



**NSW Ambulance**

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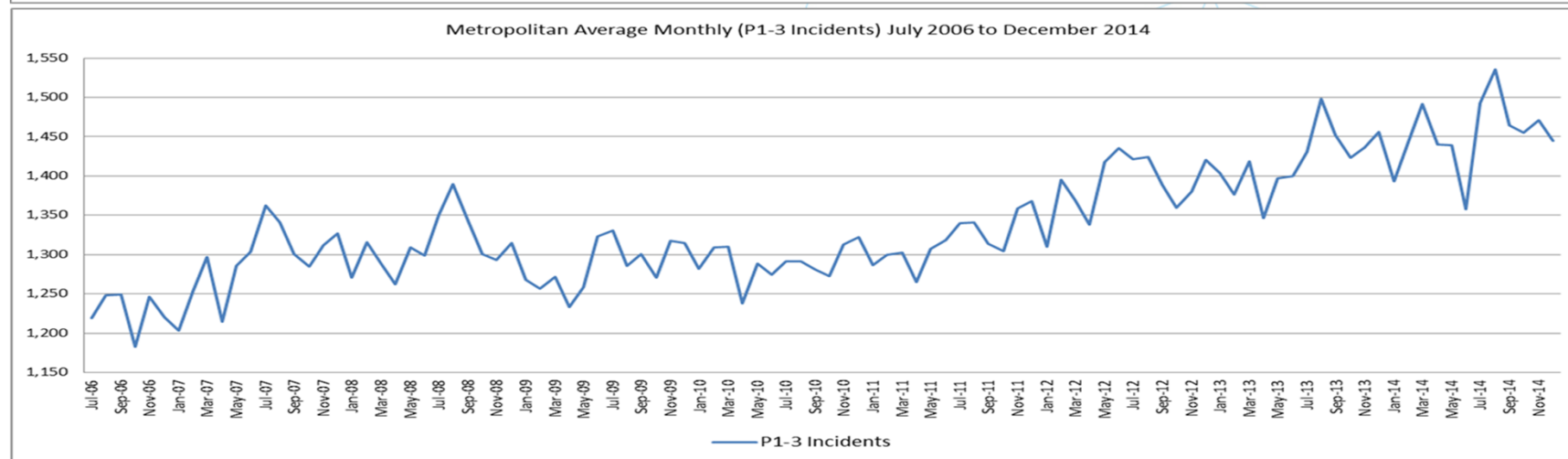
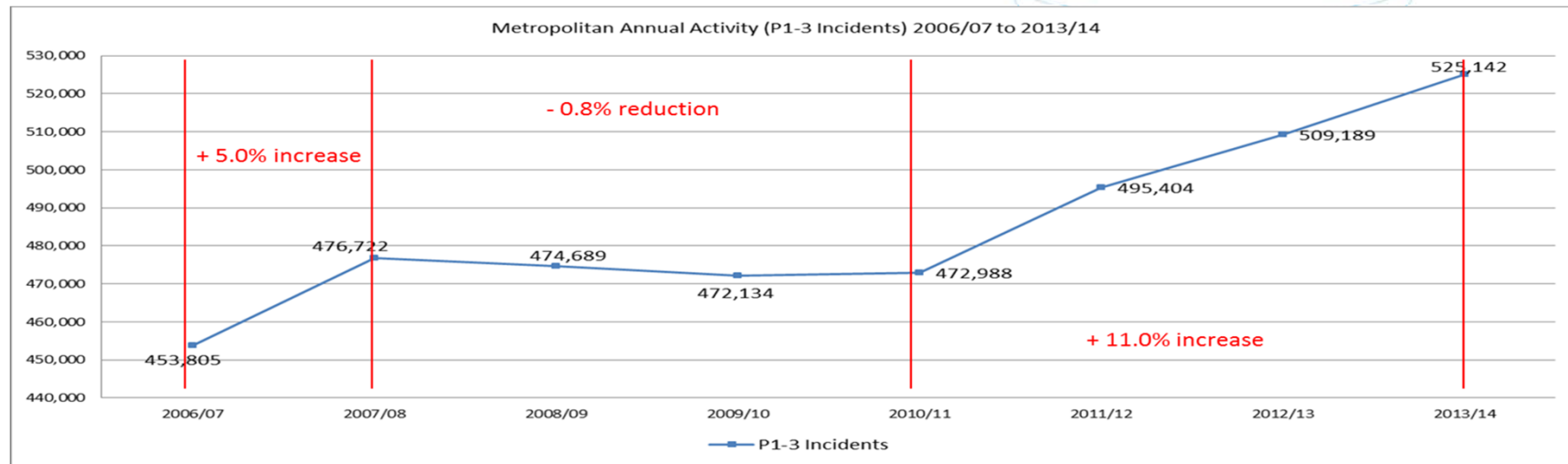
## **Preparing for Peak Demand**

