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File:

Mr Michael Pervan
Secretary
Department of Health and Human Services
Email: Michael.pervan@ths.tas.gov.au

Dear Mr Pervan

Subject: Non Emergency Patient Transport

Thank you for providing the non emergency patient transport (NEPT) Regulatory Impact Statement (RIS) and Regulations for review and comment.

THS commends the work undertaken to strengthen the understanding and applications of the provisions in the *Ambulance Service Act 1982* as they relate to NEPT. THS welcomes Regulation of the NEPT sector noting this provides a level of assurance around the quality and standards private service providers are required to achieve.

The introduction of key requirements such as clinical governance, infection prevention, control and hygiene standards, quality assurance plans, audits, record keeping, staff identification, minimum qualifications, required equipment and appropriate vehicles including maintenance with accompanying standards is strongly supported.

Introduction of a mechanism to track and report on Reportable Incidents is commended.

Whilst THS supports a Patient Assessment form this would need to align with the existing form utilised when making a referral to the Ambulance Tasmania NEPT Communication Centre as this is the mechanism that THS utilises for both government and commercial NEPT service requests.

It is the THS view that Approved Health Professionals (as denoted on the Patient Assessment – Form 10) should not include enrolled nurses.

THS suggests that all staff ID should include a photo of the staff member. This would be particularly important for pick up of single transport patients from home.

THS is concerned that a level of care beyond basic care has been introduced.

THS notes that there appears to be a lack of underpinning policy and process to guide providers and the broader sector including referrers to the service and believes it is particularly necessary with the introduction of medium level acuity that this be developed and implemented as a matter of priority.

THS notes the Regulations provide a very broad definition of both low and medium acuity and believes this should be further defined to ensure that patients beyond either level is not transported inadvertently.

THS particularly notes the lack of underpinning clinical practice protocols for this service as exist in the Victorian NEPT system which has been in operation for many years.

While we believe that protocols are necessary for the entire client groups serviced, THS suggests with the introduction of medium level acuity transport, these protocols would provide a degree of certainty around clinical practice provided to this more complex group of clients.

THS does not believe the Regulation's or underpinning document adequately describe the circumstances or standards required when transport paediatric patients and is of the view that neonates and sick children should not be transported by commercial NEPT providers. This patient cohort has the capacity to deteriorate rapidly with very poor outcomes should deterioration occur.

THS notes that there is provision for clients to be left unattended in certain circumstances. Whilst this may be achieved relatively safely with low acuity patients although it should not occur regularly, we do not believe that is the case with medium acuity patients who should be accompanied and supervised by the assigned Clinical Escort at all times.

I trust these comments are of value. Please do not hesitate to contact me should anything require clarification.

Yours sincerely

A handwritten signature in black ink, appearing to read 'N. Dymond', with a large, stylized flourish at the end.

Nicola Dymond
Chief Operating Officer

17 July 2018

Cc Manager Regulation DHS