

21 December 2022

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Tēnā koe Richard

Official information request HNZ00007457

On 19 November 2022, you emailed the Ministry of Health requesting under the Official Information Act 1982 (the Act) the following information:

“I am writing to request information on the Air Desk function provided for national co-ordination and tasking of helicopters. I am unclear from publicly available documents if the Air Desk functions under St. John Ambulance, NASO, or another group so would appreciate clarity on structures and reporting.

- *Current and historical staff numbers of the Air Desk for the last 3 years (number of staff employed and their function)*
- *Data relating to historical tasking of helicopters: number of requests for helicopters and the number which were subsequently sent, broken down by quarter, over the last 3 years to allow assessment of the Air Desk 'refusal' rate*
- *The documented criteria for deciding if a helicopter is sent or not*
- *Reporting structure for the Air Desk within the Ministry of Health/NASO: who do they report to? What governance structures are in place to ensure their function?*
- *Details set by the Ministry for the Air Desk Key Performance Indicators (KPIs)*
- *Details of the process by which retrospective review of decisions made can occur and who is involved in that process”*

On 23 November 2022, your request was transferred to Te Whatu Ora in full for response because the information to which your request relates was more suited to our functions and responsibilities.

Background

The purpose of the National Air Desk is to provide consistent dispatch decisions for rotary wing emergency air ambulance services within Aotearoa ensuring the most appropriate air ambulance service is used to meet specific pre-hospital incident requirements. It decides whether these incidents meet specific Access, Number, Time and Skill (ANTS) criteria, dispatches a rotary wing air ambulance if appropriate, and monitors/coordinates the response. In addition, the Air Desk must provide operational data to the National Ambulance Sector Office (NASO) and implement quality improvement initiatives where appropriate.

The Air Desk is located within the Hato Hone St John (HHSJ) Auckland Emergency Communication Centre, which is one of three interoperable 111 call centres in New Zealand. It currently has some business continuity capability in the Christchurch Communications Centre.

Responses to your questions

1. *Current and historical staff numbers of the Air Desk for the last 3 years (number of staff employed and their function)*

The National Ambulance Sector Office (NASO) does not receive or hold exact staff numbers for the Air Desk at any given time, noting that the number may fluctuate due to operational reasons. The Air Desk has a small leadership team, training and quality functions and administrative support functions, often shared across multiple business areas.

2. *Data relating to historical tasking of helicopters: number of requests for helicopters and the number which were subsequently sent, broken down by quarter, over the last 3 years to allow assessment of the Air Desk 'refusal' rate*

The Air Desk undertakes three main dispatch types. Specifically: Interrogated Dispatch (ID), Rapid Dispatch (RD) and Scene Request Dispatch (SRD).

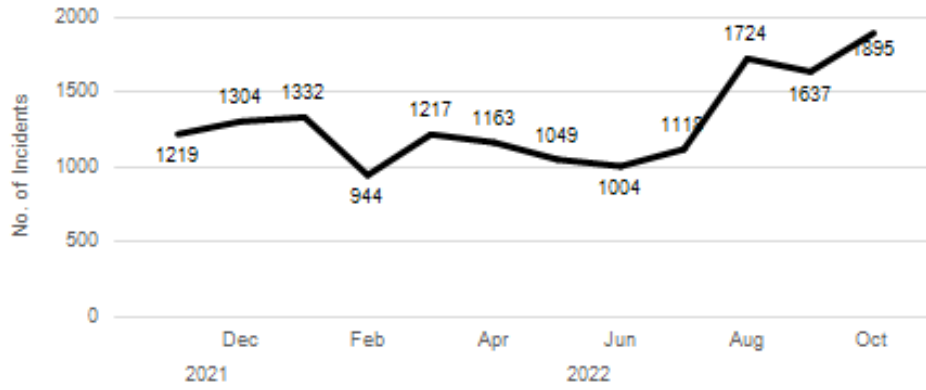
- ID: incidents where the Air Desk uses information obtained from the scene, outside of the chief complaint, to make a clinically-based decision that the incident meets the NASO-approved dispatch criteria.
- RD: incidents of a predetermined primary determinant brought to the attention of the Air Desk via an automated process that are appropriate for immediate dispatch. Validation of the appropriateness of dispatch by the Air Desk will usually occur after the dispatch of the helicopter.
- SRD: incidents where clinician or emergency services personnel at the scene request a helicopter, and the Air Desk has decided dispatch is appropriate and meets ANTS criteria.