### **Maintaining Ambulance Performance 2015**

- 2014 – Demand & Performance
- Priorities for Performance Maintenance
- Identified Challenges

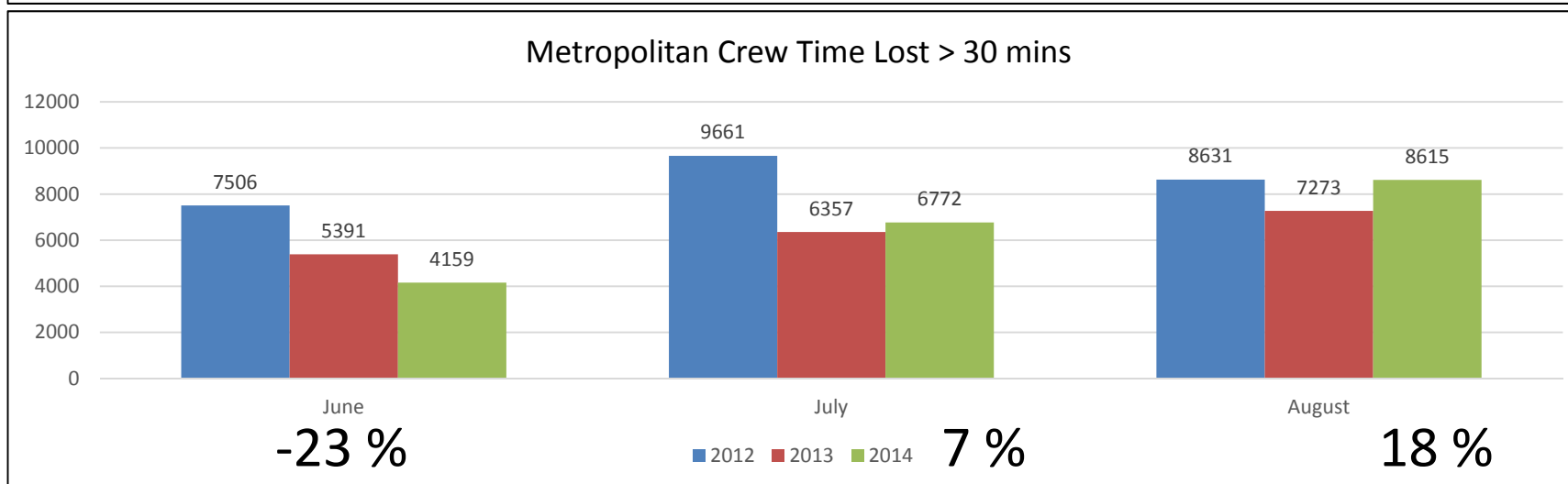
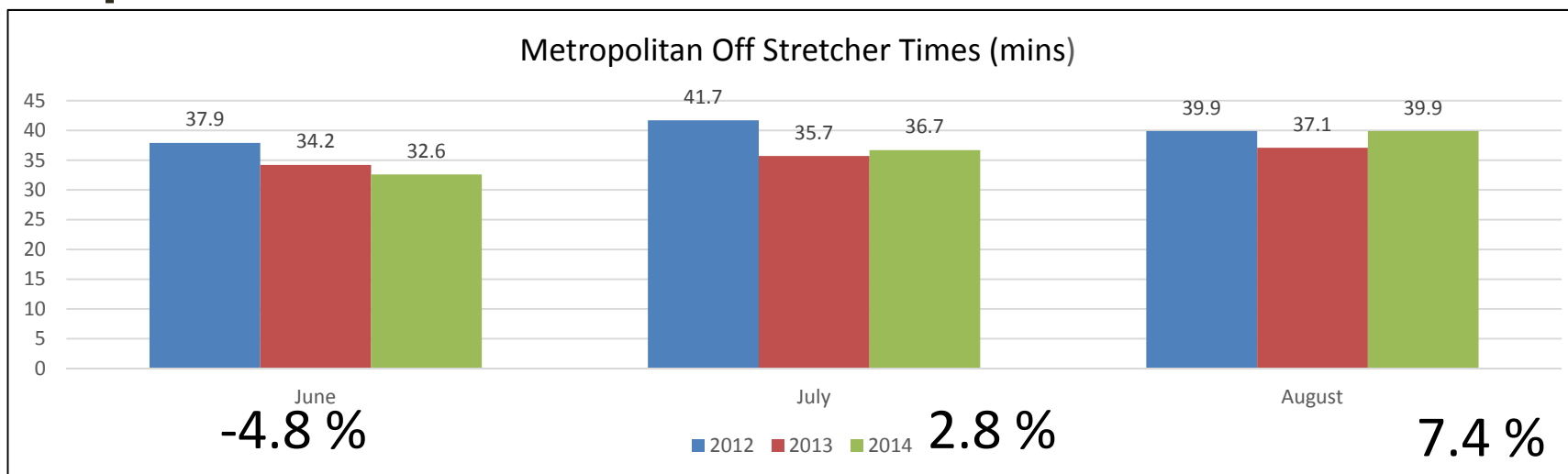


