



DELIVERING OUR PATIENTS THE RIGHT CARE, AT THE RIGHT TIME, AT THE RIGHT PLACE.

AMBULANCE VICTORIA IS RESPONDING MORE QUICKLY TO PATIENTS ACROSS ALL PRIORITY LEVELS AS A RESULT OF CHANGES TO BETTER ASSESS AND MEET THE INDIVIDUAL NEEDS OF VICTORIANS.

The implementation of a revised Clinical Response Model (CRM) has focused on assessment of the individual need of patients and the most appropriate response for those patients to ensure ambulances are available for emergencies.

This has enabled a quicker response to people experiencing a time-critical, life-threatening emergency.

AN ESTIMATED 7,000 ADDITIONAL CODE 1 PATIENTS EACH YEAR NOW RECEIVE AN EMERGENCY AMBULANCE WITHIN THE 15-MINUTE RESPONSE TARGET. VICTORIA HAS ALSO ACHIEVED ITS HIGHEST-EVER CARDIAC ARREST SURVIVAL RATE.

How did Ambulance Victoria achieve these results?

1. Making some important changes to the way Triple Zero (000) calls are assessed and ambulances are dispatched – as set out in this information sheet.
2. Through the Save Lives, Save 000 For Emergencies campaign, Ambulance Victoria has also been working with the community to encourage people to only call an ambulance in an emergency and use other parts of the health system for less urgent health needs.

Ambulance Victoria's core role as an emergency pre-hospital response service is to deliver our patients the right care, at the right time, at the right place.

The leading edge clinical practice and lifesaving work of our paramedics underpins our purpose of improving the health outcomes of the Victorian community.

7,000
ADDITIONAL PER YEAR

15 MINUTE
RESPONSE
RATE



37.4%



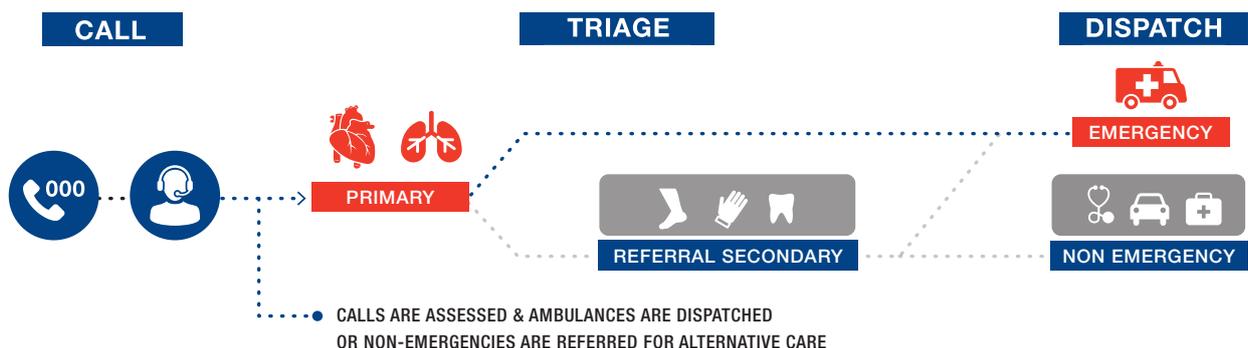
VICTORIA

HIGHEST-EVER
CARDIAC ARREST
SURVIVAL RATE



A stronger focus on assessing people and referring them to care that is more appropriate to their needs has resulted in improved response times across the board and a decrease in the number of people unnecessarily attending hospital Emergency Departments.

HOW THE MODEL WORKS



REVISED CRM **BENEFITS OF THE REVISED CLINICAL RESPONSE MODEL**

Ambulance Victoria has more ambulances available to respond more quickly to seriously ill people than ever before.

These changes mean we are assessing individual requirements and prioritising urgent health needs. This means that if someone has an emergency and they need an ambulance, they will get one.



