

Non-Emergency Patient Transport Combined DO / GM Meeting

March 2015

Reform Overview

Background

- The Garling Report on Acute Care Services in NSW Public Hospitals found that Non-Emergency Patient Transport (NEPT) compromised the delivery of emergency services and recommended the development of a separate NEPT strategy.
- Ernst and Young was commissioned in 2008/09 and recommended establishing a small number of booking hubs to coordinate a number of providers.
- The O'Reilly Review of Ambulance Services further recommended the development of a model for the management of NEPT through a single dedicated service.

Reform Plan for NSW Ambulance

On 18 December 2012 the Minister for Health announced a new strategy for the delivery of NEPT. This included:

1. Establishing NEPT as a separate service from the urgent, emergency service provided by NSW Ambulance.
2. Implementing a centralised booking system to manage all NEPT transport requests.
3. Engaging a range of providers including community, existing Ambulance Green Fleet, LHD transport services and private providers to deliver existing and future NEPT services.

Scope of Practice

Current Classes of NEPT Transport				
<p style="text-align: center;">CLASS A</p> <p style="text-align: center;">Emergency Ambulance Service</p> <p style="text-align: center;">Active monitoring, management and/or intervention</p> <ul style="list-style-type: none"> • Life threatening clinical scenarios (cardiac, respiratory, neuro, etc.) • Behaviourally unstable patients requiring mechanical restraints • Patient may deteriorate outside of the "Between the Flags" criteria • NSW Ambulance to provide an emergency ambulance <p style="text-align: center;">OUT OF SCOPE FOR NSW HEALTH NEPT SERVICES</p>	<p style="text-align: center;">CLASS B</p> <p style="text-align: center;">Specialist Escort (RN*)</p> <p style="text-align: center;">Ongoing monitoring and/or active treatment or continuity of care</p> <ul style="list-style-type: none"> • Risk of Behavioural disturbance • Patient is expected to remain within 'Between the Flags' criteria • Observation and monitoring of an intravenous infusion • Condition is not life threatening and not likely to become life threatening during transport. • Requires a stretcher for transport <p style="text-align: center;">REQUIRES (2) STAFF, AT LEAST (1) BEING AN RN*</p> <p style="text-align: center;"><small>*NOTE: RN with advanced practices skills which may include Advanced Life Support or other medical subspecialty skills.</small></p>	<p style="text-align: center;">CLASS C</p> <p style="text-align: center;">RN or EN (EN without limitations on medication endorsement)</p> <p style="text-align: center;">Supervision required with no active treatment</p> <ul style="list-style-type: none"> • Patient is expected to remain within 'Between the Flags' criteria • May require equipment monitoring (with the exception of cardiac) • Observation and monitoring of an intravenous infusion • Behaviourally stable • Condition is not life threatening and is not likely to become life threatening during transport <p style="text-align: center;">REQUIRES (2) STAFF, AT LEAST (1) BEING AN RN OR EN (EN without limitations on medication endorsement)</p>	<p style="text-align: center;">CLASS D</p> <p style="text-align: center;">PTO or EN or AIN</p> <p style="text-align: center;">Supervision required with no active treatment</p> <ul style="list-style-type: none"> • Patient is expected to remain within 'Between the Flags' criteria • Considered behaviourally stable • Condition is not life threatening and is not likely to become life threatening during transport. • Patients requiring Oxygen with a flow greater than 4L must include an EN escort • Requires a stretcher for Transport <p style="text-align: center;">REQUIRES 1 or 2 STAFF, ANY COMBINATION OF PTO, EN or AIN</p>	<p style="text-align: center;">CLASS E</p> <p style="text-align: center;">Taxi/Community Transport/Private Vehicle</p> <p style="text-align: center;">Self-Caring – Low acuity</p> <ul style="list-style-type: none"> • Currently out of scope for NEPT Services. • Future plan for booking hubs to schedule this group of patient transport. <p style="text-align: center;">CURRENTLY OUT OF SCOPE FOR NSW HEALTH NEPT SERVICES</p>
<p style="font-size: small;">Patients have been assessed by a registered nurse or medical practitioner as having a low risk of deterioration</p>				

Transition

Transition Preparation

- July 2013 – separate NSW Ambulance NEPT dispatching from Sydney Control Centre.
- Complete development of IT system.
- Built/fitout the Greater Metropolitan Booking Hub (GMBH).
- Establish operational workforce.
- Prepare NSW Ambulance NEPT fleet for transition.
- Communicate new booking system (Optima Web) to EBS users.

Greater Metropolitan Booking Hub



Transitioning LHD Fleets

Fleet	Transition Date
Ambulance PTS	24-May-14
Northern Sydney	16-Aug-14
Central Coast	16-Aug-14
Illawarra Shoalhaven	13-Sep-14
South Western Sydney	11-Oct-14
Western Sydney	15-Nov-14
Sydney	22-Nov-14
Nepean Blue Mts	29-Nov-14
Hunter New England	06-Dec-14