## Metropolitan Demand - "000" Cases 2006 - 2014



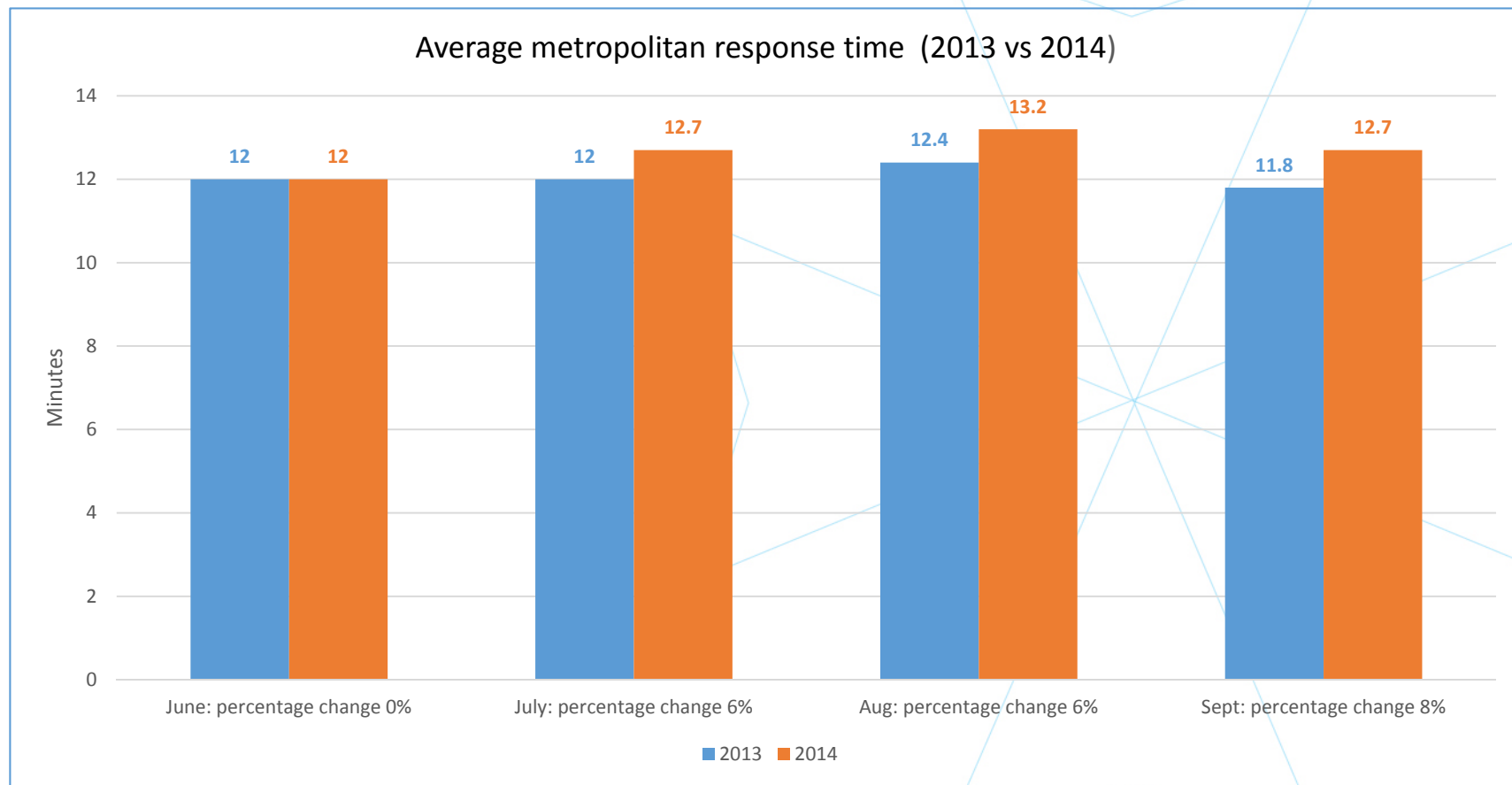


## Metropolitan Off Stretcher / Time Lost 2013 - 14



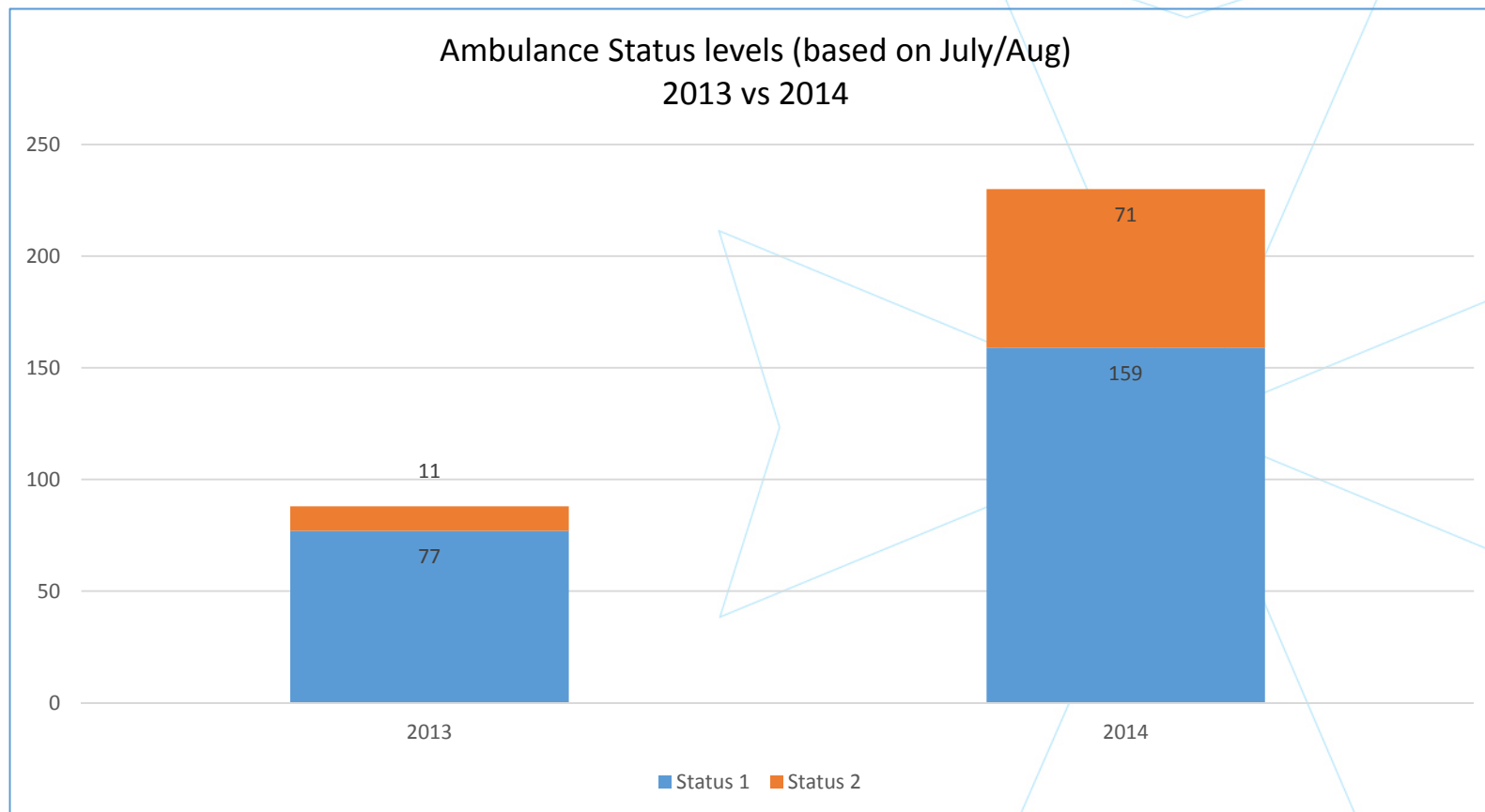


## Metropolitan Response Performance 2013 - 14





## Status 1 & 2 Frequency 