



# NSW Ambulance

excellence in care

## NSW Ambulance Year in Review 2015/16



# Introduction

**Returning to NSW Ambulance in February 2016 as the Chief Executive was extremely rewarding. The organisation has come so far since I first began as a trainee ambulance officer; but there is still opportunity to do so much more. The NSW Ambulance Strategic Plan 2015-17 represents an important reform plan for the future of out of hospital emergency services in NSW and many of our achievements this year align with the delivery of this Strategic Plan.**

Operationally, the Integrated Paramedic Assisted Screening and Streaming (iPASS) project, which sees paramedics transporting low acuity patients to destinations other than Emergency Departments, was implemented at Westmead and Mt Druitt Hospitals; significant improvements in Transfer of Care resulted in increased emergency ambulance availability and the NEPT transition to HealthShare was finalised.

Building the future for NSW Ambulance commenced this year, with construction beginning on the new helicopter base in Bankstown and a compliance audit of the first new helicopter completed, with operations on track to commence progressively between January and June 2017. This follows a competitive tender process and contract agreements executed with Toll Helicopters and the Northern NSW Helicopter Rescue Service in 2014-15 to deliver 12 AW139 helicopters, five new helicopter retrieval bases and upgrades to another base to commence operations in 2017.

The \$122 million Rural Ambulance Infrastructure Reconfiguration (RAIR) program business case was approved, with service plans completed for seven regional response areas. Work began on the new \$4.4 million Wagga Wagga Station, the first to be built as part of the RAIR program.

Four additional superstation locations were announced as part of the Sydney Ambulance Metropolitan Infrastructure Strategy (SAMIS) program, which is enabling implementation of the Paramedic Response Network (PRN) operational model. This brings the total of announced superstations to nine.

Evidence-based initiatives were developed; and a collaborative consultation

strategy and paramedic-led user groups informed design and construction. The PRN is working to maximise the time clinicians dedicate to clinical duties.

Clinically, integrated care continues to be a priority to complement our service as we meet increased demand into the future and this year represented savings of over \$2.8 million. Referral pathways were formalised across the Local Health Districts; an MOU was established with three After Hours Medical Deputising Services, providing paramedics with a “see and refer” pathway for low acuity patients who call Triple Zero (000) and whose condition does not warrant

transport to an ED; and paramedic non-transport and referral protocols were strengthened.

NSW Ambulance continued to support paramedics responding to the wishes of patients with palliative or life limiting illness, achieved through adult and paediatric authorised care plans which ensure patients receive their care in their preferred location, complementing services already in place. This provides a safety net for palliative patients seeking unplanned access to health care through calling Triple Zero (000).

The Staff Wellbeing and Resilience

Summit was developed, a first for NSW Ambulance and the country, which will bring together emergency services, topic experts and thought-leaders to openly discuss the mental health of our workforce.

Two successful community campaigns were delivered this year. *Is Your Urgency an Emergency* educated the public to “make the right call” before dialling Triple Zero (000) to ensure NSW Ambulance is providing the most

appropriate care to the right patients at the right time. The campaign highlighted the range of treatment pathways for non-urgent conditions and that not all calls require a paramedic to respond. The *No Excuse for Call Taker Abuse* campaign highlighted the fact that verbal abuse and threats are occurring regularly to our highly trained Triple Zero (000) call takers who are the first doorway to getting emergency care.

I would like to thank NSW Ambulance staff, whether delivering patient care or behind the scenes in support roles, for all of their efforts this year. It's an exciting time to be leading this organisation into a new era for emergency out of hospital care and together we are achieving this.



**Commissioner Dominic Morgan ASM**  
Chief Executive



## HELICOPTER CONTRACT IMPLEMENTATION

**The Aeromedical Reform Plan provides a new operational model for Helicopter Retrieval Services, including a new fleet of modern helicopters and bases, to be provided and operated by two contractors commencing service in 2017. The key benefits of this reform include improved response times, greater range and the latest technologies, enabling improved medical service delivery and safer operations for patients and staff.**

### The journey

Tenders for supply of new helicopters, bases and ongoing support were awarded in December 2014. Following extensive planning with the two selected contractors and key NSW Ambulance and NSW Health stakeholders, works progressed on designing and building the 12 new Agusta Westland AW139 helicopters. This included the medical fit out of the new helicopters, the commencement of construction of the six new bases, and the first of its kind Australian aeromedical training centre in Sydney.

The new bases are being located at airport sites in Sydney (Bankstown), Belmont (Newcastle), Wollongong, Tamworth, Orange and Lismore; improving their performance, access to support facilities, safety and reducing disturbance to residents. Construction



has commenced at the Sydney, Orange, Lismore and Newcastle bases and development approvals are currently being finalised for Tamworth and Wollongong.

The first three of the 12 new aircraft arrived in Australia and commenced medical fit out, while the remaining aircraft are on the production line for progressive delivery throughout the second half of 2016. The recruitment of most contractor staff to support this service has commenced, with

appointments to be made progressively in the second half of 2016.

Focus has shifted to planning the transition to the new services and aligning NSW Ambulance and NSW Health operational policy and processes with the contractors.

### The future

Extensive work will continue with key stakeholders and the selected contractors to complete the medical fit

**This new operational model will enable NSW Ambulance and NSW Health to deliver an improved quality of medical care to a wider variety of patients from a greater range of areas; utilising the latest in aeromedical technology to improve response times, patient treatment and safety in transit.**

out and activation of the new operational aircraft, staff training and transitioning to the new bases, with operations commencing in a staged manner from January to May 2017.

The provision of new base facilities and a single aircraft configuration will simplify training requirements, improve safety, provide greater coverage for the entire state network and make available additional resources for the use of other retrieval services, such as the Neonatal and Pediatric Transport Service and Local Health Districts.

**The key benefits of the Aeromedical Reform Plan include improved response times, greater range and the latest technologies, enabling improved medical service delivery and safer operations for patients and staff.**



## OPERATIONAL ALIGNMENT PROGRAM

**An Operational Alignment program has been established to enable a smooth and holistic transition to the new helicopter contracts and operations commencing in January 2017. This will ensure that we are ready to respond to our first mission on day one of the new contract.**

### The journey

The Operational Alignment program consists of 12 alignment “streams”, each led by a senior aeromedical manager and including stakeholders representing the coal face of aeromedical operations, including pilots, paramedics, doctors, aircrewmembers, frontline managers and safety experts from NSW Ambulance, Local Health Districts (LHDs) and helicopter operators across NSW and the ACT.

The alignment workstreams cover every aspect of helicopter operation - from flight operations and base duties, to human resources and safety systems. Most importantly, the workstreams are very operationally focused, involving the very people who will actually be performing service delivery duties.

### The future

The Operational Alignment program is on track to finalising all workstreams by early December 2016, with a view to continuing the program on a smaller scale to help ensure operations are consistently reviewed and improved.

The program will help to ensure the needs of staff and patients are planned for, met in a timely manner and take advantage of opportunities for improvement that have come direct from the people undertaking missions.



**The Operational Alignment program will help to ensure the needs of operational staff and patients are planned for, met in a timely manner and take advantage of opportunities for improvement that have been inspired by the people undertaking missions.**





## PUSHED MOBILE LOCATION INFORMATION

**Almost two thirds of Triple Zero (000) emergency calls are received from mobile phones and this presents challenges for NSW Ambulance with the location of callers not being provided to Triple Zero (000) call takers, particularly important when callers are unaware of their location or unable to communicate effectively due to distress or disorientation. An initiative improving location information for mobile emergency calls means significantly more information is now provided to NSW Ambulance control centre staff to assist in locating patients calling from mobile phones who require emergency assistance.**

## The journey

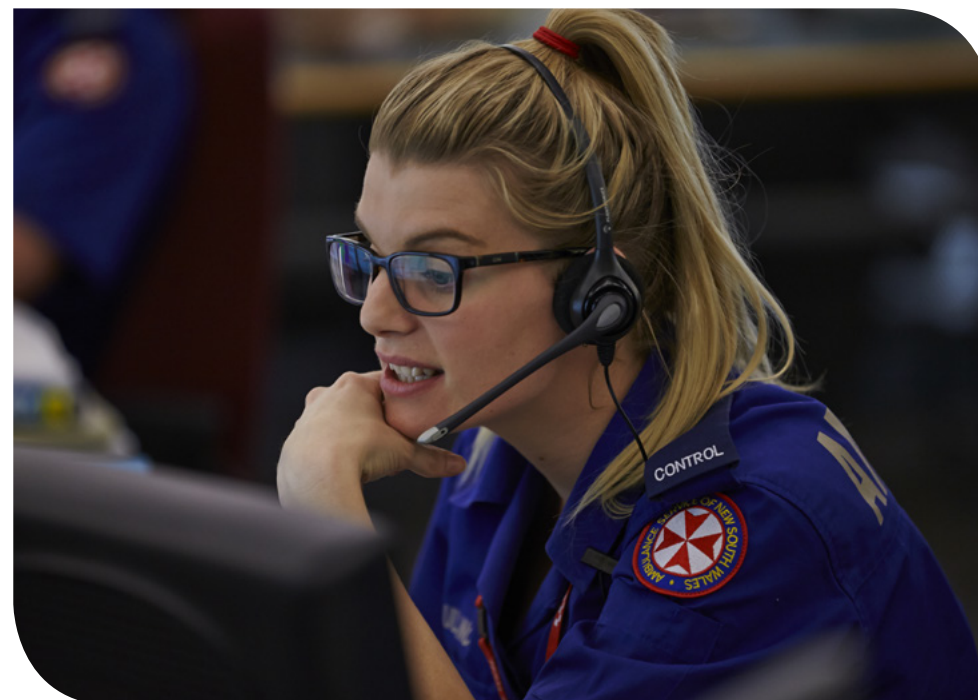
Pushed Mobile Location Information (Push MoLI) was initiated by the Australian Communications and Media Authority (ACMA) and the National Emergency Communications Working Group (NECWG) and is a standard required for all emergency service organisations to assist with the location of increasing numbers of callers using mobile phones.