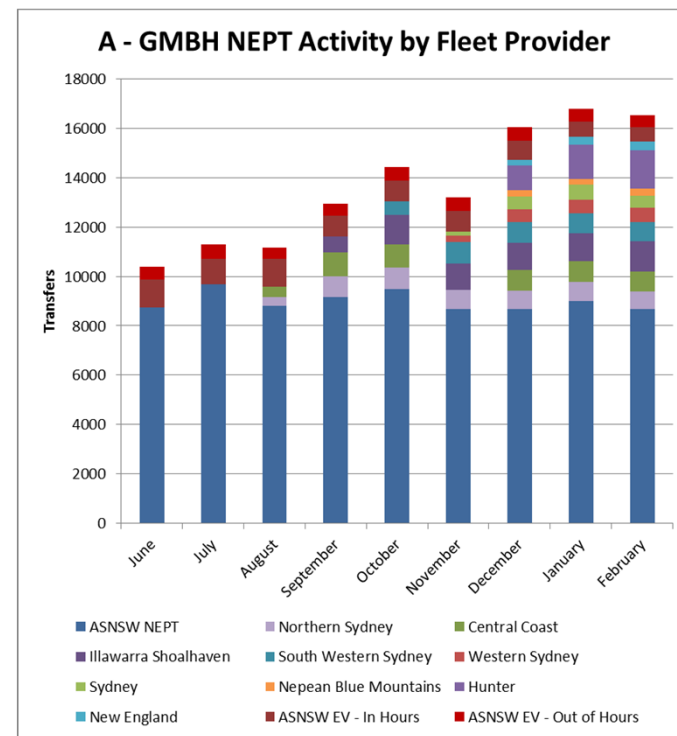


Transition Challenges

- Historical data.
- Industrial.
- Scope of practice – operational and system.
- Technical – MDTs/radios/web/GMBH.
- Establishing a workforce.

Summary of Fleet Transition Activity

- All NSW Ambulance, Greater Metropolitan and Tamworth LHD NEPT fleets now transitioned to GMBH.
- Activity around 16,000 transfers per month as at February 2015.





Regional NEPT

- Commence transition approx. July 2015.
- Staggered rollout by LHD.
- Business as usual – tool provided.
 - Exploring alternate options for MDTs/radios

Current Operations

Challenges

- Historical expectation that bookings be transferred to the Red Fleet should NEPT capacity be reached.
- NSW Ambulance has very limited opportunity to assist with NEPT activity to ensure they have capacity to respond to triple zero requests.
- Increased scope of practice for LHD fleets to transport patients to and from residential addresses.
- Increased activity for LHD crews.
- Variation in capability of fleet – Cardiac, Paediatric, Bariatric.

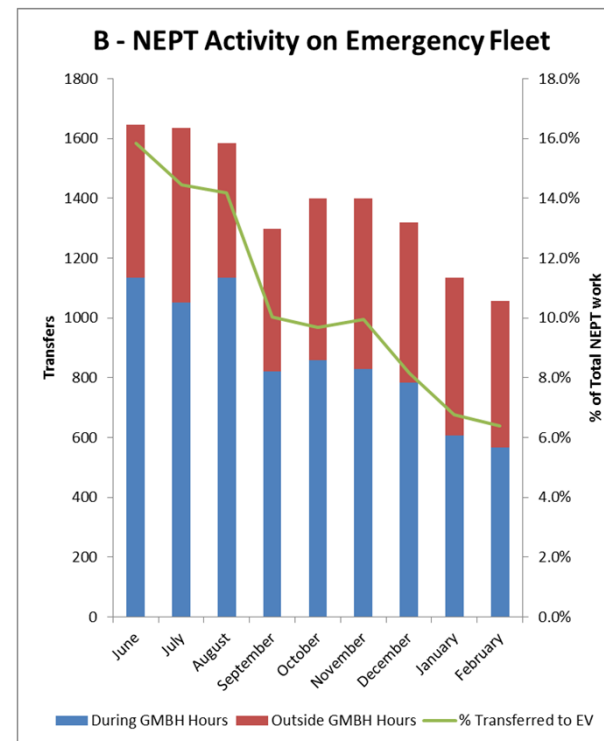
Business Model

- Greater Metro fleets transitioned.
- Reduction in NSW Ambulance Emergency fleet usage.
- Broadly improved timeliness of service.
- Opportunity to understand the system.
- Availability of data.
- Consent from Health Secretary for HealthShare NSW to commence billing on behalf of LHDs.

Reduction in Emergency Fleet usage

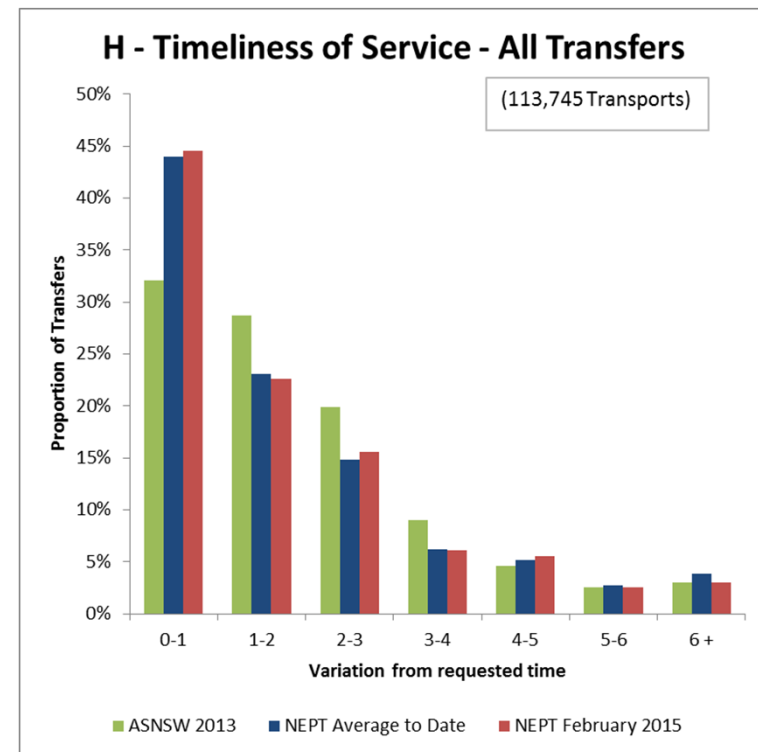
Proportion of total work:

- June 2014 ~ 15.7%.
- Feb 2015 ~ 6.4%.