2013 - 2014





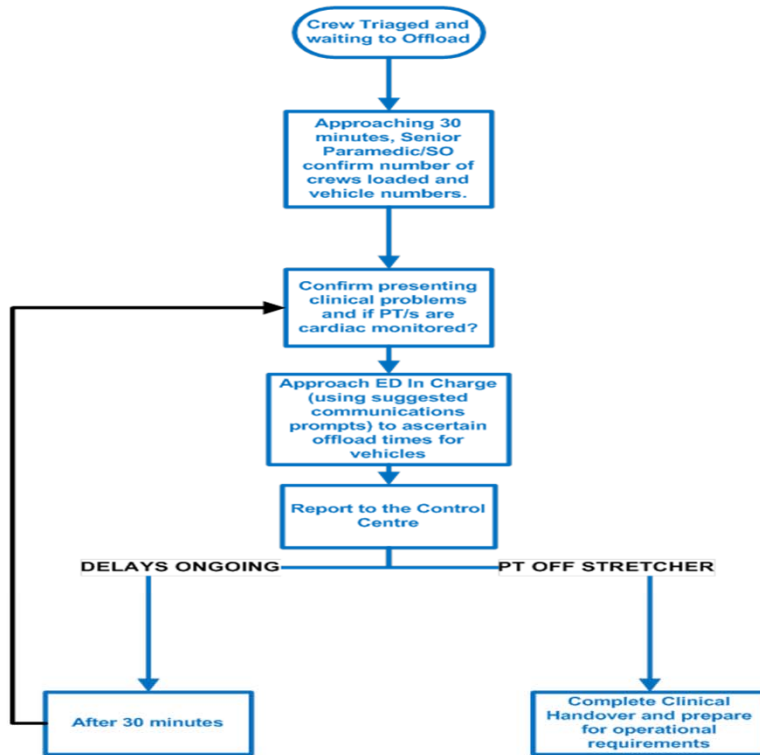
## Priorities for Performance Maintenance

- Development of aligned escalation procedures
- Consistency in the application of all Inter Hospital Transfer Process'
- Demand Management & Integrated Care