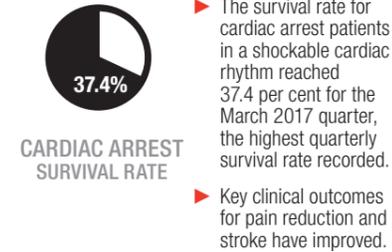
IMPROVED CODE 1, CODE 2 & CODE 3 RESPONSES

There are more ambulances available in Victoria for people in life threatening, time critical emergencies than ever before.

- ▶ Patients are getting a faster response across Code 1 (life-threatening, time critical), Code 2 (urgent) and Code 3 (non-urgent).
- ▶ The proportion of Code 1 cases attended within 15 minutes increased from 75.6% in March 2016 quarter to 80.0% in March 2017 quarter, despite calls to Triple Zero (000) increasing by almost 10,000 (5.9%).

INCREASED AVAILABILITY OF SPECIALIST CARE & IMPROVED PATIENT OUTCOMES

The changes have increased Mobile Intensive Care Ambulance (MICA) availability to attend patients most in need of MICA specialist care and this, along with improved response times, is reflected in improved patient outcomes. For example:



REDUCED PRESSURE ON HOSPITAL EMERGENCY DEPARTMENTS BETTER LINKS TO PRIMARY HEALTH CARE

The revised Clinical Response Model contributes to collaborative efforts across the Victorian health sector to reduce pressure on hospital Emergency Departments by safely referring non-urgent patients to more appropriate care.

- ▶ The new model is estimated to have reduced attendances to hospital emergency departments by approximately 11,600 people per annum who initially called Triple Zero (000) but did not need emergency care.



BACKGROUND TO THE CHANGES

Ambulance Victoria identified changes to provide faster responses to patients experiencing life-threatening emergencies and more appropriate care to non-urgent patients as a key priority in the Ambulance Victoria Corporate Plan January 2016 – June 2017.

This followed the State Government's Ambulance Performance and Policy Consultative Committee (APPCC) publishing Victoria's Ambulance Action Plan in December 2015, which affirmed Ambulance Victoria's role and focus on treating people with life-threatening emergencies.

A key action from the report was:

