# Integrated Care
## *NSW Ambulance*

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# NSW Ambulance Integrated Care Programs

Aged Health Care

Palliative and End of Life Care

Models of Care / Patient Pathways

Frequent User Management

Mental Health Referral Pathways

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# Aged Health Care

- NSW Ambulance is working in collaboration with the Aged Care Emergency (ACE) pilot program for the provision of Extended Care Paramedic (ECP) responses to Residential Aged Care Facilities (RACFs)

- NSW Ambulance is actively working with identified high-use RACFs providing advice and support to the facility staff in managing patients who would present as non-life threatening, this includes linking to other established LHD aged care triage services

- NSW Ambulance is a key participant in Aged Care Provider Groups being facilitated by the relevant LHD, working on reforms to address urgent / unplanned illness or injury of aged care residents at their usual place of residence

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## Palliative and End of Life Care

**Working Towards the Goals of the NSW Health Advance Planning for Quality End of Life Action Plan 2013 – 2018**

This is being achieved through paramedics responding to the palliative wishes of patients and families -
NSW Ambulance Authorised Care Plans

NSW Ambulance in conjunction with patient s, families/carers and GP/treating clinicians maintains a statewide register of NSW Ambulance Authorised Palliative Care Plans which allows for the automatic notification to paramedics of endorsed plans

# Models of Care / Patient Pathways

**Working collaboratively with LHDs and Medicare Locals (Primary Health Networks) to develop alternative models of care and patient pathways**

- Enabling paramedics to advise patients on the most appropriate non-ED referral options
- Engaging the patient and their usual primary health providers in decisions relating to care

Example:
- Central Coast Medicare Local Proof-of-Concept
- Paramedic Connect

# Frequent User Management

- Clearly defined criteria

- Frequent User Management works proactively and collaboratively with patients and other stakeholders

- The model of care is supported by strong governance, rigorous clinical assessment, risk mitigation, and coordinated care

# Mental Health Referral Pathways

This integrated care strategy is in relation to direct referral to a mental health unit.

- Two models have been trialled

  - MHAAT (WSLHD) – ambulance crew consisting of a mental health nurse and a extended care paramedic
  - HNE/CMH – traditional paramedic crew

- In addition to a standard clinical examination, both models involve a comprehensive mental health assessment on scene and allows for direct referral to a mental health unit where it is considered appropriate

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## Aged Health Care - Outcomes

A large Aged Care Group with robust policy around calling Triple Zero (000), has engaged with NSW Ambulance regarding alternate pathways (ED avoidance), and has invited NSW Ambulance to work with their strategy and development unit on alternate pathways

Feedback received from a DON at one *RACF* *"since ECPs have been attending our residents, I cant remember the last time a resident was transported to the ED".*

Feedback to NSW Ambulance from ACE clinician following ambulance engagement with a disengaged RACF; *27 calls had been received on the ACE phone to discuss residents in 3 weeks which was more than had been received in the previous year.*

Feedback from a DON at an RACF, *" the ECPs are great at engaging and including my staff in patient assessment and care such as providing advice and troubleshooting around catheter and peg tube problems".*

## Palliative and End of Life Care - Outcomes

- 50% patients responded to by NSW Ambulance with a plan in place remained at home for their care, at the wishes of the patient*

