

Sustainable Health Review

Submission

St John Ambulance

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Executive Summary

St John Ambulance has a long and proud history serving the Western Australian community through the provision of services most notably through community first aid education and the provision of the state's public emergency and non-emergency ambulance services. In recent times, St John has also acquired significant primary health capability and is focused on transforming ambulance services from a response model to an effective gateway into the health system for unscheduled care. St John is well positioned to make a **very unique and significant contribution to the sustainability of the Western Australian Health System** through system transformation.

Leveraging Existing Investment

The existing investment in Primary, Secondary and Tertiary healthcare could be improved through a mechanism that provides coordination and integration for people in the way they enter what is a very complex health system. St John Ambulance, in transforming the ambulance services from a response model to an effective gateway into the health system for unscheduled care, with its unique integrated model and connection to the community through volunteerism, can make a very significant contribution. For this to occur, the State would need to engage in more of a partnership than a simple purchaser/provider relationship.

Mix of Services Including Gaps

St John's entry into the primary health space with its acquisition of Apollo Health was a specific step that sought to close a gap in service provision and integration that was preventing progress towards the concept of an effective gateway into the health system. Having taken steps itself to bridge that gap, the model that has been created presents very significant opportunities for the state to leverage and achieve far greater levels of care in the community and out of hospital settings.

Digital Innovation

St John is well advanced in its journey towards a new paradigm for ambulance through digital innovation. Its direct contact with 40% of the state's population each year coupled with its very extensive community training programs and its digital innovation in the form of electronic patient recording system and first responder app means that WA is well positioned to achieve a more effective entry pathway into the health system than most other locations. The key is for the state to leverage this IP and unique opportunity through a more appropriate partnering relationship with St John.

Partnerships

Partnerships are the key to leveraging this unique opportunity. St John is calling for a specific partnering relationship with the State that would leverage the St John integrated model and specifically drive integration in terms of people entering the most appropriate part of the health system in the most appropriate way.

Value and Financial Sustainability

St John Ambulance WA provides the most cost effective ambulance service in Australia. It provides ambulance services that are the lowest cost per capita in Australia and are 26% less per capita than the Australian average. Included in this cost, is a broader service range offering than exists in most states. This result is achieved within the context of a state health system that is among the highest per capita in the country. St John has applied this same financially conservative approach as it has embarked on its journey into the primary health area. The result being, that the St John model will deliver more in that space for the available investment than would any other model – just as it has in ambulance. The state should take the opportunity to leverage the impact of this through more of a partnering arrangement with St John.

Key Enablers of Change

One of the key opportunities available through more of a partnering relationship with St John is for the State to leverage St John’s connection to the community and in particular its community training interface. Just as St John calls for the state to leverage the model, the organisation itself is doing likewise. The example involves St John leveraging its reach to bring about community resilience and benefit in the area of mental health.

St John is well advanced in the process of leveraging its reach with “physical” first aid training to achieve similar results with mental health first aid training and is about to bring to the market a product that differs from anything else currently available on the market. Just as St John will leverage its first aid training reach for mental health, so too the State could more broadly leverage the St John training reach to drive a new level of understanding about how best to enter the health system within the community.

The following more detailed outline provides the insight into the St John organisation necessary to fully appreciate the unique opportunity that exists in Western Australia with an ambulance model that is well advanced in the journey from response model to effective gateway into the health system. This opportunity can play a major role in achieving the integration necessary for a sustainable health system into the future.

Recommendations

1. The State identifies ambulance as a key component necessary for integrated health service provision as opposed to simply an emergency health response service.
2. The State move towards purchasing ambulance services that provide an effective gateway into the health system for unscheduled care rather than narrow contracting arrangements for the purchase of ambulance response capacity.
3. The State move towards a true partnering relationship to fully leverage the value to the state from the St John integrated model and community connection and away from the current restrictive purchaser/provider relationship model.

Introduction

St John Ambulance welcomes the opportunity to make a submission to the Western Australian Sustainable Health Review.

Our organisation has a long and proud history serving the Western Australian community through the provision of services most notably through community first aid education and the provision of the state's public emergency and non-emergency ambulance services. St John Ambulance has operated in Western Australia since 1892. In that year St John first aid courses commenced and in 1922 St John Ambulance took over the responsibility for providing the state's ambulance services.

St John in Western Australia is a part of the Order of St John which exists primarily to promote knowledge and skills in emergency care. From the ancient Order's Knights of St John the Order maintained a tradition of charitable support for the ill and injured and in its modern form developed an interest in first aid through Britain's industrial revolution.

Whilst organisational structure, terminology and health care services have changed dramatically over the Western Australian organisation's 125 year history, its fundamental, core services have not. St John Ambulance in WA started teaching first aid followed by the provision of ambulance services. For most of its history it has sought to mobilise a workforce to deliver first aid and ambulance services to the community. A substantial component of that workforce has been in the form of St John volunteers.

One of the strengths of St John Ambulance in Western Australia has been the clarity of its purpose and its ability to focus on delivering on that purpose. It is through this absolute focus on purpose, serving the community whilst continually innovating and adapting throughout its history, that St John is well positioned to make a **very unique and significant contribution to the sustainability of the Western Australian Health System** through system transformation. To appreciate this, and truly maximise the way in which the St John model can contribute to the sustainability of the WA Health system, it is necessary to have an understanding of the organisation's purpose.

Our Purpose

Whilst our motto of "Service of Humanity" is a noble statement, it is so broad that it provides little guidance. Indeed, any humanitarian works could be undertaken in pursuit of this motto.

We are very clear and focused on our purpose being the unique contribution we make in serving humanity and developing resilient communities through the relief of sickness, distress, suffering and danger by:

1. Making first aid a part of everyone's life; and
2. Delivering high quality cost effective ambulance services to Western Australia
3. Providing easy and equitable access into the health system.

With a not-for-profit organisation like St John, clarity around purpose is critical. A for-profit organisation has as its purpose the creation of shareholder wealth. The way it goes about providing a return for shareholders will change. Missions, strategies, values etc., will all be mechanisms that ultimately aims to increase shareholder wealth.