Timeliness of Service – All Transfers

- Overall improvement in timeliness of service compared to NSW Ambulance Green Fleet for total activity in 2013 from 32% to 48% in February 2015.
- Performance has shifted from later arrival times.



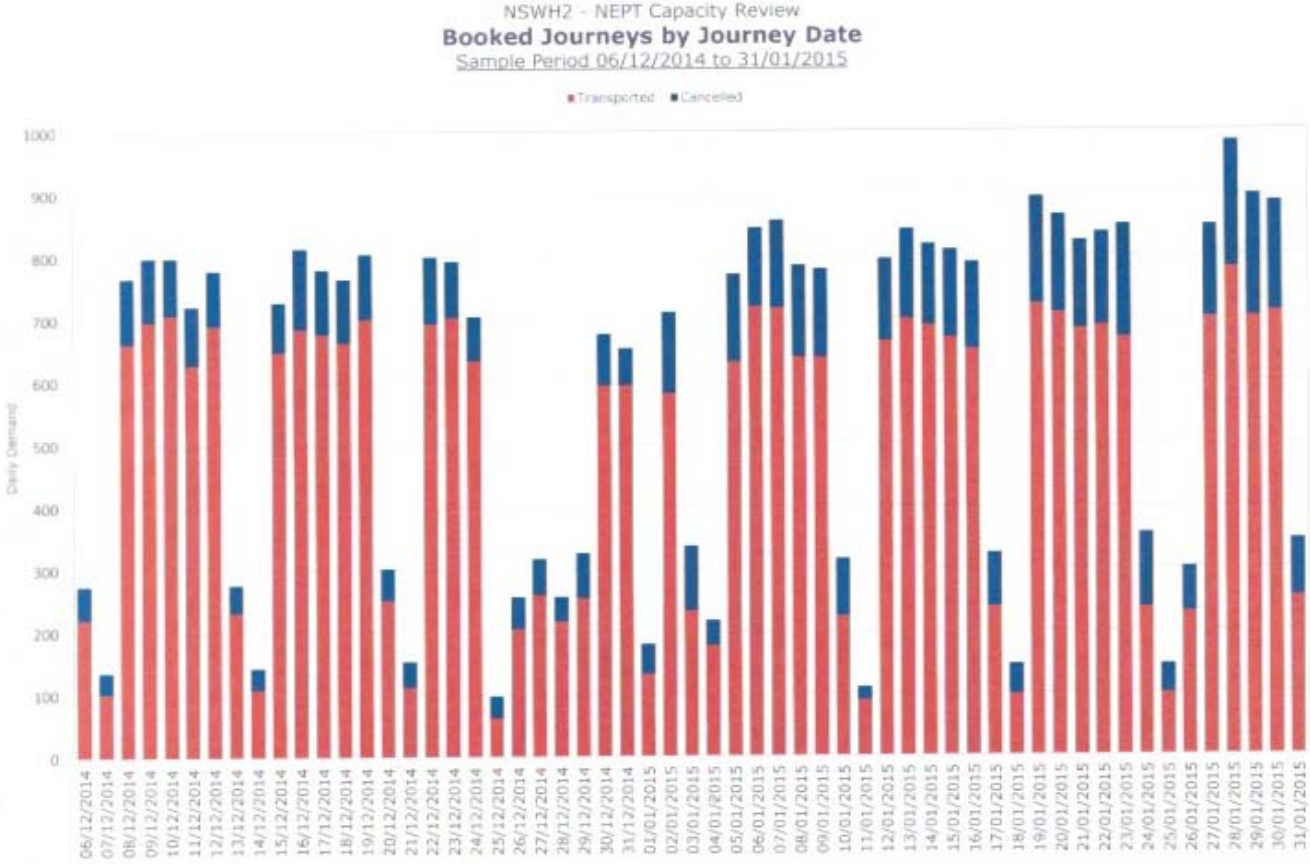
Online Booking Rate

- Optima Web online booking tool adoption rates.
- Trend is based on prior month.