- Since inception, over 500 plans have been registered

- Currently 250 active plans registered

* A high number of calls are received from these patients which are not directly related to their palliative care
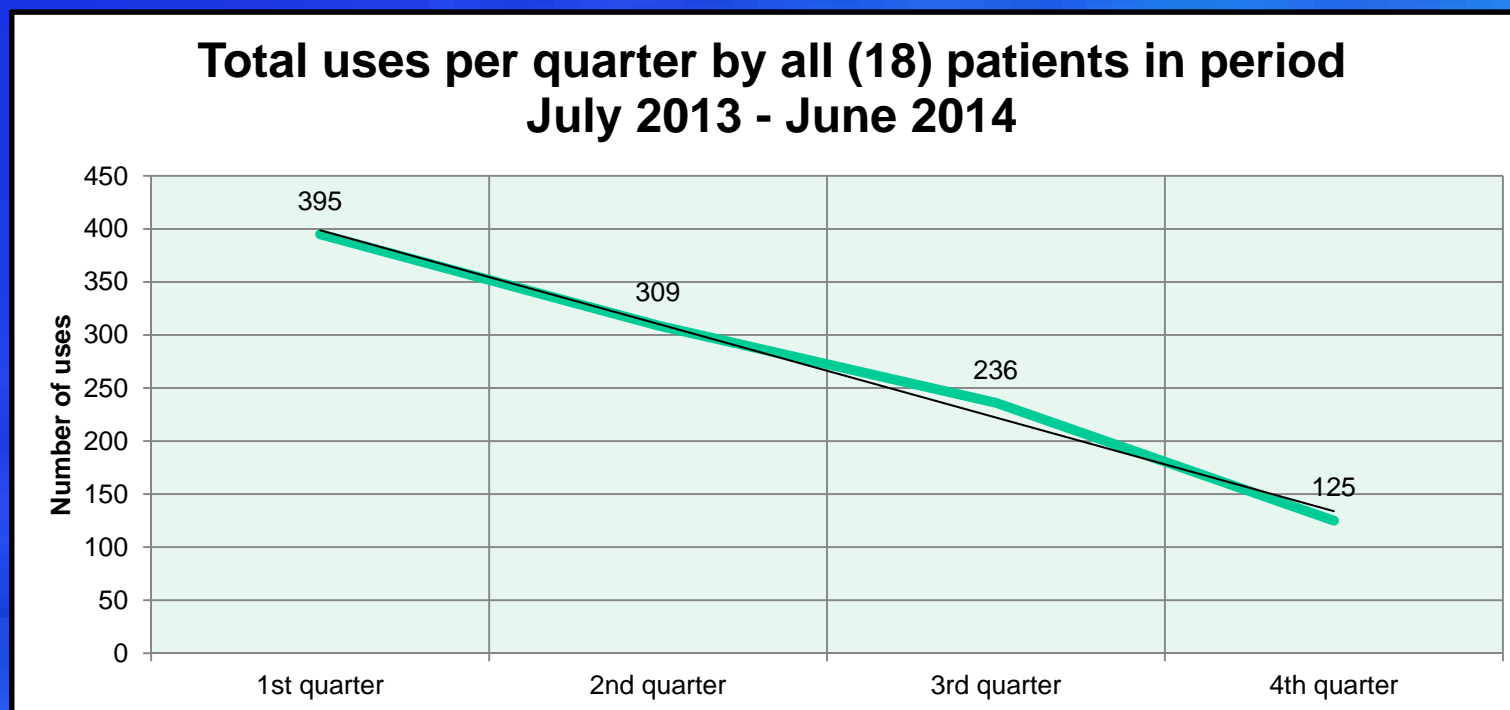
## Models of Care / Patient Pathways - Outcomes

6 month evaluation of a proof of concept on the Central Coast:

- 83 patients had alternate referrals attempted
- An alternate referral was successful in 82 patients
- Referrals were primarily directed to the patient's own GP
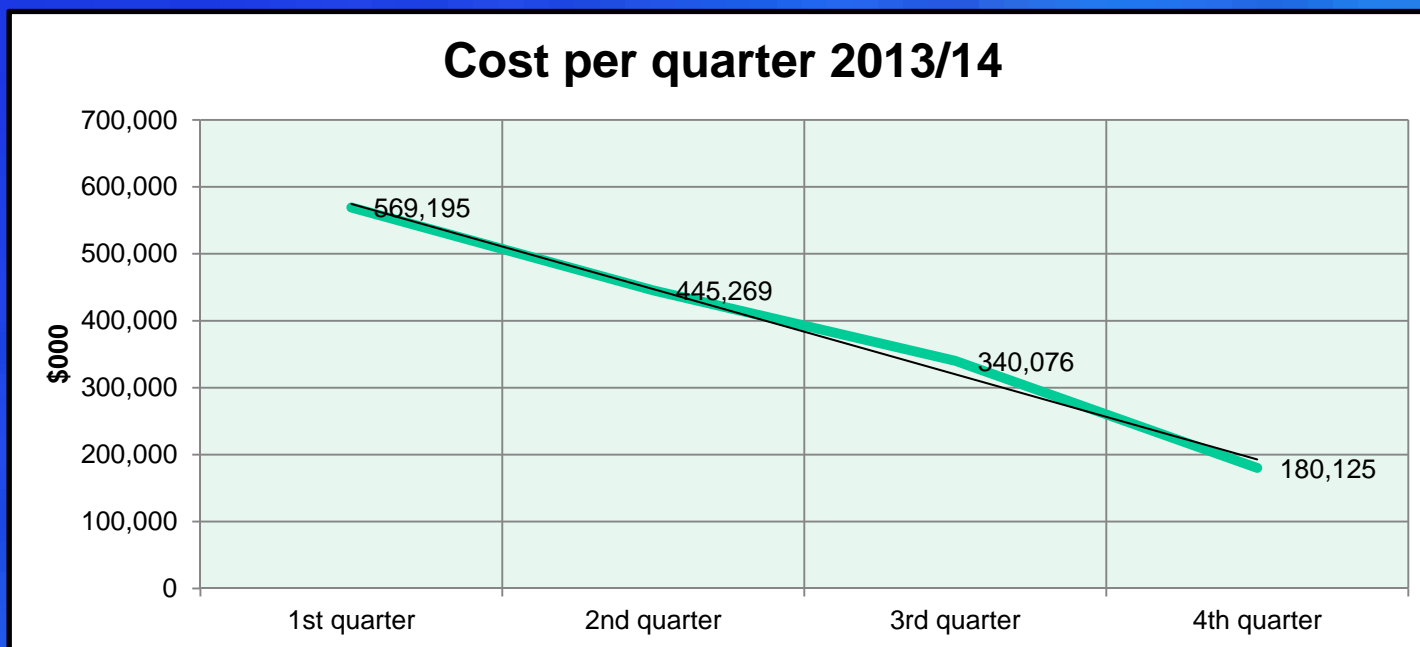- 70% of patients were transported by private vehicle

