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Non-Emergency Patient Transport in Victoria: An overview

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Overview

The non-emergency patient transport system (NEPT) in Victoria, Australia evolved out of an identified need in the latter part of the 20th century. This system is growing and maturing as the health system evolves. The emergency and non-emergency systems will slowly diverge over time as the needs and responsibilities of the two systems further develop.

This paper discusses the evolution of the non-emergency patient transport system (ambulance) in Victoria and its current role in the health system in Victoria Australia.

Introduction

In Victoria today, the transport of non-emergency patients is predominantly performed by private ambulance providers. This system came into being in the late 1990s during a major reform of the (then) Metropolitan Ambulance Service (MAS) for a number of reasons. However, primarily it was identified that large numbers of patients were being delayed in getting to and from their medical appointments due to ambulances being redirected to emergency cases. In an attempt to alleviate this, the non-emergency patients were separated from the emergency services work, and as a result a new non-emergency patient transport system was introduced. Initially, providers were contracted solely by MAS to perform this work, and were controlled by the ambulance commutations system. In these early days, clinical governance and oversight was set by MAS through contractual arrangement.

Over time, as a result of changes in funding arrangements to hospitals, opportunities opened up for other private ambulance providers to come into the NEPT marketplace. These new providers worked independently to the MAS run system, and contracted directly to the hospital networks, or other institutions, and in some cases, touted for business with the smaller hospitals and departments, on a case-by-case basis. This change effectively created a second tear of NEPT providers.

This second tear of non-emergency transport provider was unregulated, meaning that no standards were in place for clinical governance and oversight, which led to an outcry from the larger providers. The MAS contractors were required to comply with strict clinical oversight, and faced financial penalties for non-compliance, whereas; the private providers who contracting directly to the hospitals and essentially performing the same work did so without clinical oversight. Furthermore, it could be argued that this subset of private providers were

providing a substandard service, as there were no minimum standards for equipment, infection control, training etc.

As these providers were using vehicles for higher and reward they needed to be registered with the Taxi Directorate under Victorian Motor Registration regulations. The Taxi Directorate assigned these vehicles into the same category as the wheelchair-accessible taxi. The taxi directorate required the NEPT drivers to hold a taxi directorate licence, and a first aid certificate.

The development of regulations and qualifications

After a number of years of operation, the non-emergency service providers lobbied for change, as there were effectively two separate non-emergency sectors, those who performed the largest volume of work via their contracts with MAS, and the others who for the most part, were uncontrolled. It appeared that hospitals were also unable to discern the difference between the two subsets of the non-emergency services. As most doctors, nurses and administrators were brought up on the state controlled ambulance service, thus assuming that the status-quo existed.

At about this time the government further changed the funding arrangements for patient transport and, gave the hospitals control over providing transport for their non-emergency patients. Hospital networks, now had to either provide a transport service or contract this work out. This further divided the non-emergency sector, with some of the larger providers seeking these contracts in addition to their existing contracts with MAS.

The hospital based contracts had some clinical governance provisions, however, they were not always aligned with the MAS procedures and practices. This increased the call for a set of minimum standards to be put into place, to insure patient safety, through clinical governance and regulatory oversight. At the same time as this was occurring in Victoria, there was a national push for standardised training and education, which included the ambulance sector. The Community Services, Health & Education Industry Training Council, through its Industry Training Advisory Board (ITAB) held meetings across Australia to develop a national health training package including ambulance, which calumniated in the publication of the HLT02 training package. HLT02 included four qualifications for the ambulance sector, ranging from certificate III in Non-Emergency Patient Transport to an Advanced Diploma of Paramedic Science (Ambulance). This training package was endorsed in 2002 and became available in 2003.