ID comprises the bulk of the dispatch load for the Air Desk. The monthly total varies but typically averages 75 - 85 per cent of all Air Desk dispatches. RD and SRD split the remainder, with RD being slightly more than half of the remaining 25 -15 per cent total in a typical month.

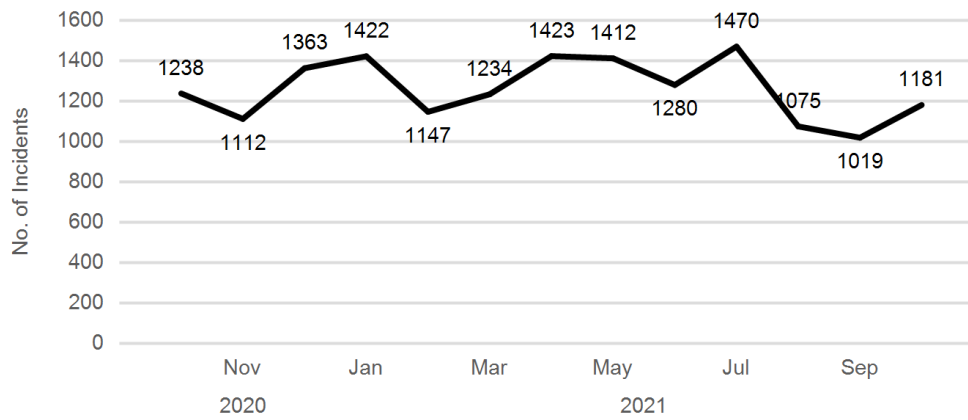
It is important to note for ID that Air Desk staff search through 'pending' and 'assigned' incidents in the computer-aided dispatch system to see whether there are opportunities where the patient may have an improved clinical outcome from an aeromedical service attending. The proportion of ID relative to RD and SRD demonstrates the proactive nature of the Air Desk. If, after additional information is obtained, the Air Desk discovers that an air ambulance helicopter is not needed, this does not reflect a 'refusal' rate.

Below is the distribution of incidents processed for the last two years. The first two charts represent all incidents reviewed by Air Desk personnel. The number of incidents that resulted in air ambulance helicopter dispatch are shown in the third and fourth graphs. (Note: before October 2020, data was provided to NASO in a different format, making data extraction difficult and time-consuming.)

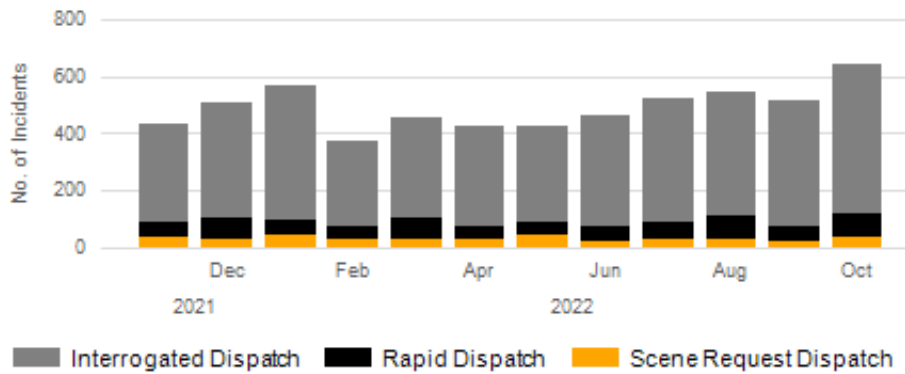
RR001 Monthly Distribution of Incidents Processed

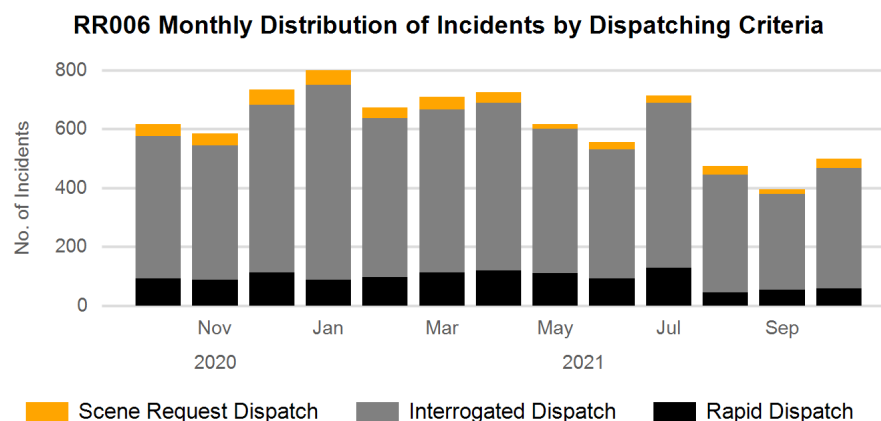


RR001 Monthly Distribution of Incidents Processed



RR006 Monthly Distribution of Incidents by Dispatching Criteria





3. *The documented criteria for deciding if a helicopter is sent or not*

In 2012, the ambulance services and relevant parties set up a committee that developed the ANTS criteria. The ANTS criteria provide guidance on appropriate air ambulance helicopter dispatch and is intended to provide an improved clinical outcome for patients.