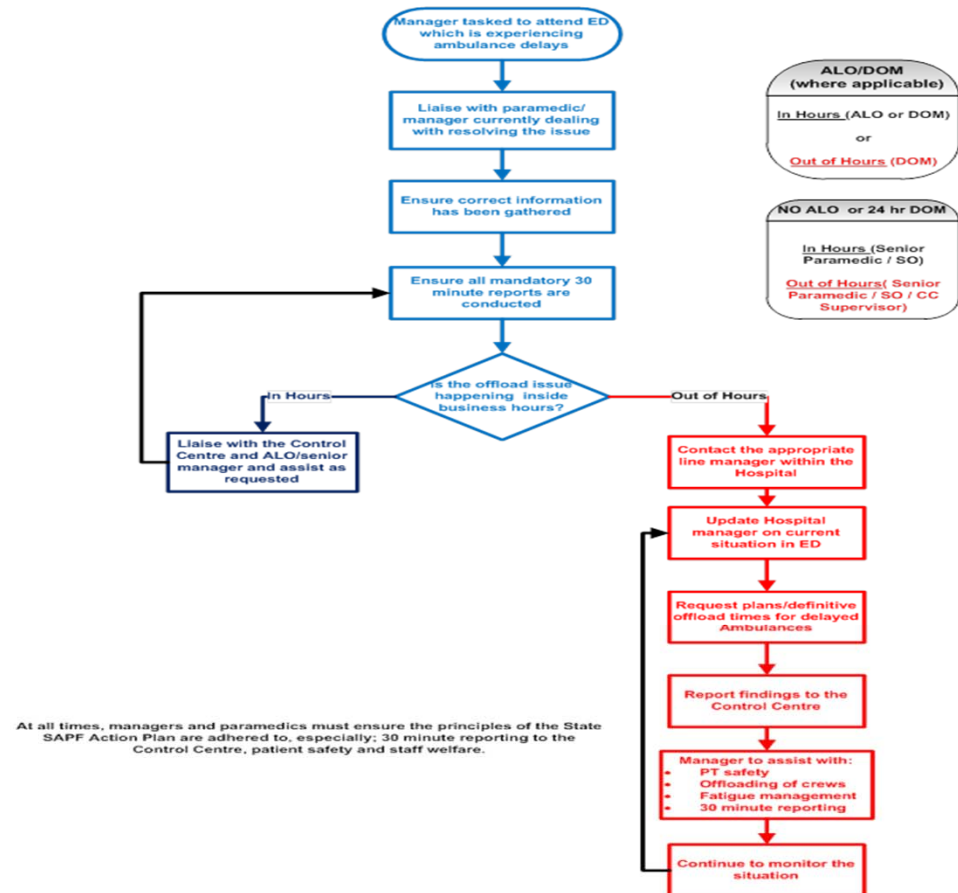
## Challenge - Escalation & Communication