During the early part of the new millennium and after much debate and discussion, the Victorian government announced a new policy initiative for ambulance in Victoria headed *"A better ambulance system"*, where the government committed to ensure emergency ambulance services remained in public hands; to improve and expand the public ambulance services; and to regulate the provision of non-emergency transport services. At this time the government proposed the establishment of a system of regulation for the non-emergency sector as part of implementing their commitment to an improved ambulance system.

In October 2003, the State Parliament passed the *Non-Emergency Patient Transport Act 2003*. This new piece of legislation was hailed as a key step towards the government's commitment, to assure the safe operation of the non-emergency patient transport sector.

The proclamation of the Non-Emergency Patient Transport Act 2003 Act lead to the development of regulations, and these regulations has set minimum standards for non-

emergency patient transport. The Act also allows for the accreditation of non-emergency patient transport businesses that may wish to provide stand-by services at public events.
The State Government Department of Human Services is responsible for the development and implementation of legislation, regulations and clinical practice protocols relating to non-emergency patient transport services.

Non-emergency Patient Transport (NEPT) Regulations
The Non-emergency Patient Transport Act 2003 requires that all NEPT services must be licensed in order to be able to transport non-emergency patients in Victoria.

NEPT regulations came into effect 1 February 2006. The Act establishes a licensing system for services providing non-emergency transport using stretcher carrying vehicles or offering specialist clinical care or monitoring during transport.

Under the regulatory framework, a matrix has been developed that matches the level of patient illness with appropriate staff numbers and qualifications. The matrix considers the clinical needs of the patient to determine the necessary level of care required during transportation.

The Department of Human Services Private Hospital Unit is responsible for administering the licensing system and reviewing any complaints about lack of compliance by the service providers.

The *Non-Emergency Patient Transport Act 2003* formally acknowledges the existence of the NEPT sector as a part of the health industry in its own right and establishes its obligations to operate in the best interests of patients. Given the broad range of patients currently transported by private providers of non-emergency transport services. The Act reinforces the ideology that the **"…term 'non-emergency' should not be taken to mean 'not seriously ill,' nor to mean 'no clinical skills are required' to transport these patients".**

Patients transported by the NEPT sector are those who do not require (and are not likely to require) a time critical ambulance response. The users of NEPT services are patients with varied clinical needs who travel from home to health services, between health services and from health services to home. They require this form of transport to attend a variety of outpatient clinics to undergo diagnostic procedures and transfer between facilities to allow access to appropriate medical treatment. Approximately 350,000 patient transports are undertaken by private NEPT organisations annually, and numbers continue to increase.

People, as a result of age, illness and frailty, rely on health services and health professionals to make decisions regarding their care, and this includes transport services. These people do not have the ability to elect to travel with a NEPT provider other than that organised by the health service, or health professional, and for the most part, people do not have the necessary knowledge to discern whether or not an appropriate level of clinical care is being provided by a NEPT organisation.

Currently in 2008, there are 14 Non-Emergency Patient Transport providers in Victoria. These NEPT providers cover most parts of Victoria and offer a range of services to the community. Below is a list of the current providers and their locations.

Current Providers

NEPT Provider	Class of Licence	Locations
Medical Transport Services	Low, Medium & High	Bayswater Burwood Ferntree Gully Heidelberg Tullamarine
Paramedic Services Victoria	Low, Medium & High	Seaford Mornington Moorabbin Hallam
Health Select	Low, Medium & High	Vermont Bairnsdale
Ambicare Patient Transfer Service	Low, Medium & High	Horsham Ballarat Mildura Bendigo Echuca
Total Care Transport Services	Low, Medium & High	Preston
National Patient Transport	Low, Medium & High	Mount Waverley Tullamarine Frankston Werribee Bundoora
Platinum Healthcare	Low, Medium & High	Mount Waverley Moolap Box Hill Delacombe Glen Waverly Ferntree Gully Warrnambool Long Gully Albury Shepparton Maffra
Advanced Medical Transport	Low, Medium & High	Darnum Wodonga Glenroy Wangaratta Shepparton Seymour
LifeAid	Low, Medium & High	Warrandyte
Freemason Hospital	Low & Medium	East Melbourne
Epworth Hospital	Low	Richmond
Meditrans Patient Transport	Low, Medium & High	Dandenong
Event Paramedics	Low, Medium & High	Kensington
Medical Connect	Low, Medium & High	Melbourne

