



**Queensland
Government**

Department of **Health**
Department of
Emergency Services

Queensland Emergency Medical System Advisory Committee Outputs Reports 2003





Honourable Gordon Nuttall, MP
Minister for Health

Honourable Chris Cummins, MP
Minister for Emergency Services

QUEENSLAND EMERGENCY MEDICAL SYSTEM ADVISORY COMMITTEE
OUTPUTS REPORT 2003

Dear Ministers

It is our pleasure to report to you on the Queensland Emergency Medical System Advisory Committee's outputs for the year 2003.

The Queensland Emergency Medical System Advisory Committee (QEMSAC) was established in 1997, and is a development on the previous Emergency Health Services Coordination Advisory Committee. QEMSAC is an inter-departmental committee between Queensland Health and the Department of Emergency Services established to advise the Minister for Health and the Minister for Emergency Services, through the Directors-General, on emergency medical services in Queensland.

Its aim is the development and maintenance of an integrated and coordinated system of emergency patient care.

The operation of QEMSAC business is formalised through a memorandum of understanding between the respective Departments.

We comment the attached Outputs Report 2003 to you.

Yours sincerely

(Dr) Steve Buckland
Director-General
Queensland Health

Date: 13 / 07 / 2004

Jim Higgins
Acting/Director-General
Emergency Services

Date: 02 / 07 / 2004

Queensland Emergency Medical System
Advisory Committee

Emergency Services Complex
Level 3 Block C
Cnr Park Rd and Kedron Park Rd
Kedron Qld 4031

GPO Box 1425
Brisbane Queensland 4001
Australia

Telephone +61 7 3247 8343
Facsimile +61 7 3247 8210



Introduction

The Queensland Emergency Medical System (QEMS) represents an integrated and coordinated system of care for the acutely ill and injured. It focuses on a system, rather than organisational approaches to the delivery of patient care services.

This approach is necessary as emergency health care services are achieved through a series of focused sub-systems including private and public health care providers and emergency services agencies involved in activities as diverse as health promotion and injury prevention, first aid training in the community, out-of-hospital patient care and paramedical services, inter-hospital transfers, retrieval medicine and definitive medical care.

QEMS is consistent with, and is illustrative of the Government's current policy agenda of integrated service delivery and policy development. It also showcases health and emergency services as an example of a proactive approach.

The Queensland Emergency Medical System Advisory Committee (QEMSAC) was established in 1997, and is a development on the previous Emergency Health Services Coordination Advisory Committee. QEMSAC is an inter-departmental committee between Queensland Health and the Department of Emergency Services established to advise the Minister for Health and the Minister for Emergency Services, through the Directors-General, on emergency medical services in Queensland.

Its aim is the development and maintenance of an integrated and coordinated system of emergency patient care.

QEMSAC members during reporting period are listed below.

Dr John Scott (Chair)

Acting General Manager, Health Services
Queensland Health

Ms Eda Beck

Chair
Emergency Services Advisory Council
Department of Emergency Services

Dr Gerry FitzGerald

Chief Health Officer
Queensland Health

Ms Fiona McKersie

Executive Director, Strategic & Executive
Services
Department of Emergency Services

Ms Marie Pietsch

Chair
Rural Health Advisory Council
Queensland Health

Mr Nick Ryan

Executive Director, Regional Communities
Department of Premier and Cabinet

Dr Richard Bonham

Medical Director
Queensland Ambulance Service

Mr Jim Higgins

Commissioner
Queensland Ambulance Service

Mr Arthur O'Brien

Assistant Commissioner
Strategic Development Branch
Queensland Ambulance Service

Dr Cliff Pollard

Representative
College of Surgeons

Ms Jackie Steele

Acting State Manager, Public Health
Queensland Health

The QEMS strategic priorities are organised under four focus areas as details below. A summary of the outputs during 2003 is also shown below.

Strategic Priorities	Outputs
A statewide Emergency Medical System	<p>QEMSAC reorganised.</p> <p>Initiated a project to develop a quality and audit system for QEMS.</p> <p>Queensland Trauma Plan project is continuing with data collections expected to be completed during FY 04/05.</p> <p>A project to implement a centralised <i>clinical coordination service</i> for Interfacility and retrieval services in Queensland.</p> <p>Independent review into the clinical and operational aspects of the aeromedical retrieval system.</p>
Community Preparedness	<p>Increase in the number of adults undertaking CPR training.</p> <p>A First Aid Industry Forum meets regularly.</p> <p>Financial and technical contributions to the Australian Resuscitation Council.</p> <p>First Responder Policy developed.</p> <p>Policy guidelines for Early Access to Defibrillation in Queensland developed.</p>
Pre-hospital patient care	<p>Service model for emergency health services in rural Queensland commenced.</p> <p>Guidelines for the integration of ambulance services provided by Queensland Health and QAS commenced.</p> <p>Review of procedures for response to major events complete.</p>
Definitive medical care	<p>A report titled <i>Transport of Patients with Mental Illness in Queensland (2003)</i> endorsed by QEMSAC.</p> <p>Analysis of service delivery arrangements and activity levels for interfacility patient transfers to inform activity based charging contracts between Queensland Health and the Queensland Ambulance Service.</p> <p>Preliminary work has been undertaken to scope and plan for a review of the State health disaster plan.</p>

The following Information provides further details regarding the QEMSAC outputs during 2003.