With a not-for-profit organisation like St John, the purpose of the organisation is to deliver some “good” for the community. When a not-for-profit organisation commences, its purpose is usually very clear, however, as time goes on and the community setting changes, that clarity of purpose is often diminished.

For St John in WA, with a 125-year history, it would be very easy to lose that clarity of purpose. The reason is simple, when St John commenced first aid training in Perth in 1892 it did so because such training for the community was not available. Like most not-for-profit organisations, it came into being to meet an unmet need. The same is true of ambulance services in 1922. Whilst some ambulance services existed at that time, they were disorganised, uncoordinated and not available to most within the community.

Whilst the clarity of purpose around first aid training and ambulance sounds straight forward enough, contrasting the environment that existed a century or even decades ago with today’s environment challenges the organisation in terms of its purpose. When it commenced its activities, it did so because they did not exist. Today, first aid training, first aid services and ambulance services exist and there are other providers either doing or seeking to do the same things. St John therefore needs to be clear as to how it serves humanity providing services that other organisations provide or seek to provide.

In Western Australia we have been clear about this in regards to both first aid and ambulance:

First Aid Training in Western Australia is a commercially competitive environment. Our research shows us that there are about 150,000 people across the state who pay to be taught first aid each year. If our objective was simply to be a successful first aid training provider, i.e. achieve the most successful possible first aid training business, it would be difficult to justify how we are serving humanity by winning business from other first aid training providers.

Our objective with first aid, however, is to make first aid a part of everyone’s life. In other words, to find ways to ensure everyone receives first aid training and have first aid skills. The result of this approach; last year, in a market that had 150,000 people willing to buy first aid training, St John in WA was able to deliver first aid training to 386,000 people. Whilst financial sustainability is a key success factor, financial return on investment is not a part of the purpose.

Ambulance Services in Australia in the 21st century are generally provided by government. In some locations around the world, they are provided by private organisations, both not-for-profit and for-profit organisations. Where St John’s purpose was clear in providing ambulance services in an environment in which they did not exist, providing them in an environment where the Government would ensure the continued provision of ambulance services in St John’s absence makes the purpose less clear.

St John in WA has maintained a clarity of purpose with ambulance services by ensuring it delivers better ambulance services than could be delivered by any other (government or non-government) provider. The clarity of purpose in relation to ambulance is stated as providing the most cost effective ambulance services in Australia, or, put another way, delivering more for the total investment available for ambulance

in WA than could be delivered by any alternate model or provider. The Productivity Commission’s Report on Government Services confirms the cost effectiveness of the WA model.

We identify 3 key strategic themes that drive the organisation in the way in which it goes about delivering on its purpose and objectives. Those key themes are shown opposite. All three components are relevant to St John’s contribution to a sustainable health system but of particular note is our emphasis on customer focused businesses¹ and on positioning the organisation to be ready for future health challenges. The specific activities that have seen St John enter the primary care service provision space and the transitioning of ambulance services from a response approach to a more comprehensive “gateway into the health system” approach are particularly relevant to the part the organisation can play in ensuring the sustainability of the WA health system.



Our Model for Achieving Purpose

We deliver on our purpose through our contribution over and above that which alternate providers (first aid and ambulance) would deliver our communities.

An important and significant factor in the special contribution St John makes to the service of humanity is our integrated model. One of the key strengths is our ability to harness the combination of career staff and volunteers.

The organisation takes a broad view to deliver our integrated model of care to patients across Western Australia. Investments are made strategically across the range of services and activities to ensure the best outcomes are achieved from the time of an incident to provision of definitive care. Whilst some observers may look at the St John model and simply see volunteers carrying out specific roles,

St John takes a much broader view of volunteerism. Volunteerism is simply the term or mechanism by



¹ St John uses the term business in relation to all its activities, i.e. it has activities that are commercial in nature and activities that are charitable in nature. It is therefore in the business of both commercial service provision and charitable service provision.

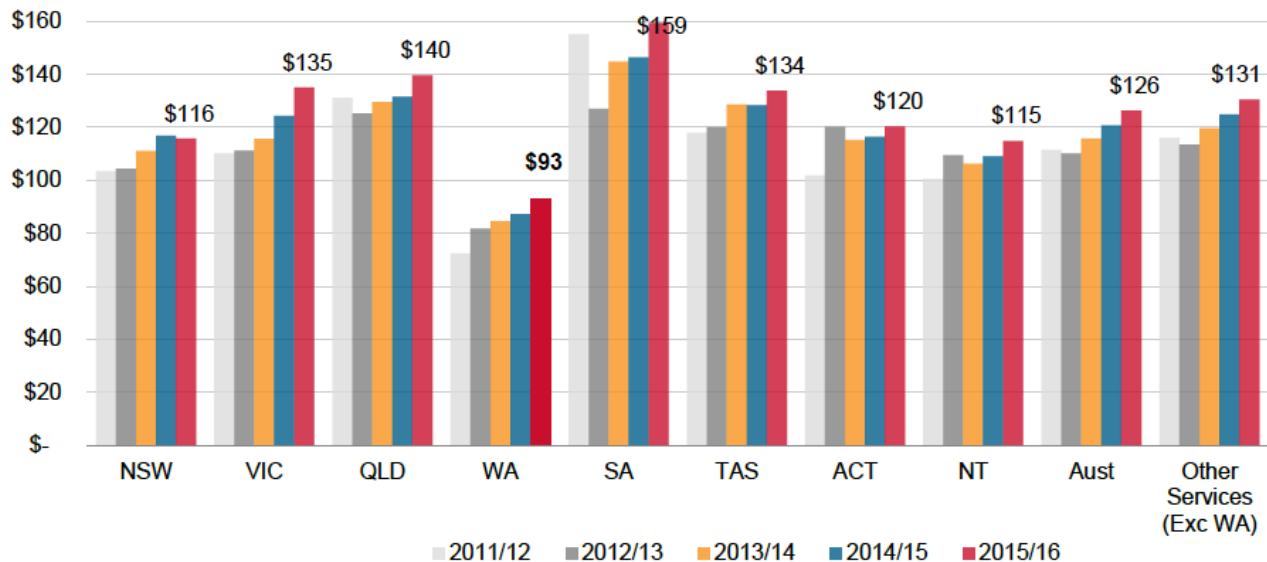
which we maximise our connection to the community and engage the community proactively in the provision of health services.