NSW Ambulance approached this initiative in two stages, working with the Triple Zero (000) call provider, Telstra. The first stage, implemented in December 2015, was the incorporation and processing of calls with the new data type. The second stage was the display of the information in the mapping interface to be visible to call takers, implemented in January 2016.

## The future

A planned upgrade of NSW Ambulance's Triple Zero (000) Computer Aided Dispatch application will introduce enhancements to the mapping window which will further improve the display of Push MoLI.

**Currently 'pushed' mobile location information can be accessed by 21 of the 24 emergency service organisations nationally.**



## GERIATRIC TRAUMA

**Geriatric patients make up an increasing component of all major trauma patients. To ensure NSW Ambulance continues to meet the challenges of an ageing population, NSW Ambulance has completed a review of contemporary literature and medical evidence to identify geriatric specific criteria shown to identify patients at risk of serious injury.**

### The journey

Geriatric patients react differently to trauma when compared to other adult patients:

- traditional triage tools which include mechanism of injury and vital signs may be misleading in the geriatric trauma patient
- what is perceived to be a low energy mechanism of injury does not always reflect the injuries sustained to geriatric patients, as they are particularly susceptible to significant trauma from low-energy mechanisms
- physiological responses can also be blunted due to prescribed medications and existing illnesses and diseases, which can delay the onset of clinically apparent signs of impending distress.

Critical to improving these outcomes is an understanding that although similar trauma principles apply to the elderly, they require more aggressive evaluation and resuscitation.

To highlight the challenge of the ageing population and the large component of

geriatric major trauma patients, NSW Ambulance developed a geriatric trauma component for inclusion in the 2015/16 round of paramedic Scheduled Training. To also highlight the issue at a much broader level, a discussion paper detailing the issue and findings of medical evidence and contemporary literature review was prepared and presented to the NSW Ambulance Trauma Quality Group (TQG).

An action was made by the TQG for contact to be made with the broader trauma network and for a copy of the discussion paper to be forwarded to ensure opportunity for collaboration and a structured, coordinated system-wide response to meet this challenge. Initial meetings have been positively received by the Institute of Trauma & Injury Management (broader trauma network) with an agreement on the need to refine criteria exclusive to the needs of geriatric trauma patients.

### The future

Within the next 12 months and beyond it is envisaged that geriatric specific criteria will be identified and endorsed for incorporation into NSW Ambulance trauma triage tools.

This initiative will support paramedic decision making by providing evidence based criteria to assist the identification of geriatric patients at risk of serious injury. This will benefit patients as it will direct transport by paramedics to the appropriate hospital for definitive diagnosis and management.

**Critical to improving these outcomes is an understanding that although similar trauma principles apply to the elderly, they require more aggressive evaluation and resuscitation.**

For NSW Health, it will mean a structured, coordinated response to the identification and management of geriatric patients, which will reduce the time for definitive diagnosis, need for secondary patient transports, and in some cases reduce hospital length of stay and improve patient outcomes.





## INTEGRATED PARAMEDIC ASSISTED SCREENING AND STREAMING

**NSW Ambulance has worked collaboratively with Western Sydney LHD to develop a new model of care for demand management and preventing unnecessary transports to EDs. The Integrated Paramedic Assisted Screening and Streaming (iPASS) project sees appropriately identified patients transported directly to Urgent Care Centres (UCC) at Westmead and Mt Druitt Hospitals, a low acuity assessment and treatment centre co-located within the hospital's ED. This initiative is providing an alternate transport option for paramedics when managing their patients' conditions, and will in turn reduce the demand within EDs and help reduce NSW Ambulance turn around times.**

### The journey

Commencing in October 2015, the pilot was developed in consultation with paramedics, a guideline was developed to support the safe identification and transport of appropriate low acuity patients, and a clinical review process was established to ensure the guideline and inclusion criterion were safe for both paramedics and patients. To date, 171 patients have been transported to the UCCs.

A six month evaluation of the project was undertaken with some minor adjustments made to the inclusion criterion and

transport options, and the project has now expanded, with a UCC beginning at Campbelltown Hospital from June 2016.

### The future

It is envisaged that the UCC model could expand into other areas of NSW, supporting the predicted growth in population.



## IN A SNAPSHOT:

### Operational Response Plan to the Sydney Light Rail Construction

Construction of the Light Rail through the Sydney CBD, Surry Hills and eastern suburbs presented a unique challenge to NSW Ambulance, posing a potential risk to operational service delivery, particularly with the closure of a number of roads within the CBD.

NSW Ambulance initiated the formation of an emergency service working group with the NSW Police Force, Fire & Rescue NSW, the Regional Emergency Management and CBD Coordination

offices, and developed risk mitigation strategies for multi-agency responses within the construction zones. Risk mitigation focused on three key aspects, communication with staff, adaption of existing response platforms and engagement with other emergency service agencies.

To enhance the NSW Ambulance motorcycle rapid response unit, the smart car responder was enabled to maintain a consistent emergency response to our patients, despite the road closures and increased traffic.

As the light rail works expand further, NSW Ambulance will continue to ensure plans are in place so our response to patients is maintained.



## IS YOUR URGENCY AN EMERGENCY

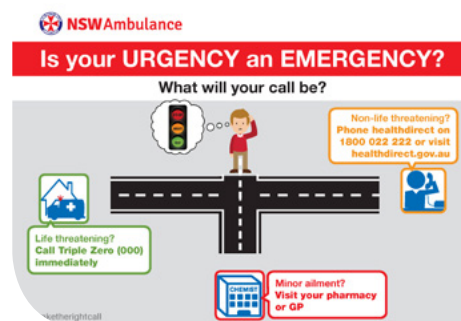
NSW Ambulance developed and launched an innovative social media campaign urging the community to ask themselves, “Is Your Urgency an Emergency?” before calling Triple Zero (000). The campaign highlights the range of treatment pathways for non-urgent conditions, and that not all calls require a paramedic and ambulance to respond, reducing unnecessary pressure on emergency ambulance and hospital resources during the peak winter period.

### The journey

NSW Ambulance Triple Zero (000) call takers answer a call for help on average every 28 seconds, with only 10 per cent of these calls for patients with life-threatening conditions.

Statistics show that overall around 40 per cent of people ring NSW Ambulance Triple Zero (000) when their condition is low acuity or non-urgent for an illness or injury which could be more appropriately managed by other health providers such as a GP or Healthdirect.

Just as every patient who presents to an Emergency Department (ED) is not admitted to hospital, not every patient who calls Triple Zero (000) needs an ambulance. NSW Ambulance paramedics attending



non-medical emergencies could mean a patient with a life threatening emergency may have to wait, potentially putting their life at risk.

**Just as every patient who presents to an Emergency Department (ED) is not admitted to hospital, not every patient who calls Triple Zero (000) needs an ambulance.**

Made up of four posters, an urgency and emergency gauge, a raft of key messages and photo content, the campaign aims to educate users about the role of NSW Ambulance paramedics and the treatment pathways patients with conditions such as coughs, colds or sprained limbs may be referred to.

On average, NSW Ambulance content posted on Facebook has a reach of 1.4 million people and Twitter around 980,000 people. Once the campaign is live, these metrics will be closely examined and recorded to chart engagement of the particular messaging displayed at each upload. As with other campaigns, we expect to see additional traffic driven to the NSW Ambulance website by people engaging with the content posted on Twitter, Facebook and instagram.

## The future

The scope for this campaign is unlimited as the key messages are universal and can be run throughout the year. The themes can also be adapted and expanded to manage the rising issues relating to the appropriate use of Triple Zero (000) and our service. The campaign could also be easily adopted by other ambulance and health agencies in different states and around the world.

The campaign will empower the community to make an informed decision to get the right care by being aware of the array of treatment pathways available to them instead of Triple Zero (000) being the only option.

### IN A SNAPSHOT:

#### Transfer of Care

NSW Ambulance is working with Local Health Districts (LHDs) to promote effective communication regarding patient flow pressures which lead to delays in Transfer of Care between paramedics and ED staff.

Through the introduction of new technology applications and improved escalation pathways, there has been significant improvement in systemic Transfer of Care performance statewide.



## EMR EMERGENCY DEPARTMENT PRINTERS

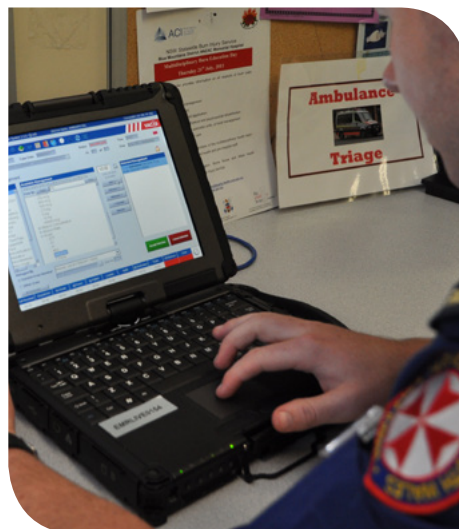
The eMR (electronic Medical Record) printer project saw the implementation of WiFi printers in hospital EDs so paramedics can print out patient electronic medical records from their eMR device. This not only resolved in-vehicle printing issues, providing paramedics with a reliable printing interface, but helped reduce the recurrent cost of providing printed patient records to hospital EDs, contributing towards an efficient handover of the patient to ED staff.

