency response is a result of the overwhelming principle behind Secondary Triage, providing safe and effective care to our vulnerable patients.

The CRO is trained using a suite of education resources including protocols, work instructions, PowerPoints, videos, frequently asked questions, information sheets and the NSW Ambulance online learning platform, Janison. Scripting has been developed to increase consistency and aid new team members. Additionally, the CRO provides valuable feedback through various means regarding issues, capacity, rostering and change ideas which greatly contributes to further developing the program.





Clinical Review Officer Personal Experience

“Working as the Clinical Review Officer has been a valuable experience. Assessing a patient over the phone is a skill that is very different from face to face patient assessment. You quickly learn pertinent questions that enable you to obtain a clinical picture of the patient and their suitability for referral to MED for secondary triage. Once the patient is referred you still get a kick out of helping the patient which I didn’t think would be possible over the phone. Not only have you reduced stress on NSW Ambulance resourcing and the NSW Health System as a whole but the patient has received patient centred care which is best practice.”

Renee Millen, Extended Care Paramedic, Clinical Review Officer

Inclusion Criteria

Must be:

- Call from Residential Aged Care Facility (RN on scene)
- Identified through NSW Ambulance MPDS triage as response priority 2A,2B or R3
- Patient is at their baseline level of consciousness and mobility
- Patient is undistressed

OR

Patient is palliative

AND requires assessment of one of the following issues:

- Influenza-like illness- any respiratory illness e.g. shortness of breath [who are not priority 1, captured above]
- COVID-19
- Catheter management
- Falls with no acute pain

- Wound management including skin tears
- Care reviews for abnormal observations (e.g. fever, hypertension, tachycardia, hypoglycaemia)
- Care reviews for abnormal imaging and pathology results (e.g. blood tests, urine microscopy)
- Seizure management
- Cellulitis
- PR bleeding
- Urinary tract infection
- Behavioural management
- Back pain
- Abdominal pain

Several clinical factors and exclusion criteria are applied by the CRO both when reviewing the CAD notes and during the clinical consultation with the RN on site. The final decision on sending a case to MED sits with the CRO.





Secondary Triage Achievements

Preliminary data indicates on average 16% of calls referred to My Emergency Doctor (MED) are returned to NSW Ambulance, as they are deemed to require transport to hospital by NSW Ambulance. This figure demonstrates that Secondary Triage assists with providing appropriate care to patients in their place of residence on most occasions, avoiding unnecessary emergency department presentations and decreasing the demand for NSW Ambulance resources.

By the end of July 2020, over 1,400 cases had been referred to MED, with 54% achieving a treatment in situ. Cases identified as requiring transport are assessed for suitability of transfer by Patient Transport Service, who now undertake transport of patient from Residential Aged Care Facilities (RACFs) to Emergency Departments when the patient is clinical stable and referred by MED.

NSW Ambulance receives on average 7,500 calls from RACFs per month, about half of which were coded as 2A, 2B or R3. The Clinical Review Officer (CRO) role was able to review 5,107 cases processed through both the emergency and non-emergency lines.

- **16%** of calls were referred back to NSW Ambulance from MED
- **4%** of cases were returned from Patient Transport Services due to capacity and clinical reasons
- **4%** of cases were returned via the RACF, for reasons such as a change in the patient's condition or an inability to carry out the recommended care plan.

Case Study

NSW Ambulance received a triple zero call from a Residential Aged Care Facility (RACF) for a 75 year old male who had fallen on the floor next to his bed. Calls of this nature occur daily, with patients often described with no obvious injury, but due to local facility policy, NSW Ambulance is contacted with a request for transport to hospital for medical care and assessment.

The patient was found on the floor next to his bed. The fall was not witnessed, and it is possible he rolled out of the bed. The call was processed in line with emergency call management processes by the Control Centre Assistant with the utilisation of ProQA. As no priority symptoms or injuries were described, it was determined an urgent lights and sirens response was not required and a response priority 2 category was allocated.

The call was assessed by the Clinical Review Officer (CRO) within the NSW Ambulance Control Centre. The CRO contacted the Registered Nurse (RN) at the facility and following a conversation regarding the patient's clinical condition it was determined the patient was safe to continue on the secondary triage pathway. The RN was provided information on the secondary triage process. Once it was confirmed the patient's clinical condition was in scope for referral, the case was transferred to MED for secondary triage.

On receiving the referral, the My Emergency Doctor (MED) doctor (FACEM – an emergency physician) assessed the patient via telehealth process in consultation with the staff in the RACF. MED doctors use a clinical decision tool to determine whether a patient is managed in place in the RACF or whether they require transfer to hospital, after a fall.

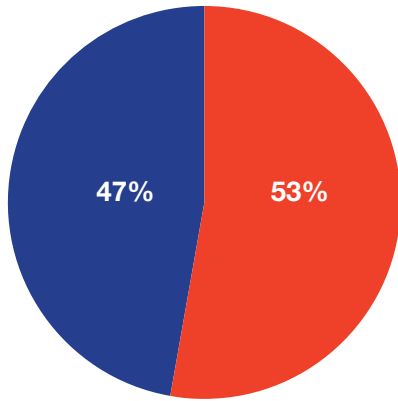
During the consultation the doctor identified there was no evidence of the patient having had a strike to the head, he was behaving normally and exhibiting no signs of head trauma. The patient was deemed safe to stay in his place of residence despite being on anticoagulants. The use of anticoagulants in elderly patients who fall can often be a trigger for admission to the Emergency Department (ED) for assessment. However, through MED, the doctor is able to assess the patient and make a clinical decision, to determine if attending an ED will be of benefit to the patient. Anticoagulant administration is considered but does not result in an immediate disposition to transport to ED.

The MED team provided the RACF with guidance on continued monitoring of the patient and a referral letter back to the GP. The MED team were able to provide the patient's GP with a summary of the assessment, and recommended a review of his current anticoagulant therapy in view of his falls risk.

In summary, following prompt and thorough assessment by medical officers, in the patient's place of residence, he was able to be managed in his home without the need to go to hospital, even though he was taking anticoagulants. This is a success in avoiding an unnecessary transport and presentation to the ED by providing safe and appropriate care to vulnerable patients in their place of residence.

