



Ambulance Service
of New South Wales

Frequent User Management (FUM)

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Context

NSW Ambulance one of the largest in the world

Approx 1.2m calls/year: >3000 responses/day: 1 call every 28 seconds

Increase in low acuity patients significantly higher than for high acuity



Context

Do low acuity patients require ambulance attendance and subsequent transport to ED?

Would providing a different response to frequent callers provide better patient care and be more operationally efficient?

Number of patients and number of calls in each call range (2009/2010)

No of calls per patient	No of patients	Total no of calls	Total no of transports
10 to 14	605	6,834	5,349
15 to 19	179	2,983	2,365
20 to 29	104	2,450	1,932
30 to 39	22	749	577
40 to 49	12	524	407
50 to 59	8	420	357
60 to 69	4	253	230
70 to 149	4	365	211
Total ≥ 10	938	14,578	11,428
Total ≥ 20	154	4,761	3,102

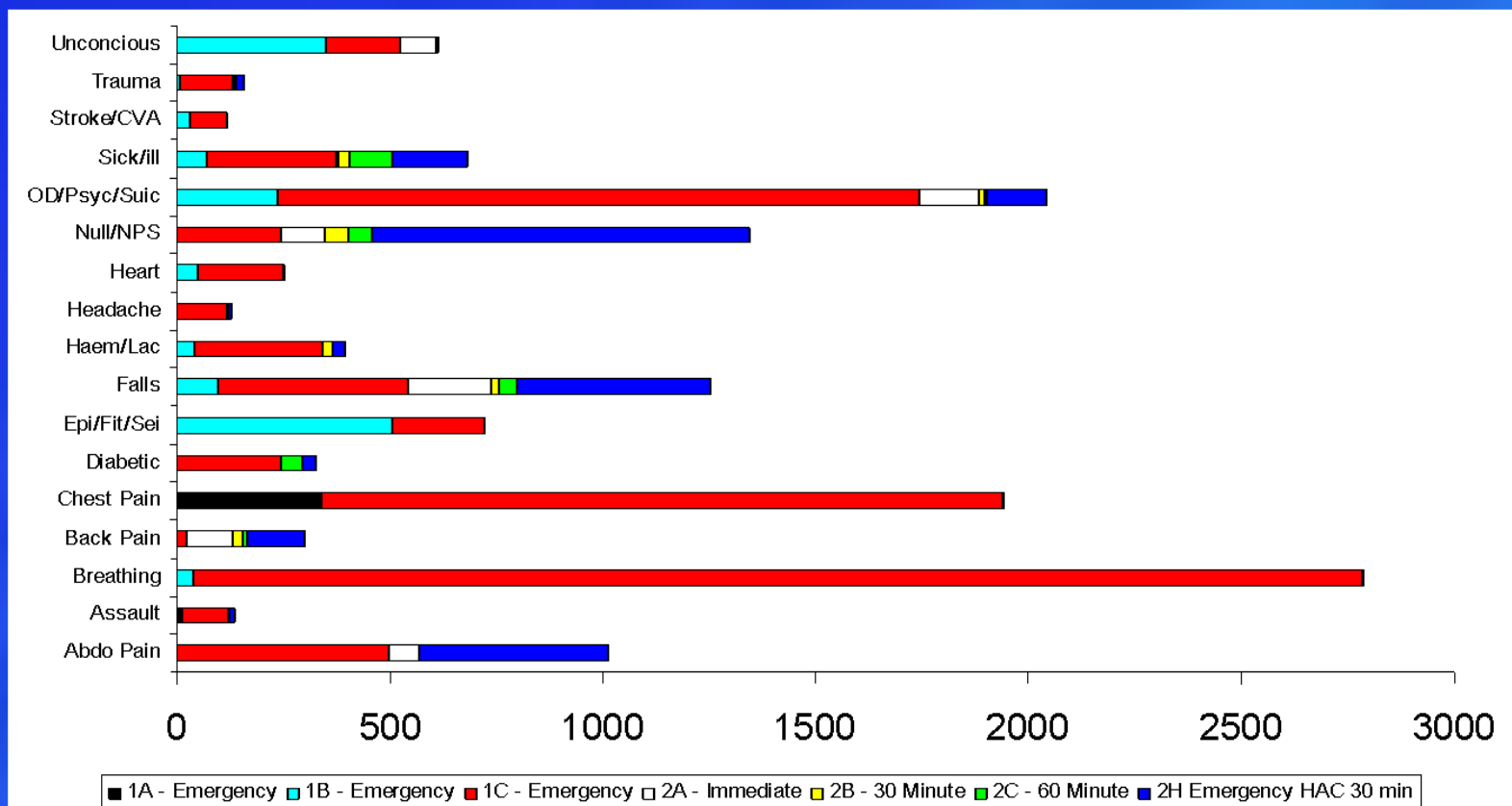


Resource implications

- IPART 2013/2014: call out = \$838
- When applied to frequency activity data:
 - $\$838 \times 11428 = \9.6m



Identified Computer Assisted Dispatch problem (by priority category)





The literature

There is no standard definition of frequent

Assumption most frequent callers are either abusing or misusing services

Chronic disease may legitimately require more frequent care

All interventions feature some form of case management

Interventions should include the consumer perspective



Language

'Frequent' = 10 or more calls in a 12 month period

We discourage the use of

'Burden' – it is inaccurate

'Frequent flyer' – it is disrespectful



Interventions

1. Notification to existing care provider only

2. Notification to patient only

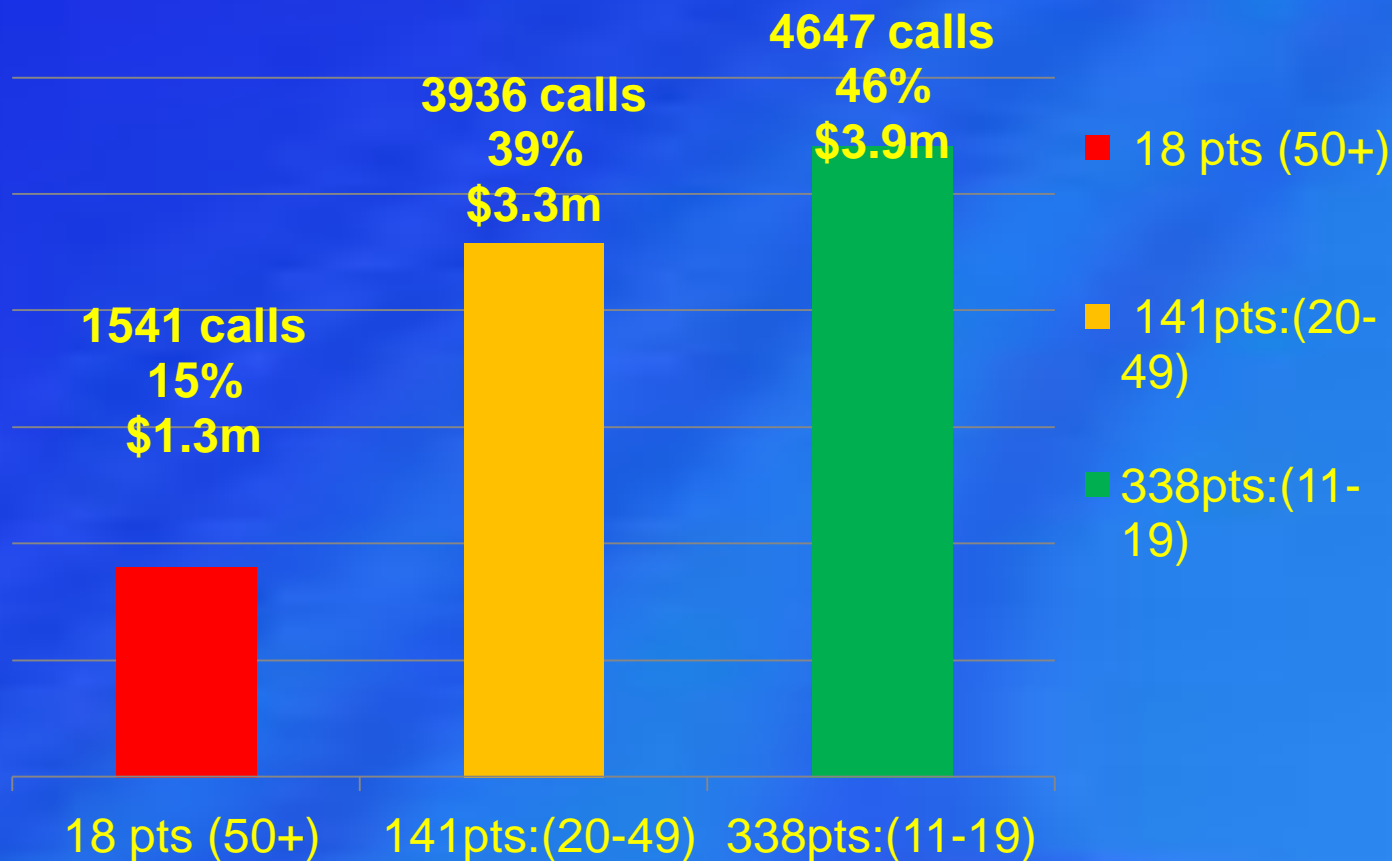
3. Notification to patient, LHD and development of multi agency plan