### The journey

Problems were being experienced with printing patient records using the thermal printer situated in the back of the ambulance, proving to be unreliable and expensive to maintain. As a result, paramedics were reverting to the paper based patient record due to these ongoing issues with the in-vehicle printers. The ED printers were deployed concurrently with the satellite phone firmware upgrade.

### The future

This initiative will help reduce the recurrent cost of providing the printed patient record to hospital emergency departments. The effectiveness of the ED printers when compared to the in-vehicle units will continue to contribute towards an efficient patient handover to the hospital.



## IN A SNAPSHOT:

### Office Of State Revenue Debt Collection

NSW Ambulance successfully transitioned to a new debt collection agency, the Office of State Revenue (OSR). Introduced during this project were a number of enhancements including:

- increased options for customers to provide health fund and pension information via OSR's online portal
- improvements to the NSW Ambulance invoice template and OSR's debt collection correspondence to customers
- introduction of formalised procedures and policy documentation regarding debt collection and a waiver process
- the introduction of new legislation, the Health Services Amendment (Ambulance Fees) Regulation 2015, Health Services Amendment (Ambulance Fees) Bill 2014 and Fees for Ambulance Services Payment Rules Order 2014
- enhancements to NSW Ambulance's patient billing and revenue collection:

- the debt collection stage is now recorded and visible to users (invoice, debt notice and fee recovery order issue)
- introduction of refined due date extension policies and retaining the original due date and all due date changes
- streamlining waiver management to include fields that record progress on these requests and creating more detailed waiver reasons

To date, there has been an improvement in the timeframe taken for customers to respond to an invoice or debt notice issued.

Comparing May 2015 to May 2016, pre-OSR and OSR receipting indicates that invoices are finalised by payment earlier than they were pre-OSR transition. OSR receipting received at the:

- invoice stage is now 56% (pre-OSR 24%)
- debt notice stage is now 30% (31%)
- fee recovery order stage is now 14% (45%)

## SECONDARY TRIAGE - HEALTHDIRECT

**The referral of patients to Healthdirect allows non-serious and non-urgent described conditions to be further triaged by registered nurses, with the opportunity to provide alternative care and referral pathways which may avoid an ED presentation. For patients referred back to NSW Ambulance, our goal is to improve our understanding of their clinical condition, and in turn, schedule an appropriate response.**

### The journey

NSW Ambulance commenced the referral of eligible secondary triage callers to Healthdirect on a 24/7 basis in April 2013. A strategic priority of being a patient-centered mobile health service is to increase the use of secondary triage to direct callers to the right care, the first time.

To support an effective and efficient secondary triage service, monthly service improvement meetings are held with Healthdirect to discuss operational processes, review random selected incidents and identify improvement opportunities to ensure the best possible patient journey.

**To date, 171 patients have been transported to the UCCs reducing the demand within EDs and help reduce NSW Ambulance turn around times.**

### The future

NSW Ambulance and Healthdirect are improving the process for patients who have their calls returned to NSW Ambulance. A key aspect of this initiative is to better align ambulance response priorities, ensuring that we respond appropriately based on the clinical information that is provided by the registered nurse during the returned call.

**In 2015/16 40,108 patients were referred to Healthdirect or 110 patients per day where the immediate dispatch of an ambulance crew was negated. By comparison to 2013/14, the increase in volume of patients referred is 47.7%.**



**healthdirect**

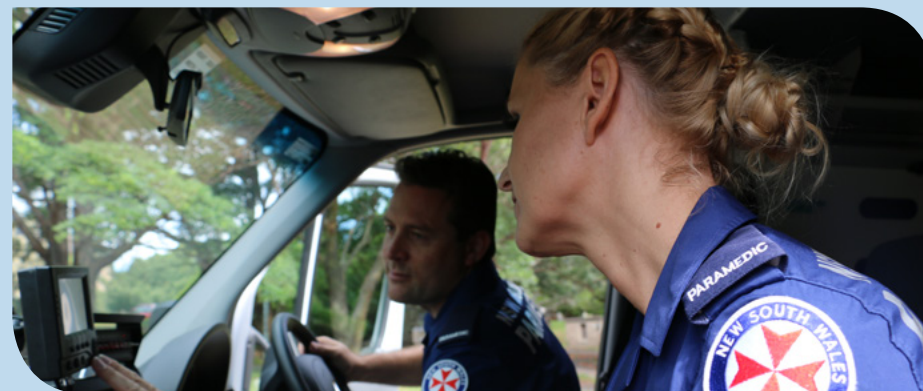
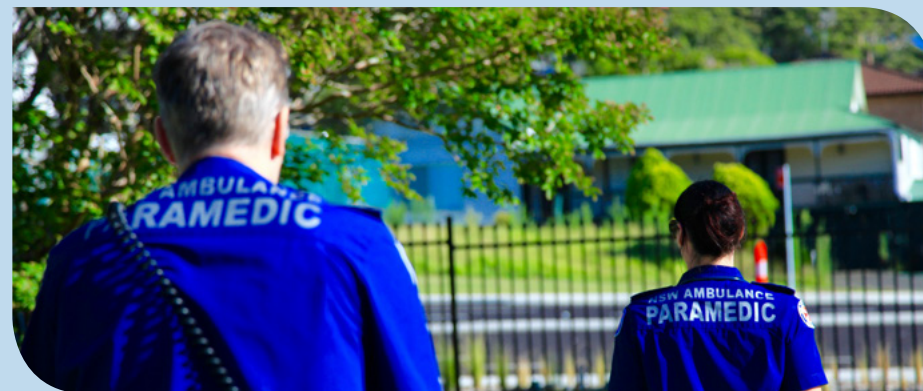
### IN A SNAPSHOT:

The following NSW Ambulance plans were active in the past year:

General Authorised Care Plans = 1581

Paediatric Authorised Palliative Care Plans = 72

Adult Authorised Palliative Care Plans = 105





## EVANS HEAD RADIO SITE IMPLEMENTATION

**A permanent radio site was established at the Marine Rescue NSW facility in Evans Head to address portable radio coverage issues in and around the popular North Coast holiday location. This has greatly improved the level of radio coverage and capability for paramedics in Evans Head, Ballina, Iluka and surrounding areas to communicate with the control centre, enhancing the level of care provided to the community.**

### The journey

This journey started back in 1999 with the migration of the Northern Rivers

operational area to UHF radios under the newly opened Northern Control Centre in Newcastle. The UHF radio network was a huge step forward in technology for the paramedics, however over time the lack of reliable hand held portable radio coverage in Evans Head became a problem.

**Since the transition, paramedics have reported crystal clear 5 by 5 radio communications in previously difficult areas.**

Evans Head is a popular holiday location, especially over the Christmas and “schoolies” periods where paramedics often work remote from the ambulance

and rely heavily on portable radios for both safety and patient care communications.

A temporary radio site was established at the Evans Head Ambulance Station to enhance radio coverage. With the help of local paramedics, the Marine Rescue NSW branch at Evans Head was approached to establish a permanent radio site at their facility. A site agreement was formalised in the first quarter of 2016. Since the transition, paramedics have reported crystal clear 5 by 5 radio communications in previously difficult areas.

### The future

Mobile radios in ambulances will be replaced under the Keep Safe and Operational radio project, with Evans

Head paramedics already issued with the new Tait TP9460 portable radios. This will greatly enhance paramedic safety by providing a reliable portable radio duress alert.

### IN A SNAPSHOT:

#### Health Fund Pilot Program

NSW Ambulance has collaborated with numerous health funds to streamline the communication and information exchange to finalise our patients' invoices. The revised process also allows customers to provide health fund membership details via telephone and the internet.

This information is then sent in bulk in a daily file for verification to health funds, increasing efficiency, including reducing the turnaround time to receive verification or finalise an invoice from a health fund. This process also aims to reduce the manual processing of health fund information.

Increased reporting capabilities have also been introduced into the patient billing and revenue collection system to monitor the health fund verification process.



**NSW Ambulance has implemented a significant number of integrated care strategies to provide patients with appropriate care options and reduce the number of transports to EDs. These include Low Acuity Patient Referral to Alternate Destinations, Palliative and End of Life Care, Aged Care, Paramedic Connect, Frequent User Management and Residential Aged Care Facilities initiatives.**

These integrated care programs are focused on improving the integration and patient connectedness through support of new and already established low acuity pathways (models of care) with LHDs, social service providers, Primary Healthcare Networks and non-government organisations within and across LHD boundaries.

Integrated care initiatives established across NSW Ambulance sectors are clinically supported, centrally coordinated and locally delivered.

## Low acuity patient assessment, care and alternate referral destinations

Low acuity patient assessment, care and referral to alternate destinations continues to grow with paramedics now supported by the introduction of a Treatment and Referral Decisions protocol and a strengthened Referral Decision protocol. This approach ensures that our patients are at the forefront in decisions about their care, recognises paramedic confidence

in assessment and decision making and the specialist role of general practitioners (GPs) in the ongoing care of their patients. The decisions about care are jointly made and inclusive of the patient, the paramedic, and as appropriate, with the GP.

## During 2015-16 paramedics undertook 29,373 patient referrals to an alternative care pathway.

The benefits of this model of care are increased operational capacity through a decrease case cycle time, freeing up paramedic crews in readiness to respond to emergencies, as well as freeing up the ED's capacity.

