

DRAFT

Paradoc Hackay

ParaDoc

Service Development Proposals

The following proposals are intended to improve the number of referrals and to some extent the quality. However it is recognised that ParaDoc should work on the principle of "there is no such thing as an inappropriate referral, only an inappropriate response/ outcome." All proposals are intended to improve the patient experience and quality of care.

Immediate – 1 month

1. Review process of referrals from the Paramedics in the Clinical Hub, simplify process to include use of response profile and review of CAD to identify appropriate calls. MTS as required rather than mandatory. This will improve number of referrals that support both ED conveyance avoidance and admission avoidance
2. Develop new spread sheet for data collection. This will improve clarity and ease of data capture, improved reporting and ability to audit outcomes.

Short Term – next 3 months

1. Induction training for all ParaDoc Paramedics and Doctors
2. Review referral process and simplify criteria for ambulance clinicians on scene. Intention of placing greater focus on the more complex patients and those with exacerbations of chronic conditions with the intention of improving the number of referrals that reduced hospital admission. Referrals from crews on scene for patients that reduce ED conveyance should only generally be accepted where there is no other option to ED apart from ParaDoc (i.e where possible crews should use the GP the patient is registered with, OOH, PUCG etc)
3. Expand the referral criteria to include paediatrics – this will improve the number of unnecessary conveyances to ED especially in the infant and toddler age ranges
4. Expand the referral criteria to include mental health, this will assist in reducing the number of ED conveyances and reduce the potential of admissions

Nick Yard

Ambulance Operations Manager

July 2014

DRAFT

ParaDoc Pilot Project: Data Analysis - First Three Months

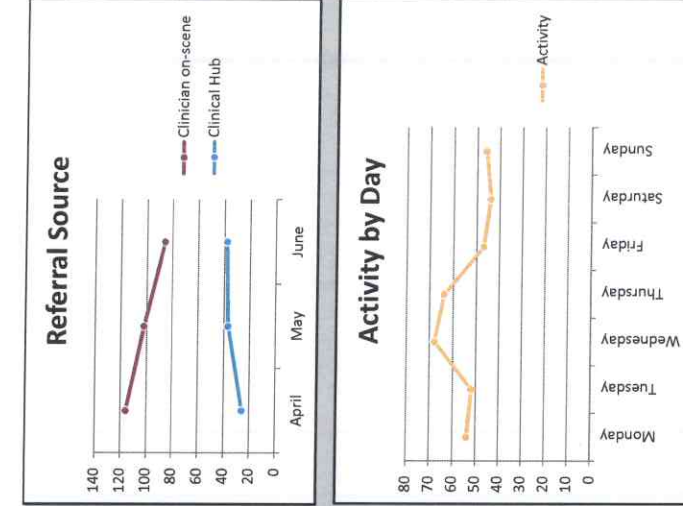
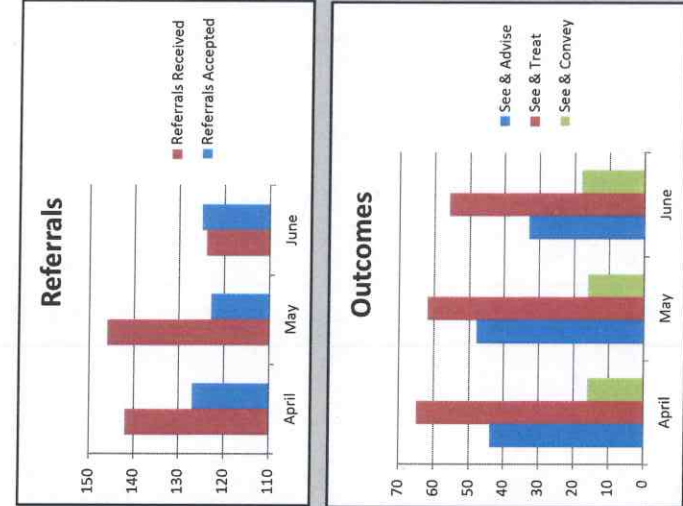
Month	Referrals				Reason for Non Acceptance	Referral Source		# RED 1 calls attended	# ParaDoc calls attended
	Total # Referrals Received	# Referrals Accepted	# Referrals Not Accepted	Clinician on-scene		Clinical Hub			
April	142	127	15	116	26	8	127		
May	146	123	23	102	37	7	123		
June	124	125	6	86	38	7	125		

Month	Outcomes		Hospital Referral Avoidance	
	# See & Advise	# See & Treat / Convey	Attendance avoidance*	Admission avoidance*
April	44	65	78	33
May	48	62	75	32
June	33	56	75	32

Month	Follow Up		
	Same day return visit by ParaDoc	Next day visit by ParaDoc	Phone call by ParaDoc
April	1	11	14
May	3	2	7
June	2	8	4

Monthly Baseline (first 3 months)	Referrals	Attendance Avoidance	Admission Avoidance
	125	76	33

* Assumed 70/30 split with regard to attendance / admission avoidance



The ParaDoc pilot has been running since April 2014, the data sampled is for April, May and June. The service aims to provide a joint paramedic and GP clinical response addressing urgent primary care needs, with the intention of reducing unnecessary conveyance to A&E via ambulance. LAS propose to continue to operate the service within the existing parameters and to sample the data in July, August and September at which point, having six months of data to work from, develop a revised delivery plan which will aim to increase the utilisation of the ParaDoc model. For example;

Month	Delivery Plan & Milestones					
	August	September	October	November	December	January
August	Maintain operational status quo in order to preserve integrity of existing dataset	Maintain operational status quo in order to preserve integrity of existing dataset	Increase internal profile of ParaDoc within LAS in order to increase referrals	Examine referral parameters for ParaDoc model (varied patient profile)	Develop feedback matrix for admission avoidance data collection based upon clinical feedback	Produce six month point dataset
September						
October						
November						
December						
January						
February						
March						
End of Project Review						Review year end dataset, ascertain VFM / Cost benefit

Month	Hospital Avoidance		Attendance		Admission	
	April	May	June	April	May	June
Baseline Average (Monthly)	9,695.40	9,322.50	9,322.50	36,300.00	35,200.00	35,200.00
Baseline Average (Monthly)	9,446.80	9,446.80	9,446.80	36,300.00	35,200.00	35,200.00

If ParaDoc attendances increase from 4 to 7 per day, the impact on hospital avoidance could be demonstrated as follows;

Referrals	October (31 days)			November (30 days)			December (31 days)			January (31 days)			February (28 days)			March (31 days)		
	6 per day	186	6 per day	180	6 per day	186	6 per day	180	6 per day	186	6 per day	210	7 per day	196	7 per day	217		
Attendance Avoidance	130	£ 16,159.00	126	£ 15,661.80	130	£ 16,183.86	147	£ 18,272.10	137	£ 17,053.96	152	£ 18,881.17	152	£ 18,881.17	152	£ 18,881.17		
Admission Avoidance	56	£ 61,380.00	54	£ 59,400.00	56	£ 61,380.00	63	£ 69,300.00	59	£ 64,680.00	63	£ 69,300.00	59	£ 64,680.00	65	£ 71,610.00		