



Health
NSW Ambulance

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The Role of Secondary Triage



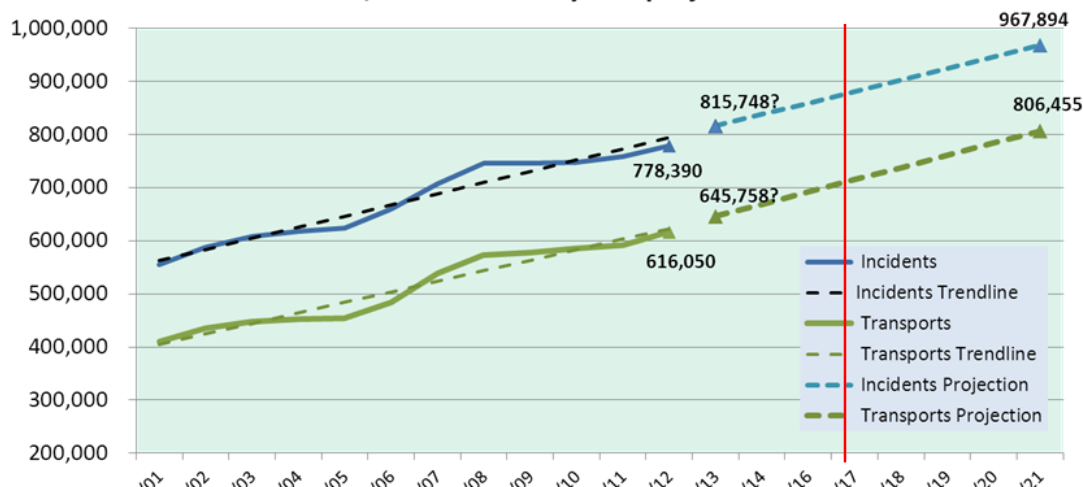
Context – Demand

NSW Ambulance is one of the largest in the world

It provides:

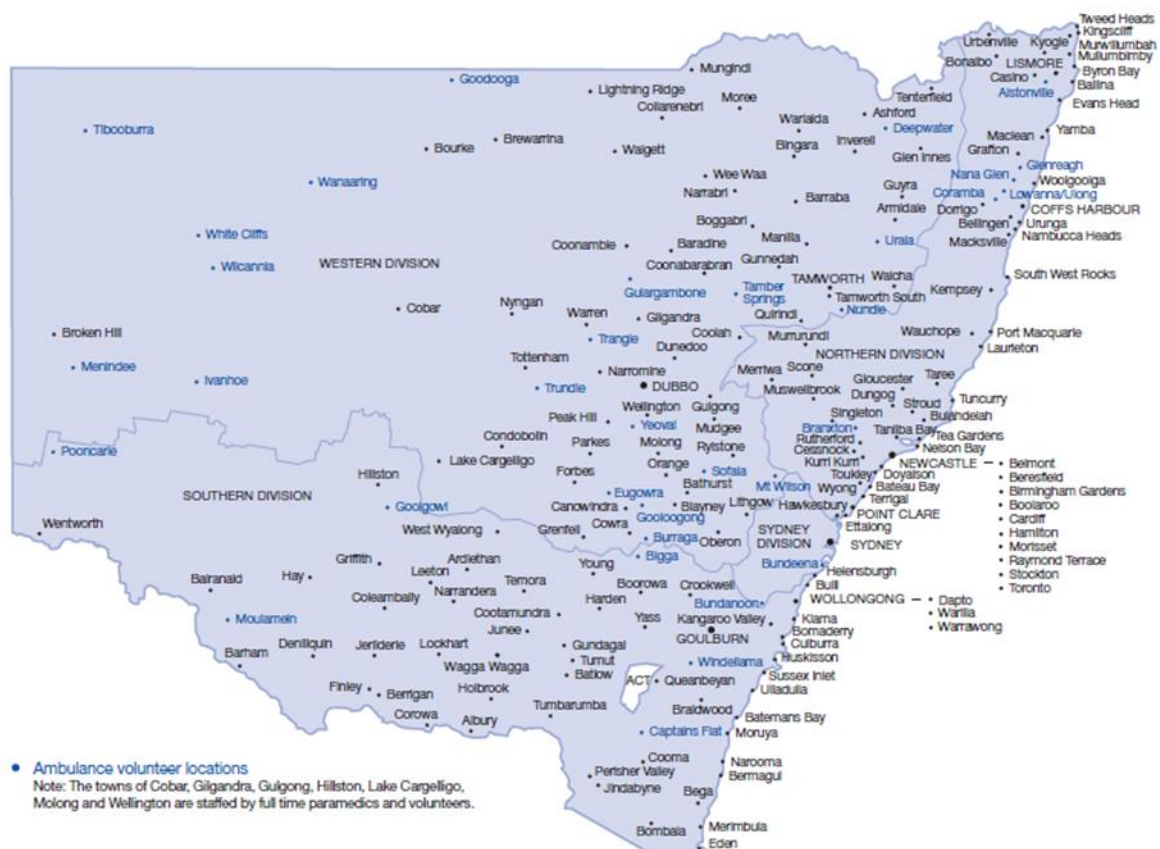
- over 1,183,795 responses per year
- Average 3,234 responses/day
~ **one every 27 seconds**
- 865,725 emergency responses (2,365/day)