4. Designated case management

5. Agreement of appropriate ambulance use

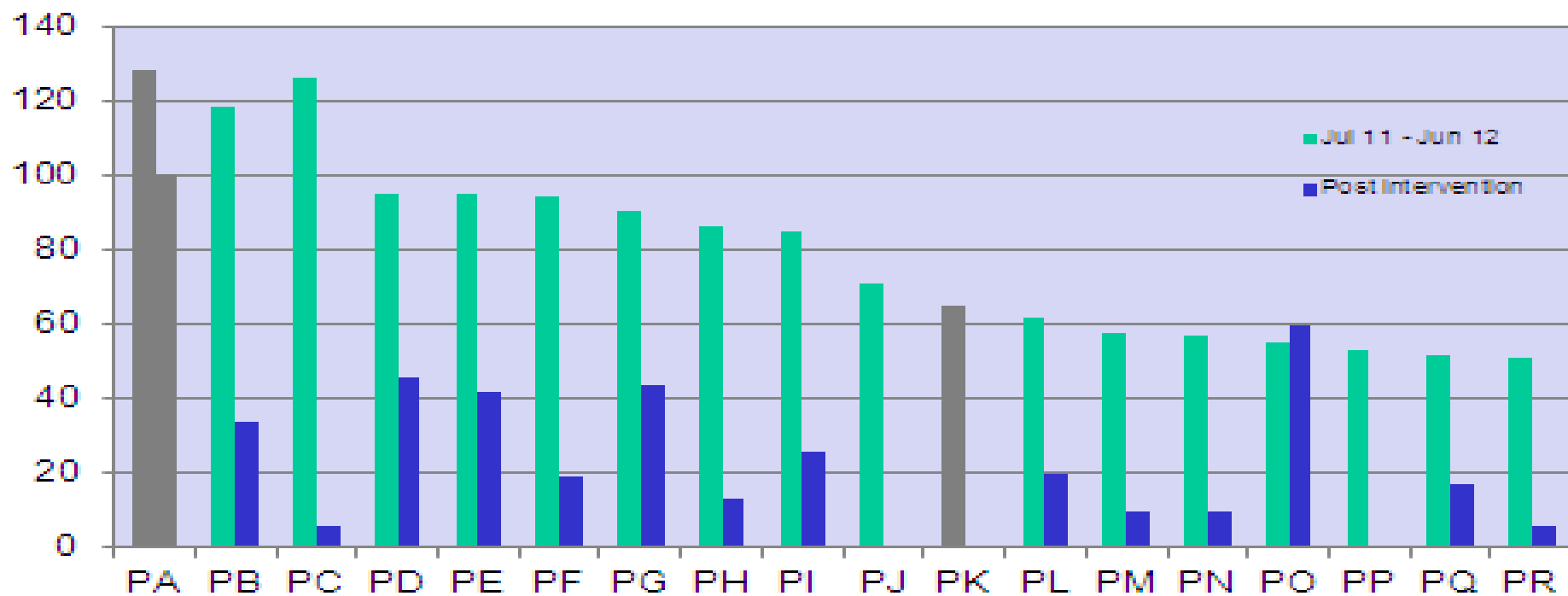


Frequency data 2011/2012





Frequency of calls pre and post intervention





Case Study 1

- 48 yr. old female frequently calling with shortness of breath
- 57 uses July 12-Nov 12
- Often refuses transport
- Significant self-neglect
- Poor health literacy
- Alcohol dependence
- Significant anxiety issues
- Living in squalor
- Met with patient and undertook assessment
- Engaged with patient's GP
- Attempted to engage other care providers
- Trial of case management
- Worked with patient on most immediate concerns
- Cognitive and behavioural interventions for stress management and anxiety