## Palliative and end of life care

As with other NSW Health jurisdictions, NSW Ambulance continues to work towards providing quality palliative and end of life care for patients with life limiting illness, as supported by the Agency for Clinical Innovation's Blue Print *Palliative Model of Care and the NSW Health Advance Planning for Quality End of Life Action Plan 2013-2018*, this continues to be achieved through paramedics responding to the wishes of the palliative patient with Authorised Care Plans or NSW Health Resuscitation Plans.

A number of resources and tools have been developed to support paramedics in providing palliative and quality end of

life care. A protocol was developed and implemented across NSW to support qualified paramedics to formally undertake Verification of Death. Verification of Death is a clinical assessment process to establish that a person has died. Using standard clinical assessment tools, a qualified paramedic can establish and document that death has occurred.

In addition to the protocol, palliative and end of life care was included in the 2015/16 Scheduled Training for all qualified paramedics, including Verification of Death.

## Paramedic connect

Paramedics in identified rural locations collaborate with the LHD and local community health team(s) to complement current health services and engage with the community in the provision of health care. Paramedic Connect creates closer links between NSW Ambulance and small rural communities resulting in better health outcomes for the patients, fewer ED presentations and recognition of paramedics as key health professionals in the community.





## Aged care

NSW Ambulance is linking Residential Age Care Facilities (RACF) residents with more appropriate care. This is being facilitated through:

- an initiative targeting identified high volume callers from RACFs to NSW Ambulance; using data interrogation, collaborating with RACF managers and providing advice and support to facility staff in managing patients who present as non-life threatening and linking them to other established LHD aged care triage or outreach services
- RACF Clinical Advice Line; promotion and use of the RACF Clinical Advice Line for RACF staff across the Illawarra and South West Sydney LHD as supported by Wollongong Hospital ED
- NSW Ambulance participation in Aged Care Provider Groups facilitated by relevant LHDs working on reforms to address urgent and unplanned illness or injury of aged care residents at their usual place of residence
- the Clinical Handover “Yellow” Envelope; standardising handover of clinical documents for patients moving to and from RACF via NSW Ambulance.

## The future

NSW Ambulance will continue to collaborate on primary and community health care options with LHDS, Aboriginal Medical Services, non-government organisations and GPs through the Primary Health Networks.

It is anticipated through the various integrated care initiatives and scheduled training modules on patient assessment, age care, and palliative and end of life care, paramedics will be more prepared in their responses to low acuity patients who call Triple Zero (000), as well as having a greater understanding of the complexities of increasing chronic care needs of an ageing population.

### IN A SNAPSHOT:

Integrated care programs improve integration and patient connectedness through support of new and established low acuity pathways with LHDs, social service providers, PHNs and non-government organisations within and across LHD boundaries. This represented total savings to NSW Ambulance of \$2,832,752 and costs avoided for NSW hospital EDs of \$9,751,982.



## AGED CARE EMERGENCY

**Aged Care Emergency (ACE) is an integrated model of care focusing on improving the quality of care for residential care patients. The aim of ACE is to ensure the resident receives the right care in the right place at the right time, reducing transports and health costs.**

### The journey

The integrated care project involved three main health partners – NSW Ambulance, Hunter New England Local Health District and the Primary Care Network, formerly Medicare Local (Hunter). Through project consultation and visiting the many aged care facilities in the trial area of Port Stephens, the project implemented a specialist nursing telephone consultation service.

The benefit to the Port Stephens community has been a reduction in ambulance transfers to Newcastle based facilities. Twelve months after its initiation, the project was evaluated with the following benefits noted:

- a saving of over \$900,000 in operating costs
- a 72 per cent reduction in ambulance transports
- a 62 per cent reduction in ambulance transports to Tomaree Hospital
- a reduction of 17,000 km traveled

### The future

The ACE Project has been implemented into facilities within the Hunter Valley and is now scheduled to include the New England area in the next tranche.



## POINT OF CARE TESTING

NSW Ambulance, in collaboration with NSW Health Pathology, is undertaking a Point of Care Testing (POCT) proof of concept that enables extended care paramedics (ECPs) on the Central Coast and in Hamilton to trial the use of three POCT devices in the out of hospital environment. The aim is to decrease Emergency Department (ED) presentations while ensuring patients have timely access to pathology testing, are appropriately assessed and provided suitable alternate clinical pathways.

### The journey

The pilot is testing the CoaguChek, i-STAT and Epoc devices and their ability to provide fast and accurate results in the mobile setting for testing a range of pathology results. It is also determining if the testing can reduce unnecessary patient transfers and admissions, freeing up NSW Ambulance capacity. The POCT team is focusing specifically on ensuring devices can be securely installed and operated in vehicles, and is also establishing a network to transmit results to various medical record systems and establishing Wi-Fi capability to allow for real-time transmission of results.

The devices will provide:

- point of care assessment of blood gases + lactate + haemoglobin (CG4+ cartridge), urea, electrolytes, creatinine, glucose (Chem8 cartridge) and INR

A network is being established to transmit results to various medical record systems and establishing Wi-Fi capability to allow for real-time transmission of results.

- accelerate blood test results for patients
- make value added clinical decisions regarding appropriate care pathways, resulting in unnecessary presentations to EDs.

To date, POCT has been performed on 42 patients; 17 patients were then referred on to either their GP or an alternate pathway for follow up and 25 patients required transport to an ED. The ECPs have stated that the POCT result has changed their transport or referral disposition decision and reinforced their clinical decisions around patient treatment regimes.

### The future

If adopted, the initiative is expected to provide positive impacts on system efficiency, service delivery, patient outcomes and staff satisfaction. Paramedics using these devices to achieve early pathology assessment will avoid unnecessary transportation and hospital admission for their patients. Life threatening illness can be detected with minimal additional time on scene.





## AFTER HOURS MEDICAL DEPUTISING SERVICES

**A Memorandum of Understanding (MOU) was established with three After Hour Medical Deputising Services (MDS), providing paramedics with a “see and refer” pathway for low acuity patients who call Triple Zero (000) and whose condition does not warrant transport to an ED. These conditions include a variety of non-emergency symptoms, most commonly fever, cough, nausea, vomiting, back pain and falls. This initiative is also complemented by the ability of paramedics to now refer these patients directly to after-hours medical centres.**

This initiative has benefits across the health sector - patients benefit from more appropriate, timely care and the continuum of care generated by reporting links between the after-hours home doctor and the patient's own GP. NSW Ambulance in turn benefits by having more rapid turnaround at the completion of a case and, therefore, greater resource availability. EDs benefit from reduced demand.

**Patients benefit from more appropriate, timely care ... NSW Ambulance in turn benefits by having more rapid turnaround at the completion of a case and, therefore, greater resource availability.**

## The journey

Each MDS provides a dedicated call centre telephone number for exclusive use by paramedics. The after-hours MDS are only considered when the patient's own GP has no referral arrangements and the patient consents to a referral. The paramedic protocol for making a referral directs the paramedic to first contact the patient's own GP and follow any instructions for accessing their after-hours services.

## The future

In line with the aims of this program, NSW Ambulance will continue to explore new options for referral of low-acuity patients by paramedics, including collaborating with the National Home Doctor Service to explore opportunities to enhance referrals for residents of aged care facilities. These patients have been identified as a vulnerable group who benefit from continued care in familiar surroundings and are often resistant to being transported to an ED.

## FALLS IN THE ELDERLY

**Falls are the most common condition that paramedics are called to attend and account for over 100,000 responses per year. NSW Ambulance identified a gap in our understanding of these patients and commissioned an evaluation to gain a better understanding of this large patient group, which will be of enormous benefit to staff, patients and the wider health system.**

## The journey

The first stage was to develop a strategy to identify all patients who had fallen, providing consistent reporting for future initiatives dealing with falls-related patients. The analysis demonstrated that patients who fall are typically older and these older patients are more likely to be men than women.

There are no geographic or seasonal

variations in the number of patients presenting following a fall.

The analysis also highlighted a number of areas where further investigation is required and identified a number of opportunities for increased monitoring and regular reporting. It identified areas where improvements could be made, and NSW Ambulance is working with the Institute of Trauma and Injury Management (ITIM) to develop procedures for managing geriatric trauma.

## The future

A routine monitoring and reporting framework will be developed around falls patients. There is scope to use linked data sets to follow these patients over the longer term, which will provide an even better understanding of these patients and may allow the development of targeted

interventions to reduce representation.

**Patients who fall are typically older and these older patients are more likely to be men than women.**



## PARAMEDIC RESPONSE NETWORK

**The design and delivery of the next generation of ambulance response across Sydney is well underway. This project is a rare opportunity to utilise the \$150 million funds provided by the Sydney Ambulance Metropolitan Infrastructure Strategy (SAMIS) program to strategically enhance NSW Ambulance station infrastructure across metropolitan Sydney. This opportunity will provide NSW Ambulance with the scope to provide a service that suits the needs of a modern, metropolitan community and improve services to patients. Enabled by the SAMIS program, the Paramedic Response Network (PRN) model will support a mobile paramedic workforce now and into the future, ensuring NSW Ambulance resources are strategically located in the right place at the right time.**

### The journey

The PRN is designed to transition our traditional metropolitan operational model to a more contemporary mobile health service. The program is complex and being delivered in stages over a period of five years.

## The PRN is designed to transition our traditional metropolitan operational model to a more contemporary mobile health service.

