



WELLINGTON
FREE AMBULANCE
kia ora te tangata

Safe at home, and out of ED

*World-class free paramedic care for the people
of Greater Wellington and Wairarapa*

Urgent Community Care
Sheena Napier, **Extended Care Paramedic**



Did you know?

- *Wellington Free responds to around **50,000** incidents per year*
- *Around **half** require a 'lights and sirens' response, for the rest it's something else*
- *We have found a way to help these patients in a more **effective** way*



Urgent community care

- *What is this about ?*
- *What do we do ?*
- *Staff*
- *Training*
- *Our relationship with others*
- *Case Study*
- *Who benefits ?*
- *The future*



What it's about

- *In 2009 Urgent Community Care (UCC) was introduced as a new model of care*
- *The UCC is part of the WFA model called “Acute Integrated Community Care”*
- *Porirua and Kapiti, 12 hours a day, 7 days a week*



The staff

- *Extended Care Paramedics (ECP's)*
- *3 full time, 1 part time, 7 relief*
- *Emergency Ambulance Paramedics*
- *One RGON with 10 years emergency department nursing experience.*



The training

- *Three weeks theory*
- *One week ED minors unit*
- *Four weeks mentoring on-road*
- *One week final assessment*
- *Ongoing regular training/educations days*



What we do

- *Respond to emergency 111 calls (high acuity when necessary)*
- *See and treat patients in their homes (safely and out of ED!)*
 - *Wide range of patients from the young to elderly*
 - *Complex needs*
 - *Chronic conditions*
 - *Frequent patients*
- *Follow up and connect to other services*
- *Documentation for the patient and other health services*



Relationships

- *ED SHO's and consultants*
- *MAPU Med Registrar*
- *WFA Clinical Director and Clinical Desk*
- *Emergency Ambulance Paramedics*
- *GP's and practice nurses*
- *Care Coordination Centre*
- *Nurse practitioner and geriatric services*
- *Other specialties – diabetic, cardiac*
- *Mental Health*
- *Maori/Pacific Health*





Case study

- 1130 hours - Emergency **111** call
- UCC despatched as appropriate response
- Code **ORANGE**
- 90 year old, fallen on floor, unable to get up
- ? Injuries

About our patient

- *0500 trying to get out of bed, rolled out onto floor, unable to mobilise or alert for help*
- *6.5 hours on floor until visit by GP practice nurse, who called ambulance*
- *Denies injury, no HI, no neck pain*
- *Incontinent faeces and urine*
- *2 – 3 falls in the last year, nil in the last month*



Systems enquiry

- *Usual Arthritic pain in joints*
- *R) lower leg infection/cellulitis - under treatment*
- *Nil other systemic issues or concerns*





PMHx, DH, Allergies

PMHx:

- *HTN*
- *Osteoarthritis*
- *Rectal Carcinoma (resection 2003)*
- *Umbilical hernia*

DH: (No known drug allergies)

- *Tramadol*
- *Panadol*
- *Bendrofluazide*
- *Terazosin*
- *Amitriptyline*
- *Omeprazole*





Personal history

Social history:

Mostly independent in pensioners flat

Supportive family

Home help 1 hour/week

General health:

Current infection RLL under care of D/N

Eats well, poor fluid intake

Occasional constipation

Walker to mobilise



On arrival

- *Large man, wedged semi prone on floor between bed and dresser*
- *In night clothes, blanket cover*
- *Alert, shaking, denies injury, denies pain*
- *Faeces ++ on floor*
- *Practice nurse present*
- *Fire service requested for 'lift assist'*

VERY KEEN TO STAY HOME TODAY !!



Physical exam

CNS

- *Alert, orientated, FAST neg*
- *Neuro exam unremarkable*
- *Competent to make decisions*

RS

- *No resp. distress, mild SOBOE*
- *Chest clear on auscultation*

CVS

- *Hot and dry, temp elevating, rigors*
- *BP elevated, no postural hypotension*
- *Strong regular radial pulse*



GI/GU

Dry mouth and tongue

Hernia protruding, reduced

Abdo SNT, no obvious masses

MSS

Unsteady, assistance to stand, difficult to mobilise 1 m

RLL

Dressing above ankle to below knee intact, clean

R) leg: red, hot, swollen to upper thigh/groin



Impression and concerns

Impression:

- *Non injury mechanical fall ? secondary to worsening Cellulitis R) lower leg*

Concerns:

- *Sepsis risk*
- *Poor mobilisation, risk further falls/injury*



Plan

Fire crew assist off floor, wash, change of clothes, food, fluids, medications

Obs and full assessment

District Nurse contact – message left to call ECP

ECP revisit and GP contact later today if D/N not available

Condition reassessed : improved (BP and Temp reduced)

Tolerating food and fluids – rehydrated, feeling almost back to usual self

Red area of infection marked with time and date

Copy of notes left with family and copy to be faxed to GP

Pt Left in care of family members – Care advice given:

- *Rest with leg elevated – mobilise with assistance, toilet, bed, chair only this afternoon.*
- *Maintain hydration and medications as prescribed*
- *Recall ambulance if condition deteriorates*



Urgent Community Care

Who benefits?

The patient

- *Treatment at home, when appropriate*
- *Less disruption*
- *Faster healing, studies proven quicker healing times at home*
- *Improved response times to non-urgent patients*
- *More resources available to patients - ECP always in their 'patch'*
- *More appropriate patient outcomes*



The health sector

- *More integrated approach to health services*
- *Pressure is taken off other services. Avoidance of unnecessary transfer to hospital emergency departments*
- *More effective utilisation of resources in primary and secondary health care*



Wellington Free

- *Recognises the life-saving role of emergency ambulance services and paramedics*
- *Promotes a health-focused organisation – taking healthcare to the patient*
- *Recognises WFA has more to offer health sector*
- *More resources are available due to 'patch' deployment*
- *Increasingly skilled workforce.*



The Future

- *F/u review post ED treatment ? (Evenings, weekends, reduced GP access ?)*
- *Increase in GP referrals for Semi acute patients*
- *Expansion of UCC service to other areas in the WFA catchment and greater New Zealand*





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THANK YOU

"THE SECRET OF
CHANGE IS TO FOCUS
ALL OF YOUR ENERGY,
NOT ON FIGHTING THE
OLD, BUT ON BUILDING
THE NEW."

— *SOCRATES*

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