**Introduction**

St John 111 Clinical Hub is a Clinical Telephone Assessment (CTA) initiative implemented across Auckland from 1 July 2014. This was a 12 month proof of concept supported by the Ministry of Health contributing to transformation of our service delivery model. The proof of concept provides telephone-based nursing services to reduce urgent and non-urgent demand on hospitals, primary care and emergency services. St John partnered with Homecare Medical Ltd for the provision of the nursing staff.

This service model was developed in response to:
- year on year demand growth for ambulance services
- disproportionate growth for hospital ambulance requests
- year on year demand growth for ambulance services

**Service model redesigned**

![Diagram of clinical hub service model](image1)

Colours represent priority:
- Red: Urgent
- Orange: Moderately urgent
- Green: Not urgent

**Objectives**

St John 111 Clinical Hub had two aims:
- **Primary:** Reducing 6,000 ED presentations by ambulance
- **Secondary:** Reducing demand for presentation at ED by using greater referral and treatment options outside of EDs, especially around clinical referral pathways for non-urgent cases, operated in Primary Care.

**Components of Clinical Hub**

- Clinical Hub nurses — registered nurses using Odyssey™
- Clinical decision support software
- Clinical support officers — Paramedics providing advice and secondary telephone assessments utilising the Manchester Triage System (MTS)
- Co-location within Auckland Clinical Control Centre

**Quality Systems includes:**
- weekly patient satisfaction survey
- robust clinical auditing processes
- external-internal clinical governance
- District Health Board Public Health Physicians methodology input
- comprehensive patient level data matching between St John, District Health Boards, primary care agencies and MOH.

**Clinical Hub 2015-2019 proposed roadmap**

Contributing towards reducing 80k ambulance presentations to ED

**Outcomes**

- **128,300 incidents received within Auckland**
- **24,500 incidents contacted 19% of calls**
- **600 more than forecast**

<table>
<thead>
<tr>
<th>Incidents transported to ED</th>
<th>Reduced ambulance ED by –5% across Auckland’s EDs</th>
<th>Enhanced patient-centric management plans for frequent users</th>
</tr>
</thead>
<tbody>
<tr>
<td>85,300</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6,970 lower</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Conclusion**

The introduction of 111 Clinical Hub provided:
- Right Care, Right Time for the patient, on phone or in person
- Opportunities to stimulate new innovations in health system interactions between multiple agencies and technologies (i.e Primary Care, DHBs/MOH to St John)
- Development of clinically appropriate pathways for patient care from ambulance/Clinical Hub interactions
- Improved morale of ambulance crews and Clinical Control Services staff with reduced non-urgent call outs and more focused urgent work.
- Improved capacity of ambulance services to attend contractual urgent targets that improved by 3.3%
- Requires community engagement and communication to doing the right thing and keeping people in the primary care setting and re-engaging with their medical home.
- The opportunity to develop better relationships with DHB and PHO Community services in order to access patient-centric wrap-around services such as district nursing, rapid response nursing models, local pathways and local pathways
- Improving quality systems of clinical and patient interactions from time of call throughout the continuum of care.

Presented by Jo Goodfellow

On behalf of the Clinical Hub teams at St John, Clinical Control Services, National Planning and Service Development, Clinical Development, Communications and Marketing

With thanks to our partnership of Homecare Medical and the three Auckland DHBs (Waitemata, Auckland and Counties Manukau DHBs)