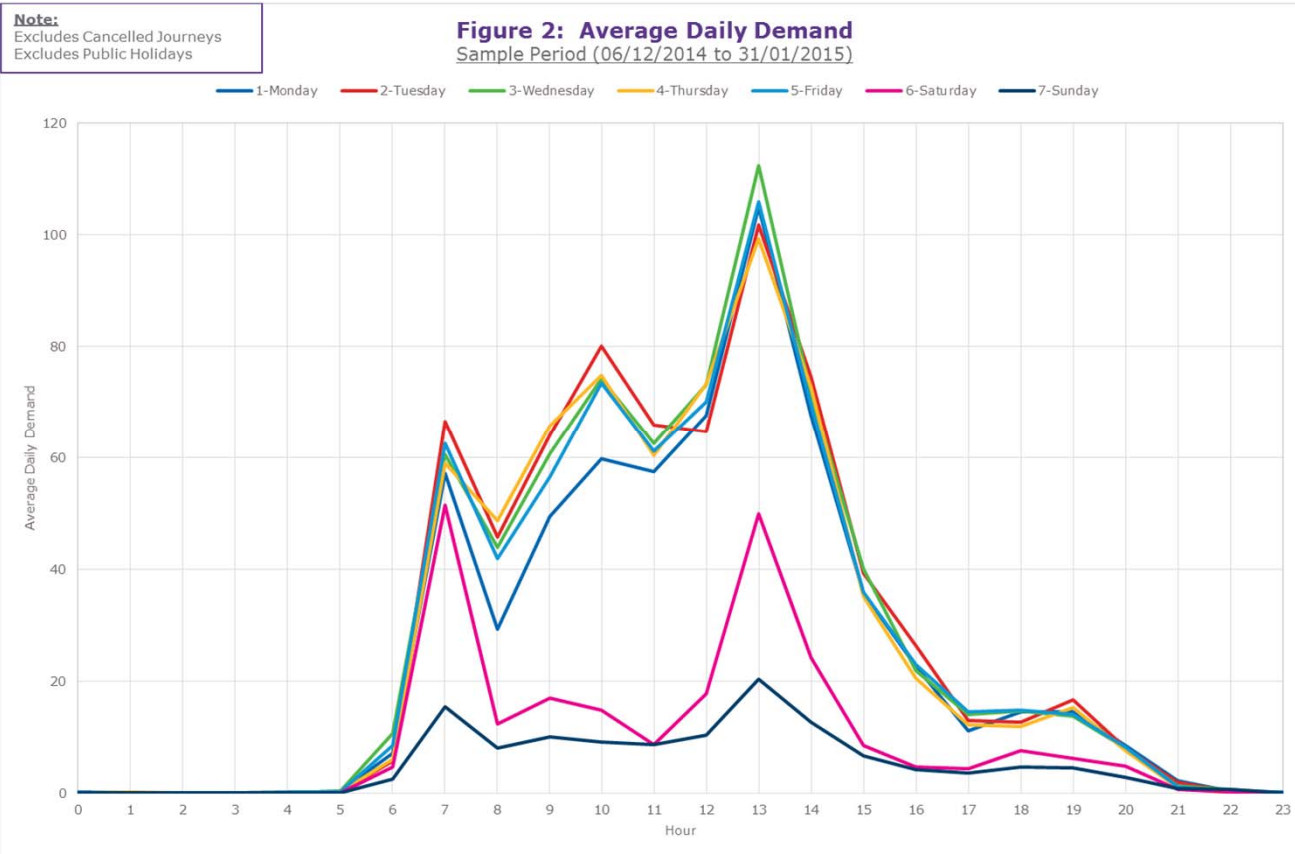
D - Optima Web Booking Rate										
LHD	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Trend
Central Coast	73%	79%	77%	74%	79%	79%	80%	79%	74%	↓ (5%)
Hunter	79%	78%	82%	82%	81%	83%	57%	59%	56%	↓ (3%)
New England							41%	44%	53%	↑ 9%
Illawarra Shoalhaven	46%	52%	55%	65%	63%	65%	59%	56%	60%	↑ 4%
Nepean Blue Mnts	51%	57%	59%	61%	57%	56%	57%	60%	60%	→ 0%
Northern Sydney	59%	63%	61%	55%	53%	57%	53%	59%	54%	↓ (5%)
South Eastern Sydney	61%	57%	60%	61%	59%	53%	52%	58%	58%	→ 0%
South Western Sydney	64%	67%	69%	70%	82%	81%	81%	81%	77%	↓ (4%)
Sydney	56%	57%	52%	55%	69%	76%	81%	81%	81%	→ 0%
Western Sydney	44%	42%	44%	51%	58%	52%	48%	57%	60%	↑ 3%
AVERAGE	59%	61%	62%	64%	67%	67%	61%	63%	63%	→ 0%