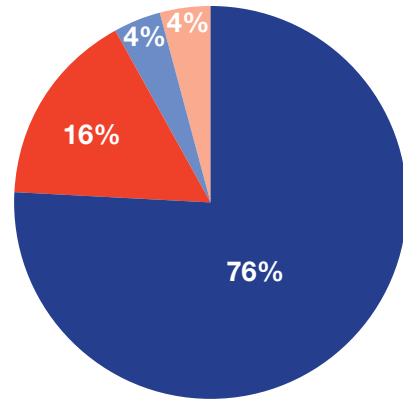


RACF Response Priority



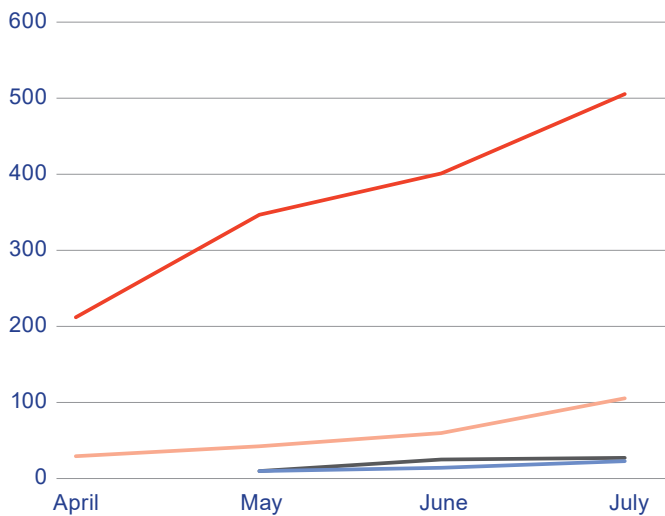
1A-21 2A, 2B and R3

Dispositions



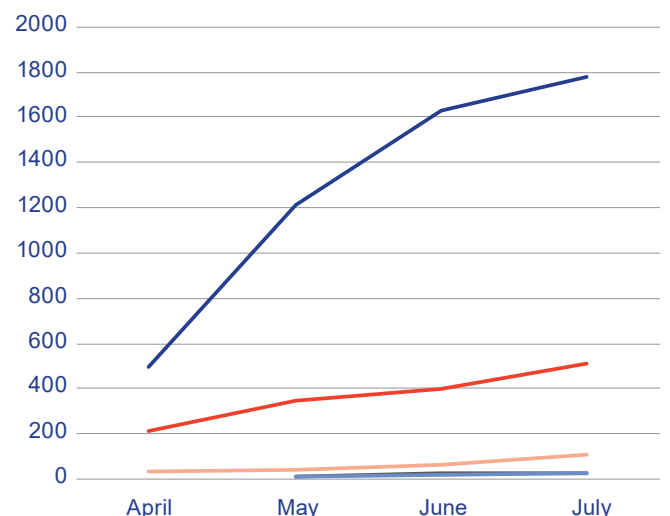
MED Return from MED Return Via PTS Return from RACF

MED Activity



MED MED Ret PTS Ret RACF Ret

CRO Monthly Activity



REV MED MED Ret PTS Ret RACF Ret

Looking forward

In 2020-21 NSW Health have started the initial cost benefit analysis and formal evaluation of the program of work. This will include exploration of other pathways and opportunities in the secondary triage space. A dedicated Project Manager and Project Officer to maintain the Secondary Triage program will be appointed.

Priority 4: Aboriginal Health

In order to contribute to the vision of the NSW Aboriginal Health Plan 2013-2023, it is essential for NSW Ambulance to place the needs of Aboriginal people at the centre of service delivery and to develop strong relationships with Aboriginal communities and organisations to ensure our models of care improve health outcomes.

Heart Yarns

Indigenous Australians lag behind the rest of the Australian population in cardiovascular outcomes. With NSW the home of 33 per cent of all Aboriginal and Torres Strait Islander people, NSW Ambulance has implemented *Heart Yarns* to educate and empower Indigenous communities in cardiac care and the importance of calling Triple Zero (000).

Delivered by Mark Trebley, Community Educator, Heart Yarns provides education on the key areas impacting the cardiac health of Indigenous communities including heart attack, stroke, diabetes, asthma and rheumatic heart disease. Mark uses the cultural tradition of storytelling or “yarns” to deliver an educational message.

In 2019-20, building partnerships with a range of groups, including Aboriginal Medical Services and local elders from Aboriginal communities

across NSW has been key to the growth of NSW Ambulance’s Aboriginal Cardiac Education Program and the development of culturally safe healthcare advice and education for these communities.

New partnerships and engagements for 2019-20 (in addition to the full list of community groups) include:

- Literacy for Life
- Brewarrina Land Council
- Western Sydney LHD Diabetes Prevention Centre
- Participation at the Rural Innovations Changing Healthcare (RICH) conference

In November 2019, Mark received the Providing High Quality Education Award at the 2019 NSW Premier’s Awards in recognition of his work on the Aboriginal Cardiac Education Program.





Alternate Referral Destinations

Pathways direct to Aboriginal Community Controlled Health Services and dedicated Aboriginal services

An Alternate Referral Destination (ARD) is a formalised referral pathway that enables paramedics to refer patients to a specific service or health provider in their community, which is appropriate to the clinical needs of the patient, rather than transporting direct to an emergency department. The integrated care opportunities within this strategy are based on the principle of 'centrally coordinated and locally delivered'.

Within Western NSW, formalised referral pathways enable paramedics to refer patients directly to the Aboriginal Medical Service in Orange and the Aboriginal Hospital Liaison Officer (AHLO) in Bourke. These collaborations aim to prevent deterioration of the patient, reduce hospital presentations and admissions and improve the transfer of care of Aboriginal and Torres Strait Islander people living in the community by providing timely, culturally appropriate and equitable access to health care.

Further expansion of such collaborative referral pathways will allow paramedics to provide appropriate transfer of care within, and can reduce the need for urgent, unscheduled or repeated call outs in the after-hours.

Koori Connect

There are two well established alternate referral pathways locally available, in Orange and in Bourke. NSW Ambulance could achieve greater success for the collaboration and establishment of localised culturally appropriate referral pathways by improving paramedic comprehension of cultural differences, ensuring patients are asked if they identify as Aboriginal or Torres Strait Islander and by providing awareness of referral pathways currently available within the communities they service.

From her personal experience working in Bourke, Natasha Cole states "we know the patient journey starts at their home, where we go with that journey depends on being able to identify Aboriginal patients".

In collaboration with Western NSW LHD, NSW Ambulance has initiated the Koori Connect project with the Agency for Clinical Innovation's Centre for Healthcare Redesign. This initiative aims to make referral pathways to Aboriginal healthcare providers integrated, consistent and coordinated.

This will be developed in partnership with Aboriginal people located in regional or remote NSW to design and deliver a culturally sensitive referral pathway between NSW Ambulance paramedics and NSW Health Aboriginal Health workers and Aboriginal Medical Services. This will enable the identification of socioeconomic or cultural barriers that prevent Aboriginal patients from gaining access to health care; as well as identifying Aboriginal patients with recurring chronic conditions that may need greater support when navigating the health care system.



Aboriginal Hospital Liaison Officer - Bourke
ALTERNATE REFERRAL DESTINATION GUIDELINES

The Aboriginal Hospital Liaison Officer (AHLO) provides culturally sensitive support to individuals who identify as Aboriginal and may require support to access any necessary health services or assistance in navigating the health system. Any patient identifying as Aboriginal who may benefit from health related support can be referred to this service. Paramedics may consider referring patients identified as having increasing difficulty with activities of daily living, management of chronic conditions, frequent ambulance use and/or psychosocial distress in conjunction with referral to their General Practitioner (GP) where possible. Once the home visit has occurred and the patient has been referred to the necessary services, the AHLO will provide feedback to the referring paramedics.