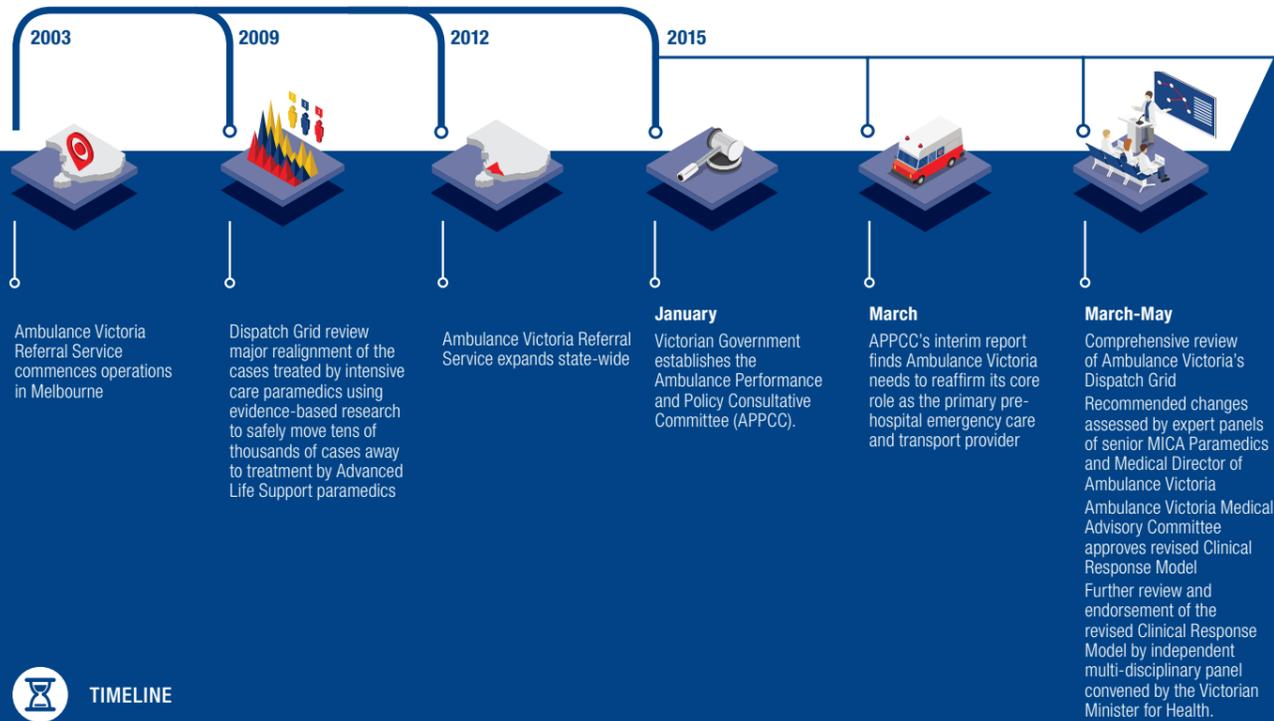
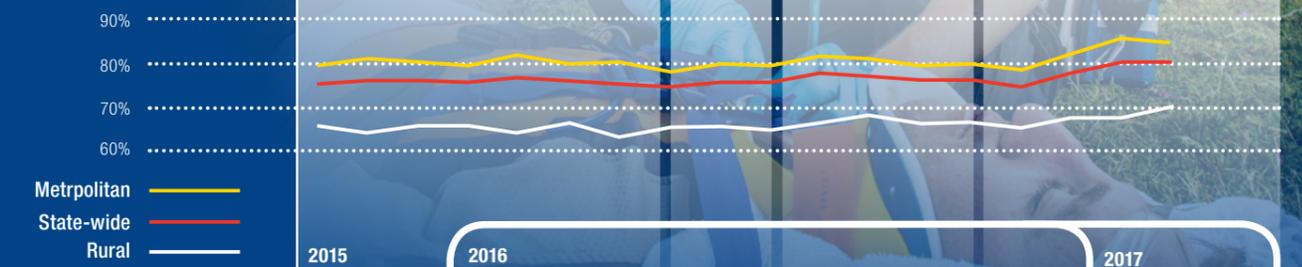
- ▶ Implement changes to Ambulance Victoria's Dispatch Grid to provide faster responses to patients experiencing life-threatening emergencies and more appropriate care to a wide range of Triple Zero (000) callers whose need is not urgent.

Ambulance Victoria implemented evidence-based reforms in three stages since October 2015, with each stage subjected to stringent assessment, trial and evaluation along with rigorous clinical oversight.

The changes to the Clinical Response Model have proved safe and have been endorsed by an independent panel of experts.



EMERGENCY CASES ATTENDED WITHIN 15 MINUTES



TIMELINE



Q What is the ambulance Dispatch Grid?

A All Triple Zero (000) callers for ambulance undergo structured telephone triage to assess a patients' individual requirements and ensure they get the right care that they need. AV 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 AV 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.

Q Why was the Dispatch Grid reviewed?

A 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.

Q What has changed?

A AV has implemented changes to the Dispatch Grid and a revised Clinical Response Model. This means that calls to Triple Zero (000) are now assessed in greater detail to ensure we can meet the patient's individual need and 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?

Q 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.

Q What are the benefits of the changes?

A 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. The survival rate for cardiac arrest patients in a shockable cardiac rhythm reached 37.4 per cent for the March 2017 quarter, the highest quarterly survival rate recorded. 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 ambulance attendances at Emergency Departments by approximately 11,600 patients a year.

Q What sort of cases does the Referral Service assess?

A 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?

Q No, this is about having more ambulances available for people who are seriously ill. 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?

Q Over the next three years, 450 extra paramedics are being added to AV's 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 recruits, these changes to the way Triple Zero (000) calls are assessed and ambulances are dispatched mean more ambulances are available for people in emergencies.



FOR MORE INFORMATION

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