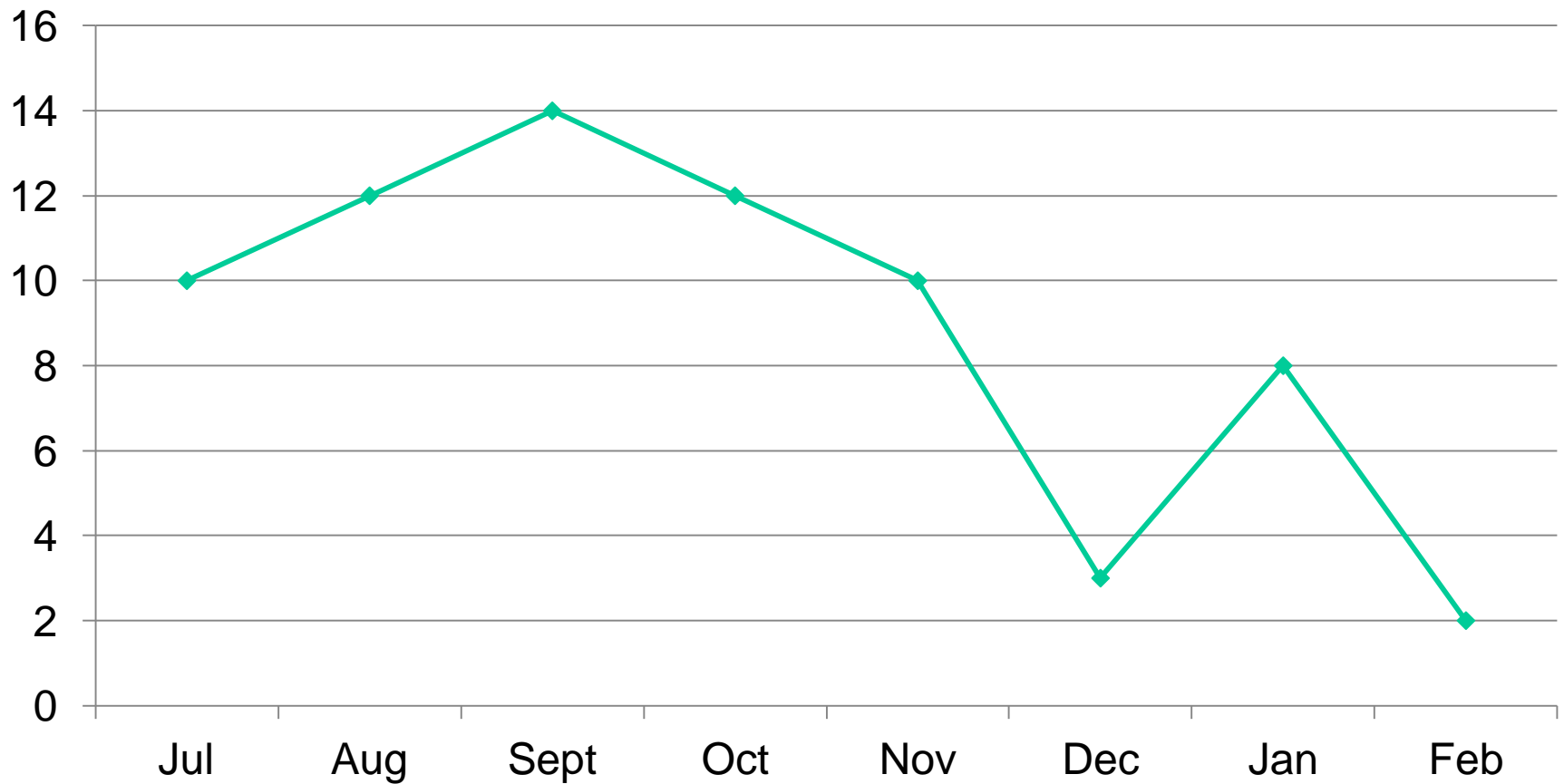
Case Study 1

Post intervention



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NSW Ambulance Use





Key factors for success

- Reliable data
- High level executive support
- View patient as key stakeholder
- Effective networks with other service providers
- Clinical governance