



### **Response to your request for official information**

Thank you for your request for information under the Official Information Act 1982 (the Act) on 21 March 2019 for:

- 1. What is the regional trauma protocol for the dispatch of a helicopter*
- 2. What is the protocol to decide whether to dispatch an ambulance or a rescue helicopter*
- 3. Apart from the ANTs criteria, what other considerations are taken into account to decide to dispatch a rescue helicopter such as the financial cost or the availability of the nearest helicopter.*
- 4. Is there a financial differential between what NASO charges to the end users such as ACC, MOH, St Johns and the cost charged by the supplier of the helicopter rescue services to NASO.*
- 5. On a dead leg where a rescue helicopter has to return to base or drop off paramedics on the way back to base, who pays that cost"*

I will reply to your questions in turn.

#### **1. What is the regional trauma protocol for the despatch of a helicopter?**

National major trauma destination policies are in place and can be found here

<https://www.majortrauma.nz/resources>. These policies provide for patients with major trauma to be transported directly to a tertiary hospital with the appropriate major trauma facilities i.e. neuro-surgical facilities. The destination policies are applied irrespective of the mode of transport (air ambulance or road ambulance).

## **2. What is the protocol to decide whether to despatch an ambulance or a rescue helicopter?**

### Pre-hospital emergencies

All calls for assistance received by ambulance services are triaged using software called ProQA. This software is used by more than 1600 agencies worldwide.

ProQA determines the:

- Nature of the incident - this is normally based on the patients symptoms (such as shortness of breath or chest pain), or the mechanism of injury (e.g. road traffic crash, fall, drowning)
- Type of response - further telephone triage or response by clinical staff
- Urgency of the clinical response required - this ranges from urgent (e.g. with lights and sirens) through to non-urgent.

ProQA does not determine the transport mode of the clinical response. An air ambulance will be despatched if an incident or patient meets the ANTS criteria.

- A- Access
- N- Number of patients
- T- Time saving for time critical or time sensitive patients
- S- Clinical skill requirements.

### Inter hospital transport

The use of air ambulances for inter hospital transports (IHTs) is determined by hospital clinicians. The district health boards (DHBs) are responsible for the despatch of air ambulances for these missions.

### Search and Rescue

Missions with a primarily Search and Rescue (SAR) function are despatched and coordinated by New Zealand Police or the Rescue Coordination Centre, New Zealand. SAR missions are not covered by the NASO air ambulance service contracts.

**3. Apart from the ANTs criteria, what other considerations are taken into account to decide to despatch a rescue helicopter such as the financial cost or the availability of the nearest helicopter?**

When the decision has been made to task an air ambulance for a pre hospital emergency, the location of the closest approved and suitably capable air ambulance is the foremost consideration for the mission.

Modern air ambulance helicopters certified as Performance Class 1 are required to be crewed with suitably trained pilots, aviation crew, experienced Intensive Care Paramedics, along with the right aviation and clinical equipment and sufficient space to provide appropriate clinical care. Additional features such as the ability to winch paramedics and patients from difficult locations are also considered relevant for decision making.

Other factors such as weather, terrain, potential crew fatigue, scene location, fuel and duration are also discussed with the air ambulance crew noting that the pilot retains legal responsibility for aircraft safety. Factors such as localised weather conditions may prompt responses from further afield.

The use of the ANTS criteria is intended to limit the number of inappropriate air ambulance despatches that do not provide benefit to the patient. Financial consideration is not a factor for helicopter despatch decision making.

**4. Is there a financial differential between what NASO charges to the end users such as ACC, MOH, St Johns and the cost charged by the supplier of the helicopter rescue services to NASO?**

NASO holds the contracts on behalf of the Ministry of Health (the Ministry) and ACC for pre-hospital emergency air ambulance services. The Ministry and ACC jointly fund the service.

The most recent contracts include inter-hospital transfers (IHTs) which NASO administers on behalf of DHBs. The Ministry recovers costs from DHBs for the IHT service.

The agency responsible for a mission bears the variable costs for each mission, based on actual hourly usage. The variable costs are a composite rate that includes fuel and other hourly, or mission specific, costs.

Search and Rescue (New Zealand Police) and Rescue Coordination Centre missions are not covered by the NASO air ambulance service contracts. These services are invoiced directly by the providers to the appropriate agency.

**5. On a dead leg where a rescue helicopter has to return to base or drop off paramedics on the way back to base, who pays that cost?**

The funder of a mission pays the full cost of the mission, from start to finish, including legs where no patient is being carried.

I trust that this information fulfils your request. Under section 28(3) of the Act you have the right to ask the Ombudsman to review any decisions made under this request.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'Keriana Brooking', with a small 'PB' monogram to the left.

Keriana Brooking

**Deputy Director-General**

**Health System Improvement and Innovation**