In June 2016, the NSW Minister for Health, Jillian Skinner announced an additional four superstations to complement the five superstations previously announced in June 2014. NSW Ambulance paramedics and frontline managers are actively involved in the design of these stations.

The PRN change team has now transitioned from planning to implementation of the various elements of the new operational model. The new model includes logistics support and early development of a make ready model that will maximise the time available for clinicians to focus on clinical duties, and implementation of dynamic deployment software to assist in allocating resources based on known and predicted daily demand for services.

The PRN change team continues to recognise and build on what already works well and by allowing the stakeholders who own the process to design the end state. During 2015/16 the change team finalised the 81 recommendations developed under the 11 project streams and these recommendations were endorsed in principle.

## The future

A collaborative approach will continue to be applied to the remaining phases of the station design process and construction at the remainder of the nine announced superstation sites will commence.

### IN A SNAPSHOT:

#### Metropolitan Fleet Maintenance Enhancement

Planning for the NSW Ambulance superstations identified changes would be needed to existing fleet maintenance procedures under the new model.

The hub and spoke model will reduce the need for mechanics to travel long distances to repair or service vehicles. The other significant improvement is the extension of fleet workshop hours to

The PRN project team will continue to develop and implement new operational and business processes to complement the opportunities that this new model provides.

capture those vehicles able to operate in daylight hours, but unavailable for night use due to something as simple as a globe failure.

Extended vehicle workshop operating hours, along with an enhanced mobile mechanic model, allows breakdown and minor vehicle servicing to take place away from the main fleet service centre.

Enhancements to fleet mechanical services provides more vehicles more often for paramedics, through increased fleet availability.





## EVIDENCE BASED INFRASTRUCTURE AND SERVICE DELIVERY MODELS

**Evidence based practice supports clinical decision making and has further potential for implementation within infrastructure planning and delivery. The Rural Ambulance Infrastructure Reconfiguration (RAIR) program embarked on a statewide initiative to ensure that future infrastructure and models of care are founded on evidence and centered on meeting the needs of patients in rural and regional locations.**

### The journey

The initiative began in June 2015 to plan and deliver the \$122 million RAIR program, which currently includes 17 locations across the state that will benefit from an upgraded, rebuilt or entirely new ambulance station. Internal and external experts in service planning, infrastructure, service delivery, models of care and project management formed a working group to plan and deliver the initiative.

Triple Zero (000) call data for the last five years was matched to corresponding existing population data to inform future service requirements. The team was able to use that information to develop an accurate predictive ratio for the number, acuity and location of Triple Zero (000) calls for each demographic section of the population. This allows NSW Ambulance to not only project the number of future

Triple Zero (000) calls, but also severity and location, and the corresponding number of workforce hours required to meet that demand. This methodology is currently being used in metropolitan, regional, rural and remote areas to determine infrastructure needs, location and scope.

### The future

This initiative continues to inform the design and implementation of new infrastructure, service delivery models and clinical models of care to effectively and efficiently meet patient demand across the state. Best practice rostering (full time equivalent) and fleet requirement for each RAIR regional station in NSW is being developed.

**This initiative will enhance the care delivered to patients by providing purpose built infrastructure that is located in the right place to deliver the right service, and designed to maximise paramedic education and performance.**

This initiative will enhance the care delivered to patients by providing purpose built infrastructure that is located in the right place to deliver the right service, and designed to maximise paramedic education and performance.

Evidence based and fit for purpose infrastructure will be designed to meet demand while continuing to reduce the likelihood of lengthy responses to patients and deliver patient care as efficiently as possible. It will also inform new models of care to equip paramedics with the skills and operational support to meet the requirements of patients in regional, remote and rural locations.



## OCCUPATIONAL VIOLENCE

**Occupational violence against our staff has steadily increased over recent years. NSW Ambulance has undertaken a raft of work across the organisation to combat this issue including staff anti-violence training, implementation of a suite of staff support systems along with various public awareness campaigns. A more systematic and strategic approach was needed to strengthen and enhance the safety of our employees.**

### The journey

The Occupational Violence Prevention Strategic Advisory Group was established in May 2016 with the mandate of

conducting an overarching occupational violence prevention strategic review for NSW Ambulance.

### The future

The work undertaken consisted of identifying and categorising risks and considering current and any proposed mitigation strategies. Discussions were also held with other ambulance services, both nationally and internationally, to determine cutting-edge developments, progressive interventions and best practice in occupational violence prevention. Areas for improvement have been identified and deliverable solutions will be presented to the Chief Executive and Executive Leadership Team for consideration.

## IN A SNAPSHOT:

### Closing the Gap in Aboriginal Health

The 2009 Close the Gap Agreements, signed between the Federal and State Governments, focus on reaching better health, education and employment for Aboriginal and Torres Strait Islander people within 25 years. Included in these agreements is a goal of at least 2.6 per cent Aboriginal employment in government by December 2015.

Our commitment to Close the Gap means Aboriginal health equality is integrated into core business and Aboriginal employment is a corporate priority.

In 2009, when the Close the Gap Agreements were ratified, our Aboriginal workforce participation rate was 1.3 per cent, with 56 employees. At 1 July 2015 NSW Ambulance has almost doubled this participation with 117 Aboriginal employees or 2.5 per cent, which is robust progress towards the Close the Gap employment goal.

Our next steps are supporting our Aboriginal employees to overcome career progression barriers, working towards

the NSW Premier's priority of doubling the number of Aboriginal people in senior leadership roles within 10 years.

Our Aboriginal paramedics, control centre staff and other employees help us deliver culturally accessible services to Aboriginal communities and a wider appreciation in our workforce of Aboriginal culture.





## STAFF WELLBEING & RESILIENCE SUMMIT

**NSW Ambulance is developing the first ever Staff Wellbeing and Resilience Summit aimed at addressing the mental health issues faced by our staff.**

### The journey

NSW Ambulance has changed its approach to staff wellbeing and support by increasing the focus to prevention. We now understand that prevention is better than cure. We also recognise and acknowledge the potentially adverse work environment or trauma our staff can face, coupled with the dual role we have to work together to prevent psychological injury.

So far, we have seen a number of new programs and initiatives developed, such as Respectful Workplace training, Supportive Frontline Leadership courses, Building Resilience and Managing Stress courses in induction, Supporting Your Buddy courses, as well as regular promotion and awareness of mental health through events such as R U OK? Day and Men's Health Week. Our university research partnerships are also helping us to build an evidence based approach.

### The future

Over 300 staff have been invited to attend the Summit which will be held on

21 July 2016, which will feature a series of guest speakers and experts in the field of mental health. It is anticipated that the event will be thought provoking and inspiring, placing issues of post traumatic stress disorder, mental health, anxiety and depression under the spotlight, providing

**It is anticipated that the event will be thought provoking and inspiring, placing issues of post traumatic stress disorder, mental health, anxiety and depression under the spotlight.**



a renewed focus on how we can better protect our staff and best manage mental and physical health issues within NSW Ambulance.

The aim of the Summit, along with all of our support programs, is to better equip our staff to look after themselves and others, and recognise the early warning signs of mental distress, know what to do about it, and how to have a supportive conversation and where to tap into staff support services.

## ANTI-VIOLENCE TRAINING FOR PARAMEDICS PILOT PROOF OF CONCEPT

**Assaults on paramedics are unfortunately becoming more frequent, however the Hunter and New England Sector piloted a new training program aimed at reducing the number of assaults.**

### The journey

Using an external facilitator, the sector commenced consultation on designing a tailored program for anti violence training. Paramedics are provided with expert training from an industry recognised provider, and given additional tools and

resources that may assist in mitigating patient and bystander violence.

This safety initiative, the first of its kind in Australia, was piloted in December 2014 with 15 paramedics participating in the first course. Due to the success of the pilot, further programs were scheduled in 2015 and 2016.

### The future

The anti-violence program for paramedics continues to be implemented in the Hunter and New England Sector with a further three courses planned for December 2016. The program hopes to gain recognition through the current organisational violence project and that future courses will be conducted statewide for all paramedics.



**IF YOU HURT A PARAMEDIC  
YOU HURT MY SISTER**



**IF YOU HURT A PARAMEDIC  
YOU HURT MY BROTHER**

## NO EXCUSE FOR TRIPLE ZERO (000) CALL TAKER ABUSE CAMPAIGN

**A zero tolerance campaign was launched to address the high level of verbal abuse received from the public towards NSW Ambulance Triple Zero (000) call takers who are the first vital step in the delivery of patient care.**

### The journey

Our Triple Zero (000) call takers receive a call for help every 28 seconds, with every call received from someone who is in a panic, possibly experiencing the worst moment of their life and seriously concerned for themselves or someone else. The nature of the work of our call takers, therefore, is complex and stressful. Due to this high pressure environment, our control centre staff are routinely faced with an unacceptable level of abuse and

threatening behavior from members of the public who they are only trying to help. Abusive calls have a huge impact on our staff; affecting their mental and emotional health and resilience, long after the call ends.

“No Excuse for Triple Zero (000) Call Taker Abuse” is a public awareness campaign made up of eight posters and educative collateral which was rolled out in the media and on social media. The posters feature actual NSW Ambulance call takers from all four control centres throughout NSW.

### The future

The campaign’s key messages can be used in future campaigns should the abuse of our call takers continue. Like the “Is Your Urgency an Emergency” campaign, this could also be adopted by other emergency services throughout the country and the world.