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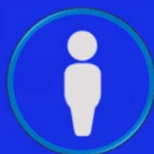
# Frequent User Management - Outcomes

## Results to date - use per quarter (68% reduction)

**Total uses per quarter by all (18) patients in period**
**July 2013 - June 2014**

Number of uses (y-axis: 0, 50, 100, 150, 200, 250, 300, 350, 400, 450)

- 1st quarter: 395
- 2nd quarter: 309
- 3rd quarter: 236
- 4th quarter: 125

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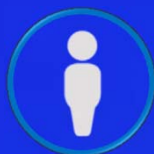
# Frequent User Management - Outcomes

## Patient K (169 uses)

**Patient K**

Chart — Number of uses per month:

- Jul-13: 14
- Aug-13: 26
- Sep-13: 19
- Oct-13: 20
- Nov-13: 19
- Dec-13: 17
- Jan-14: 15
- Feb-14: 9
- Mar-14: 10
- Apr-14: 8
- May-14: 7
- Jun-14: 5

Y-axis: Numbre of uses (0–30)
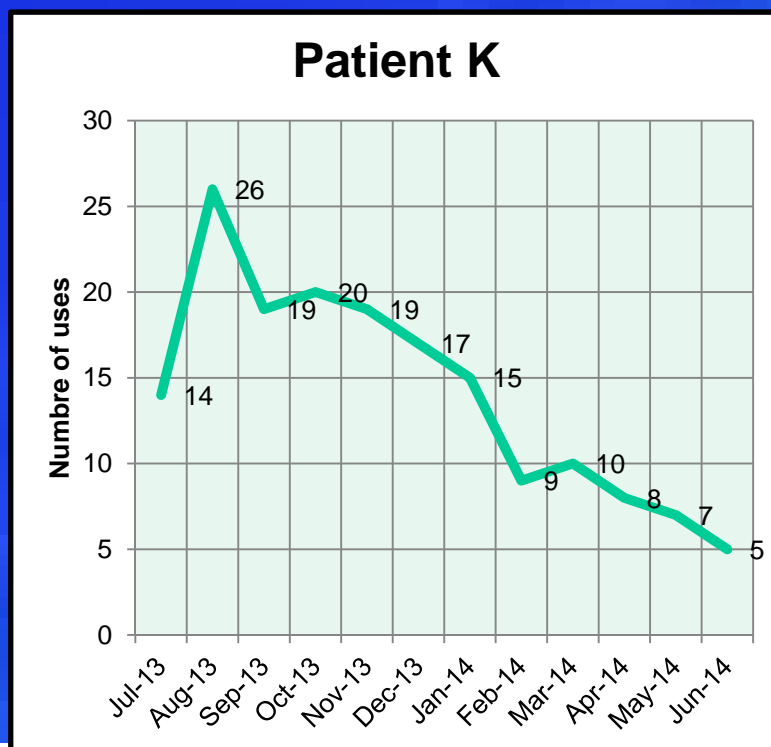
- Total cost for period: $243,529 *

- Cost during month of most activity: $37,466

- Cost for last month of period: $7,205

* Not including diagnostic and associated procedural costs

# Mental Health Referral Pathways - Outcomes

MHAAT model
- Total patients **Dec 13–May 14** = 311
- Total patients direct to MH Unit = 181 (58%)

HNE Calvary Mater Hospital model
- Total patients in **Feb 14** = 62
- Total patients direct to MH Unit = 40 (65%)

# Summary

These initiatives clearly demonstrate that NSW Ambulance has successfully implemented strategies that:

- Improve patient experience

- Increase the number of people being cared for in the community

- Reduce Emergency Department presentations and release capacity within those departments

- Provide better health outcomes

- Reduce cost derived from managing duplicated effort, inappropriate and fragmented care

## Moving Forward

NSW Ambulance is committed to working collaboratively with LHDs, the Ministry and NGOs to establish sustainable integrated care programs that are tailored to the specific needs of the communities and patients that Local Health Districts serve.

NSW Ambulance is ideally positioned as a statewide organisation to provide services which are transferrable and scalable

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