QEMSAC

During 2003, the committee underwent a significant reorganisation, the result of inter-departmental consultations commenced in November 2001.

The membership of QEMSAC has been broadened to improve internal communications and increase the level of community engagement. The committee consists of:

1. Three representatives from Queensland Health, including the General Manager Health Services as Chair;
2. Three representatives of the Department of Emergency Services;
3. Three community representatives; and by invitation
 - A representative of the Australasian College of Surgeons;
 - The Chairs of the QEMS Zonal Committees; and
 - The Chair of the QEMS Interdepartmental Working Group.

QEMSAC has reorganised its internal policy and consultation structures to improve communication within the QEMS network and to facilitate more rapid resolution of inter-system operational issues. QEMS networks focus around three Zonal QEMS Committees, Northern, Central and Southern. These committees are responsible for monitoring service quality, resolving inter-system issues within each zone and contribute to the work of QEMSAC working parties in the development of policy and procedural advice. They also play a pivotal role in facilitating information exchange and service improvements through their Zonal emergency medical services networks.

About the QEMS symbol



The caduceus over the 'Star of Life' is an internationally recognised symbol of emergency health care.

The caduceus is the more commonly used symbol of medicine. From mythology, it consists of the wand of Hermes entwined by two snakes. This version of the caduceus is used by the Queensland Ambulance Service to identify paramedics and their respective skill levels.

The 'Star of Life' was developed in the US during the 1970's and much of the concepts of emergency medical services systems (EMS) emerged at that time. The six bars of the cross represent elements of an EMS system:

- Detection
- Reporting
- Response
- On Scene Care
- Care in Transit
- Transfer to Definitive Care

The QEMS Symbol represents a visual link between the service providers in emergency health care services in Queensland.

STATEWIDE EMERGENCY MEDICAL SYSTEM

Outcome area: An audit and quality system.

During 2003 QEMSAC initiated a project to develop a quality and audit system for QEMS. Central to this work is integrated data collections. This work is ongoing. To date the project team have established a draft minimum EMS data set, which is currently subject to industry consultation and completed project-scoping processes for further work to map existing data collections, and establish EMS benchmarks.

Outcome area: A Trauma system integrated with the Queensland Emergency Medical System.

The Australian Centre for Pre-hospital Research is undertaking a 3-year joint project with Queensland Health, the Motor Accident Insurance Commission, and the Centre for National Research on Disability and Rehabilitation Medicine to develop a Trauma Plan for Queensland. The project, in five stages, commenced in November 2001, and is expected to complete data collections during FY 04/05.

Outcome area: Integrated aeromedical services.

Clinical Coordinator

In cases of severe illness or injury the capacity of local medical and hospital resources to manage a particular case may be rapidly exhausted. Queensland Health recognised the need to have a system in place, which will provide specialised emergency assistance around the clock to all parts of the State. In many situations, the distances involved mandate the use of aircraft for transportation, while on the clinical side, the severity and complexity of the patient's illness may mandate the use of specialised medical teams. To address this need a Clinical Coordination System was implemented in 1997.

An evaluation of the current Clinical Coordination System led to the development of a project to implement a centralised *clinical coordination service* for Inter-facility and retrieval services in Queensland's Central and Southern Health Zones. Project scoping, research and stakeholder consultation occurred during 2003. It is anticipated that this project will be concluded in 2004.

Aeromedical Services

QEMSAC recommended to the Directors-General of Queensland Health and Department of Emergency Services that a review into the clinical and operational aspects of the aeromedical retrieval system be undertaken consequent to the coronial investigation into the crash of a medical helicopter in Marlborough in July 2000.

The independent review will evaluate the efficacy of the current Queensland Aero-medical Retrieval System, including primary response and inter-facility transfers; and benchmark the Queensland System against interstate and international evidence based aero-medical systems, identifying gaps and opportunities for improvement.

The investigators will report to the Directors-General of Queensland Health and Department of Emergency Services through QEMSAC by June 2004.



COMMUNITY PREPAREDNESS

Outcome area: Best Practice community CPR education.

QEMSAC initiated a community based cardiopulmonary resuscitation (CPR) project known as CPR2000 to raise awareness in the community about the importance of early CPR as a contributor to survival from sudden out-of-hospital cardiac arrest. The project is managed through the Queensland Ambulance Service and is part of a number of strategies aimed at improved survival, including early access to care by calling triple zero for help; increasing the percentage of bystander CPR for witnessed arrests; early access to defibrillation; and rapid transfer to definitive medical care.

