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# PRIME Workshop 2024

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# **PRIME Service Specification**

- **To provide timely access to clinical skills in rural and remote areas more than 30 minutes by road from an ambulance station with 24/7 coverage at Paramedic or higher clinical scope.**
- **To support Emergency Ambulance Service (EAS) using doctors, nurse practitioners, registered nurses (and hopefully soon registered paramedics) to provide a level of care in rural and remote areas exceeding that provided by EAS.**





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# PRIME

**FOR OVER TWO DECADES, PRIME HAS  
REDUCED MORTALITY AND MORBIDITY IN  
RURAL REMOTE AOTEAROA.**

***“The PRIME system has saved lives.”***

**We need to remember this as we embark on  
review and change.**





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# The genesis of PRIME

- 1994 - Media and public outcry about emergency services from 2 RTCs in the SI.**
  - Trevor Walker report for Southern RHA, HFA and ACC, on provision of pre-hospital care.
  - Guidelines for a Structured Approach to the Provision of Optimal Trauma Care (RACoS)
- 1998 – PRIME operational in the SI; 2000 – PRIME operational in the NI.**
- 1999 - Roadside to Bedside (MoH, HFA, ACC, CMCNZ).**
- 2000 – HFA bulk fund HHStJ to administer payments to PRIME Practitioners.**
- 2006 – PRIME Network survey.**
- 2016 – PRIME Hui’s commenced.**
  - PRIME Service Review (Funding out of scope).
- 2018 - Alignment of PRIME kits and manifest to HHStJ.**
- 2019 - PRIME Scope of Practice to Paramedic level**
- 2022 - Additional funding for PRIME sites, (excluding Te Whatu Ora practices).**
- 2023 – 5% increase in PRIME Provider fees.**



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- **Administrator of PRIME.**
- No control over funding or PRIME course fees.
- No control over equipment provision – business case/recommendation to get funding.
- HHStJ contract Medical Practices to deliver PRIME Services, not the individual practitioner.
- HHStJ cannot give any medications to PRIME Practices @ Paramedic Level – PSO dispensed.
- Any new, removal or adjustment to a PRIME Site requires approval in conjunction with funding providers.
- If PRIME budget exceeded, HHStJ is liable for additional costs.
- HHStJ can get community backlash as PRIME Providers believe that HHStJ is the barrier for PRIME provision.



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# Current PRIME Locations 68 Sites

## PRIME Sites: North Island

Northland  
• 6 Sites

Auckland Area  
• 1 Site (GBI)

Central East  
• 4 Sites

Central West  
• 6 Sites

Central South  
• 4 Sites

WFA Area  
• 1 Site



North Island = 22 / South Island = 46

## PRIME Sites: South Island

Tasman  
• 13 Sites\*

Canterbury  
• 15 Sites\*  
(Chatham Islands)