Sustainability Expertise

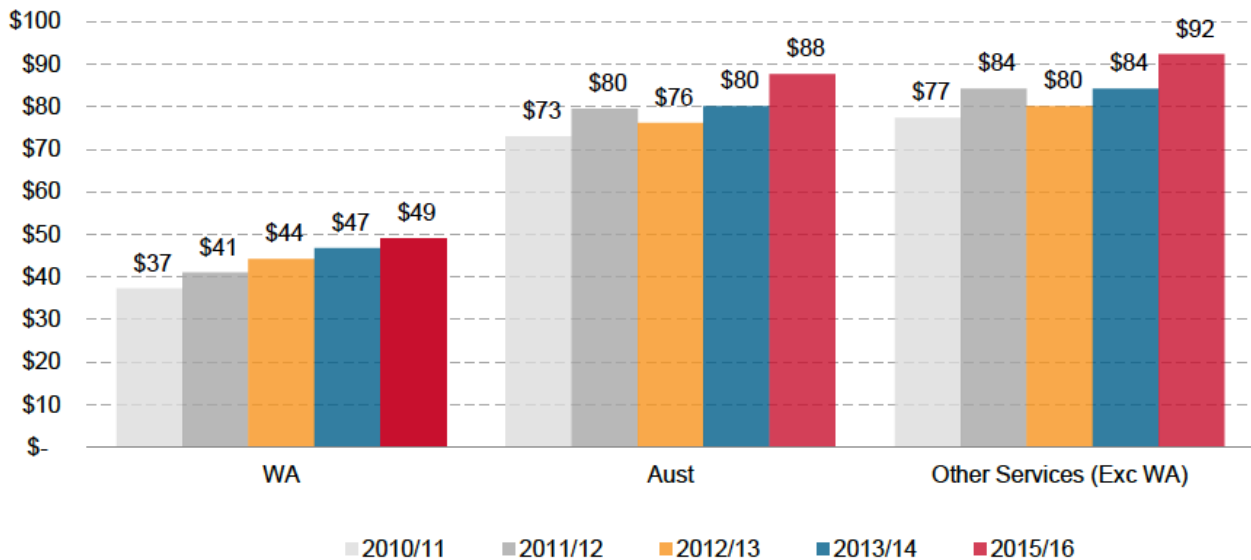
In making this submission and recommendations to the Sustainable Health Review, St John Ambulance brings a particular perspective and track record in relation to delivering sustainable services. One of St John’s primary objectives, for decades, has been to provide world class services that are the most cost-effective in Australia. To date, we have not come across another ambulance service anywhere in the world that has cost-effectiveness as such a strongly stated key objective.

The following analysis of the data reported in the 2017 Productivity Commission’s Report on Government Services (ROGS) demonstrates the cost effectiveness of the WA model:

Cost of Ambulance per Capita



Government Funding of Ambulance per Capita



Benchmarking measures on quality, i.e. response time, survival from cardiac arrest, time from onset of pain to reperfusion for STEMI patients, pain management, trauma outcome etc, demonstrate that WA is receiving a world class service that is the most cost effective. The sustainability of the model is therefore maximised. The cost-effectiveness of the WA model is sometimes simply put down to its use of volunteer Emergency Medical Technicians (EMTs) in rural services. Whilst there is clearly a labour cost saving as a result of the use of volunteers, the cost effectiveness goes well beyond the volunteer issue. The starting point in recognising this is the fact that in Western Australia 91% of all emergency ambulance cases have at least one crew member who is qualified and practices to the level of Advanced Care Paramedic. The key factor that actually drives the cost effectiveness is the business acumen that very consciously aims to get the best of a commercial, government and not-for-profit approach to service provision. Some of the specific decisions that have been made using this approach that contribute to the cost effectiveness of the model include:

- The use of technology and the internal development of Computer Aided Dispatch Systems, iPad based electronic patient recording systems, community first responder and first responder apps to maximise the efficiency of the system.
- The decision to take a fundamentally different pathway to the introduction of advanced care skills as the paramedic profession developed. Instead of developing two tier emergency response models, St John used evidence to determine patient care practices that contributed the most to improved patient outcomes and trained its entire paramedic workforce in those skills and practices. The single tier emergency ambulance model is significantly more cost effective than a two-tier model and therefore does provide the maximum benefit in terms of improved patient outcomes.

- The decision to keep emergency ambulance services and patient transport services as an integrated model and to maintain the integration of the country and metropolitan models.
- The decision to partner with Curtin University in the delivery of the paramedic degree program, resulting in work ready paramedics with over 2,000 hours of clinical experience at the time of qualifying compared to the pre-employment model used in all other states that delivers degree qualified students that on average have 400 hours of clinical experience and are not work-ready.
- The decision to broaden the view of volunteers to one of community connection in the delivery of services. This allows a chain of survival or system wide thinking being applied to specific patient outcomes such as cardiac arrest survival and ensure the best results for the available investment.

These are just a few examples demonstrating where the “cost-effectiveness” (sustainability) objective see St John taking a different approach than is normally seen in the ambulance sector.

The issue of St John’s expertise in terms of cost-effectiveness and sustainability is particularly relevant to the recommendation St John will be making to the Sustainable Health Review in relation to a new approach that would see the government more fully leveraging the St John integrated model.

Integrated Care

One of the key components of a sustainable health system is integrated care. Australia and Western Australia have world class health systems. The challenge is that services are extremely complex (even for those working within the system let alone for the community) and are not sufficiently integrated.

In tackling the issue of more highly integrated care it is necessary to categorise care into:

- Scheduled Care
- Unscheduled Care

Ambulance Services and Emergency Departments are the ultimate safety net for the community for unscheduled healthcare. An approach that does not recognise this in the quest for better integrated care can at best achieve only partial success. The reality is that when something unexpected happens, be it an emergency or many non-emergency situations, the first thing the member of the public is looking for is a sense of safety, i.e. that the situation is under control. This happens in two ways, with the person either self-presenting to an emergency department or calling an ambulance. In the ambulance sector, we refer to this as restoring order. Whether it be a life-threatening situation or a non-life-threatening situation, the community are looking for the restoration of order. Hence issues like ambulance response times, ramping, ED waiting times etc, continue to be important issues to the community. We know that there is no evidence of improved patient outcome because of prompt ambulance response for all but a small

percentage of life threatening situations. Nevertheless, prompt response times are seen as very important by the community as a result of this sense of the need to restore order in an unscheduled event where things are out of control. It is critical to understand this “restoration of order” concept and to think about the issue of integrated care in the context of scheduled care and unscheduled care in order to make a significant impact in terms of sustainability through an integrated system.