Demand

Booked Journeys by Journey Date

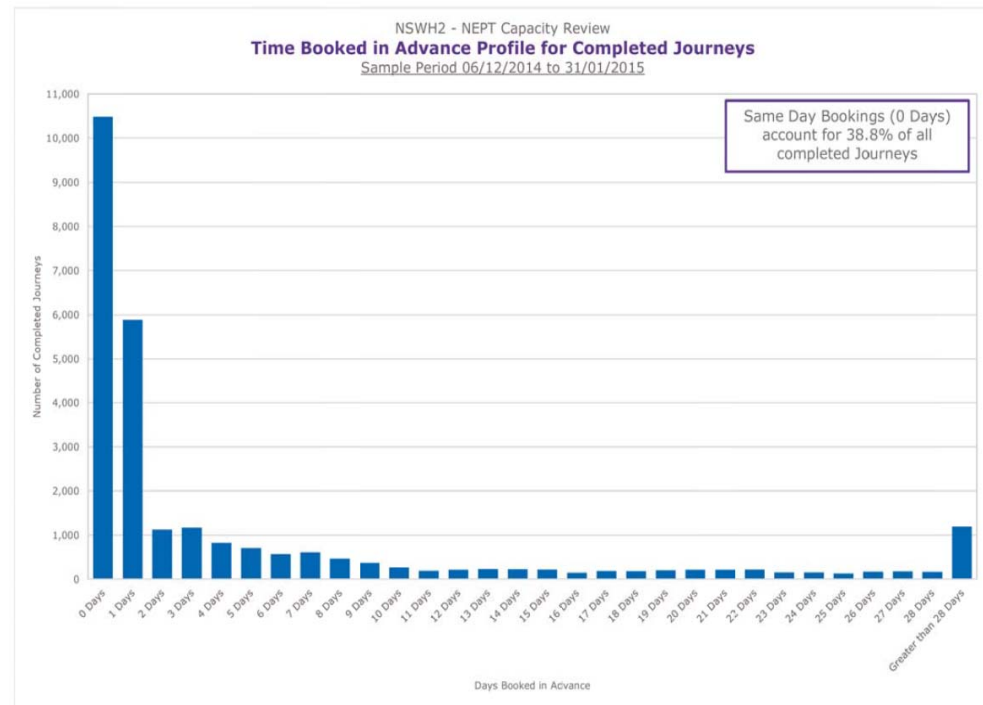


Average Daily Demand



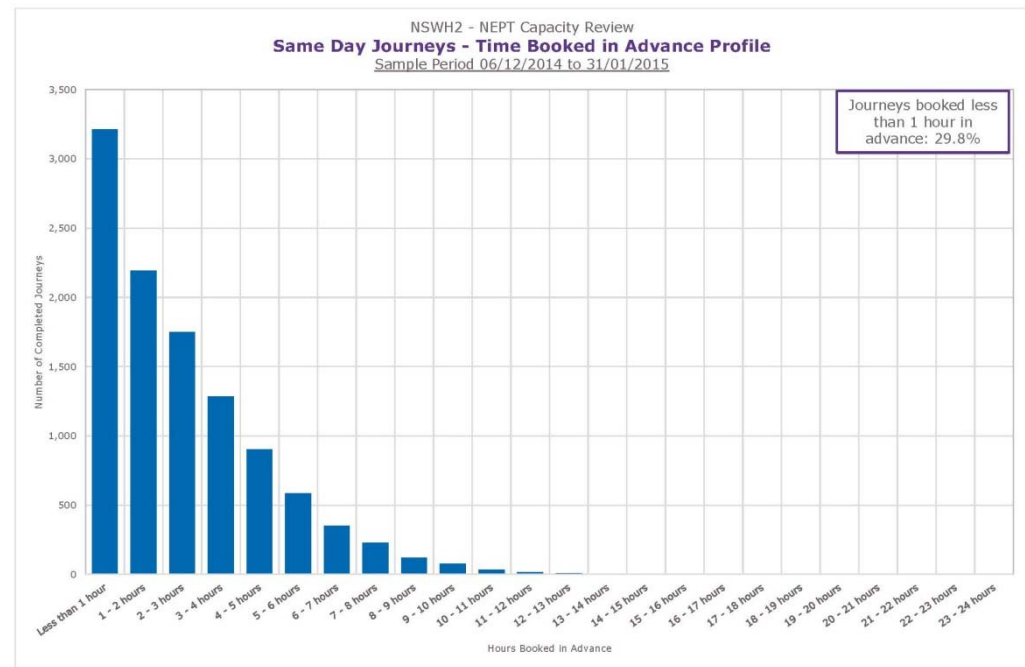
Expectation Challenges

- 40% of all bookings occur on the same day as transport is requested.



Expectation Challenges

- For same day bookings, 30% are requested within one hour.



Same Day – ‘Ward Discharges’

E - Same Day Booking Rate - Non-ED Discharges from Public Hospitals

LHD	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Trend
Central Coast	49%	62%	53%	65%	53%	62%	70%	58%	54%	● (4%)
Hunter New England	60%	59%	59%	54%	61%	60%	77%	68%	65%	● (3%)
Illawarra Shoalhaven	70%	73%	54%	66%	64%	57%	76%	81%	73%	● (7%)
Nepean Blue Mnts	65%	58%	57%	59%	62%	54%	64%	56%	61%	● 5%
Northern Sydney	59%	57%	57%	57%	59%	51%	58%	70%	62%	● (8%)
South Eastern Sydney	62%	60%	67%	73%	65%	67%	63%	70%	54%	● (16%)
South Western Sydney	81%	79%	80%	83%	71%	69%	81%	77%	76%	● (1%)
Sydney	67%	62%	58%	61%	58%	56%	56%	57%	58%	● 1%
Western Sydney	65%	64%	65%	72%	65%	72%	76%	80%	66%	● (13%)

Overnight Delays

Overnight Delays for Public Hospitals

LHD	Overnight Delays	Total Transports	% Overnight
Central Coast	8	928	0.9%
Hunter New England	25	1499	1.7%
Illawarra Shoalhaven	17	1512	1.1%
Nepean Blue Mountains	9	394	2.3%
Northern Sydney	20	1126	1.8%
South Eastern Sydney	14	437	3.2%
South Western Sydney	39	1550	2.5%
Sydney	13	1236	1.1%
Western Sydney	30	1394	2.2%
TOTAL	175	10076	1.7%

