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| Northern Territory Road Ambulance Service Scoping Review – Progress Report June 2019 |

Overview

The Independent Reviewer met with over 140 individuals across the regions and attended sites including St John Ambulance Australia NT (SJAANT) centres and sub stations, hospitals, primary health centres, and Aboriginal community controlled organisations across the NT and representatives of United Voice. In addition to consultations, the Independent Reviewer received a small number of written submissions.

The Review found that the road ambulance service is functioning satisfactorily, but needs improvement to move to a new stage of performance excellence. The Review made 44 recommendations to address issues relating to:

* Contemporary best practice in the delivery of road ambulance services;
* Future workforce requirements for a contemporary road ambulance service including the training, development and retention of the ambulance service workforce;
* The interface between road ambulance services and other health related emergency services; and
* Future regulation of road ambulance services in the Northern Territory.

The Independent Reviewer found that bringing the road ambulance service under the Department of Health is not the right solution to address all the concerns and issues raised by the Review.

Government supported 27 recommendations and supports in principle 17 recommendations. After 18 months of implementation 18 of the recommendations are completed. A further 21 recommendations have been agreed and either adopted as ongoing practice or are being implemented through existing governance arrangements. The final 5 recommendations have been incorporated in planning process for future ambulance service contracting arrangements. This planning process has already commenced and the new contracting arrangements will be in place from January 2021.

The Department of Health will continue to work with all stakeholders to implement the recommendations of the Review.

# Response to recommendations

## Factors influencing demand and management of demand

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| Recommendation | Position | Responsibility | Progress Update |
| **1)** That the number of required data fields in the current Electronic Patient Medical Record be reduced to improve ambulance efficiencies and turnaround times. | Supported | SJAANT | Completed. |
| **2)** The Extended Care Paramedic model, in locations with high ambulance demand, especially where low-acuity patient transfers predominate, should be implemented. | Supported in Principle | SJAANT | Consider in the context of future contracting arrangements. |
| **3)** Implement increased clinical oversight and introduce secondary triage in the Communications Call Centre, especially to deal with calls from urban centres, as there are more destination options for taking patients to. | Supported in Principle | SJAANT | Completed. |
| **4)** Identify alternative referral pathways for patients in consultation with the Primary Health Network, private primary health care and GP services, health clinics, and SJAANT, especially in the urban centres. | Supported | NT Health | Agreed, ongoing through existing governance arrangements. |
| **5)** Elders and community leaders, especially in Aboriginal communities near to major centres, be enlisted as part of leadership and education programs to ensure appropriate behaviour towards the calling and use of ambulances. | Supported | NT Health | Work is being progressed by SJAANT in Central Australia Health Service areas and community camps in and around Alice Springs in providing education and information on the appropriate use of services and alternative pathways for access to services. |
| **6)** Katherine District Hospital should establish its own in-house ambulance capacity to transfer patients for off-site diagnostic services, and work in partnership with CareFlight to develop a more efficient airport and hospital transport option. | Supported | NT Health | The establishment of an onsite CT Scanner service at Katherine hospital removes the necessity to transport patients off site for diagnostic procedures.More cohesive service delivery Is being considered in the context of planning future contracting arrangements for road and aerial transport and to address availability issues where the Katherine ambulance is required for roadside transfers from incoming remote community ambulances. |
| **7)** Consideration is given to increasing patient transport services to alleviate workload pressures, especially for Darwin, Alice Springs and Katherine, during Monday to Friday. | Supported in Principle | NT Health | Agreed, ongoing through existing governance arrangements. |
| **8)** Introduce single vehicle response model, with appropriately trained staff, such as ICPs, for rapid response to priority incidents and to provide clinical back up. | Supported in Principle | SJAANT | Completed. |
| **9)** Review and develop a more specific set of protocols to improve and optimise dispatch of ambulance, due to the complexity of dispatch coordination. | Supported in Principle | SJAANT | Agreed, ongoing through existing governance arrangements. |
| **10)** Explore greater aeromedical options in all ambulance dispatch decisions, as part of a wider review of aeromedical services. | Supported | NT Health | Completed. |