**Flowchart 1: Information Gathering Prior to 30 Minute Report**



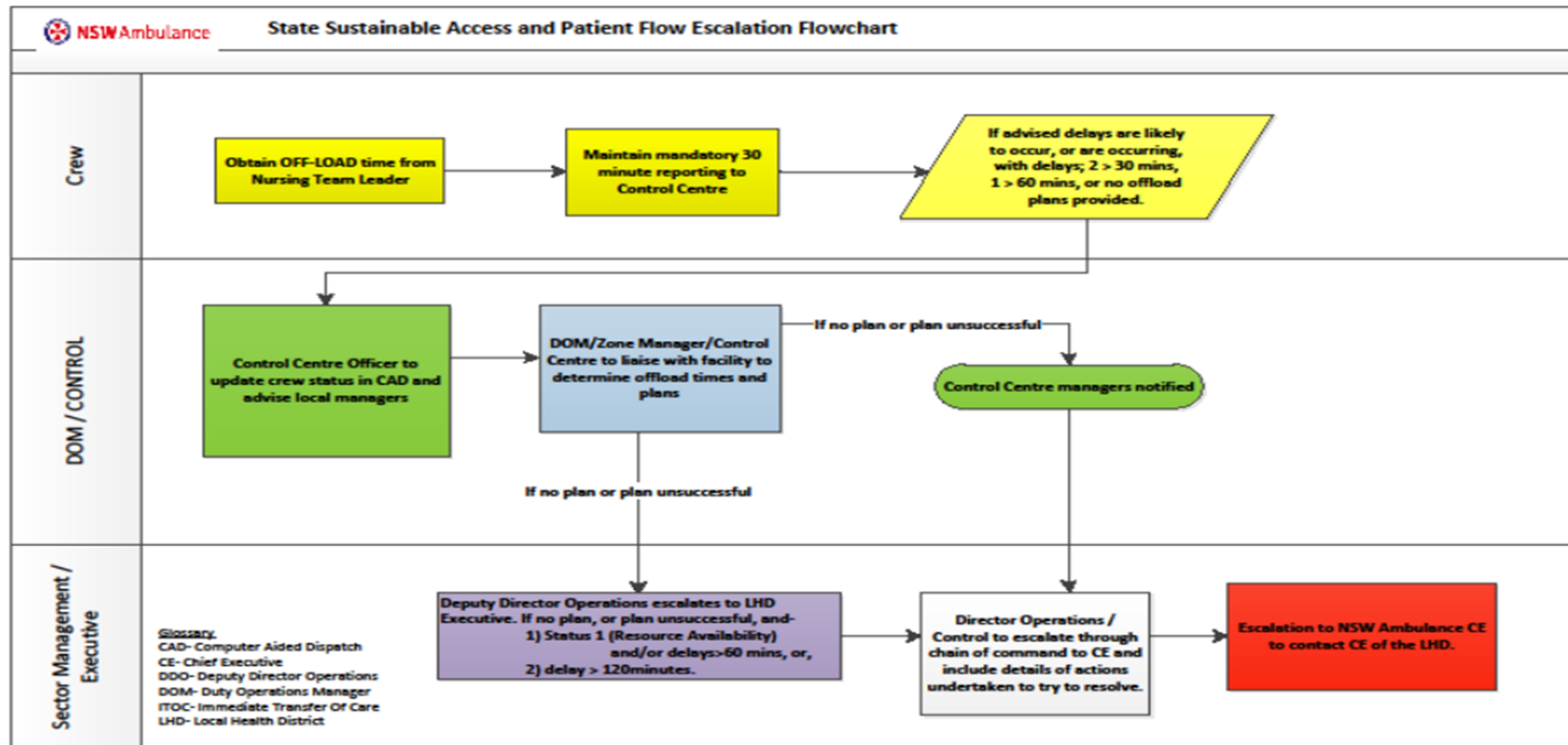
At all times, managers and paramedics must ensure the principles of the State SAPF Action Plan are adhered to, especially; 30 minute reporting to the Control Centre, patient safety and staff welfare.

**Flowchart 2: Manager Information Gathering Flowchart**





## Challenge - Escalation & Communication







## Bankstown-Lidcombe Hospital Escalation & Demand Management Plan

	Situation	ED Response	Demand Management Response	Hospital response
<b>LEVEL 4</b>	Exceeding capacity in ED (function impaired) and rest of hospital, multiple ambulance offload delays.	Notify ED Director /NUM and Demand Management Unit or AHNM of impaired ability to function and current status	Notify GM / Exec on call of need to advise CEO /District Exec on call and Ambulance Service of critical ED situation. Seek approval from GM / Exec on call to open extra Surge beds. Consider extreme options for additional capacity e.g. recovery, DSU, Ambulatory Care. Send page across hospital to alert to DMP level.	Delay all non-essential admissions, prioritise / expedite discharges & transfers out.
