



Revised Clinical Response Model Evaluation Report Frequently Asked Questions

What is the ambulance Dispatch Grid?

All Triple Zero (000) callers for ambulance undergo structured telephone triage to assess patients' individual requirements and ensure they get the right care that they need. Ambulance Victoria uses its Dispatch Grid to determine the right response. The Dispatch Grid also describes the level of ambulance response assigned to each call, and may result in either a Code 1 (time-critical/lights and sirens), Code 2 (urgent) or Code 3 (non-urgent) emergency ambulance response. Less urgent calls go to the Ambulance Victoria Referral Service for more detailed assessment by experienced paramedics or registered nurses to match callers to the services that best suit their needs. The Referral Service has operated since 2003.

Why was the Dispatch Grid reviewed?

We need to ensure that ambulances are available for emergencies, yet ambulances are too often called for people who do not need one. In recent years, response performance to time-critical (Code 1) cases deteriorated at the same time as demand for ambulance rose. Ambulance Victoria undertook a thorough review of its Dispatch Grid to: improve allocation of ambulance resources; reduce the number of emergency cases which inappropriately receive a Code 1 response; better align response with patient acuity; and provide a faster response to the sickest patients.

What has changed?

Ambulance Victoria has implemented changes to the Dispatch Grid and introduced a revised Clinical Response Model. This means that many calls to Triple Zero (000) are now assessed in greater detail to ensure we can meet the patient's individual need appropriate to the urgency of their case. Some case types which previously received an automatic emergency response are now being assessed more thoroughly through a secondary triage process by expert paramedics and registered nurses in the Ambulance Victoria Referral Service. Use of triage is a standard approach in the medical sector and is in line with what patients experience within hospital Emergency Departments.

How were these changes implemented?

These evidence-based reforms have been introduced progressively since October 2015. The review drew extensively on Ambulance Victoria's large body of clinical data. Hundreds of different case types were assessed by a team of experienced MICA paramedics and Ambulance Victoria's Medical Director. The revised Clinical Response Model was approved by the Ambulance Victoria Medical Advisory Committee which includes six medical specialists and the Ambulance Victoria Medical Director, all with substantial experience in ambulance medical care. Further review was undertaken by an independent multi-disciplinary expert advisory panel convened by the Victorian Minister for Health.

What are the benefits of the changes?

An evaluation of the changes has found they deliver significant benefits to the Victorian community. More people are surviving cardiac arrest, ambulance response time performance is improving, pressure is being reduced on hospital emergency departments and there is increased availability of MICA specialist care. Ambulance Victoria has recorded its highest ever cardiac arrest survival rates following implementation of the revised model – for the March 2017 quarter. An estimated 7,000 additional Code 1 cases now receive a



response within 15 minutes than would have been possible previously. The new model has reduced attendances at Emergency Departments by approximately 11,600 patients a year.

What is the Referral Service?

The Ambulance Victoria Referral Service is staffed by paramedics and registered nurses who assess less-urgent Triple Zero (000) calls. It is a safe and proven method of assessing these calls in greater detail to ensure we can meet the patient's individual need and the urgency of their case. This may result in an ambulance being dispatched or referral to an alternative service, such as a locum doctor or nurse, provision of self-care advice, or return of the case for either emergency or non-emergency ambulance dispatch. The Referral Service has operated in metropolitan regions since 2003 and expanded to all regions of the state in April 2014.

What sort of cases does the Referral Service assess?

The Referral Service assesses less-urgent Triple Zero (000) calls. Ambulances are too often called for people who do not need one. Paramedics across the state have been called to people whose cat has scratched them; people who want a lift home from a night out; someone who has hurt their shoulder playing football; or someone who has a minor burn to their hand. We've found that in more than 40 per cent of cases that were evaluated as non-emergencies, callers to Triple Zero (000) can be safely and effectively treated at home.

Is this about improving the response figures?

No, this is about having more ambulances available for people who are seriously unwell. This model does not downgrade emergency cases. In fact, emergencies are prioritised for the response they need by ensuring that non-emergency cases are identified and dispatching an emergency response only for those who genuinely need urgent care. These changes contribute to a wider *Save Lives, Save 000 for Emergencies* campaign which encourages people to only call an ambulance in an emergency and to use other parts of the health system for less urgent health needs.

Is this because there aren't enough paramedics?

Over the next three years, 450 extra paramedics are being added to the Ambulance Victoria workforce as part of \$500 million Victorian Government investment in ambulance services. Demand for ambulance services in Victoria has increased steadily at a rate of more than 4 per cent per year since 2008 which challenges AV's ability to respond in a timely manner to the sickest patients. Together with the extra paramedics, these changes to the way Triple Zero (000) calls are assessed and ambulances are dispatched mean more ambulances are available for people in emergencies.