The integrated St John Health Services model will be expanded upon in a subsequent section. We will come back to the issue of the future with integrated care later in this section, however, in the first instance we will look more closely at the issue of unnecessary ED presentations as a result of an unscheduled event. In focusing on a reduction in avoidable hospital admissions resulting from the unscheduled care events, it is necessary to understand the drivers that lead people to present at an ED when they could “potentially” have been appropriately treated in a primary health setting.

From the patient’s perspective, the system is extremely complicated:



- What care do I actually need?
- Who do I call?
- How much do I have to pay?
- What’s (who’s) open at the moment and can they deal with this problem?
- If I go to a particular facility, will they do some of the assessment/treatment and then send me somewhere else?

St John Ambulance is an organisation that has provided a world class ambulance service that is the most cost effective in Australia for decades. It is not typical of other ambulance service models as a result of its long-standing patient-centric approach. Previously we stated that this cost-effectiveness has been achieved by developing an organisation that brings the best of:

1. A commercial approach;
2. A public sector approach;
3. A not-for-profit approach.

At the same time, it operates in a way that is not typical of any one of the three organisation types but rather seeks to take the best from each. In apply this approach to the planning of future ambulance services, St John has identified that:

- a) The old “response model” of ambulance services will not be adequate or appropriate in the near future.
- b) More and more healthcare in the future will be provided in the community setting.

The result was to set a vision for the organisation that would see ambulance transition from a response model to an effective gateway into the health system for unscheduled care by 2020. St John identified that it was in a very unique position due to its integrated model. The model sees it, as a single organisation, providing training and health services directly to over 40% of the state’s population each year coupled with its unique connection to community through volunteerism. The concept of being an effective gateway does not simply revolve around the services provided by St John but more importantly around how effective St John is in providing coordination and integration across a range of service providers. It was, however, identified early in the process, that in order to build momentum with the process of developing the gateway capability, St John would need to use its unique model and approach to bridge some gaps by providing some primary health services directly. With this understanding of the approach, we come back to addressing the patient perception/understanding barriers.

In the first instance, it was necessary to understand the issue from the broader health perspective. The issue was not just about how many patients were being taken to ED by ambulance but rather how many were presenting in total. The following is an extract from the 2017 ROGS:

Table 11A.4 Emergency department patients who arrived by ambulance, air ambulance, or helicopter, by triage category (a)

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust (b)
2015-16										
Emergency department patients who arrived by ambulance, air ambulance, or helicopter										
1 - Resuscitation	'000	14.7	7.0	9.9	5.2	5.5	0.9	na	0.6	43.8
2 - Emergency	'000	132.6	80.7	102.7	36.3	33.8	7.9	na	6.6	400.7
3 - Urgent	'000	270.6	200.7	247.3	71.6	70.4	20.6	na	11.3	892.5
4 - Semi urgent	'000	153.4	109.4	96.5	36.8	32.4	12.0	na	8.1	448.6
5 - Non urgent	'000	12.9	4.2	4.2	1.6	2.1	0.6	na	0.8	26.4
Total	'000	584.5	402.0	460.7	151.5	144.3	42.0	na	27.3	1 812.3
Total number of emergency presentations										
1 - Resuscitation	'000	17.6	8.5	11.9	6.2	6.6	1.0	na	1.0	52.7
2 - Emergency	'000	313.2	179.6	202.1	104.1	68.0	14.2	na	18.8	899.9
3 - Urgent	'000	881.3	603.6	633.2	285.6	184.5	53.1	na	45.2	2 686.5
4 - Semi urgent	'000	1 144.1	740.7	523.1	375.1	189.4	69.3	na	70.0	3 110.5
5 - Non urgent	'000	373.8	147.4	68.8	58.4	33.5	15.6	na	14.5	712.0
Total	'000	2 733.5	1 679.9	1 439.1	829.4	481.9	153.5	na	148.5	7 465.9
Per cent of emergency department patients who arrived by ambulance, air ambulance or helicopter										
1 - Resuscitation	%	83.5	81.8	83.8	84.2	84.1	86.6	na	59.2	83.0
2 - Emergency	%	42.4	44.9	50.8	34.9	49.7	56.0	na	35.0	44.5
3 - Urgent	%	30.7	33.2	39.0	25.1	38.2	38.9	na	24.9	33.2
4 - Semi urgent	%	13.4	14.8	18.5	9.8	17.1	17.3	na	11.6	14.4
5 - Non urgent	%	3.4	2.9	6.2	2.7	6.3	3.8	na	5.6	3.7
Total	%	21.4	23.9	32.0	18.3	29.9	27.4	na	18.4	24.3

The data clearly demonstrates that the vast majority (91%) of lower acuity patients (semi-urgent and non-urgent) presenting at ED actually self present. An alternative pathway solution, therefore, had to address the self-presenting patients and not be an ambulance focused solution. The solutions had to not simply be what St John, as a health service provider wanted from a business model perspective but had to address the issues that drive large numbers of patients to present at ED for low acuity conditions. St John has worked on the following assumptions in terms of what is driving ED attendance:

- The community knows ED is always available. They do not need to be educated or use tools at the time of a stressful event to try and work out what is available – it is the simplest way to restore order.
- Community knows that if they present to ED, everything that needs to be done can be done there – clinical quality in a one-stop-shop.
- Community knows they will not be out of pocket because of an ED presentation – equity of access through affordability.

St John believes, the solution to a serious change in this high number of ED presentations for low acuity cases necessitates an integrated solution that recognises the above assumptions and is designed around them as opposed to be designed around a variety of desired business models.

In building the capacity and capability for unscheduled events, considerable opportunities are opened up in relation to scheduled care. With the new ambulance model and its high level of integration with primary care, capacity is created that allows an integrated approach to many areas involving schedule care and preventative strategies. The best way to illustrate this is to consider St John’s approach to the aged sector.