INCLUSION CRITERIA:

- Identifies as Aboriginal
- All ages
- Requiring cultural support within health
- No generic PSI or protocol specific exclusions exist
- Patient demonstrates competency and capacity and consents to non-ED alternative and referral.

EXCLUSION CRITERIA:

- Protocol PSI or Protocol specific Exclusion Criteria exist
- Refusal of referral by either patient, family or carer
- Paramedic, patient or caregiver/family have safety concerns that cannot be adequately reconciled.

CONSIDER REFERRAL OF ANY NON TRANSPORTED PATIENT OR CAREER INCLUDING:

- Identified difficulty in managing activities of daily living
- Identified difficulty in managing chronic health conditions
- Frequent ambulance use
- Evidence of caregiver stress
- Positive elder at risk (SEARS) score
- Patients apprehensive about following up with a GP or any other health care provider

To minimise risk and with patient consent, a referral may be considered in cases that exclusion criteria exist and the patient is refusing transport to ED against paramedic advice (Protocol PSI)

Referrals will receive a home visit the next day. Referrals received on a Friday will be seen on the Monday

MANAGING A REFERRAL:

- Referral to AHLO must only be considered after applying the Clinical Decision Algorithm
- Patients and/or enduring guardian must consent to the referral to AHLO following an explanation of the risks vs. benefits and demonstrated competency and capacity
- Clinical documentation including Paramedic Initial Referral Advice Form must be left with all patients successfully referred to AHLO
- AHLO will advise of when they will visit the patient
- Advise the patient / carer to call back Triple Zero (000) if symptoms increase or condition deteriorates prior to attendance at AHLO
- If paramedics are unable to contact AHLO and/or referral is unsuccessful the patient must be referred to GP or transported to ED unless alternate clinically appropriate arrangements are in place.

To make a referral to
Aboriginal Health Liaison Officer
Call
Bourke Multipurpose Service
Louise Brown
t: 0487 012 529
02 6870 8804

Referral Hours
Monday to Friday
8am to 4pm
Not including public holidays

NSW Ambulance PARAMEDIC - ARD003





Liverpool superstation welcomes Aboriginal community

Liverpool superstation hosted a fun and informative day about NSW Ambulance's services and job opportunities with Hannah's Bridge Aboriginal family who provide community assistance regarding employment opportunities, community services, family history, careers for Aboriginal youth, and other opportunities to help Close the Gap.

Looking Forward

The NSW Ambulance Reconciliation Working Group will be producing our first Reconciliation Action Plan (RAP) as a charter for our reconciliation journey. This plan will contain practical actions for us to take to build strong community relationships, respect in our workforce and prosperity for Aboriginal and Torres Strait Islander people.

NSW Ambulance is taking part in the 2020 National Reconciliation Workplace Barometer Survey, as part of our work towards making a positive contribution to the health, wellbeing and living standards of Aboriginal and Torres Strait Islander people in our communities. The survey is conducted by Reconciliation Australia and this information will provide a benchmark from which to measure our goals and complement work to develop our first Reconciliation Action Plan.



Priority 5:

The 10 Programs of the Global Resuscitation Alliance

In response to the Global Resuscitation Alliance’s call to action NSW Ambulance has committed to the implementation of the 10 programs to improve survival of out-of-hospital cardiac arrest (OHCA).

Measuring and reporting on OHCA survival rates is one indicator of the quality and effectiveness of ambulance services, the establishment of a cardiac arrest registry has allowed the first step in seeing all of the programs progress.

Under Programs 2 and 4, our call takers are highly trained to provide simple verbal instructions on how to perform CPR to the person making the

call. When a critical symptom is mentioned, the case is immediately assigned a 1A response for rapid dispatch.

Our cardiac team is developing an on-road trial of devices to enable Program 5, and our cardiac arrest registry and introduction of high performance CPR form the foundations of accountability and excellence for Programs 9 and 10.

NSW Ambulance is committed to all 10 programs.

Program 1:	Establish a Cardiac Arrest Registry
Program 2:	Begin Telephone-CPR with Ongoing Training and Quality Improvement
Program 3:	Begin High-Performance EMS CPR with Ongoing Training and Quality Improvement
Program 4:	Begin Rapid Dispatch
Program 5:	Measure Professional Resuscitation Using the Defibrillator Recording
Program 6:	Begin an AED Program for First Responders, Including Police Officers, Guards, and Other Security Personnel
Program 7:	Use Smart Technologies to Extend CPR and Public Access Defibrillation Programs to Notify Volunteer Bystanders Who Can Respond to Nearby Arrest to Provide Early CPR and Defibrillation
Program 8:	Make CPR and AED Training Mandatory in School and the Community
Program 9:	Work Toward Accountability – Submit Annual Reports to the Community
Program 10:	Work Toward a Culture of Excellence

In 2019-20, the following programs were our major focus.

Program 1

Cardiac Arrest Registry



The NSW Ambulance Cardiac Arrest Registry is a clinical quality initiative that contains over 28,000 incidents of out-of-hospital cardiac arrest (OHCA) attended by NSW Ambulance since 1 January 2017. Paramedic data analysts review clinical and operational records to capture up to 110 data points for each incident.

The Registry measures the incidence and survival rates of OHCA in NSW and enables NSW Ambulance to monitor the appropriateness and effectiveness of treatments; identify opportunities for improving survival rates; and evaluate newly adopted interventions.

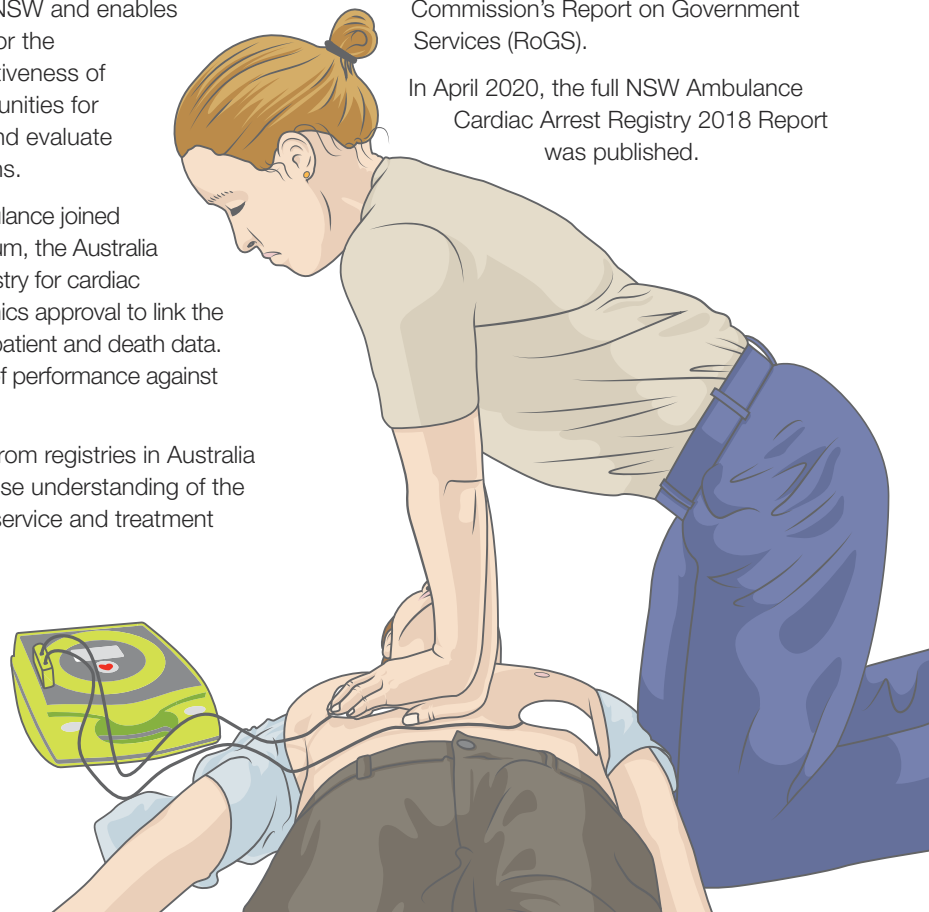
In August 2019 NSW Ambulance joined with the Aus-ROC consortium, the Australia and New Zealand-wide Epistry for cardiac arrest data and received ethics approval to link the Registry to NSW admitted patient and death data. This allows benchmarking of performance against similar organisations.