## Call Centre, Communications and Coordination of Dispatch

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| Recommendation | Position | Responsibility | Comments |
| **11)** Install videoconferencing technology to assist in improving real-time visual and audio communication between all stakeholders involved in decision-making and dispatch. | Supported in Principle | SJAANT/NT Health | Agreed, ongoing through existing governance arrangements. |
| **12)** Explore a single SJAANT Communications Centre/Call Centre to triage all Triple 000 calls to coordinate and dispatch all medical retrieval and critical care patient transport. | Supported in Principle | SJAANT/NT Health | Completed. |
| **13)** Review the rural medical practitioner model and associated communication pathways (including the current need to go through hospital switchboards), protocols and stakeholder coordination. | Supported | NT Health | Agreed, ongoing through existing governance arrangements. |
| **14)** Establish direct communications channels between external health clinics, SJAANT and hospitals. | Supported | NT Health | Completed. |
| **15)** Explore the potential to increase aeromedical involvement in halfway meets, as part of a wider review of aeromedical services. | Supported | NT Health | Completed. |
| **16)** Further work be done to identify options in the Homelands where the development of a hub and spoke model to improve patient evacuation might be implemented. | Supported | NT Health | SJAANT have one crew in Gove, responding within a 150km radius. SJAANT are investigating establishing additional volunteer crews on call to ensure continuity in town whilst the other crew are on rendezvous or attending out of town. |
| **17)** An economic cost benefit analysis is conducted of road versus aeromedical retrieval, to assess the potential value in increasing the availability of rotary wing assets, as part of a wider review of aeromedical | Supported | NT Health | Completed. |
| **18)** Support the implementation of the new Central Australian medical retrieval service, with appropriate evaluation. | Supported | NT Health | Completed. |

**Palmerston Regional Hospital (PRH) - Patient Transport Services**

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| Recommendation | Position | Responsibility | Comments |
| **19)** Conduct a feasibility study to ascertain the optimal approach for inter hospital transfers between PRH and Royal Darwin Hospital. | Supported | NT Health | Completed. |
| **20)** Patients who require transfer from PRH, assessed as requiring an ambulance, should utilise the SJAANT services as per current protocols. | Supported | NT Health | Completed. |
| **21)** Decisions regarding patients who require transfer from PRH and who require nursing and/or medical escort, should use current criteria and protocols. | Supported | NT Health | Completed. |
| **22)** Any resource implications for SJAANT emanating from the new PRH, form part of ongoing discussions with the contract manager. | Supported | NT Health | Agreed, ongoing through existing governance arrangements. |

## Legislation and Regulation

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| Recommendation | Position | Responsibility | Comments |
| **23)** Introduce new legislation regulating the provision of pre-hospital emergency ambulance and patient transport services, including inter-hospital transport services, to the NT Parliament, to better protect the health of all Territorians. | Supported | NT Health | NT Health to review current arrangements and existing legislation in regard to Pre Hospital Emergency ambulance and patient transport services and make a recommendation to Government.  |

## Ambulance Workforce

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| Recommendation | Position | Responsibility | Comments |
| **24)** That additional base and/or relief crews be activated when demand thresholds are reached, recognising that fatigue management is a major factor in assessing ambulance officers’ workload, and managing overall demand. | Supported in Principle | SJAANT | Agreed, ongoing through existing governance arrangements. |
| **25)** Increase the number of Intensive Care Paramedics and re-establish Extended Care Paramedics to assist in demand management, and to provide further career pathways for ambulance officers. | Supported in Principle | SJAANT | Completed. |
| **26)** Retain and strengthen the appropriate use of volunteers, especially in remote and regional locations. | Supported in Principle | NT Health | Consider in the context of future contracting arrangements. |
| **27)** Implement a marketing campaign to recruit more volunteers from the community, and encourage their involvement as a potential career pathway to becoming ambulance officers. | Supported in Principle | NT Health | Consider in the context of future contracting arrangements. |
| **28)** Strengthen clinical governance regarding volunteer involvement through consideration of the Western Australian Community Paramedic model, increased education and skills training, all to ensure high quality service outcomes. | Supported in Principle | NT Health | Consider in the context of future contracting arrangements. |

## Leadership and Management

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| Recommendation | Position | Responsibility | Comments |
| **29)** Develop an integrated policy framework and plan for all emergency medical response by all stakeholders in the NT health sector. | Supported | NT Health | Consider in the context of future contracting arrangements. |

## Health and Wellbeing

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| Recommendation | Position | Responsibility | Comments |
| **30)** Provide radios with duress alarms similar to the NT Police, to ambulance officers in all locations | Supported | SJAANT | Agreed, ongoing through existing governance arrangements. |
| **31)** Funding be sought to support a more comprehensive workplace health and safety program, as a priority. | Supported in Principle | SJAANT | Agreed, ongoing through existing governance arrangements. |
| **32)** Develop a shared collaborative approach to mental health and wellbeing support across all first responder services in the NT. | Supported | NT Health | SJAANT have progressed this recommendation with the Mental Health and Wellbeing Project Officer (12 months) position established to assist in the development of a Mental Health and Wellbeing Strategy. The position has commenced putting in place processes to identify and support employees and volunteers who are experiencing mental health issues. The peer support program has grown from three active peer supporters to 17 fully trained peer supporters. The program launched the ‘Assisting Members to Become Emotionally Resilient’ (AMBER) hot line. In addition, managers and supervisors attended Trauma and Resilience in the Workplace training. |