Through its combined ambulance, transport, community education, community engagement and primary care services St John has developed an aged care ecosystem as follows:



- The unique aspect St John brings to this is the degree of integration it can achieve. The integrated model can cope just as effectively with healthcare being provided on-site in the community or with the need to move the patient to the healthcare. The key again being that the care is integrated with the location of its delivery being made irrelevant. It is only possible to achieve this in a sustainable way through St John being able to complement its emergency ambulance services and its (and other providers) primary health services with an integrated and cost effective transport service.
- In addition to the more traditional stretcher and wheelchair patient transport services, St John has added community (volunteer) transport. This is care based transport where no clinical care is required. Whilst community transport volunteers do not have clinical capability, they have a first aid certificate and provide transport and companion services. As opposed to using a taxi or Uber, they will see a patient safely inside the medical facility and handed over appropriately and safely inside and settled once returned to their residence.



- The power therefore of the St John integrated model is that it provides a seamless system with:
- A single point of entry for an unscheduled event that will ensure the appropriate health service;
- A system that is not dependent on either service being provided with the patient remaining in situ or on the patient making their way to a particular facility. It is just as effective either way.
- Community transport that is cost-effective and sustainable as it is provided by volunteers but with the coordination and professional standards of the St John organisation.

St John's Primary Care Services

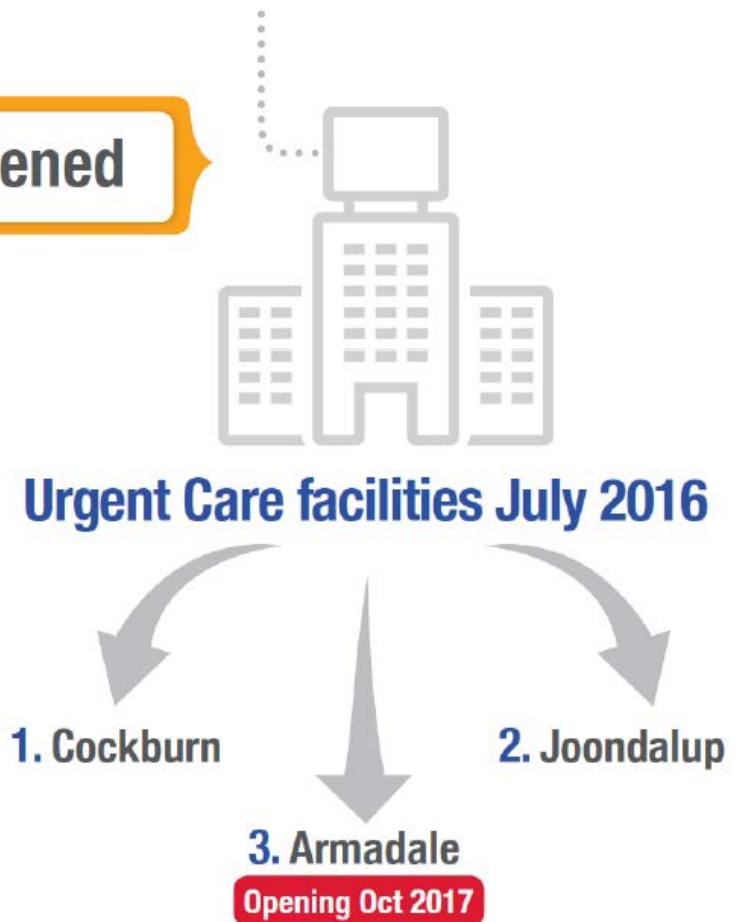
- The journey by St John into the provision of primary care services itself evolved from the initial work and learnings from the Ambulance Surge Capacity Units (ASCU) and from the process of developing pathways with other primary care providers. In discussions with the previous owners of Apollo Health it became evident that the major barrier to community based urgent care centres was that they were not suited to existing business models. As discussed previously, from the consumer's perspective, alternative pathways need to address the issues of availability, one-stop-shop and cost. This meant:
- The smaller independent General Practices do not have the scale to address the availability and one-stop-shop requirements;
- The Corporate General practices will not meet the three requirements outlined in the previous section due to insufficient return on investment for their business models.
- This led St John's thinking towards entering primary health service provision where it could bring the benefits of its hybrid commercial/government/not-for-profit approach and plug the gaps in service delivery availability in a way that was more like the corporate approach, was financially sustainable but did not have the same return on investment imperatives as the fully commercial sector.
- In mid June 2016, St John acquired Apollo Health Pty Ltd. At the time of acquisition, the group consisted of four Medical Centres. Three of those centres, located in Joondalup, Armadale and Cockburn, provided a full range of primary health services including:

- | | | | |
|---------------------------|---------------------|-------------------|----------------|
| • General Practice | Dental | Imaging | Pathology |
| • Skin Cancer Clinic | Weight Loss | Cosmetic medicine | Podiatry |
| • Geriatrician specialist | Osteoporosis clinic | Physiotherapy | Women's Health |
| • Workplace Medicals | Travel Medicine | Fracture clinic | Mental Health |

- The fourth centre, located at Cannington, has a lesser range of services. All four locations are bulk billing practices.
- In July 2016, St John added Urgent Care Centres to the Joondalup and Cockburn facilities.



Opened



- Generally, the four Apollo centres operated in the same way as other corporate facilities with the GPs bulk billing patients and providing Apollo a commission for the use of staff and infrastructure.
- The Urgent Care Centres (UCC) operate in a different way in that all staff, including the doctors are salaried. Patients present at the UCC without an appointment. Services provided are bulkbilled meaning there is no out-of-pocket expense for the patient. All Urgent Care patients are seen by a doctor with service provision complemented by nurse practitioners and paramedics.
- The service model for St John is that the medical clinics must operate in a commercially successful way with funds generated being used to offset the cost of providing the urgent care centres.