Aus-ROC compares data from registries in Australia and New Zealand to increase understanding of the intra-regional, ambulance service and treatment

factors that are associated with improved OHCA outcomes. Aus-ROC also promotes and conducts multi-centre clinical research in OHCA.

The Consortium is modelled on the highly successful North American (United States and Canada) Resuscitation Outcomes Consortium (ROC). Clinical and operational information is also reported annually to the Productivity Commission's Report on Government Services (RoGS).

In April 2020, the full NSW Ambulance Cardiac Arrest Registry 2018 Report was published.





Program 3

Begin High-Performance CPR with Ongoing Training and Quality Improvement

The quality of CPR is an as equally important predictor of survival as the time it takes to begin CPR following a collapse. Through 2019-20, NSW Ambulance has focused on developing and delivering High Performance CPR (HP-CPR) training.

The team has taken a 'hearts and minds' approach as they developed the HP-CPR program. Throughout the development of the program, the cardiac team has strived to collaborate with all of the key stakeholders involved. This included two testing days to understand where the program is effective, and identifying any gaps in the knowledge of a cross sectional representation of staff. This was followed by 'train the trainers' where the cardiac team visited each of the 12 regional training units and also the Ambulance Education Centre at Rozelle to engage with educators.

The current round of mandatory clinical training features a one-day masterclass on HP-CPR which breaks down the key components of the cardiac arrest response. Instead of only providing the how to perform HP-CPR, the training also includes a focus on the why and its importance.

The training highlights the 'building blocks of CPR', allowing staff to focus on each of these before putting it together to run full go-to-woe scenarios.

As part of the development of the one day masterclass, the team has developed a quality assurance project to look at the improvements in a person's CPR quality. Staff participating on the first day complete a two minute CPR cycle without prompting or aid and the results are recorded. On a subsequent day staff then re-do their two minutes. The data has then been blinded and provided to the team for analysis.

A 10 part online training package was also developed for staff. To assist with this and ensure consistency across the teaching, a suite demonstration videos have been produced for both the online component and the masterclass and are readily available on the intranet.

HP-CPR training commenced in January 2020 with all paramedics to receive high performance CPR training in the 2020-21 Mandatory Clinical Training (formerly Scheduled training) cycle, although some face to face training is delayed due to COVID-19. Over 500 staff have been trained in HP-CPR.



Program 6

Begin an Automated External Defibrillator program for First Responders

In cardiac arrest, the time taken to commence CPR or receive Automated External Defibrillator (AED) shock significantly impacts the chances of survival.

NSW Ambulance is working towards the implementation of the Public Access Defibrillation (PAD) program in partnership with other emergency service organisations to give all members of the community the best possible opportunity of surviving an arrest.

This program aims to utilise the AEDs and trained personnel available through partner emergency services, to make them available where they are the closest available AED resource. NSW Ambulance will then always simultaneously respond paramedics to the arrest.

NSW Ambulance has signed a Memorandum of Understanding (MoU) with Fire and Rescue NSW, State Emergency Service and the Volunteer Rescue Association.





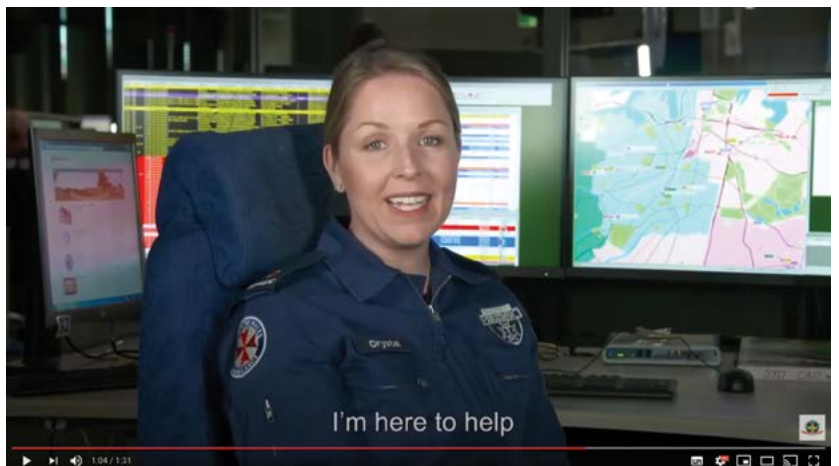
Program 8

Make CPR and AED training Mandatory Training in Schools and the Community

Restart a Heart Day is held internationally every year in October, a global initiative to raise awareness and provide education. Restart a Heart day also celebrates the incredible efforts of both bystanders and professional responders in the community and highlights the amazing outcomes that can be achieved. Restart a Heart Day is coordinated in Australia and New Zealand by the Council of Ambulance Authorities.

In 2019, NSW Ambulance participated in a number of activities across the state including teaching a number of school students on the importance of CPR in sudden cardiac arrest and also how to perform basic life support skills. NSW Ambulance staff delivered a back to back event and media campaign that reached over 1 million people across NSW. Over three days, NSW Ambulance paramedics delivered a CPR focused education program to 25,000 high school children.

Worldwide in 2019 Restart a Heart day events resulted in over 800,000 people being trained in CPR.





The Patient Experience



The Patient Experience

The Patient Experience Survey is conducted by the Council of Ambulance Authorities. Survey respondents include patients transported by ambulance services for emergency and urgent categories. The patients, or their carers, are asked to rank their satisfaction with ambulance services and treatment, including overall satisfaction, call answering time and paramedic treatment.