<b>LEVEL 3</b>	At capacity in ED with ambulance offload delays, no general hospital beds, elective cases without available beds. No discharges pending within 4 hours. Review Elective Capacity	Notify ED Director /NUM or their delegates. Senior ED staff attend department to facilitate Patient Flow and consider utilisation of EMU. Develop plan for resus capacity, escalate situation to Demand Manager/AHM	Review elective surgery list, postpone appropriate cases. Discuss opening of surge beds and transfer next day discharge patients to surge beds. Seek approval from GM Exec O/Call to open surge beds. Send DMP page across hospital	Defer / redirect non-ED admissions. Delay commencement of new operating cases until ward patients reviewed and discharges confirmed. Expedite transfers and movement of discharges to Discharge Lounge.
<b>LEVEL 2</b>	Limited available ED & hospital beds, limited discharges pending within 2-4 hours.	ED patient rounds, ensure discharged and ward allocated patients are cleared from Department	Ensure planned patient movements occur promptly, follow up on delays	Reassess and prioritise potential discharges. Identify next day discharges suitable for surge bed occupancy
<b>LEVEL 1</b>	ED & Hospital beds available, discharges pending "Business as Usual"	Maintain 2-1-1 and Target Time management	Maintain 2-1-1 and Target Time management	Maintain 2-1-1 and Target Time management. Expedite discharges with use of Discharge Lounge. Maintain accurate PASS records