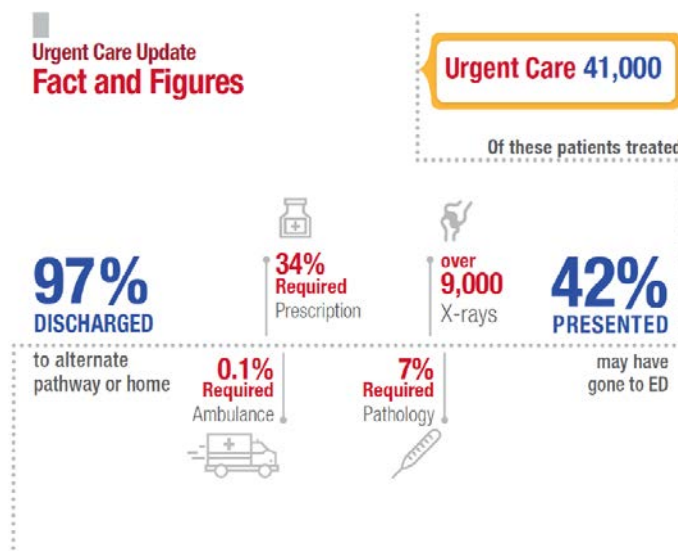
- Across the range of Primary Health Services, there were over 250,000 patients seen during the 2016/17 financial year. These numbers were achieved despite the fact that urgent care centres were opened after the start of the financial year. In the early days, it is true that many of the patients seen in urgent care were patients that could have been seen in any General Practice had an appointment been available.



- With the progress of time we have witnessed a similar change in the patient cohort as seen by other urgent care centres around the world. In the process of maturing the service sees more and more patients who would otherwise need to attend an ED, i.e. minor sporting and home injuries etc.
- Our analysis shows that around 17,000 of the 41,000 UCC patients would likely have attended an ED had the UCC not been available based on the condition they presented with. This is the minimum number as a further unknown number would have presented at ED simply based on a lack of easy GP appointment availability.



2016/17 Activity Levels for St John Primary Health Services



Integration with the Broader Health System

- An important part of integration for St John is the integration with the broader health system – both hospital and primary care. St John embarked on this journey in late 2015 with the introduction of electronic transmission of ambulance Patient Care Records to a patient’s GP.
- Whilst the Apollo Clinics operate in the same way as other General Practices, Urgent Care Centres operate differently. They exist to provide episodic care with the patient being discharged back to their own GP for ongoing or follow up care. With the opening of the St John Urgent Care Centres, the system was put in place for patient notes to be transmitted to the patient’s own GP as they left the UCC. This is an important point in terms of integration with other health services, i.e. that St John UCCs are not in competition with General Practice. Where a patient can go to their own GP they should. Where they cannot or will not go to their own GP they can go to the UCC for that particular episode of care and be referred back to their own GP.
- Our data shows that as GPs in the vicinity of the UCCs have become more confident in this aspect of the UCC operation, they have increased their own referral rates to UCC for particular episodes of care.
- There are a number of projects currently being developed which start to take advantage of the capacity of the integrated model that has been developed. One example is a joint project between the St John and South Metropolitan Health Service aimed at providing care for cellulitis patients in the primary health setting rather than the hospital setting. This is a project that will involve all aspects of St John’s primary health offering and the comprehensive range of transport options.



A New Paradigm for Ambulance

In the continued pursuit of both the “cost-effective ambulance service” imperative and the “gateway into the health system for unscheduled care” concept, St John is progressing towards what it sees as a new paradigm for the provision of ambulance services. This new paradigm builds on the gateway capability being developed with the integration of ambulance and primary care. It seeks to take full advantage of existing and emerging technology and leverages the special features of the St John WA model, in particular, the significant connection to community through volunteerism.

To see the potential contribution of this new ambulance paradigm in terms of the broader objective of a sustainable health system, it is necessary to step through its development to date and the thinking behind the concept.

In the first instance, we start at the emergency end of the spectrum. St John has long recognised that community engagement through first aid and resuscitation capability has a much greater impact on patient outcome than ambulance response times. This has led to three major areas of focus:

- General level of first aid capability in the community. Last year, St John trained over 386,000 people in first aid.
- Community First Responder – Linking Defibrillator (AED) placement in the community setting to the ambulance dispatch system and trained first aid personnel. There are currently over 1,700 such systems in place.
- St John First Responder App – Making an app available to everyone in the community with a first aid qualification and linking them to any emergency that occurs within 500 metres of them. There are currently 5,000 users on the system and it is our aim to achieve 100,000 users by the end of 2018.

Whilst the St John First Responder App is a tool that initially starts at the point of assisting in improving survival from out of hospital cardiac arrest, its potential goes far beyond that and it will be an enabler for the new ambulance paradigm.



St John

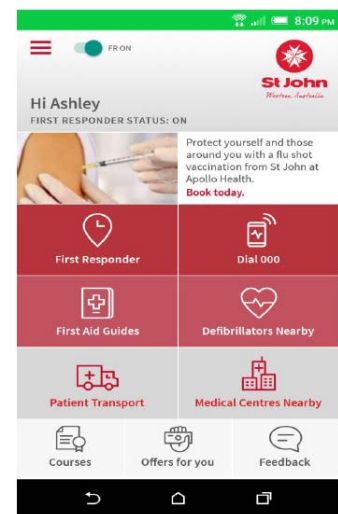
**FIRST
RESPONDER
APP**

The main feature of the App is that it will advise you if you are within 500 metres of an emergency that is necessitating an ambulance response. The user is advised that there is an incident and asked if they are willing to assist. They can accept or decline. If they accept, they will be given details of the type and location of the incident. They are also able to see the location of the ambulance responding and therefore have an indication as to how long it is going to take to arrive.

Currently the app has many features including the ability to automatically send your GPS coordinates to the ambulance dispatch system if you call 000. It will show you the location of nearby defibrillators and has first aid guides available. It can also be used to book patient transport.

A significant step in the development and evolution of the App will be the feature released in early 2018 that will allow the user to connect the phone's camera to a paramedic based in the Ambulance State Operations Centre. This means that first aiders will almost instantly have a paramedic able to visualise what they are dealing with and provide advice.

At the same time as the App has been developed, St John has been developing a capability to provide a mobile (in a moving vehicle) telehealth solution via satellite that will ultimately be deployed across the country ambulance service. This means that in situations where we have EMT (volunteer) crews, they will be able to practice under the guidance of a paramedic. The satellite capability will mean that access to this system is not restricted to radio, WiFi or 3G/4G coverage areas.