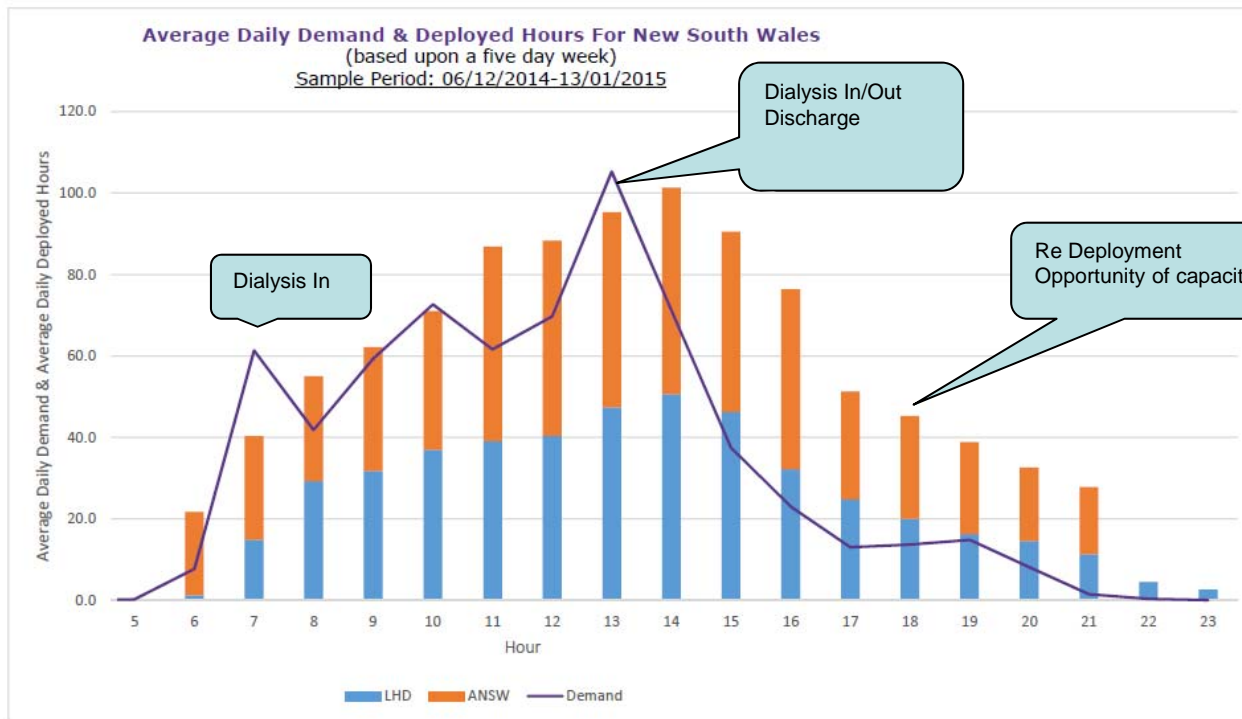
Resources

Fleet Deployment Challenges

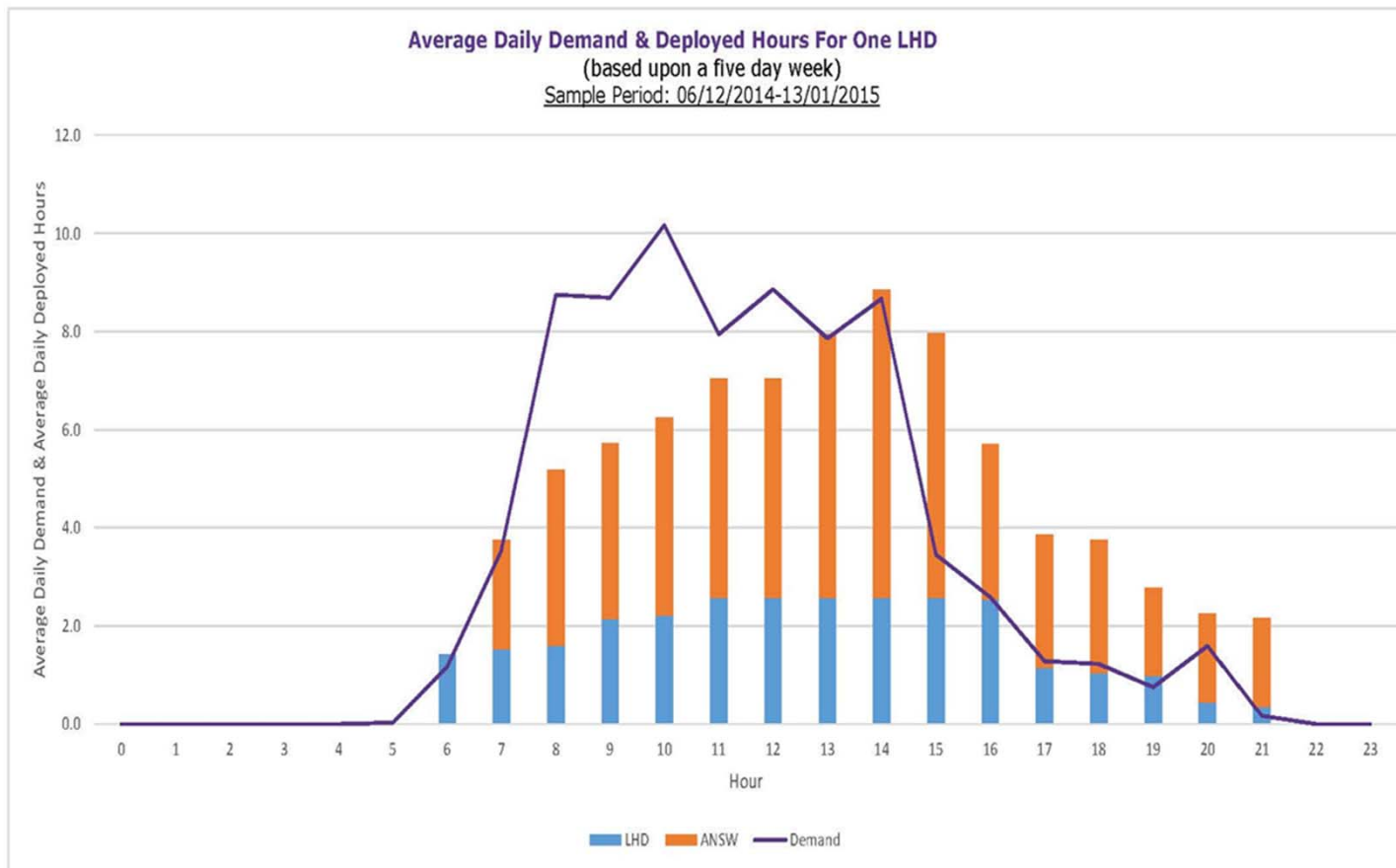
- Inconsistent fleet deployments.
- Variation agreed/actual deployments in February 2015 equates to a shortfall of nine vehicles per day/10 hr shifts.
- Casual pool of staff engaged from 9 March 2015.