Southland  
• 18 Sites\*

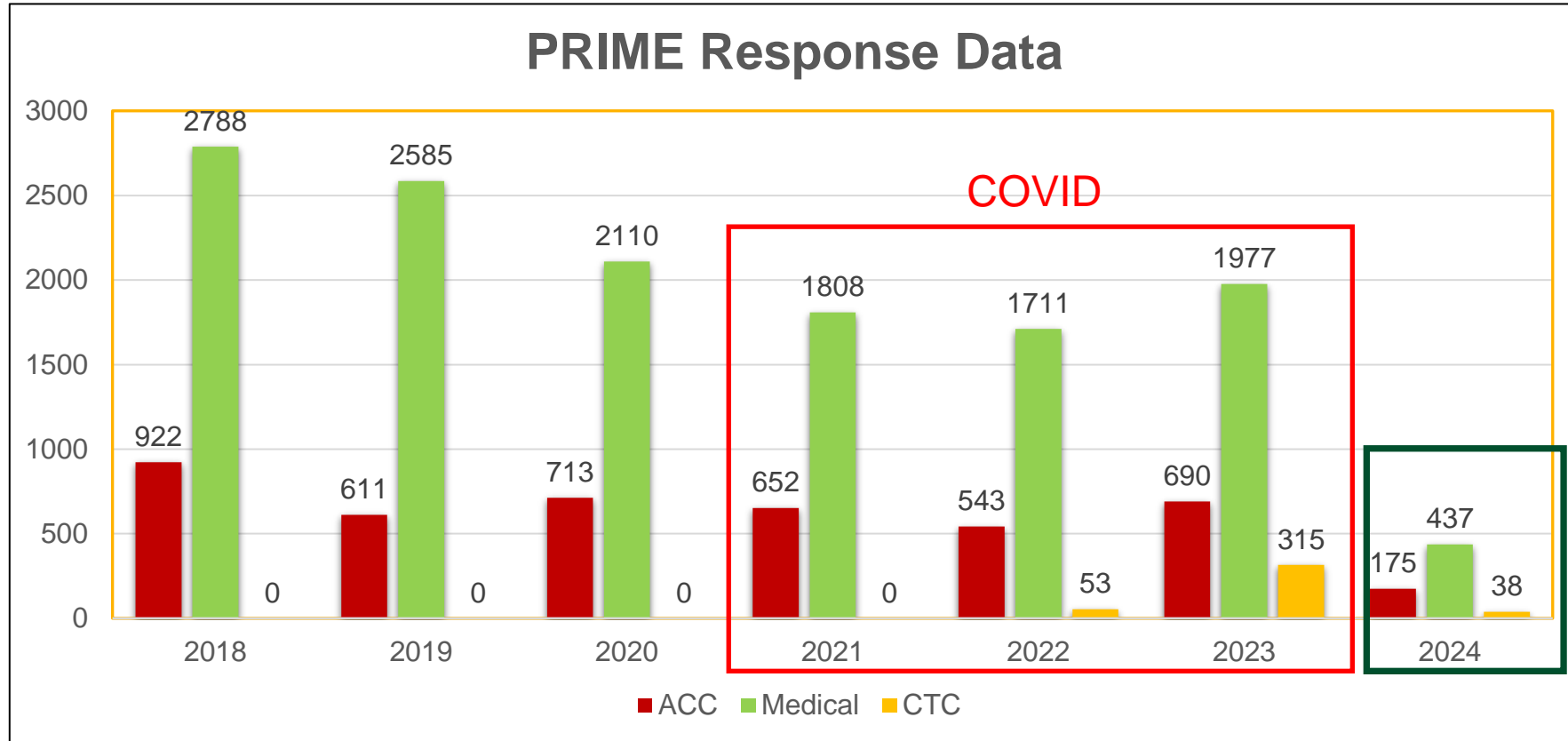
- Some sites have two practices covering one location, e.g.
  - Alexandra
  - Geraldine
  - Wanaka
  - Motueka
- (TOTAL 72 Medical Practices)

# Hours of work - PRIME

- 24/7 (100%) – preferred option.
  - 24/7 currently have **44 sites** in NZ that provide 100% coverage.
  - We have **24 sites** in NZ that provide coverage, either 12/7 or Monday to Friday (practice hours).
- Funding is adjusted to percentage of coverage.