The significance of these developments in relation to the development of a new paradigm for ambulance is that the technology and the backend capability that is being built will mean that we can move away from the concept of “restoring order” to an unscheduled health event by physically turning up within a desired time, to being almost instantly available through smartphone technology. In other words, rather than aiming for a 15 minutes response for emergencies, or 25 minute response for urgent ambulance cases, we will put a paramedic into the scene within seconds. From paramedics, we will expand to a broader range of health professionals able to commence management of the case via a telehealth connection. This is consistent with the move away from the response model to the gateway model and takes the process to another level. As well as getting help immediately, the approach will ensure the right decisions are made as to what the next level of care should be, i.e. hospital, primary care or other health pathway. Whether the patient should remain in situ or be transported somewhere. If they are to be transported, how, when and where.

The major transformation in relation to ambulance specifically is that large investments in reducing ambulance response times (even though in most cases this is unnecessary) can be transitioned into services that continue to provide immediate care where that is necessary but importantly focus more on the right care in the right place at the right time. Beyond the spectrum of ambulance itself, the potential benefits to the broader health system in terms of enabling many of the transformations necessary for a sustainable health system are very significant.

As the potential of the future model is further considered, the unique opportunity we have in Western Australia with the St John model and its connection to the community through volunteerism and ability to overcome transport and access challenges becomes even more evident.

Education & Training

Just as there is an opportunity for a new ambulance paradigm that can enable major health system transformation, there is also an opportunity to leverage the St John first aid training effort and broaden the traditional view of first aid to include education as to how to access the health system.

Last year, St John trained more than 386,000 people in first aid. This included around 100,000 commercial (fee-paying) first aid students and 280,000 free first aid students (130,000 of the free students were school students taught St John's first aid focus program in their school). This means over 14% of the state's population is receiving first aid training through the organisation each year.



St John has previously identified that although the reach of our first aid training effort is vast, it only addresses one part of the equation. An obvious gap in the St John effort relates to first aid for mental health. Whilst there are psychological first aid products in the market, St John takes the view that there is a weakness in what is available in that the training services have largely evolved from the development of business opportunity rather than a coordinated approach to the community's need for first aid capability for mental health. St John is in the final stages of consumer testing the products that it will use as it seeks to fill this gap. It is the organisation's view that the community would be well served by similar market penetration of first aid for mental health as has been achieved with traditional physical first aid.

In the context of what is currently being achieved with physical first aid training and the potential around first aid for mental health, there is a huge opportunity to apply some futuristic thinking to a broadening of our definition of first aid. Rather than it simply being about what to do until a person can receive more definitive care, the focus could be extended as to how a consumer receives healthcare. Whilst first aid needs to be kept simple and not lose its core focus by over emphasising the complexity of the health system, it could provide a mechanism for education about a well-designed method of entry into the health system.

The key is about broadening the focus of first aid training from improving patient outcomes by providing simple immediate care to including improved patient outcomes and a contribution towards a sustainable health system by educating on the appropriate ways to enter the health system.

Evidence Based – The Use of Data

The St John model in Western Australia has evolved and been built on a strong “evidence-based” approach using data. St John is a very rich data organisation with comprehensive patient and operational databases that have been in place for a number of decades.

It is the use of the data and evidence that has driven many of the cost-effectiveness components of the model over time, not the least of which, is the single tier emergency service approach. St John WA systems, mostly developed in-house, are recognised as world class. The iPad based electronic patient care record system was used for a period of time by Apple internationally as an example of the business potential of the iPad.

See the following clip for further details: https://youtu.be/Cc8lbl_7ikI

St John Ambulance

Western Australia



St John is a source of data often sought out by researchers, government departments and other areas of the health sector. There is an opportunity for the broader health system to more fully utilise and engage with St John on the use of data with the aim of identifying opportunities to further improve the sustainability of the health system. With St John’s entry into the primary health space and the integration of data from those activities into the broader St John data warehouse, significant analysis and research possibilities are presented.

Opportunity to Remove Structural Barriers

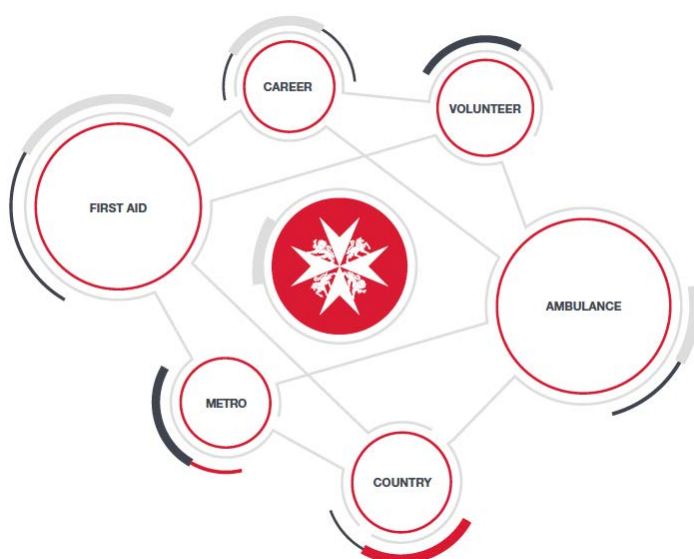
This section will outline some of the limitations that exist as a result of the current structure and nature of the contracting arrangement between St John and the Department of Health. In describing the limitations it will be necessary to outline those limitations in the context of the contracting for ambulance service provision. The purpose of the section is not to try and position St John in relation to the existing contract but build an understanding of how the current arrangement will limit some of the State’s ability to fully utilise St John’s capability in the context of maximising its contribution to a sustainable health system.

Western Australia is in the relatively unique position of having a private sector organisation providing the state’s ambulance service. With the exception of Western Australia and the Northern Territory, ambulance services in Australia are provided by government organisations.

The benefit to the community of the St John organisation’s integrated model and blending of the strengths of commercial, government and not-for-profit sector are significant and clearly demonstrated by the quality of service and cost-effectiveness indicators used in benchmarking Australian Ambulance Services. Whilst St John delivers huge benefits to the community from its “non-government” model, it also sees barriers that prevent the state from leveraging the model to obtain the full potential benefits for the community that the model could deliver.