The below is a summary of the 390 responses received for NSW Ambulance:



Length of time waiting to connect to ambulance call taker

Over half of those surveyed believed that their wait to be connected to an Ambulance Service call taker to be much quicker
38.5%
or about what they thought it would be
31.5%



How helpful and reassuring call taker was

87%
Of people found the call taker helpful and reassuring whilst 11.6% could not recall or did not answer the question



Length of time waiting for ambulance arrival

55.6%
of those surveyed believed the length of time waiting for the ambulance to arrive was much or a little quicker than they thought it would be. Only 9% felt that Ambulance arrival was much or a little slower than they thought it would be



Level of care provided

Over
85%
of respondents felt the level of care in this respect was very good.



Level of trust and confidence in the ambulance staff

90%
(351 out of 390) of those surveyed had a high to very high level of confidence in the ambulance staff and their ability



Communication

84.8%
reported a very clear or reasonably clear understanding.
A small percentage (6.4%) reported that they could not understand the explanations about their condition and treatment



Vehicle comfort

94.4%
Of those surveyed found the handling of the Ambulance was comfortable on their journey



Overall satisfaction

The overwhelming majority
94.1%
were very satisfied or satisfied with their overall experience



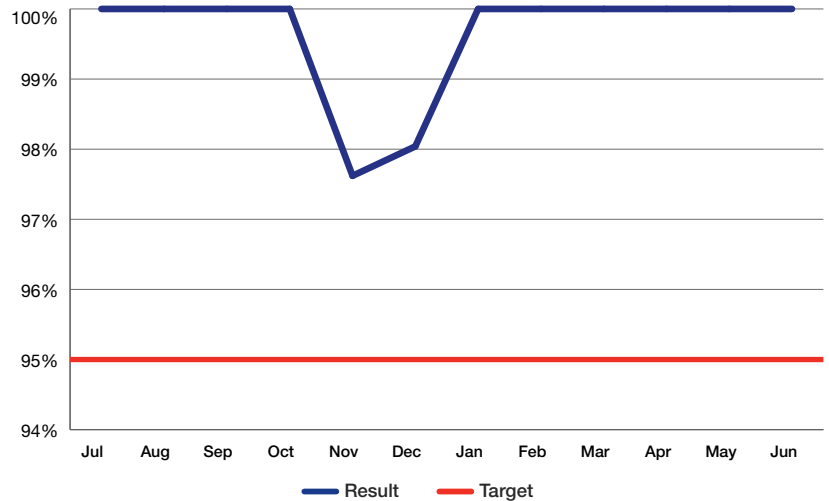
Number of times attended to

60.5%
of survey respondents have been attended to by NSW Ambulance more than once in the last 12 months. 6.4% of respondents had been attended to more than five times in the last 12 months

NSW Ambulance Clinical KPI results 2019-20

Strategic Priority
2.4
Performance Domain
Timeliness and accessibility
FY 19/20 target
95%

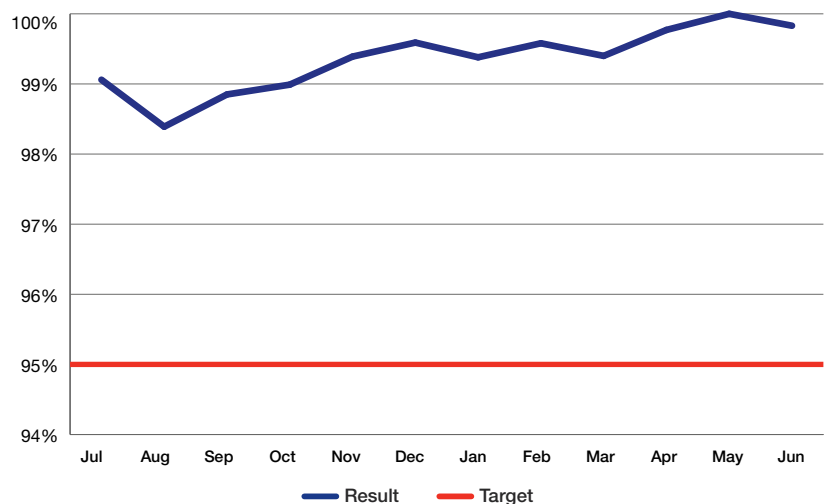
All cases where STEMI is confirmed and patient meets Pre-hospital Assessment for Primary Angioplasty (PAPA) criteria and who arrive at the designated cardiac catheterisation laboratory (CCL) facility within 60 minutes.



ST Elevation Myocardial Infarction (STEMI) is a time critical condition with STEMI guidelines suggesting the occluded artery is opened in 90 minutes from first medical contact. The STEMI KPI measures NSW Ambulance’s ability to deliver the patient at the designated cardiac catheterisation laboratory facility within 60 minutes, thus allowing 30 minutes for interventions to open the artery and restore cardiac reperfusion. A system of early activation switching on STEMI pathways at the point of patient contact is how NSW Ambulance achieves high quality clinical management and improved patient outcomes. The cardiac program monitors and responds to KPI results with a range of measures to support and improve compliance. Facilitated feedback sessions in collaboration with NSW Ambulance management teams provides support and guidance on how to maintain KPI results. Results are presented in reports and progress graphs, including drilled down results to station level if required.

Strategic Priority
2.4
Performance Domain
Timeliness and accessibility
FY 19/20 target
95%

Major Trauma patients managed as per protocol T1 by either direct transport to a Trauma Service OR with Aeromedical Control Centre (ACC) notification



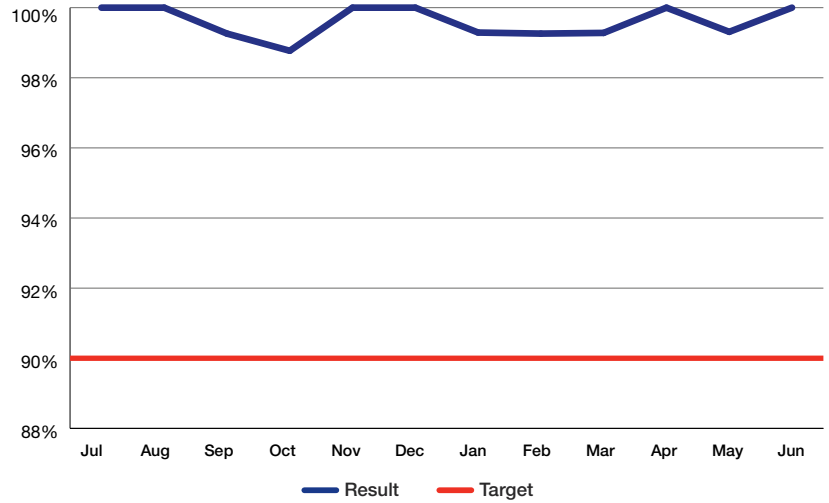
The key objective in trauma is timely access to definitive care. Medical records are monitored, reviewed and feedback is provided on performance to identify areas which may require attention and to provide opportunity for paramedic discussion and education where required. We provide a constructive and supportive environment for paramedics and provide in-hospital information on the patient diagnosed injuries, management and outcome to improve paramedics understanding of the need for access to timely definitive care.