P 1,2 and R3 history and projections



Context - Resources

Ambulance station and volunteer locations across NSW



Context - Strategic Plan 2015-2017

- Triaging Triple Zero (000) calls to ensure the right response for the right patient.
- Increasing the use of secondary telephone triage to direct callers to the right care, the first time.



Secondary Triage – How do we do that?

- Triage triple zero calls with the Medical Priority Dispatch System (MPDS).
- Pre selected determinants, which are allocated based upon the patients described condition, are eligible for secondary triage (H suffix).
- Exclusion criteria is applied to ensure only appropriate caller types are referred.

Nature/Problem:	SICK PERSON
Priority:	2BHE Emergency HAC/ECP 60min

Exclusion Criteria

The criteria manages risk associated with some caller types and situations when a qualified individual is the caller.

- 3rd party callers who are not with, or in the vicinity, at the time of the call
- Schools
- Other Emergency Services (Fire, Police etc)
- Any calls that requires the interpreter service

- Patients with Advanced Care Plans
- Medical Doctor

Examples of patient types referred

- Headaches
- Sunburn
- Diabetic problems (patient alert)
- Fever / Chills
- Patient unwell / ill
- Constipation
- Cramps / Spasms / Joint pain
- Hiccups



There are 84 of 1,052 MPDS determinants eligible for secondary triage.



Call volumes

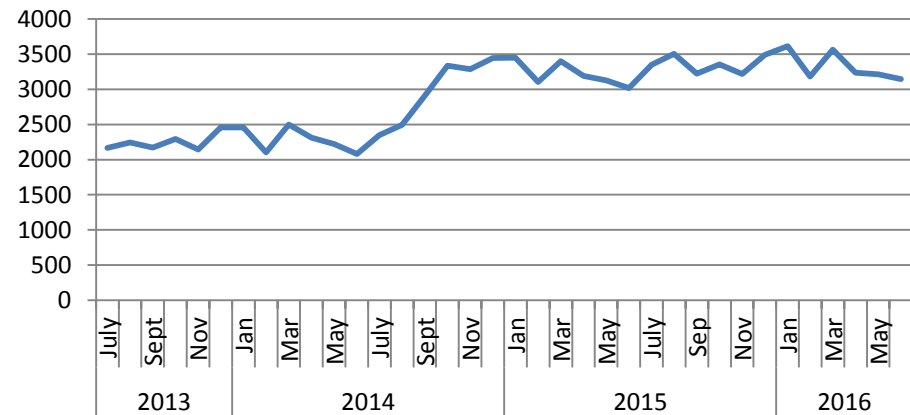
2013/14 - 27,149 patients were referred.

Review process undertaken to identify new determinants potentially appropriate for referral.

2015/16 in comparison to 2013/14 – increase of 47.7%.

2016/17- Projected 43,300 referrals which equates to 120 patients per day, compared to 75 in 2013/14.

Incidents transferred to Healthdirect





Patient Safety / Clinical Quality Returned Calls

- Emergent calls (where the patient is potentially compromised, deteriorating) are immediately returned to ambulance. * Average 1 emergent call per 3 months.
- A range of calls are returned for various clinical reasons (“warm transfer”).
- Continual review process for all emergent calls and a random sample of 50 returned calls; identifying trends and improvement opportunities.
- There is a finite number of calls that can safely be referred.



Productivity savings

On average 45 paramedic responses per day are saved through secondary triage (Healthdirect). The equivalent of a large Sydney Ambulance Station.





System Improvements

- Refinement of the return process to incorporate disposition and clinical status that can be matched to appropriate ambulance response.
- Currently reviewing low acuity “falls” patients for potential referral.
- Investigating a process relating to patient mobility which could allow for alternative transport options (NEPT)
- Age >75 as an Exclusion Criteria ?



Governance

NSWA Clinical Governance Committee

- **Service Improvement Delivery Committee (SIDC)**
NSW Ambulance, Healthdirect – review operational and clinical processes specifically in relation to the delivery of a clinically safe, effective, appropriate, efficient and accessible triage service.
- **Response Grid Quality Advisory Committee (RGQC)**
Ambulance – Review effectiveness of MPDS, ensure appropriate standards and policies are current and assess the risk and benefits of system changes.