## Clinical Governance

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| Recommendation | Position | Responsibility | Comments |
| **33)** Review and further develop clinical protocols in emergency response, in a collaborative approach with all health services, health clinics and SJAANT, as a single and uniform set of Emergency Response Clinical Treatment Standards utilising best practice. | Supported | NT Health | Agreed, ongoing through existing governance arrangements. |
| **34)** Review and refocus the clinical governance and operational advisory functions for emergency responses, including the Medical Response Operations Committee and Joint Aeromedical Services Operations Committee, with key leadership to be provided the executive directors of medical services. | Supported | NT Health | Agreed, ongoing through existing governance arrangements. |
| **35)** Due to concerns of clinical governance, and noting the recent SJAANT board approval of the new Clinical Governance Framework, the clinical governance implementation plan be reviewed by the contract manager immediately. | Supported | NT Health | A revised governance framework has been developed and will be implemented commencing July 2019. The new governance structure includes a strategic Road Ambulance Steering Committee (RASC) chaired by the Chief Executive of the Department of Health. Members include the CEO of SJAANT and the Chief Operating Officers of the Health Services, the Chief Financial Officer from the Department of Health and a representative from Treasury. The new governance structure also establishes a clinically led and operationally focused Ambulance Services Review Group (ASRG) that reports to the RASC and the membership includes the Chief Procurement Officer and the Contract manager from the Department of Health and senior SJAANT Executives. |
| **36)** The contract manager receives a report on clinical audit outcomes, as part of the approved clinical governance implementation plan, at the 6 and 12-month mark, from commencement of the plan. | Supported | NT Health | Achieved and ongoing through existing governance and contract management reporting arrangements. |

## Training and Professional Development

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| Recommendation | Position | Responsibility | Comments |
| **37)** That SJAANT provide a structured training and education program catering for induction, mandatory re-certification, ongoing skills development and education, to the satisfaction of the contract manager, within six months of this report being tabled. | Supported in principle | SJAANT  | SJAANT advise they have an ongoing training schedule, and all training is outside work hours. This year modules are Clinical Update I and Manual Task (handling) training. Next is environment awareness. Alice Springs have nearly completed this year’s training. DoH contract management receives annual report listing qualifications and certifications of all paramedics. |
| **38)** Training and professional development be structured into workload and rostering schedules, and ambulance officers training and education time be monitored by the contract manager. | Supported in principle | SJAANT | Agreed, ongoing through existing governance arrangements. |
| **39)** That the ICP and ECP roles, with appropriate access to training, be established as an opportunity for career pathways, and this to be resourced. | Supported in principle | SJAANT | Agreed, ongoing through existing governance arrangements. |

## Equipment Technology and Infrastructure

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| Recommendation | Position | Responsibility | Comments |
| **40)** SJAANT develop an information communications technology implementation plan to achieve equivalence with contemporary ambulance services, to include: * Electronic Medical Patient Record;
* Call Centre;
* Mobile Dara Terminal;
* Computer aided dispatch;
* Videoconferencing;
* Mobile phone applications ;
* Clinical outcome and clinical audit reporting;
* Radio and mobile and satellite devices; and
* Human resource and management systems.
 | Supported in Principle | SJAANT | Agreed, ongoing through existing governance arrangements. |

## Contract, Financing and Funding

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| Recommendation | Position | Responsibility | Comments |
| **41)** Develop an agreed formula to identify the points at which additional resources be activated or requested, as a flexible model to manage variable demand, or as a permanent investment, due to proven sustained growth in demand. | Supported | NT Health | Completed. |
| **42)** A commercial review of the SJAANT contract be undertaken immediately. | Supported | NT Health | A procurement process has commenced to engage a resource to conduct an independent commercial review of the SJAANT Agreement |
| **43)** An evaluation of the governance processes of the current contract between DoH and SJAANT be undertaken, including associated operational committees. | Supported | NT Health | Completed. |
| **44)** That a watching brief be held over the current arrangement with SJAANT, and that a review of their responses and their subsequent implementation of necessary and agreed reforms arising from this Review, be conducted in one year from the time of the Government’s acceptance of any, or all recommendations, and that this be in addition to the normal performance measures and reporting, as set out in the current contract. | Supported | NT Health | Agreed, ongoing through existing governance arrangements. |