# Comparison Between Medical/ACC/CTC Attendances



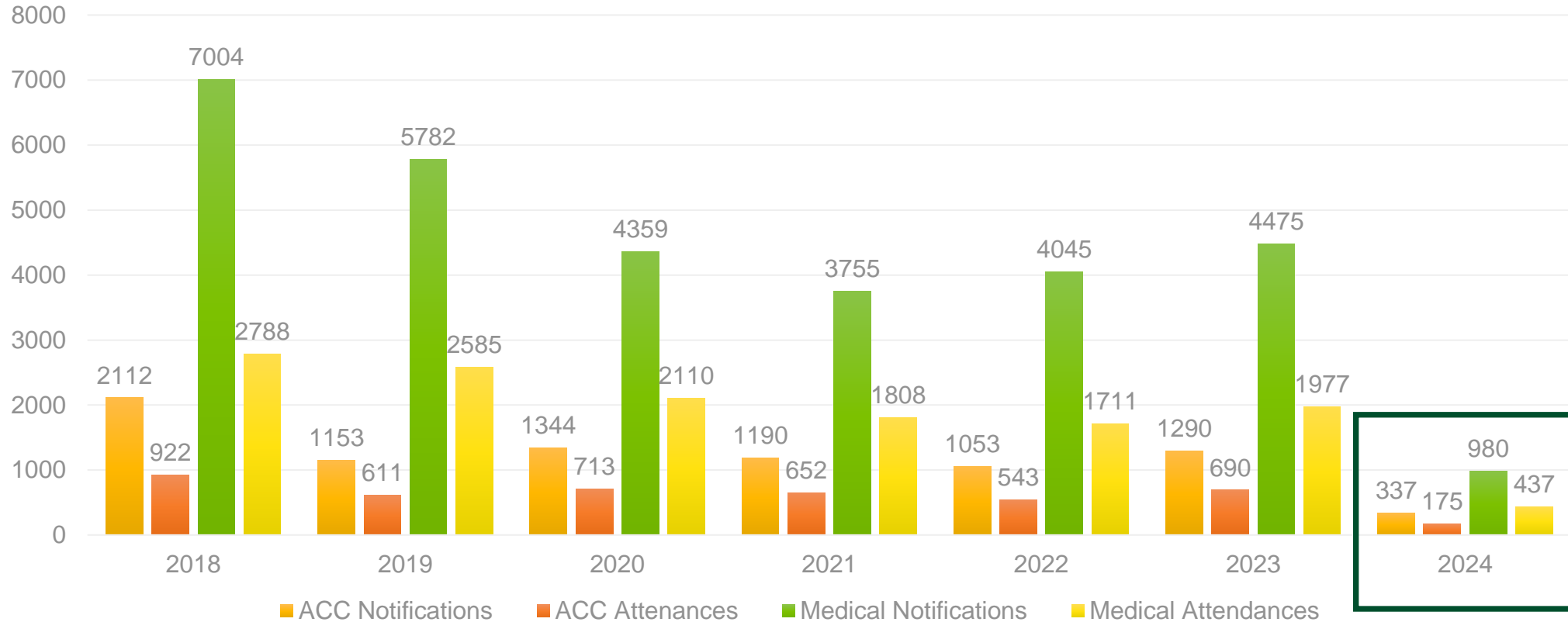
Calendar Year:

NOTE: Clinical Triage Calls (CTC) commenced July 2022.



