



# Out-of-hospital update

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# Evolution of out-of-hospital care

- Brief overview of what happens when you dial 111
  - An ambulance response is no longer a certainty
- Transition from the 'three Ps' to the 'three Ts'
- Overview of how the ambulance sector is evolving
  - Our personnel
  - Right care for the patient
  - Right destination for the patient
- Not just high acuity patients
- Questions and discussion

# When you dial 111

- Calls answered centrally – Police, Fire or Ambulance
- Three ambulance control centres: Auckland, Wellington and Christchurch, operating a single system
- Dedicated call handlers
  - 500, 000 calls a year
  - Scripted computer program, AMPDS
- Calls allocated a determinant
  - Approximately 1900
  - Each allocated a preferred response
- Incident sent through to dispatcher
  - Dispatchers look after discrete areas



# Dispatch

- Priority of response
  - Purple: suspected cardiac arrest
  - Red: immediately life threatening
  - Orange: serious, not immediately life threatening
  - Green: minor, not life threatening
  - Grey: suitable for telephone call back
- Details sent to mobile data terminal in vehicle

A screenshot of a mobile data terminal interface. The top bar shows various icons for home, tools, maps, and user profile. The main content area displays incident details for a suspected cardiac arrest. A purple status indicator is visible in the top right corner. The bottom bar shows the status as 'Responding' and includes system information like 'Fleet ID: 1234' and 'Call Sign: MDT Training'.

# Things are changing

- No longer the 'three Ps'

# Things are changing

- No longer the 'three Ps'
  - Pick them up
  - Put them in the back
  - Piss off to hospital
- Now the 'three Ts'
  - Triage
  - Treatment
  - Transport
- 111 calls are increasing at approximately 5-7% a year
  - Funding is increasing at approximately 1-2% a year
  - Unsustainable
- We have to change what we do
  - More efficient and more effective
  - New service delivery model



## New Service Delivery Model

- ▶ Right response
- ▶ Right workforce
- ▶ Right destination
- ▶ Injury prevention, health promotion and screening
- ▶ Utilising technology and information
- ▶ Improve patient outcomes

# Right response

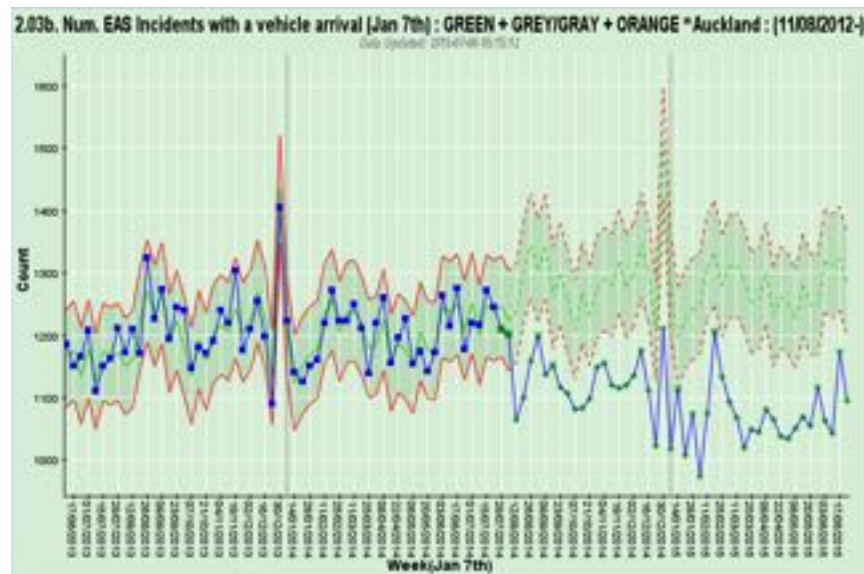
- Up to a third of people who call 111 do not need an ambulance
- Introduction of the 111 Clinical Hub
  - Nurses and Paramedics calling people back to determine most appropriate response





# Right response: the clinical hub

- Paramedics and registered nurses
- Clinical telephone assessment of low acuity calls, using a decision aid
- Assign the most appropriate response: priority and skill mix required
- Approximately 30% have not required an ambulance
- Big culture change: dialling 111 no longer means you will automatically get an ambulance
- Now expanded nationally




**Here if you need us.  
There when you really need us.**

If there's an emergency you should always call 111 and talk to one of our trained call takers. If an ambulance is required, we will get one to you. But because over 30% of the 125,000 calls we receive in Auckland every year are for things like cramp, sea/ski and trouble sleeping, we've introduced a new, better initiative for getting the best care to these people. That way, we can have ambulances available for when they're really needed.