The barrier to maximising the potential of the model is the way in which procurement governance requirements severely limit the potential of true partnering approaches.

There are many specific examples that can be provided where the government and/or broader health system are not taking full advantage of the Intellectual Property that exists within the St John organisation and which the organisation would willingly make available.



This challenge ties back to the issue of system integration. St John knows that the strength of its organisational model is its integrated nature. It leverages value for one part of the operation from the sum of all the other parts. On the other hand, the purchaser/provider relationship between St John and the Department of Health limits the state’s ability to leverage more and broader value from the St John model.

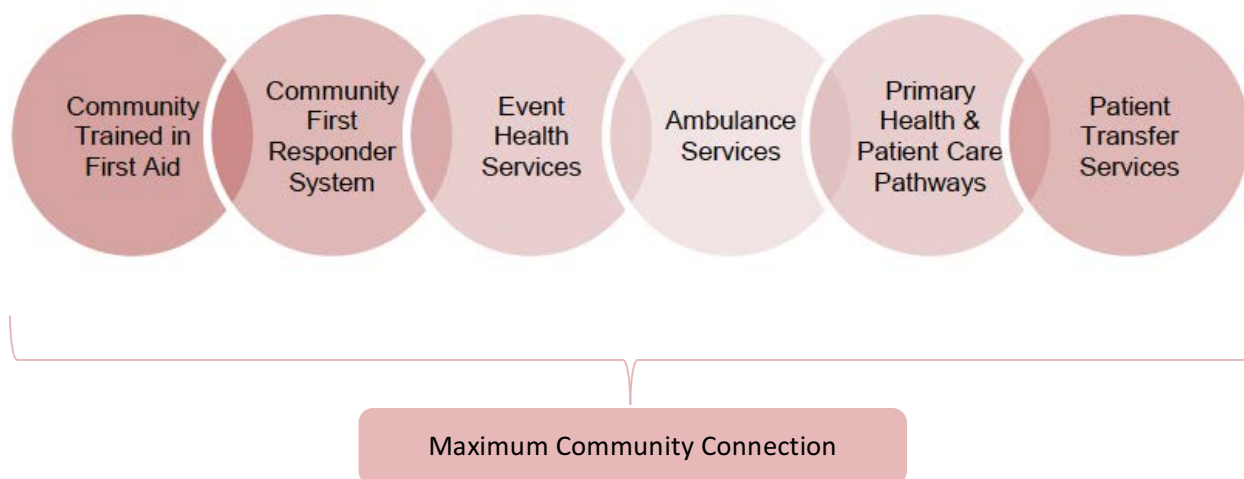
This can best be seen when considering the existing contract with the Department, identifying what the state is buying and considering how much broader that could be.

Broadly speaking, ambulance services are funded from three sources:

- Government contract
- User Charges
- St John, commercially generated revenue

The principle of the funding model is that the government contract purchases response capacity, i.e. the resources that need to be available to respond. User charges fund the cost of the actual service provision for that case. St John’s commercially generated revenue funds the shortfall in the other two components.

St John’s integrated model seeks to achieve the best possible patients’ outcomes by addressing all of the components in the chain of survival.



At the moment, contract performance is largely measured on ambulance response time. There are required standards in terms of clinical governance and training etc., but not in relation to patient outcome.

When a targeted improvement in patient outcome for a particular cohort is identified, St John would look across the whole spectrum of the integrated model and the chain of survival. Current contract arrangements mean that if an improved survival from out of hospital cardiac arrest was the desired outcome, it would be difficult to do this through a true partnering between St John and the State (in the form of DoH or an Area Health Board) because of the State needing to treat St John as “just another service provider” in terms of purchasing services.

Consider the example of cardiac arrest survival. The state buys ambulance response capacity with a key measure being response times. Contractually therefore, the Department’s only lever to improve cardiac arrest survival would be to try and drive improved response times through more capacity. Evidence clearly shows that a more effective strategy in improving cardiac arrest survival is community CPR capacity and readily available AEDs. These measures are also significantly more cost effective and therefore more sustainable. The Department would have difficulty “buying” the services that would be more cost effective in improving cardiac arrest survival because of the purchaser/provider relationship.

The cardiac arrest survival example is one that sits within the range of traditional ambulance services, however, St John is seeing the same barrier to true partnering in a number of ways across the broader spectrum of its activities in particular in the primary health space. At this point, the Department is not looking as to how its investment in ambulance services can be leveraged to achieve a more sustainable health system through ambulance being an effective gateway into the health system. Rather, it is taking a view that looks at how ambulance services have been provided traditionally, i.e. a response model, and managing the process through a purchaser/provider relationship.

To achieve the potential benefits in terms of a sustainable health system, the state's relationship with St John needs to move beyond the narrow view of the organisation as a service provider to a partnering view where the state seeks to leverage the St John model to benefit the community. Just as St John has outlined a new paradigm for ambulance, so to, must there be a new paradigm for the way in which Health partners with St John to deliver a high quality, cost-effective, sustainable 21st century ambulance service that maximises community connection and is an effective gateway into the health system.

Conclusion

St John Ambulance WA, through its strong sense of purpose, its integrated model, its drive for cost-effectiveness and its connection to the community, has delivered the most cost effective and sustainable ambulance model in Australia and has now positioned itself to be an effective gateway into the health system.

The opportunity exists for the State to leverage the benefits of the St John model to bring a level of integration to health services, particularly in the area of health services for unscheduled events. The unique circumstances that exist with the integrated St John model and its successful entry into the primary care space, put Western Australia in a position where it can drive integrated care for unscheduled events in a way that would be difficult to achieve in most jurisdictions.

This paper has provided some simple examples of how the St John integrated model and its primary care capability can be used to contribute to a sustainable health system for Western Australia. The St John organisation is currently working on many more specific business development opportunities that would drive significant benefits in terms of increasing integration of health services. The only way in which the state can maximise the opportunities available to it in terms of leveraging this capability for the benefit of the WA community is to establish a new relationship model with St John that is a partnering arrangement rather than simply a purchaser/provider relationship.

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