C - Fleet Deployments	Feb-15		
Fleet Provider	Agreed	Actual	Complia
Northern Sydney	144	141	98%
Central Coast	164	160.5	98%
Hunter	242	237	98%
Illawarra Shoalhaven	268	237.5	89%
Sydney	140	125	89%
South Western Sydney	176	168	95%
Western Sydney	136	120	88%
Nepean Blue Mountains	100	61	61%
NSW Ambulance	1124	1005	89%
TOTAL	2494	2255	90%

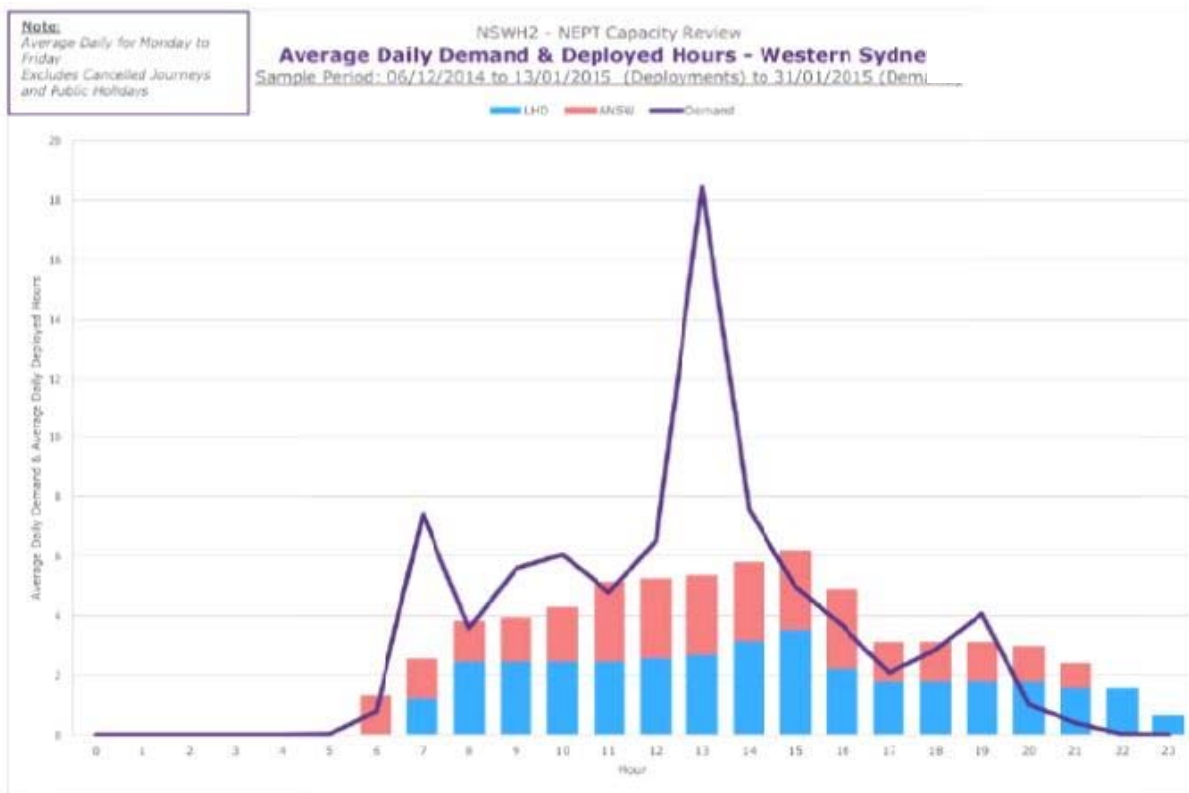
Timing of Fleet Deployments



Timing of Fleet Deployments



Timing of Fleet Deployments



Proportion of Transfers Within LHDs

LHD Provided Resources

Fleet Provider	Percentage of Journeys			
	Fleet, Pick Up and Destination LHD Same	Fleet and Pick Up LHD Same	Fleet and Destination LHD Same	Fleet, Pick Up and Destination LHD Different
Central Coast	89.9%	5.2%	2.9%	1.9%
Hunter New England	96.7%	2.0%	0.7%	0.6%
Illawarra Shoalhaven	91.9%	5.0%	1.9%	1.2%
Nepean Blue Mountains	71.3%	17.3%	5.0%	6.4%
Northern Sydney	88.4%	8.1%	2.1%	1.3%
South Western Sydney	84.8%	11.7%	0.9%	2.6%
Sydney	78.4%	13.0%	2.7%	5.8%
Western Sydney	87.7%	5.2%	2.5%	4.5%
Total	89.3%	6.6%	1.9%	2.2%

Fleet Transfer Type

Transfer Reason	ASNSW Provided Resources	LHD Provided Resources	Overall
Admission	1.9%	3.8%	2.7%
Airport Transfer For Flight	0.0%	0.1%	0.1%
Appointment	9.3%	25.9%	16.6%
Dialysis In	24.7%	1.8%	14.7%
Dialysis Out	17.2%	1.9%	10.5%
ED Discharge	4.2%	3.2%	3.8%
Escort Return	0.0%	0.6%	0.3%
Inter Hosp Transfer (IHT) for Specialist Care	1.8%	14.5%	7.4%
Inter Hosp Transfer (IHT) Post Specialist Care	7.3%	13.7%	10.1%
New Nursing Home Admission	3.9%	2.4%	3.2%
Other Discharge	20.6%	8.6%	15.4%
Post Appointment	8.8%	21.5%	14.4%
Rankin Park Day Hospital Appointment	0.0%	0.9%	0.4%
Rankin Park Day Hospital Return	0.0%	0.8%	0.4%
Unknown	0.3%	0.1%	0.2%
Total	100%	100%	100%

Building NEPT Capacity

ORH Transport Capacity Review

- Analysis of NEPT demand data to ascertain how patient transport demand is currently being met by NEPT crews looking at measures such as:
 - Timeliness;
 - Patient utilisation;
 - Crew utilisation;
 - Crew types; and
 - Levels of multi-loading.
- The creation of a simulation model for NEPT services.

Infectious Patients

- Approval from Clinical Excellence Commission to transport NEPT patients with differing MROs in the same vehicles.
 - Discharging from same hospital.
 - Admitting to same point of care.
- 16.7% of all transports involve infectious patients.
- Impact on capacity will be modelled by ORH.