## PEER SUPPORT REFRESHER TRAINING

**Peer support officers (PSOs) are NSW Ambulance employees who are trained to provide support to their colleagues in response to a traumatic incident, defusing signs of initial stress and providing psychological “first aid” and referral to professional support to maintain the health and welfare of our workforce. To ensure PSOs are able to provide the best standard of support available and to protect their mental health, refresher training based on evidence based best practice was developed and began in February 2016.**

### The journey

The training reviewed the role of peer support at NSW Ambulance and the importance of referring staff to professional supports when required

for more specialised assistance. It also included a review of risk of harm to self and others, and training around global best practice in post incident support. Role modelling self-care module was included ensuring PSOs look after themselves to prevent burnout and compassion fatigue. Training was conducted from April to June 2016, with a total of 18 sessions of refresher training conducted throughout NSW, involving 115 PSOs.

### The future

The PSO program will strengthen, with increased coverage of PSOs within each NSW Ambulance directorate, and the recruitment of 41 new PSOs in 2016 and a further 33 PSOs in 2017. The recruitment of additional PSOs will increase the accessibility of support to all staff throughout the organisation.





## DUTY OPERATIONS MANAGER RESILIENCE WORKSHOPS

**The key to creating a resilient organisational culture is training first line managers in how to be resilient leaders. Resilient leaders can create the “tipping point” that changes an entire culture.**

A new workshop specifically tailored for our frontline duty operation managers (DOMs) “Looking After Self, Looking After Others” focuses on improving self-efficacy, their ability to manage themselves and others, as well as promoting both personal and organisational resilience.

### The journey

Workshop one was rolled out statewide in February 2016. A number of topics were covered, including resilient leadership, self-care, promotion of positive mental health, manager responsibilities and detecting when staff are in need. Workshop two followed in June 2016, focusing on building resilience through

celebrating successes, appropriate referrals for a fitness for duty assessment, recording and storing information and fit for work and fit for life strategies.

Over 140 frontline managers attended the first two workshops, with positive feedback and increasing support for the program.

**Resilient leaders can create the “tipping point” that changes an entire culture.**

### The future

Series three of the DOM resilience workshops will commence in August 2016 and will assist in developing a further understanding of mental health, including staff support activation, the Significant Events Support Register and Mental Health Concerns checklists.

The final workshop will be completed by the end of 2016.



## IN A SNAPSHOT:

### Reduction in workplace injuries

**NSW Ambulance is working to reduce the number of injuries occurring to staff in the course of their work through work, health and safety education; effective injury management; and assisting injured employees back into the workplace.**

This year there has been a definitive drop in manual handling injuries while lifting for frontline staff:

- back injuries reduced substantially, now accounting for only 22 per cent of all muscular injuries while lifting,

compared to 61 per cent prior to the NSW Ambulance THINK campaign

- there has been an overall drop in muscular skeletal injuries of 26 per cent since last year.

In collaboration with NSW Health, proactive therapies and initiatives have been implemented, including the Worker Injury Screening and Early Intervention (WISE) program, which sees injured workers supported with psychological therapy to assist in their rehabilitation from physical injuries.

New initiatives such as Recovery at Work are being introduced during 2016/17 to ensure all employees continue to receive the best evidence based injury management.



## EXERCISE POSEIDON

**Exercise Poseidon focused on the health management of an event impacting on multiple Local Health Districts (LHDs) across NSW. Funded through the State Emergency Management Exercise Management Committee, communication and patient tracking was put under the spotlight, with a total of 88 personnel from multiple agencies participating in the exercise.**

The exercise was an opportunity to exercise, with the assistance of other emergency services and functional areas, the health aspects of a catastrophic event impacting on multiple sites at the same time, with 122 patients distributed across 10 hospitals. The complexity of the situation was compounded by the scenario of infrastructure damage and utility failure as a result of an earthquake. Exercise Poseidon was an opportunity for NSW Health to be exercised at all levels from response through to emergency operations centres, at district and state levels resulting in comprehensive integrated emergency management of such an incident.

### The journey

Previous multi-agency exercises have identified that combat agencies and other functional areas have a lack of understanding of the roles of NSW Ambulance and NSW Health in disaster response. Exercise Poseidon's scenario of widespread infrastructure damage and



casualties as a result of an earthquake along the Lapstone Fault Line provided NSW Health with the opportunity to demonstrate its role in managing a major disaster involving mass casualties and business continuity at LHD and state level.

NSW Health LHD Emergency Operations Centres were functional and participated in the statewide health service functional area coordinator teleconferences. The State Health Emergency Operations Centre (SHEOC) was operational with all of the controllers outlined in NSW HEALTHPLAN participating and Exercise Control was provided with assistance from representatives of the State Emergency Management Committee.

### The future

Exercise Poseidon identified several issues and recommendations were made that have been addressed and will result in improved responses to future exercises and actual disasters.



The Emergo Train System (ETS) component of the exercise included representatives from NSW Ambulance, participating hospitals and ETS senior instructors. The scenario was conducted at two sites – the Northern Sydney Education Centre and Bathurst Ambulance Station. ETS figurant cards were used to represent patients and patients were tracked using the TrackMi devices at both these locations.



## VOLUNTEER ONLINE TRAINING PILOT

**The need to maximise face-to-face training for NSW Ambulance volunteers was identified, as part of their annual Maintenance of Skills training program. The online modules complement the volunteers' face-to-face training, allowing for greater hands-on learning and skill revision time.**

### The journey

With funding obtained from the State Emergency Management Projects Program, the objective was to create a new online theory component that NSW Ambulance volunteer ambulance officers and community first responders could complete prior to attending face-to-face training with paramedic facilitators.



### The future

Work will continue on streamlining the online training and identifying solutions to challenges, such as accessing reliable internet connections which vary greatly across the state.

**The online training allows paramedic educators to spend more time in face-to-face sessions on practical training, reinforcing what has already been learnt online.**



### IN A SNAPSHOT:

## NSW Ambulance Volunteers and Community First Responders Conference

NSW Ambulance volunteer ambulance officers (VAOs) and community first responders (CFRs) operate out of regional and remote areas across NSW, and are often the first point of contact with patients in rural and remote areas of the state. They give up their time voluntarily to provide lifesaving medical assistance to their communities. The VAO and CFR Conference, held in April 2016, was an opportunity for our volunteers to keep up-to-date with clinical skills and protocols, share stories and experiences from the frontline and establish connections with other volunteers and NSW Ambulance management.

Day two of the conference was a scenario reenactment of a major incident, allowing volunteers to work with other emergency service personnel, practicing their skills and gaining exposure to a full scale simulated inter-agency major event. The day was all about learning in a safe, structured and fully supervised environment to train our volunteers and help build their confidence.

Engaging with our volunteers is a priority for NSW Ambulance, and ensures they are provided the right support at the right times, that their wellbeing and resilience is monitored and that they are given opportunities to grow their confidence and experience through access to educational and learning experiences.

## 4WD FAMILIARISATION TRAINING

**The introduction of four wheel drive familiarisation training for frontline staff on the North Coast was considered a necessary operational component due to the geographical terrain in which local paramedics regularly work in and an increase in members of the public accessing hard to reach locations, such as forestry roads, beaches and national parks. Since completing the course, paramedics have increased confidence in operating a NSW Ambulance four-wheel drive (4WD) Landcruiser, which is equipped to safely access patients who are in locations and inaccessible by a standard ambulance vehicle.**

### The journey

With the region's challenging geographical diversity, a number of stations along the coast have a 4WD vehicle as part of their operational fleet. The unique characteristics and abilities of 4WD vehicles mean paramedics can access patients more safely.

Beginning in mid-2015, the 4WD training is now a fully accredited internal NSW Ambulance initiative endorsed by the Ambulance Education Centre and is aligned to relevant national units of competency. Delivered by qualified local NSW Ambulance facilitators who meet Australian Skills Quality Authority standards, they have extensive knowledge of the challenging locations and terrain

within the region which challenges local paramedics.

Run over two days, the training involves various aspects of advanced vehicle driving required for emergency repatriation, including stall recovery techniques, crossing rivers and driving on sand, vehicle recovery and winching techniques.

**The unique characteristics and abilities of 4WD vehicles mean paramedics can access patients more safely.**

### The future

To date, more than 50 paramedics have undertaken the training and courses will continue across the North Coast. Refresher training is also planned for paramedics who have current qualifications to operate a 4WD, but who have not driven one for more than three years.



## IN A SNAPSHOT:

### Ambulance Management Qualification

Following a review in 2008, it was identified that there was a lack of training for NSW Ambulance frontline managers, as their responsibilities increased in supporting the performance of frontline staff. This gap in management training was the impetus for partnering with the Australian Institute of Management and the development of the Ambulance Management Qualification (AMQ).

The highly customised Certificate IV Management program helps staff "fit into" their management roles, providing them with the knowledge and confidence they need as they move into a dual clinician/management role.

This year, 92 staff have completed the face-to-face component of the program and are on track to complete the course in September 2016. Since the first AMQ course began in November 2008, almost 1000 frontline managers have now gained their Ambulance Management Qualification.





## NEW VEHICLE BRANDING

**In late 2014, NSW Ambulance changed its name and refreshed its logo, including the roundel colouring and wording. This meant vehicle markings required a review and upgrade to reflect the new identification. The newly designed markings provide increased visual identification from other road users, improving safety for paramedics. The wording and design represents the emergency purpose of the vehicle and clearly identifies ambulances to other emergency workers.**

### The journey

Research was undertaken to identify a modern design representing the purpose and service provision of NSW Ambulance.