Strategic Priority 2.4

Performance Domain
Timeliness and accessibility
FY 19/20 target
90%

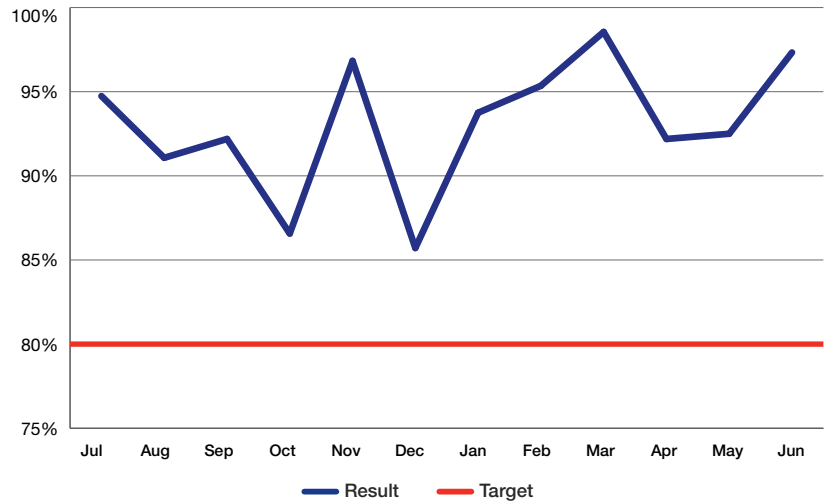
Eligible Stroke FAST positive patients transported to a 24/7 acute thrombolytic centre (ATC) within the 4.5 hour clinical window from time of call for Metropolitan Sydney



Strategic Priority 2.4

Performance Domain
Timeliness and accessibility
FY 19/20 target
80%

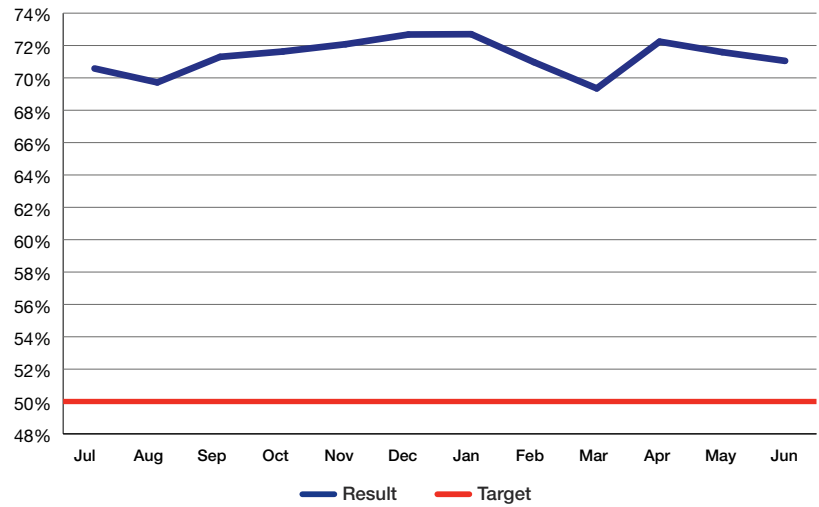
Eligible Stroke FAST positive patients transported to a 24/7 acute thrombolytic centre (ATC) or Acute Stroke Unit (ASU) within the 4.5 hour clinical window from time of call for Regional NSW



Stroke is a time critical medical emergency, the Stroke KPIs measure NSW Ambulance’s performance in transferring patients potentially eligible for hyperacute treatment to a hospital with specialist stroke services within a 4.5 hour timeframe from time of call. NSW Ambulance’s stroke protocol supports paramedics in meeting these KPIs, in addition pre-notification by paramedics for patients with a suspected stroke activates the hospital system to streamline the patient journey, reduce times to reperfusion and improve patient outcomes. The auditing of non-compliant cases provides an opportunity to review medical records and provide feedback if necessary to ensure the Stroke KPIs are consistently met. This is particularly important if no clear reason has been identified for not transporting to an Acute Thrombolytic Centre or Acute Stroke Unit and there has been an increase in consultation with relevant stakeholders to reinforce educational messages regarding the time-critical nature of hyperacute stroke care for patients presenting with a suspected stroke. We provide a constructive and supportive environment for paramedics and provide in-hospital information on the patient diagnosis, management and outcome if requested, this improves paramedics understanding of the need for access to timely definitive care.

Strategic Priority
2.4
Performance Domain
Appropriateness
FY 19/20 target
50%

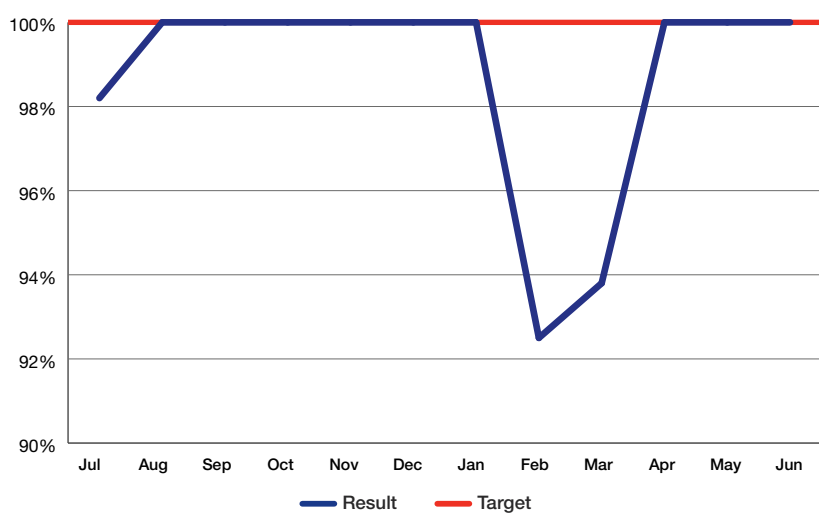
Mental Health patients who have a mental health assessment completed



The completion and documentation of a Mental Health Assessment is important in providing a careful consideration of the patient’s presenting mental health status to guide the formulation of a treatment plan that encompasses the principles of best practice and least restrictive intervention and transport for the patient. It also allows for an ongoing assessment of the treatment plan effectiveness during transport and upon arrival at the Emergency Department. Promotion of the importance of documenting a Mental Health Assessment is done by using the STATE mnemonic to standardise documentation in addition to recording completion of the Mental Health Assessment as best practice for the patient. Mental Health is a very common but challenging patient presentation and paramedics are committed to providing best practice in carrying out and documenting a Mental Health Assessment where indicated to ensure the patient receives the right care, in the right place at the right time.