## Challenge - Inter Hospital Transfers

- Preservation of response resources
- Inter Facility Transfer Process - PD2011\_031
- The role of NEPT
- Perceptions – P3 “Time Critical” Transports



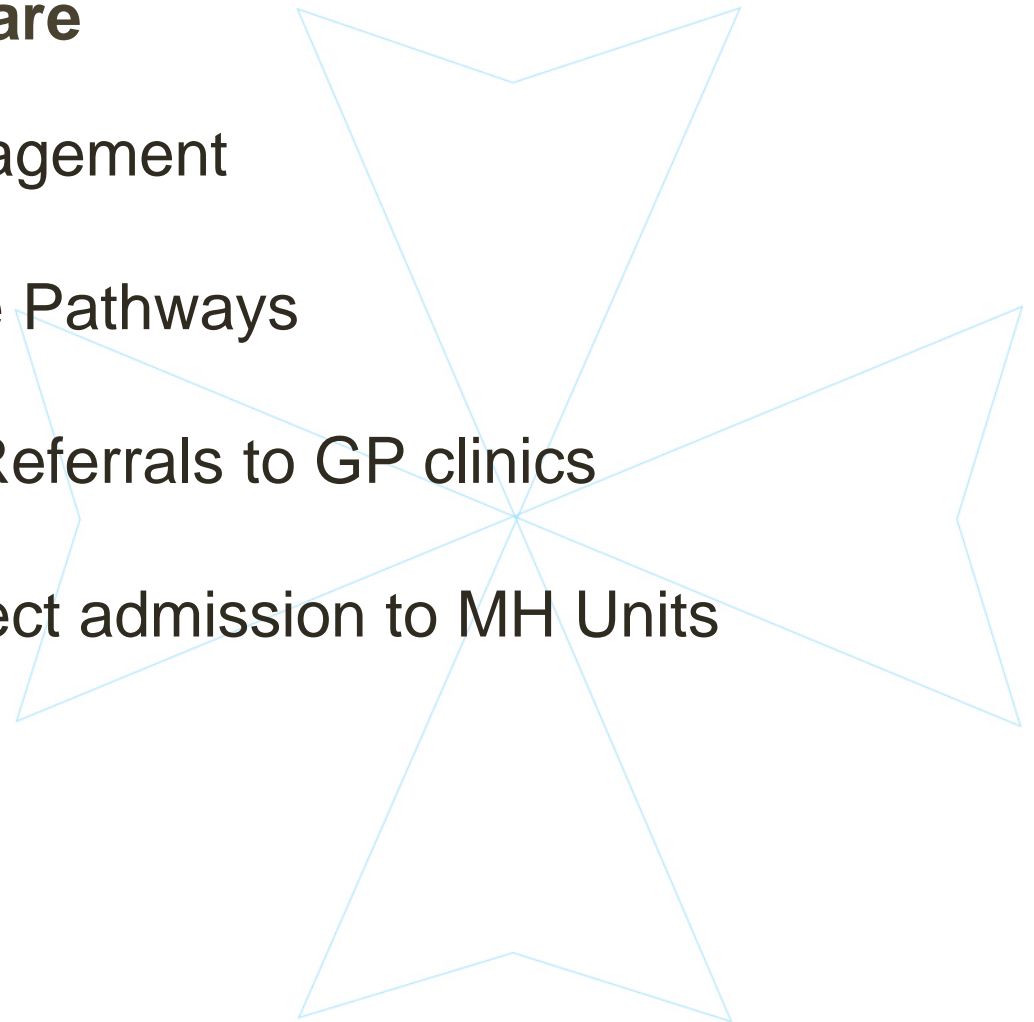
## Challenge - Demand Management

- Surge Demand Management
- Extended Care Paramedic (ECP)
- Low acuity “000” calls to Health Direct
- Frequent Facility User Management
- Low acuity referrals to mobile GP Services



## Challenge - Integrated Care

- Frequent User Management
- Aged Care Alternate Pathways
- Low acuity Patient Referrals to GP clinics
- Mental Health – Direct admission to MH Units





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**Questions?**