Now if you call 111 you'll be asked a series of questions to quickly and efficiently determine what's wrong, so that we can work out the best response. If your call isn't life-threatening, this might be a nurse or paramedic from our central team calling you back within 30 minutes to talk things through in more detail. This will help ensure you get the right care - which could be anything from medical advice over the phone, to making an appointment with your GP, to visiting an A&E clinic or a pharmacy. It may be that an ambulance is not required.

We've introduced this proven, international system to help people with calls that aren't life-threatening get the right care. It allows us to make sure we're there for the increasing number of people with urgent, life-threatening calls when they really need us. It's not about saving money, it's about saving lives. As always, your care is our priority.

Working together



Go to [stjohn.org.nz/111](http://stjohn.org.nz/111) for more information.



**St John**  
first to care

# Right workforce

- In 2016 we completed a five year transition
  - Multiple practice levels with multiple names and multiple way of ‘getting there’
- Four practice levels and a clear way of ‘getting there’
  - First responder: four day course
  - Emergency Medical Technician: diploma
  - Paramedic: degree
  - Intensive Care Paramedic: post graduate
- Goal is to have a Paramedic on every ambulance crewed by paid personnel
- Single crewed responses still a big issue
  - Up to 40,000 a year
  - Unsafe, plan is to eliminate them
- Registration expected in 2019/2020