Strategic Priority
2.3
Performance Domain
Safety
FY 19/20 target
100%

Complaints Management: acknowledged within 5 days

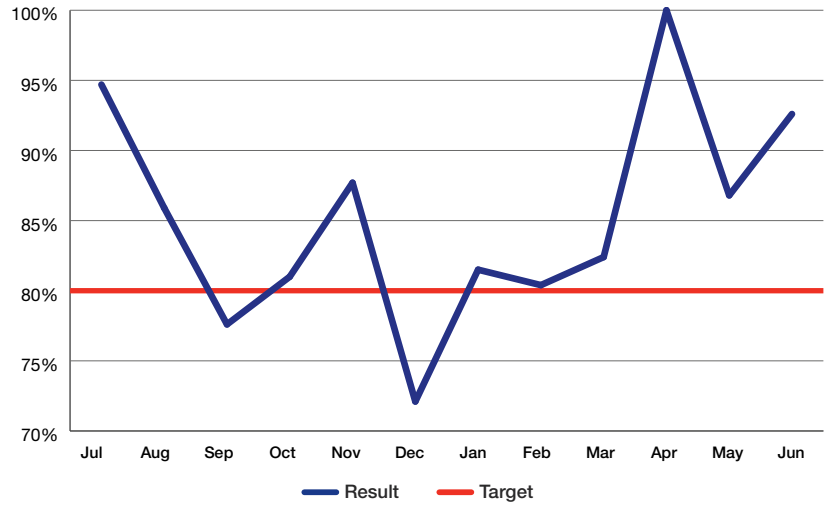


Complaints provide unique information about the quality of health care from the perspective of consumers and their carers. Management and acknowledgement of a complaint provides the opportunity for complainants to have their issues resolved effectively, ensuring that any identified risks are managed appropriately and that action is taken to minimise or eliminate those risks.



Strategic Priority
2.1
Performance Domain
Safety
FY 19/20 target
80%

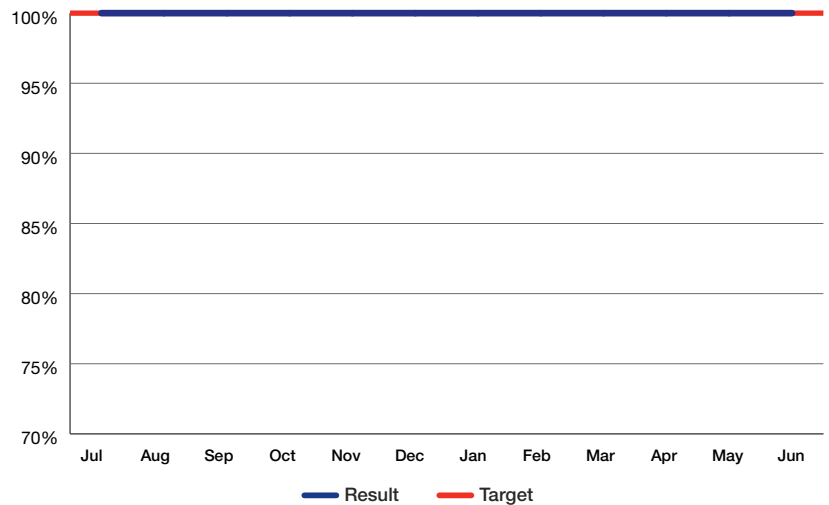
Complaints Management:
Complaints resolved within 35 days



All complaints submitted to NSW Ambulance are recorded and monitored in the Incident Management System. Consumer feedback enables us to partner with consumers to enable reflection and learning resulting in improved systems and best practice. Investigating complaints within the timeframe enable accountability for our actions and allows us to identify risk, identify trends and provide an evidence base for change. The Governance team monitors the Incident Management System and provides performance data reports to teams to all IMS Managers enable them to meet the targets.

Strategic Priority
2.1
Performance Domain
Safety
FY 19/20 target
100%

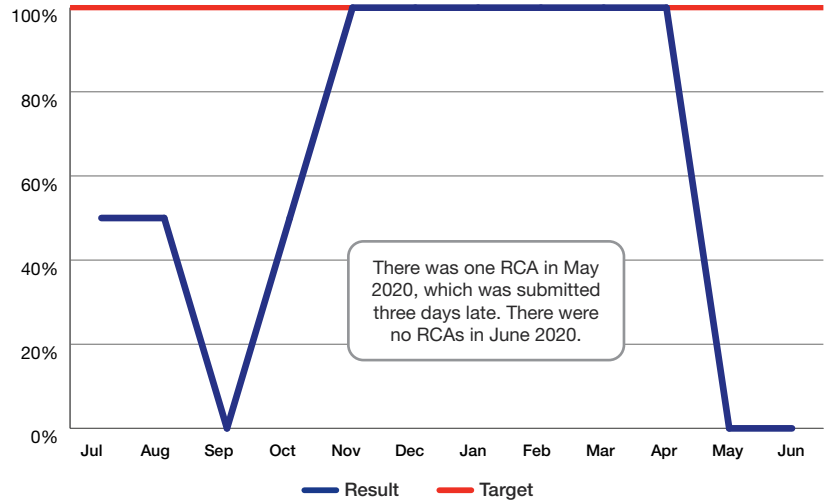
Death Review: Review of medical records for witnessed deaths review to occur within 45 days



The requirement to review all deaths in Ambulance care within 45 days of the event ensures that the treatment given complies with Ambulance protocols and procedures. It is an opportunity to review cases and provide constructive feedback and enable learning and reflection. It allows us to recognise and reward well managed cases and use such cases as examples on expected practices. The Clinical Review Group meets each fortnight and reviews all witnessed arrest cases. Easy access to clinical data, such as the electronic medical record has allowed the Patient Safety team to identify cases that meet the KPI criteria earlier and allow for cases to be added to the Clinical Review Group meeting's agenda. The Qlikview database supports this process.

Strategic Priority
2.1
Performance Domain
Safety
FY 19/20 target
100%

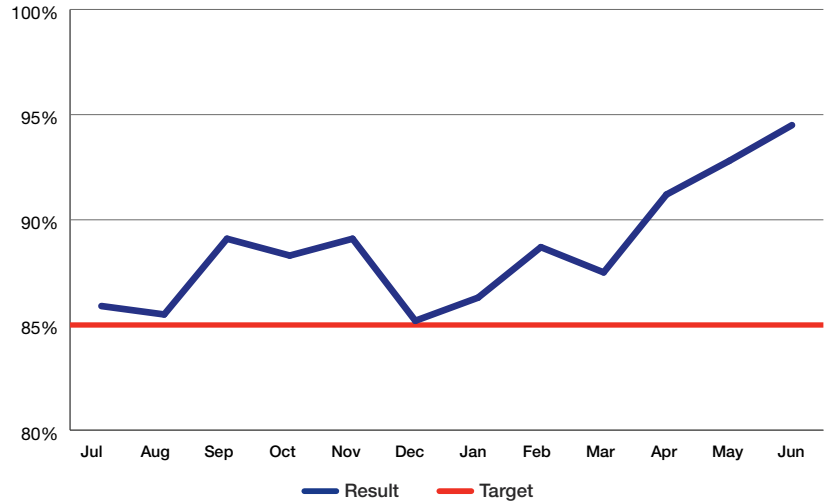
Root cause analysis:
NSW Ambulance
Internal RCAs
completed in 70 days



