Response Delay Review
Findings and Recommendations:

	Finding	Recommendation
1	Ramping totalling 416 hours over a 48-hour period significantly reduced SAAS's capacity to respond to all events with the greatest impact on low acuity cases. This is the major contributing factor to the delay.	SHCC, DHW and SAAS continue to work closely with LHNs to reduce ramping. SAAS escalation to OPSTAT Red should bring with it a more definitive response in releasing ambulance crews from the ED to manage the community risk
2	SAAS was able to manage the increase Triple Zero (000) call volume during most hours, however Triple Zero (000) volume and response delays were exceptionally high creating delays in the call back process.	SAAS needs to identify cases of greatest risk and implement procedural guidance to help prioritise call backs during periods of high demand. This must include clinical risk identification particularly for vulnerable patient groups. SAAS to implement changes to improve the internal escalation process of clinical call-backs where clinical concerns are identified and there is no ambulance resource to send.
3	This case was a Priority 5 and the ESS dispatcher escalated concerns about the volume of pending events against available crews.	SAAS to refine current operational procedures, reporting, and dispatch with the intention of optimising all components of internal ambulance capacity, especially to delayed cases. This will require a working group to be pulled together to address specific elements of the review.
4	Excluding non-verbal patients with a carer from secondary triage removes an opportunity for escalation of care if required.	SAAS to undertake a procedural review to better assess response to care of vulnerable patients who rely on a second party for communication.
5	During the call back processes, it was not confirmed that the carer was with the patient.	SAAS to refine the call back procedures to ensure confirmation that second party caller is with the patient at the time of the call.
6	The risk profile for a vulnerable patient was consistently underappreciated and was not considered in determining the appropriate priority or the potential for escalation of care given the system pressures on the day.	SAAS consolidate the workflows (and potentially locations) of clinicians sitting within the EOC to provide improved integrated care of patients who remain in the community as well as provision of dynamic assessment of patients with increased clinical risk associated with delays.

7	The challenges in using secondary telephone triage alone may be reduced with the addition of a videotelehealth platform, especially in low acuity cases.	The videotelehealth pilot planned by SAAS be prioritised for commencement.