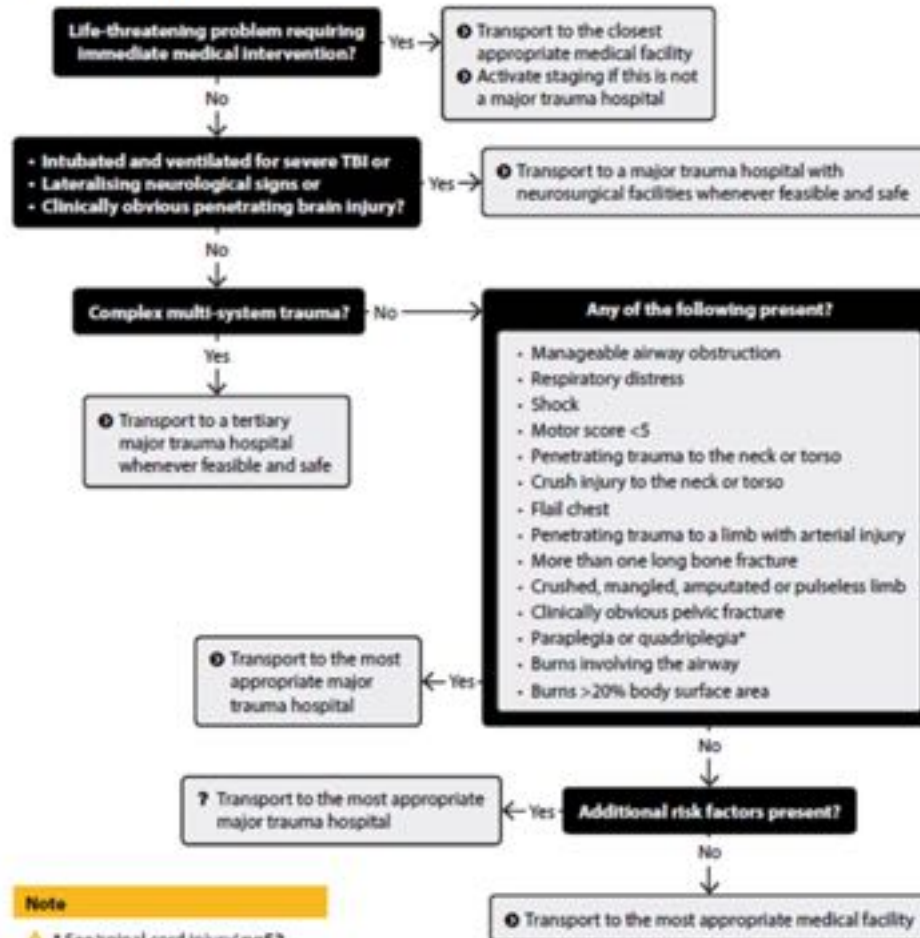
# Right destination

- High acuity
  - Major trauma destination policy, March 2017
  - Stroke destination policy, September 2017
  - STEMI destination policy, second half 2018
- Lower acuity
  - Falls
  - Concussion



# Right destination: major trauma

## 4.12 Major trauma triage



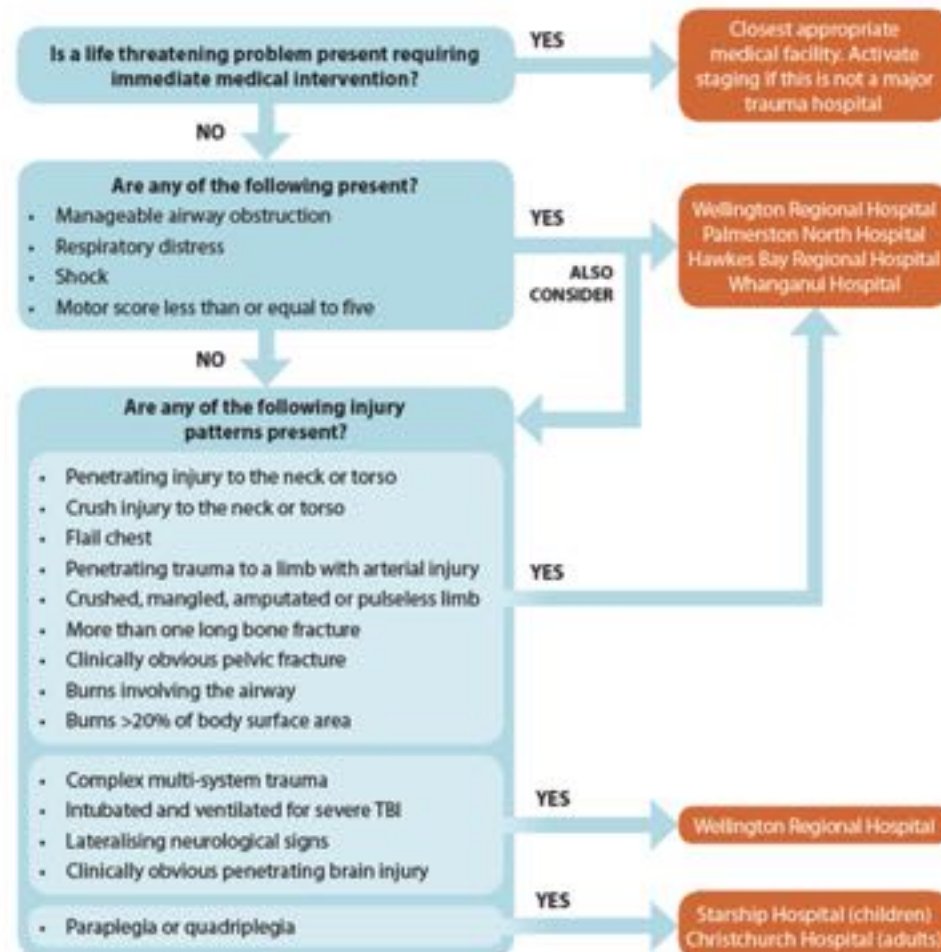
**Note**

⚠ \* See 'spinal cord injury' pg52.