Crewing the early years

During the development of the Non-Emergency Patient Transport Regulations 2005, there was much debate about the qualification of the clinicians who would provide care to the people being transported by the NEPT sector. Some precedence had been set by the early contractual arrangement with MAS, within which there were three levels of ambulance crewing:

- **Alpha:** an Ambulance officer and a Patient Transport Officer or two Ambulance officers. The Ambulance officer was capable of providing ECG monitoring and manual defibrillation.
- **Bravo:** an Ambulance officer and a Patient Transport Officer. This crew was not able to provide ECG monitoring or defibrillation.
- **Charlie:** Two Patient Transport Officers with no monitoring or drug administration capabilities.

Owing to the restrictive nature of the third level of crewing, this level was rarely used and later the second level was also not often used, as it required a large amount of administration to insure that the appropriate level of crewing was available to provide a service in an unpredictable environment. Furthermore, prior to the development of the national training package the only qualification available was the Certificate II developed by the Ambulance Officers' Training Centre in Melbourne, based on a package developed by Tasmania Ambulance Service for their volunteers. A bridging course was also developed for nurses to obtain ambulance qualifications which were issued at that time by the AOTC.

These qualifications set the scene in the early stages for the development of the NEPT sector in Victoria. As the Regulations were developed and the new national ambulance training packages were being promulgated, it was decided to adopt these as the minimum standard for the NEPT sector, with the Certificate III becoming the minimum qualification for the Patient Transport Officer, and The Diploma of Paramedic Science (Ambulance) for the Ambulance Transport Attendant or equivalent ambulance qualifications as an ambulance officer or paramedic in Australia.

Under these regulations, provisions were made to recognise nursing qualifications and furthermore, provide a mechanism for nurses to develop the necessary skills required to work in an ambulance environment.

At the same time, skill sets were identified, and protocols developed to allow for a scope of practice for the various clinical levels while identifying appropriate case mixes that could be safely transported by the NEPT sector, with the skill set needed to care for each category of patient.

Clinical practice matrix by qualification September 2006

	PTO	ATA	AO	RN1	RN1. Critical care qualification
Breathing difficulty					
Salbutamol	X	Yes	Yes	Yes	Yes
Oxygen	Yes	Yes	Yes	Yes	Yes
Cardiac arrest					
Manual defibrillation	X	Yes	Yes	Yes	Yes
SAED	Yes	Yes	Yes	Yes	Yes
Cardiac chest pain					
Aspirin	X	Yes	Yes	Yes	Yes
Methoxyflurane	X	Yes	Yes	Yes	Yes
GTN (sub-lingual)	X	Yes	Yes	Yes	Yes
Cardiac monitoring					
Cardiac monitoring	X	Yes	Yes	Yes	Yes
Hypoglycaemia					
Glucose paste	Yes	Yes	Yes	Yes	Yes
Glucagon	X	Yes (1)	Yes (1)	Yes	Yes
Pain relief (fractures)					
Methoxyflurane	X	Yes	Yes	Yes	Yes
Neurological examination					
Glasgow coma scale	X	Yes	Yes	Yes	Yes
Drug administration					
IV crystalloid	X	Yes	Yes	Yes	Yes
GTN infusion	X	Yes	Yes	Yes	Yes
Heparin infusion	X	Yes	Yes	Yes	Yes
Narcotic infusion IV (2)	X	X	X	Yes	Yes
Narcotic infusion s/c (3)	Yes	Yes	Yes	Yes	Yes
Antibiotics (4)	X	X	X	Yes	Yes
Vasoactive drugs (5)	X	X	X	X	Yes
Blood products (6)	X	Yes	Yes	Yes	Yes
IV crystalloid with potassium added (7)	X	Yes	Yes	Yes	Yes
Anti-arrhythmic drug infusion (amiodarone or lignocaine)	X	X	X	X	Yes