A recent telephone survey of adult Queenslanders indicates that half of all adults in Queensland have received CPR training as some stage of their life, with 42% of those adults undertaking that training in the 3 years to 2002. (Source: 2002 Statewide health survey). The CPR2000 project is continuing and is being reviewed to take account of progress to date and changing needs in the community.

Outcome area: High quality first aid training services available to communities in Queensland.

QEMSAC facilitated the establishment of an industry forum for commercial, not-for-profit, and public sector first aid teaching organisations. The forum, known as the *First Aid Providers Forum*, meets regularly under the sponsorship of the QAS and contributes to improved quality of community first aid training in line with the principles of an integrated emergency medical system.

QEMSAC also contributes to the operations of the Australian Resuscitation Council (Queensland) Inc. through financial support from Queensland Health, membership on the Council, and ongoing technical contribution to the development of Basic and Advanced Life Support Policy Guidelines.

Outcome area: A network of integrated First Responder groups in Queensland.

Community First Responders

During 2003 a project group lead by QAS developed policy to guide the development and expansion of the concept of Responders *Community First Responders* as a means to improve response in isolated and remote communities. *Community First Responders* provide a critical link in a local community providing advanced first aid and scene safety until an ambulance crew or other emergency medical response arrives. A number of First Responder groups have been established within Queensland. The *Community First Responder* policy is to be implemented through QAS during 2004.

Early Access to Defibrillation in Queensland

Additionally, a QEMSAC working party developed policy guidelines for *Early Access to Defibrillation in Queensland*. Defibrillation is a time-critical link in the "chain of survival" for a victim of cardiac arrest. New technologies enable the expanded use of Smart defibrillators by minimally trained first responders at public venues. The QEMS policy provides guidance to risk assessment and procedural advice for the effective implementation of a defibrillator based first responder team.



PRE-HOSPITAL PATIENT CARE

Outcome area: Integrated Primary Health-care Services in rural areas.

Work commenced in 2003 to investigate and develop an effective model for emergency health services in rural Queensland. In September, QAS facilitated a two-day workshop in Townsville of key primary health care and emergency services providers to lay a foundation for service modelling. This work is continuing.

Outcome area: Standardised and integrated ambulance services in Queensland.

Work is continuing to develop guidelines for the integration of ambulance services provided by QAS and Queensland Health. This work involves particularly the development of minimum standards for ambulance services in Queensland. It is expected that this work will be concluded in 2004.

Outcome area: Safe and effective EMS response to major events.

Queensland Health and Department of Emergency Services undertook a review of the procedures for response to major events in Queensland during 2003 as part of preparation for the Rugby World Cup. This work is complete.



DEFINITIVE MEDICAL CARE

Outcome area: Efficient and effective coordination between hospital-based services.

Transport of Patients with Mental Illness in Queensland

Patients with a mental illness make up a small proportion of the sick and injured that require acute medical transfer within Queensland each year. Despite the small numbers, mental health patients are transported under a strict legislative and regulatory framework. The advent of a new Mental Health Act in Queensland (*MHA 2000*) prompted a review of the transfer of patients with acute mental illness. The Southern Zone QEMS Committee undertook the review.

A report titled *Transport of Patients with Mental Illness in Queensland (2003)* was endorsed by QEMSAC. The implications of the report are currently being evaluated and are focused on appropriate transport options and the availability and training options for retrieval medical teams. This work is continuing and expected to be concluded in 2004.

Interfacility Transport Project

The purpose of the Interfacility Transport Project is to undertake analysis of service delivery arrangements and activity levels for Interfacility patient transfers to inform an activity based charging agreement between Queensland Health and the Queensland Ambulance Service.

It included analysis of service delivery arrangements, the impacts on quality of service, and activity levels. The project is also examining the role of both road and air transport modalities.

The project will inform service level agreements and the development of standard operating procedures. It will also provide information to assist clinical coordination, in as much as, improved information systems will allow clinical coordinators to make transport decisions which are both clinically appropriate and cost effective, and makes best use of the available resources.

A Project Board reporting to the Ministers for Health and Emergency Services manages the project, which concludes in June 2004. The Project Board consists of representatives from Queensland Health, Department of Emergency Services, Queensland Ambulance Service, Queensland Treasury, and the Department of Premier and Cabinet.

State Health Disaster Plan

Preliminary work has been undertaken to scope and plan for a review of the State health disaster plan. This work will be undertaken during 2004.

The current version of the Health disaster plan was substantially re-written in 2000. Since that time there have been significant changes that warrant a major review of the plan and the educational and other instruments that support the plan.

In addition the introduction of a new *Disaster Management Act 2003* has established new arrangements for the State's counter disaster arrangements.

Risk Management processes also indicates a more comprehensive approach to planning is required, including critical infrastructure reviews and a review of the Health Emergency Plan.





Queensland Government
Queensland **Health**



Queensland Government
Department of **Emergency Services**
Counter Disaster and Rescue Services
Aviation Services



ROYAL FLYING DOCTOR SERVICE
OF AUSTRALIA
(QUEENSLAND SECTION)