Only one of the following criteria need to be met:

- A– Access: If access is difficult and a helicopter is the most appropriate means of extrication. Examples include extrication from mountains, forests, and other areas with inadequate road access.
- N– Number: The number of patients at the scene exceeds the capacity of road resources.
- T– Time: If the patient has a time-sensitive condition and a helicopter will result in a clinically significant timesaving in the patient arriving in hospital.
- S– Skill: The patient requires specific skills, and a helicopter will result in a clinically significant timesaving in appropriately skilled personnel reaching the patient.

4. *Reporting structure for the Air Desk within the Ministry of Health/NASO: who do they report to? What governance structures are in place to ensure their function?*

The contract now sits with ACC and Te Whatu Ora (not the Ministry of Health). HHSJ has quarterly meetings with Te Whatu Ora, ACC and NASO, and there are regular meetings between HHSJ senior management and senior responsible officers within Te Whatu Ora and ACC.

HHSJ manages the clinical governance of the Air Desk via the Air Desk Clinical Oversight Group (ADCOG). The ADCOG comprises NASO and service provider clinical representatives, medical directors, operational staff and aviation representatives. It considers data and issues concerning systems, dispatch processes and patient outcomes. The ADCOG is supported by an audit working group, which is also run by HHSJ and includes NASO and air ambulance helicopter service provider representation.

The Air Desk provides reports to NASO monthly. Additionally, the Air Desk meets with NASO monthly and quarterly to review performance.

5. *Details set by the Ministry for the Air Desk Key Performance Indicators (KPIs)*

KPIs are set jointly by Te Whatu Ora and ACC, not by the Ministry of Health, and are monitored by NASO on behalf of Te Whatu Ora and ACC.

Specific KPIs are considered commercial and in-confidence and are not listed below. However, KPIs relating to the Air Desk are similar in nature to those used for road ambulance. These cover a range of clinical and operational metrics used to establish performance and demand.

KPI measurements include:

- timeliness of reporting regarding performance variations and trends, health and safety, as well as clinical data
- use of ANTS criteria
- time taken to dispatch aircraft
- regular audits and associated reports.

6. *Details of the process by which retrospective review of decisions made can occur and who is involved in that process*

HHSJ has a transparent process for retrospectively reviewing Air Desk decisions. The process invites representatives of the air ambulance helicopter sector to contribute to the review. Representatives from NASO also attend the review.

Information on triage and clinical guidelines for HHSJ is available on its website <https://www.stjohn.org.nz/globalassets/documents/health-practitioners/clinical-procedures-and-guidelines---comprehensive-edition.pdf>

Emergency Ambulance Service (EAS) providers must adhere to the HQSC Adverse Events Policy 2017. This policy can be found online at the following link: https://www.hqsc.govt.nz/assets/Our-work/System-safety/Adverse-events/Publications/resources/National_Adverse_Events_Policy_2017_WEB_FINAL.pdf

EAS providers report adverse events to NASO. Further information on Adverse Events can be found on the NASO website - <https://www.tewhatoru.govt.nz/our-health-system/who-were-working-with/naso/naso-publications/>.

EAS providers including HHSJ discuss and review the risk management framework and risk register with Te Whatu Ora, ACC and NASO at least four times a year. In addition, EAS providers are required to have current, nationally consistent Clinical Procedures and Guidelines.

If you have any questions, you can contact us at hnzOIA@health.govt.nz. If you are not happy with this response, you have the right to make a complaint to the Ombudsman. Information about how to do this is available at www.ombudsman.parliament.nz or by phoning 0800 802 602.

As this information may be of interest to other members of the public, Te Whatu Ora may proactively release a copy of this response on our website. All requester data, including your name and contact details, will be removed prior to release.

Nāku iti noa, nā



Adeline Cumings

**Group Manager Primary Health Care System Improvement and Innovation
Commissioning**

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Te Kāwanatanga o Aotearoa
New Zealand Government