	PTO	ATA	AO	RN1	RN1. Critical care qualification
Other treatments					
Peripherally inserted central catheter	X	Yes	Yes	Yes	Yes
Central venous catheter (8)	X	X	X	Yes	Yes
Intercostal catheter	X	X	X	Yes	Yes
Arterial line	X	X	X	X	Yes
Intra-aortic balloon pump (9)	X	X	X	X	Yes
Total parenteral nutrition via central venous catheter (10)	X	X	X	Yes	Yes
Total parenteral nutrition via PICC (10)	X	Yes	Yes	Yes	Yes
Insulin infusion (11)	X	X	X	Yes	Yes
Chemotherapy infusion (12)	X	Yes	Yes	Yes	Yes
IV cannulation (13)	X	X	X	X	Yes

The NEPT Act and regulations divided the non-emergency patients into three categories:

- **Low acuity**
  - **Definition**

Low Acuity patients require active monitoring and have one or more of the following conditions:

- impaired cognitive function requiring supervision;
- chronic diagnosed shortness of breath (if there has been no recent change in that condition);
- is unable to travel in a normal seated position;
- is unable to walk more than a few steps unaided,

however does not include a patient:

- with a diagnosed mental disorder;
- being transported by an aero-medical service;
- whose condition is time critical or is likely to become time critical during transportation.

- **Medium acuity**
  - **Definition**

Medium acuity patients are those who require:

- active monitoring or management; who is assessed by a registered medical practitioner as being haemodynamically stable for the duration of the transport;
- who may also require specialised equipment which involves monitoring;
- observation and monitoring of an intravenous infusion that does not contain any vasoactive agents;
- observation and monitoring of an intravenous infusion that contains glyceryl trinitrate (in cases where the patient has been pain-free for a period of not less than 2 hours from the time of presentation), but does not include a patient

whose condition is time critical or whose condition is likely to become time critical during transportation.

- **High acuity**
  - **Definition**

High acuity patients require active monitoring, management or intervention; following assessment by a registered medical practitioner as being haemodynamically stable for the duration of the transport; and require one or more of the following:

- cardiorespiratory support;
- a higher level of care than that required by regulation for the transport of a medium acuity patient;
- in cases where the patient has been pain free for at least 2 hours from the time of presentation, observation and monitoring of an intravenous line with additives including glyceryl trinitrate;
- transport by NETS, PETS or VAERCS in a vehicle used to transport patients by a non-emergency patient transport service but does not include a patient whose condition is time critical or whose condition is likely to become time critical during the transport.

Conclusion

The ambulance system in Victoria has evolved into two very distinct and separate services, supplying the community of Victoria with a world class system. These systems cover the emergencies, and provide support those people in the community who are in need of ambulance transport for chronic or non-life threatening conditions. This also allows for Ambulance Victoria to concentrate on their core business of providing an emergency service, while the routine work is undertaken without the burden of emergency We must re-emphasise that non-emergency does not mean “no care”; on the contrary, the care can be simple to complex.

Furthermore, the non-emergency sector will grow in size and the scope of practice will change as the population ages, and health needs change. These changes will evolve as health care becomes more specialised, and the major hospitals develop specialisations not offered at other facilities more Inter-hospital transports will be required as a result. Therefore, the care required during transport will change and increase. All of these changes will have a flow on effect into the non-emergency patient transport (ambulance). As a result of this, the non-emergency transport sector will become more specialised and have less in common with the emergency sector over time.

The current NEPT system is still evolving and maturing, however, over time and as it continues to mature, there will be greater difference in the training and education requirements for both sectors.

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