This included reviewing emergency service vehicles around Australia, as well as worldwide trends in safety markings, enabling the clear identification of vehicles in both day and night conditions. The result was a vehicle marking that is modern and clearly portrays the role of NSW Ambulance – as a mobile emergency service – while providing a vehicle with high visibility, ensuring our paramedics can be safely recognised in all light conditions. The rollout of the new markings commenced in July 2015 on all new built ambulances.

### The future

Continuation of the new design markings will continue to rollout with the vehicle replacement program. The whole fleet of ambulances is expected to be carrying the new markings by the end of 2018/19.



## IN A SNAPSHOT:

### Powered Stretcher Continued Rollout

A powered stretcher system was introduced into new ambulances in 2014 aimed at reducing paramedic injuries, and improving patient movement and comfort. The rollout of this stretcher system has continued with all replacement ambulances being fitted with the Stryker stretcher system. By the end of the 2015/16, 43 per cent of ambulances were equipped with this system.

The continued rollout will see the installation of the powered stretcher in all replacement emergency ambulances during the 2017/18 financial year.





## REPLACEMENT KEMPSEY AMBULANCE STATION

As part of NSW Ambulance's Capital Works Program, the existing Kempsey Ambulance Station is being replaced with a new facility, co-located within the grounds of the newly redeveloped Kempsey Hospital. The new station will provide an improved and more sustainable base, with increased operational efficiency due to the space and facilities.

### The journey

Construction of the new station commenced in January 2016 and will provide accommodation for administration, amenities and support facilities, a secure 10 car vehicle plant room and an internal wash bay with pressure washer, a fleet workshop, education unit and secure staff car park.

### The future

The new station is set for completion in November 2016. The location of the station on the hospital site will provide opportunities for NSW Ambulance staff to integrate further with NSW Health staff, optimising their relationship and potential for joint educational opportunities in common training spaces.

The new station, co-located within the grounds of the newly redeveloped Kempsey Hospital will optimise the relationship between paramedics and NSW Health staff.



## IN A SNAPSHOT:

### State Wide Service Desk Migration

To further improve the experience for all NSW Ambulance staff and establishing a closer collaboration with NSW Health, the NSW Ambulance information technology service desk began transitioning to eHealth's Statewide Service Desk

in December 2015 with the cut-over commencing on 18 March 2016. Benefits to NSW Ambulance staff include a 24/7 service.

Not all services were transitioned, however are anticipated to be in the future, including eMR and Computer Aided Dispatch (AmbCAD/Aeromedical CAD) system service desk functions and IT hardware procurement.





## NSW AMBULANCE INTELLIGENCE SYSTEM

**A new business intelligence system is being developed utilising QlickView reporting capability to provide significantly enhanced reporting, analytic capability and decision making relating to ambulance activity and performance to managers across the state.**

### The journey

A full assessment of the NSW Ambulance Intelligence System requirements was undertaken which identified the need to introduce new business intelligence arrangements, and to strengthen and update the supporting IT infrastructure.

**The NSW Ambulance Intelligence System will enhance business intelligence capability by providing additional functionality, increased capability and improved usability in the analysis and reporting of operational data.**

The initial stages of the NSW Ambulance Intelligence System development included the acquisition and installation of new servers and the design of the system's architecture. The documentation of business rules, completion of the data dictionary and the implementation of the Computer Aided Dispatch (CAD)

Operational Data Mart were key steps in the development of this new system. The CAD Operational Dashboard application was completed in April 2016 and made available to senior managers in early May 2016.

### The future

Planning has also commenced to build complementary reporting and analytical dashboard applications for other areas within the organisation, including clinical, workforce and finance data, enabling a more efficient and effective service to the community of NSW.

Further consultation with staff is planned to identify specific functional requirements of the new dashboard applications, before final roll-out across the organisation.



### IN A SNAPSHOT:

#### Implementation of StaffLink

StaffLink Human Resource Information System (HRIS) is a NSW Health (HealthShare) human resources payroll system with both employee and management interfaces that streamlines leave, payroll and staff management. The transition to a new system was necessary to improve staff access to human resources data and aligning NSW Ambulance to the practices and processes used by other health agencies. The transition to Stafflink occurred in November 2015 for corporate staff and early 2016 for operational staff.

StaffLink offers tangible benefits for staff, such as receiving online payslips and projecting leave balances. For managers, StaffLink provides functionality for day-to-day management of their staff.

NSW Ambulance will continue to liaise with HealthShare, experts from other Local Health Districts and local managers to review and improve the StaffLink data and capability.

StaffLink will be used to inform future reporting and improve staff access to workforce information. The increased transparency and functionality will also support staff in other organisational wide changes, including the Paramedic Response Network and Rural Ambulance Infrastructure Reconfiguration program.



## MAJOR EVENTS

While there were some very well established relationships with external stakeholders who plan and run commercial events, NSW Ambulance was often considered late in their planning, if considered at all, and as a result, we were left to absorb the Triple Zero (000) calls for patients attending events that required emergency care within our normal rostered resources; a risk as it removes paramedic crews away from their care of the general community, in support of a dedicated commercially run event.



With the establishment of some new written information that is available on the NSW Ambulance website, we have been able to clearly articulate our role and responsibility at large events – as an adjunct to their onsite first aid teams - and the important considerations for emergency medical and safety planning



## APPRECIATION DAY

Previously known as Thank a Paramedic Day, Appreciation Day was held in June 2016, changing its name to capture the work of both operational and corporate staff within NSW Ambulance.

This year's event was held at St Ives Ambulance Station and was attended by the NSW Minister for Health and Medical Research The Hon. Jillian Skinner MP; Member for Davidson, Jonathan O'Dea, staff, former patients, emergency service colleagues, Local Health district staff, local community groups and 100 school children who enjoyed an interactive display from various NSW Ambulance units, including an emergency ambulance and motorcycle.

The Minister presented her annual Bursary Award for high quality out of hospital care. Awards were also presented to community members who have provided lifesaving treatment to their loved ones and other community members or who has survived a traumatic event, such as a cardiac





## COMMUNITY EDUCATION PROGRAMS

**NSW Ambulance was involved in a range of activities in the community this year. On top of all the community requests for visits to pre-schools, retirement villages and culturally diverse groups, we have also seen an increased focus on a number of key programs in which NSW Ambulance played a significant part.**

### The Traffic Offenders Intervention Program

An educational pre-sentencing option for people who have committed a road offence, NSW Ambulance paramedics are involved in the program with the Police Citizens Youth Clubs NSW. We have seen a 20 per cent increase in presentations delivered compared to the previous year. This has resulted in the recruitment of 30 new paramedic presenters.

### U Turn the Wheel

Delivering outstanding messages to high schools in the Sutherland Shire, the program educates pre-licensed and recently licensed students on road safety and the consequences of their actions. Statistically, the Sutherland Shire is seeing a decrease in youth motor vehicle tragedies than any other area in NSW.

### Prevention of Alcohol Related Trauma in Youth (PARTY)

NSW Ambulance helps to deliver the pertinent message “Life Once, Think Twice” in a program run by the Royal North Shore and Liverpool Trauma Hospitals. This forward thinking youth education program delivers a full day of presentations, hands on experience in occupational health, physio and real life scenarios unfolding in both the ED and Intensive Care Unit. The program has now been expanded to regional areas, including Lismore, Bathurst and Tamworth.

### Be an Ambulance Hero (Dial Zero Zero Zero) and Emergency Helpers Programs

This NSW Ambulance program educates pre-school and primary school children on what to do in an emergency. Presentations are delivered by paramedics in their spare time.





This year, NSW Ambulance increased its engagement with the community across all of its social media platforms, including the implementation of two successful community education campaigns, *Is Your Urgency an Emergency* and *No Excuse for Call Taker Abuse*. Our followers increased during 2015/16, increasing engagement across Facebook, Instagram and Twitter.

## Is Your Urgency an Emergency campaign

In July 2015, NSW Ambulance launched the Is Your Urgency and Emergency campaign. The media and social media campaign was aimed at educating the public on the various health care pathways that are available to them and that calling Triple Zero (000) was not always the only option. The campaign consisted of a media launch and a series of posters and videos.



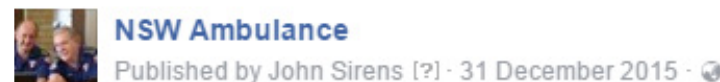
"NSW Ambulance Triple Zero (000) call takers answer a call for help on average every 26 seconds. Just 10 per cent of these calls are for patients with life-threatening conditions," – Commissioner Ray Green, Chief Executive NSW Ambulance.



This post was seen by more than 230,000 people on Facebook.

## Christmas and New Year

The holiday season is typically our busiest period, so during Christmas and New Year 2015 we published a series of educational posts to encourage members of the public to be aware of the dangers and risks associated with the holiday period. We also put up some fun and engaging posts.



Happy New Year! From all of us at NSW Ambulance we wish you a safe and prosperous year ahead.

#NSWAmbulance #NewYearsEve #SydNYE #HappyNewYear



## 2016 Sydney Gay & Lesbian Mardi Gras

NSW Ambulance continued to show its support to the its gay and lesbian staff and patients by participating in the Mardi Gras in 2016. Rainbow flags, feathers, and of course, paramedic blues took centre stage on our social media pages, with live tweets and photos.



#NSWAmbulance Proudly marching, showing our rainbow colours and providing medical treatment to people along the parade route in the Sydney #MardiGras



This post was one of our most popular for the year, reaching more than half a million people on social media.



## Weather events

We also ensured that safety messages were being communicated during significant weather events including flash flooding, storms and periods of intense heat.