# Right destination: major trauma

## Major Trauma Destination Policy

Central Region





# Right destination: falls

## 11.2 Falls



### RED FLAGS

- Clinically significant injury.
- Clinically significant pain.
- Abnormal vital signs.
- Signs of stroke.
- Seizure without history of epilepsy.
- Headache.
- New onset of visual disturbance.
- Unable to mobilise.
- Unstable medical condition contributing to the fall.



### ORANGE FLAGS - SHOULD SEE A DOCTOR WITHIN 24 HOURS

- More than one fall in the last week.
- Postural hypotension.
- Seizure with history of epilepsy.
- Recent change in medication.
- Minor injury requiring non-urgent treatment.
- New reduction in mobility but able to weight bear.



### GREEN FLAGS

- Minor soft tissue injury not requiring medical treatment.
- Able to mobilise in a manner that is normal for the patient.



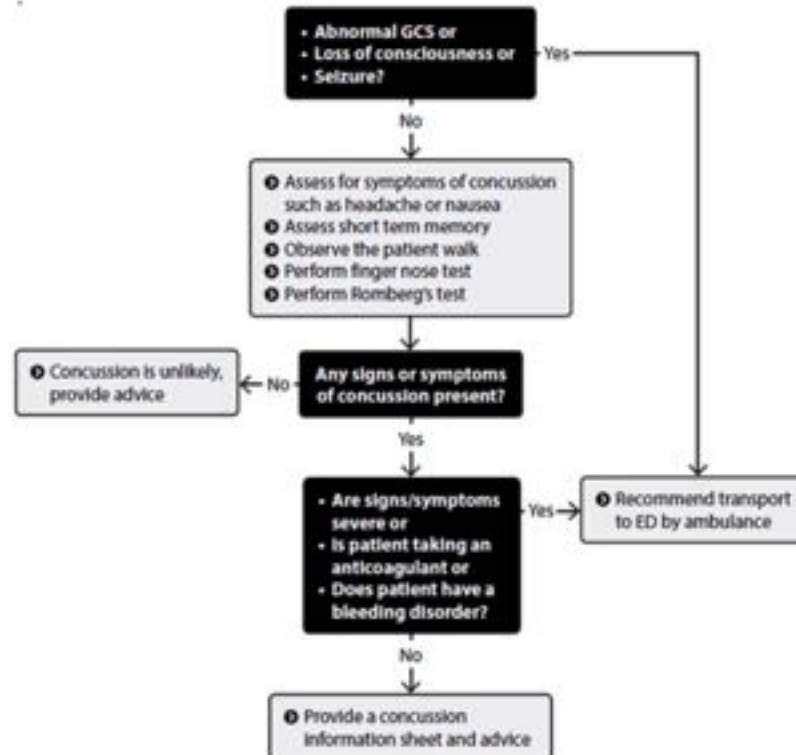
# Right destination: falls

- Falls screening undertaken if patient aged over 65 years and not transported
  - History
  - Assessing balance (Romberg's test)
  - Assessing mobility (timed up and go test)
- Referred to DHB for follow up if screening positive
  - Intervention to reduce risk of falling
  - Reduced risk of fracture and admission



# Right destination: concussion

## 4.7 Minor traumatic brain injury





# Health promotion and screening

- Health promotion and screening
- Annual blood pressure campaign
- Screening in the home (safe and well), examples:
  - Smoking
  - Immunisation
  - Diabetes
  - Mental health
- Subsequent referral to GP or DHB



# The future

- Increased focus on right destination
  - Significant capacity to improve efficiency and effectiveness
  - Injury requiring ortho surgery probably 'next cab off the rank'
- Increased use of telephone triage
  - Mental health telephone advice/referral service an example
- Increased involvement in screening
  - With subsequent referral
- Further development of the workforce
- Likely to be a fundamental change to the role of the Intensive Care Paramedic, for example:
  - Administration of blood
  - Ultrasound
  - Inter-hospital transfer of some patients

# Summary

- Things are changing
  - We are evolving
- New service delivery model
  - Right response
  - Right workforce
  - Right destination
  - Injury prevention and health promotion
  - Utilising technology and information
  - Improve patient outcomes
- Not just focussed on high acuity



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Here for Life

# Thank you