As part of the clinical risk management strategy this is a mandatory metric in the performance agreement with NSW Health that requires NSW Ambulance RCAs to be completed within 70 days. A system review is essential to understanding error and the human factors associated. The systems review looks beyond the surface and explores why the incident happened and identifies factors which may have led to patient harm or near miss incidents. We ensure that we consider each incident and identify teams that can utilise their individual skills and strengths to contribute to the investigation. This multidisciplinary process ensures that key issues are analysed. We have ensured that teams have taken all relevant information into consideration by taking the time to coordinate interviews with staff involved and consumers. This 70 day process allows information gathering and understanding of the incident from various view points and achieves a level of detail resulting in effective recommendations for change. The Clinical Governance teams has collaborated to enable early identification and escalation of incidents such as the Daily Patient Safety Review Group and the Rapid Assessment Review Group and huddles. The Governance team has provided support to RCA teams as well as families and carers to inform them and guide them through the process. There has been an increase in consultation with relevant stakeholders to ensure effective recommendations which drive improvement.

Strategic Priority
2.1
Performance Domain
Safety
FY 19/20 target
85%

Clinical Incidents
Management: Clinical
incidents completed
within 28 days



IIMS reporting assists Patient Safety team by identifying areas for systemic improvement that has the potential to mitigate clinical risk into the future. We encourage incident reporting to provide us with information about incidents that may not have gone well. This helps us to identify trends, promote reflection, learning and enables us make evidence based changes. Clinical Governance monitors the clinical incidents and provides performance data reports to Managers on a regular basis. There has been an increase to the monitoring and surveillance of incident benchmarks. This encourages the achievement of these benchmarks which promotes accountability and positive change.



Safety and Quality Priorities 2020-21

Safety and Quality Priorities 2020-21

Looking to the future NSW Ambulance will continue to deliver the highest quality patient care, keeping our staff and patients safe throughout COVID-19 and into the future. The following are key priorities that NSW Ambulance will focus on in the 2020-21 year:

Care Navigation

The introduction of the Clinical Review Officer during COVID-19 illustrates the potential to divert a portion of low acuity calls to an alternate care provider, avoiding unnecessary ambulance attendances, transports and/or emergency department presentations. It is one of a number of activities in this area, which include the diversion of low acuity calls to HealthDirect and the use of Alternate Referral Destinations, which paramedics can access when on scene with patients to arrange treatment in an alternative setting to the emergency department.

What these activities have in common is a recognition that many people call Triple Zero (000) not because they have a life-threatening emergency but because they are unsure how to navigate the health system and access appropriate care. NSW Ambulance intends to build this area further through the Care Navigation project. Over time, this will involve a multi-disciplinary team of clinicians in the Control Centre: paramedics, nurses, doctors and mental health specialists able to provide support and referral at the time of the Triple Zero (000) call. Care Navigation will embed NSW Ambulance more firmly within the broader health system and will require relationships to be built with other stakeholders such as Primary Health Networks, Local Health Districts and the Patient Transport Service.





Clinical Governance

NSW Ambulance will revise our Clinical Governance Framework and deliver our Clinical Governance Vision for Patient Safety and Clinical Quality that includes:

- Developing organisational safety culture, intelligence and capabilities
- Strengthen auditing processes
- Continue improvements in incident management
- Enhanced medication safety and security
- Build staff capability to support and deliver safety and quality reporting and analysis
- Implement committee and organisational structure to deliver safety and quality initiatives
- Support implementation of, and build capacity to deliver local quality improvement initiatives
- Enrich engagement with consumers, increasing participation and utilising patient reported experience and outcome measures



Aboriginal Health

NSW Ambulance has produced our first Reconciliation Action Plan and will further develop resources and initiatives to improve the health outcomes for our Aboriginal patients.

NSW Ambulance currently collaborates with local Aboriginal health services and LHD Aboriginal community controlled health services for advice. We continue to use the NSW Health Services Aboriginal Cultural Engagement Self-Assessment Tool as the basis for developing an Aboriginal Health Action Plan. A number of partnerships are established and continue to grow. With continuing focus, NSW Ambulance will gain additionally, culturally appropriate advice on our approach to Aboriginal Health.

Initiatives to progress in 2020-21 include Cardiac Education for Indigenous People, Koori Connect, Alternate Referral Destinations pathways, the Frequent User Program community support for Aboriginal people and new mental health collaborations with LHDs with Aboriginal expert support and pathways.

Electronic Medical Records

NSW Ambulance will continue to work with eHealth on plans to develop an enhanced eMR. The goal of this work is to progress towards providing:

- a more stable eMR in a mobile environment to ensure optimum availability
- increased reporting and quality auditing capability
- greater usability for clinicians entering patient information
- greater integration of healthcare records

Clinical Programs

NSW Ambulance will use its clinical expertise to deliver integrated models of care with specific focus on patients who exhibit signs of stroke, who have a cardiac arrest out of the hospital environment or who experience medical emergencies through a traumatic accident. We are focusing on timely access to acute stroke pathways across NSW; utilising the latest technology to transmit vital signs and cardiac rhythms to medical specialists for urgent care planning; and monitoring and evaluating new skills introduced into the Intensive Care Paramedics scope of practice such as intra-osseous devices. Clinical programs will be developed to be inclusive of the opportunities provided by telehealth where possible and clinically appropriate.

NSW Ambulance will strengthen its partnerships with the broader health and community services to deliver integrated models of care. This will include models for collaboration to drive system efficiency and improved patient outcomes. Areas of focus include alternate referral destinations provided in the community by local services for patients requiring mental health support, palliative care and end of life services and aged care support through outreach teams.





Research

The NSW Health research environment is complex, characterised predominantly by late-phase, investigator-led studies, driven by the interests of the individual and their ability to carve out a space for their area of research. To succeed in this environment NSW Ambulance will need to pursue research opportunities that play to our strengths, leveraging our research partnerships to create a niche that is both recognised and valued by the broader research community. To this end, NSW Ambulance will commence a multi year program to develop and deliver a Research Strategic Plan targeting three priority themes: processes for the review, authorisation, conduct and monitoring of research; research infrastructure, planning and support; and research culture and capacity building.

Specific programs of work to advance these priorities will include:

- Establishing a strong research leadership structure
- Strengthening the performance of the research governance office
- Leveraging research systems to support research excellence and reduce the administrative burden on researchers
- Implementing the National Clinical Trials Framework
- Contributing to research articles wherever possible
- Developing a 'one-stop research shop'
- Harnessing the potential for research by better utilising our existing data sources
- Identifying and develop key research collaborations
- Building a critical mass by developing research capacity in our workforce
- Fostering research translation via a comprehensive research communication plan





EXTENDED
CARE
PARAMEDIC





NSW Ambulance

excellence in care

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