NSW Ambulance @NSWAmbulance · Jun 5

Our **#paramedics** don't have a choice but to be out in this weather. Pls don't risk your safety, or ours unnecessarily



## Regional posts

Always connected with our state wide workforce, we have also posted numerous photos of our crews out and about in a variety of terrain!



NSW Ambulance

Published by John Sirens [?] · 29 March · 🌐

It's not hard to see why our paramedics love living and working in the country! Our Barraba based paramedics take five to enjoy a well-deserved break.

#NSWAmbulance #countryliving #paramedics



NSW Ambulance

Published by John Sirens [?] · 8 April · 🌐

Lovely snap from Lake Cargelligo in Central West NSW.

#NSWAmbulance #ReadyToRespond



NSW Ambulance

Published by John Sirens [?] · 15 April · 🌐

Working together: Paramedics transferring a patient to our Air Ambulance crew in regional NSW.

#NSWAmbulance #AirAmbulance



## NO EXCUSE FOR TRIPLE ZERO (000) CALL TAKER ABUSE CAMPAIGN

In May 2016, NSW Ambulance launched a media and social media campaign titled *There's No Excuse for Triple Zero (000) Call Taker Abuse*. This campaign was designed to educate the community about the important role of Triple Zero (000) call takers and the abuse they experience every shift. Consisting of 13 posters featuring call takers from our four control centres around the state and the hashtag #NoCallTakerAbuse, the campaign projected a strong message to the public that our call takers are here to help you, not take your abuse.

Media and social media coverage was extensive; in the first 24 hours after launch almost three million people had viewed or engaged with the campaign.



#NoCallTakerAbuse



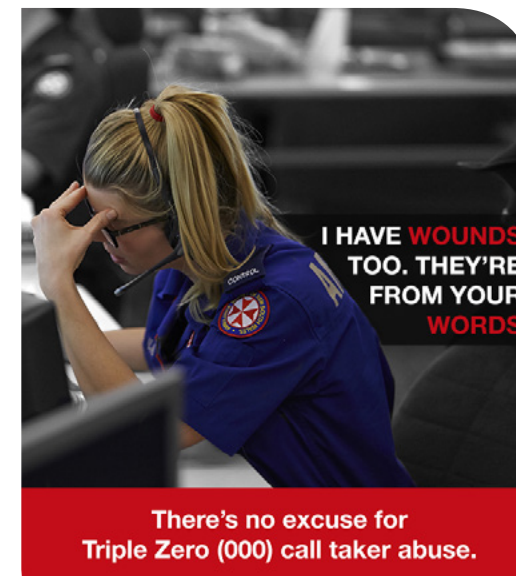
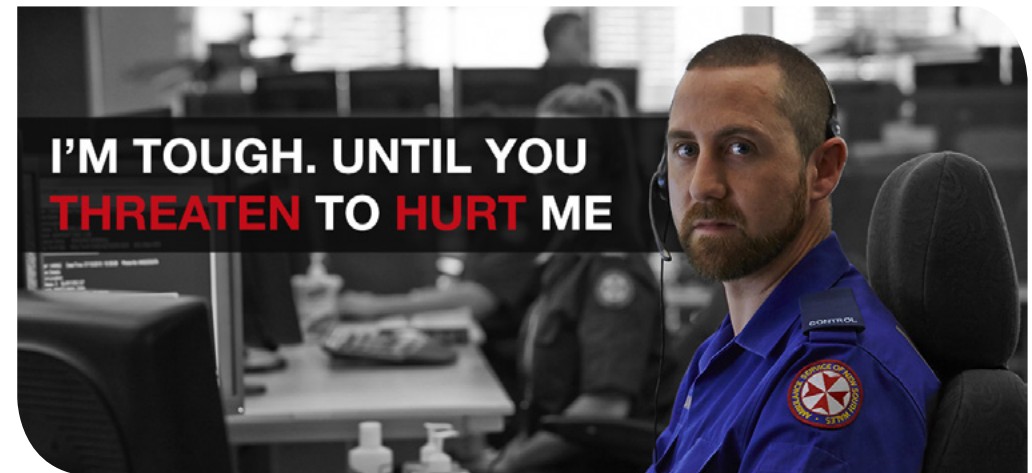
NSW Ambulance

Followers as  
of June 2016

 **80,997**  
JUN 2016

 **7,467**  
JUN 2016

 **22,524**  
JUN 2016



#NoCallTakerAbuse



NSW Ambulance

Media and social media coverage was extensive; in the first 24 hours after launch almost three million people had viewed or engaged with the campaign.



NSW Ambulance

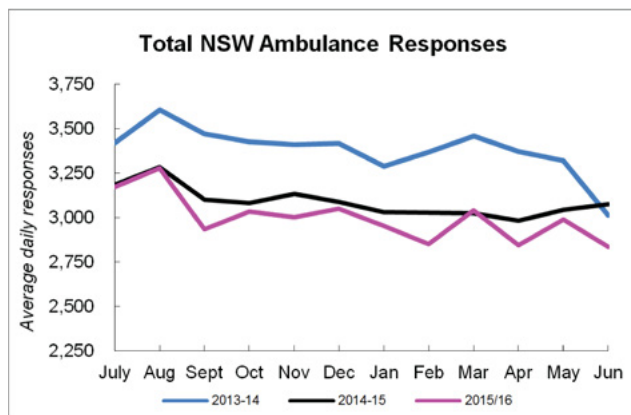
Published by John Sirens (7) · 18 August at 15:16 · 9

Words hurt. Especially when I'm doing everything I can to help you. There's no excuse for Triple Zero (000) Call Taker Abuse. #NoCallTakerAbuse #NSWAmbulance #TripleZero(000)



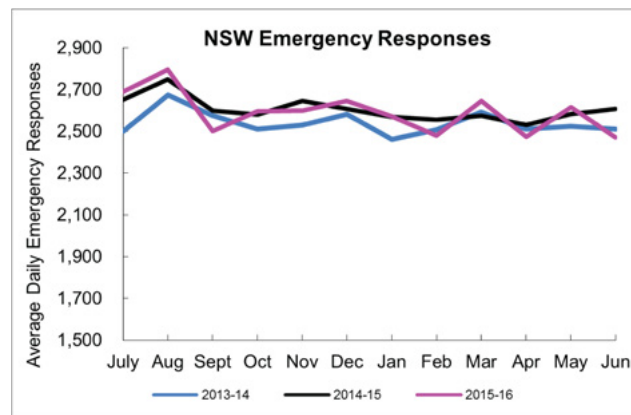


# Ambulance Activity



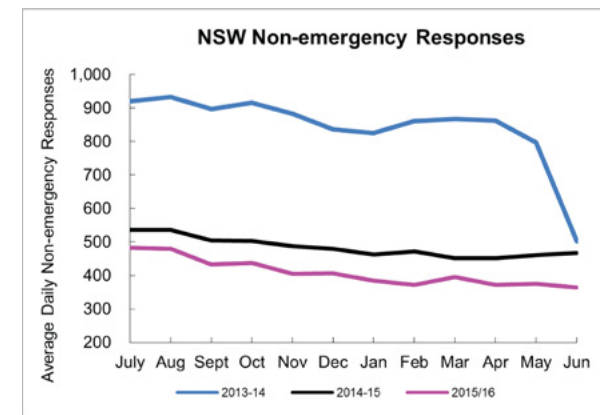
## TOTAL NSW AMBULANCE RESPONSES

The average daily number of ambulance responses decreased by 1.3 per cent over the past year. The primary factor contributing to this decreased total activity is due to the transfer of responsibility for a major part of the Non-Emergency (P5, 6, 7) activity to Health Share in May 2014. Total Activity in 2015/16, NSW Ambulance provided 1,115,635 total responses (both emergency and nonemergency) compared to 1,127,545 total responses in 2014/15. On average, there were 3,048 responses per day which is the equivalent to an average of one response every 28.34 seconds. The average daily ambulance responses by month are illustrated above.



## NSW AMBULANCE EMERGENCY RESPONSES

In 2015/16, the total number of emergency responses was 963,562 compared with 950,674 in 2014/15. The average number of emergency responses per day increased 1.1 per cent from 2,605 in 2014/15 to 2,633 in 2015/16. Average daily emergency activity for the last three years is illustrated above.



## NSW NON EMERGENCY RESPONSES

Across NSW during 2015/16, NSW Ambulance provided 152,073 non-emergency responses compared with 176,949 in 2014/15. In 2015/16 there were 417 nonemergency responses per day, compared with 485 in 2014/15, a decrease of -14.1 per cent. This decreased non-emergency activity is primarily due to the transfer of responsibility for a major part of the Non-Emergency (P5,6,7) activity to Health Share in May 2014. Average daily non-emergency response activity over the past three years is illustrated above.

# Glossary of Acronyms

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ACE .....	Aged Care Emergency
AMQ .....	Ambulance Management Qualification
CAD .....	Computer Aided Dispatch
CFR .....	Community First Responder
DOM .....	Duty Operations Manager
eMR .....	Electronic Medical Record
ED .....	Emergency Department
ETS .....	Emergo Train System
GP .....	General Practitioner
iPASS .....	Integrated Paramedic Assisted Screening and Streaming project
LHD .....	Local Health District
MDS .....	Medical Deputising Service
MOU .....	Memorandum of Understanding
OSR .....	Office of State Revenue
PRN .....	Paramedic Response Network
PSO .....	Peer Support Officer
Push MoLI .....	Pushed Mobile Location Information
RAIR .....	Rural Ambulance Infrastructure Reconfiguration Program
UCC .....	Urgent Care Centre
VAO .....	Volunteer Ambulance Officer