Infectious Patients

NSWH2 - NEPT Capacity Review
Demand by Infectious Status - All LHDs
 Sample Period 06/12/2014 to 31/01/2015

Demand - Monday to Friday

Transfer Reason	Infection Status				Total Infectious	Total Journeys	% Infectious Journeys
	VRE	MRSA	ESBL	No Infection			
Admission	9	32	5	605	46	651	7.1%
Airport Transfer For Flight	4	1	0	8	5	13	38.5%
Appointment	86	250	24	1,609	360	3,969	9.1%
Dialysis In	642	463	62	2,325	1,167	3,492	33.4%
Dialysis Out	425	381	51	1,644	857	2,501	34.3%
ED Discharge	20	75	8	791	103	894	11.5%
Escort Return	0	1	1	65	2	67	3.0%
Inter Hosp Transfer (IHT) for Specialist Care	39	66	17	1,646	122	1,768	6.9%
Inter Hosp Transfer (IHT) Post Specialist Care	71	137	26	2,178	234	2,412	9.7%
New Nursing Home Admission	20	72	8	671	100	771	13.0%
Other Discharge	140	461	56	3,006	657	3,663	17.9%
Post Appointment	76	238	22	3,108	336	3,444	9.8%
Rankin Park Day Hospital Appointment	0	0	0	92	0	92	0.0%
Rankin Park Day Hospital Return	0	0	0	88	0	88	0.0%
Unknown	0	0	0	54	0	54	0.0%
Total	1,532	2,177	280	19,890	3,989	23,879	16.7%

Average Daily Demand - Monday to Friday

Transfer Reason	Infection Status				Total Infectious	Total Journeys	% Infectious Journeys
	VRE	MRSA	ESBL	No Infection			
Admission	0.3	0.9	0.1	16.8	1.3	18.1	7.1%
Airport Transfer For Flight	0.1	0.0	0.0	0.2	0.1	0.4	38.5%
Appointment	2.4	6.9	0.7	100.3	10.0	110.3	9.1%
Dialysis In	17.8	12.9	1.7	64.6	32.4	97.0	33.4%
Dialysis Out	11.8	10.6	1.4	45.7	23.8	69.5	34.3%
ED Discharge	0.6	2.1	0.2	22.0	2.9	24.8	11.5%
Escort Return	0.0	0.0	0.0	1.8	0.1	1.9	3.0%
Inter Hosp Transfer (IHT) for Specialist Care	1.1	1.8	0.5	45.7	3.4	49.1	6.9%
Inter Hosp Transfer (IHT) Post Specialist Care	2.0	3.8	0.7	60.5	6.5	67.0	9.7%
New Nursing Home Admission	0.6	2.0	0.2	18.6	2.8	21.4	13.0%
Other Discharge	3.9	12.8	1.6	83.5	18.3	101.8	17.9%
Post Appointment	2.1	6.6	0.6	86.3	9.3	95.7	9.8%
Rankin Park Day Hospital Appointment	0.0	0.0	0.0	2.6	0.0	2.6	0.0%
Rankin Park Day Hospital Return	0.0	0.0	0.0	2.4	0.0	2.4	0.0%
Unknown	0.0	0.0	0.0	1.5	0.0	1.5	0.0%
Total	42.6	60.5	7.8	552.5	110.8	663.3	16.7%

Notes:

Excludes Cancelled Journeys
 Excludes Public Holidays

Taxi Trial Modelling

Ambulant Dialysis Patients removed from:	Impact			
	Number of dialysis patients removed from system	Change to Proportion of patients dropped off 60 minutes after appointment time	Change to Proportion of patients picked up 60 minutes after requested time	Number of fewer patients transferred to ambulance per week
Sydney LHD	118	-3.3%	-2.0%	35
Central Coast LHD	43	-0.8%	-0.7%	11
Western Sydney LHD	44	-0.7%	-0.4%	3
South West Sydney LHD	114	-5.0%	-2.2%	39
Western and South West Sydney LHD	158	-4.4%	-2.5%	41
All LHDs	433	-13.0%	-9.4%	97

- Ambulant dialysis patients
- Two LHDs.
- 3-4 months duration

NSWA Crews Crib anywhere

Inward Patients	More than 60 Minutes After Appointment Time			
	Pre-booked	Dialysis	Same Day	Overall
Base	32.3%	34.2%	70.4%	43.9%
NSW Crews Meal Break Anywhere	33.9%	34.3%	65.3%	43.4%
Difference	1.6%	0.2%	-5.1%	-0.5%

Outward Patients	More than 60 Minutes After Pickup Time			
	Pre-booked	Dialysis	Same Day	Overall
Base	73.4%	79.5%	82.4%	77.8%
NSW Crews Meal Break Anywhere	71.0%	79.9%	82.4%	77.0%
Difference	-2.4%	0.4%	0.0%	-0.8%

	Utilisation	Transferred to Ambulance (per week)	Proportion of Journey Single Loaded
Base	74.3%	245	78.5%
NSW Crews Meal Break Anywhere	79.8%	186	77.8%
Difference	5.5%	-59	-0.7%

Maintaining Performance

- Maintaining deployments
- Decreasing same day booking rate – target 30%
- Optima Web usage increase to 85%
- All NEPT booked by GMBH unless within 30mins – Minimise Red Fleet Requirement for NEPT

Maintaining and Improving Performance

- Threshold for access to NEPT.
- LHD targeted communications.
- Outcomes of ORH modelling
 - Supply/demand matching
 - Optimum model for performance
- NEPT forum – Week 27 April.

NON EMERGENCY PATIENT TRANSPORT

NEPT



Plan ahead



Book early



Book online

Patients must be medically unsuitable for community, public or private transport to use NEPT.

www.health.nsw.gov.au/nept

Questions