# Notifications v. Attendances

## Notifications Versus Attendances



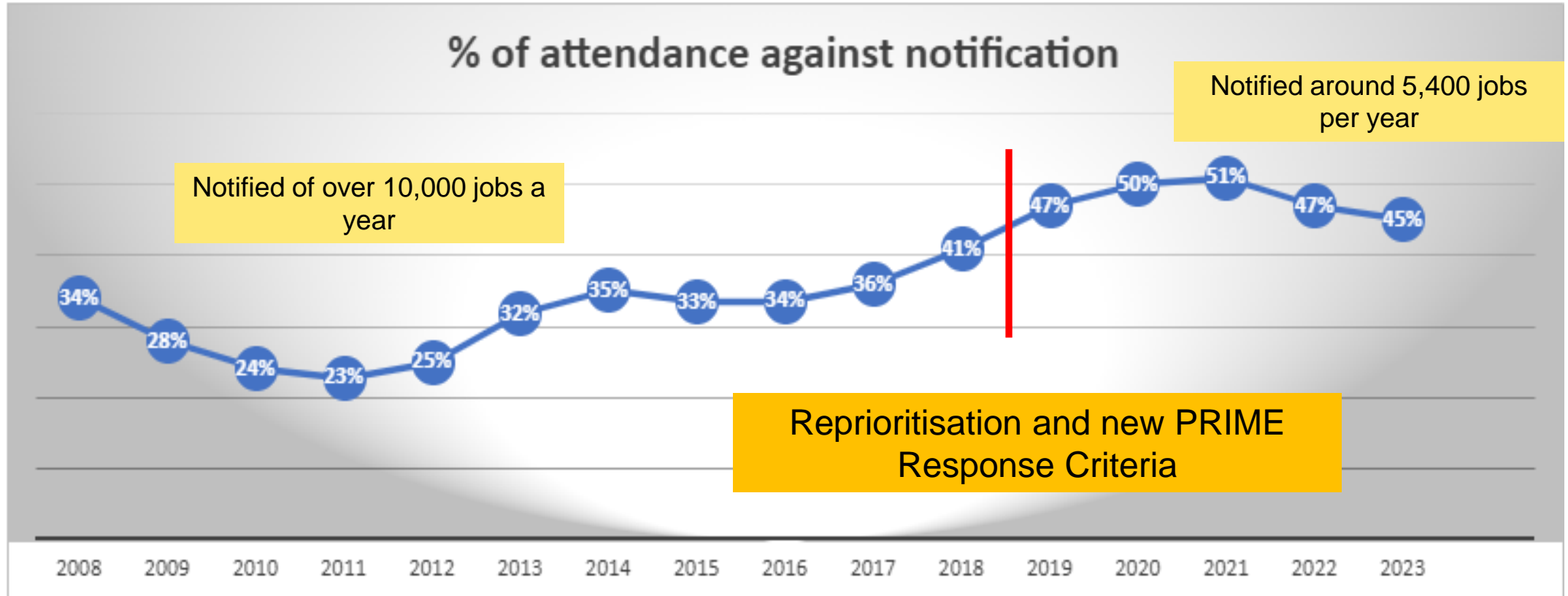
Year to date workload

Calendar Year:

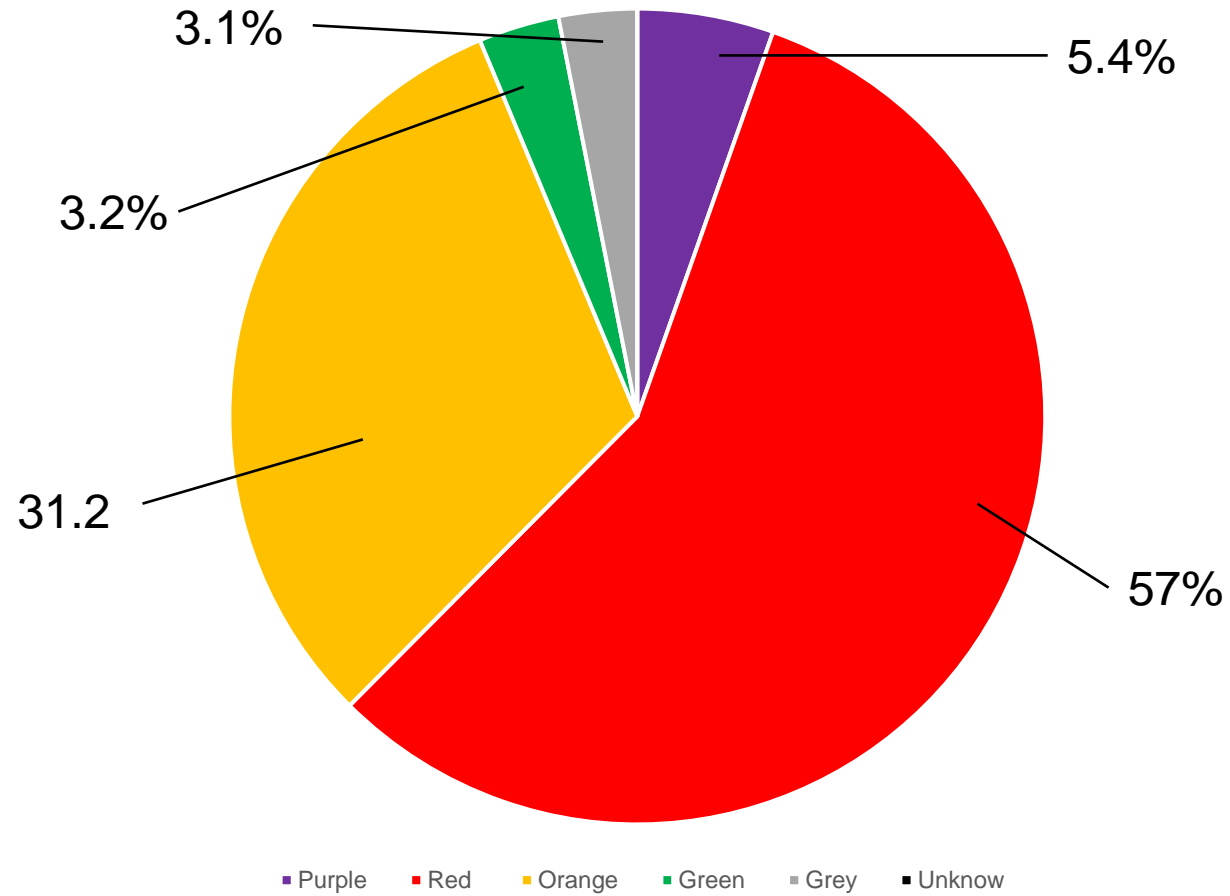


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# % of Attendance Against Notifications



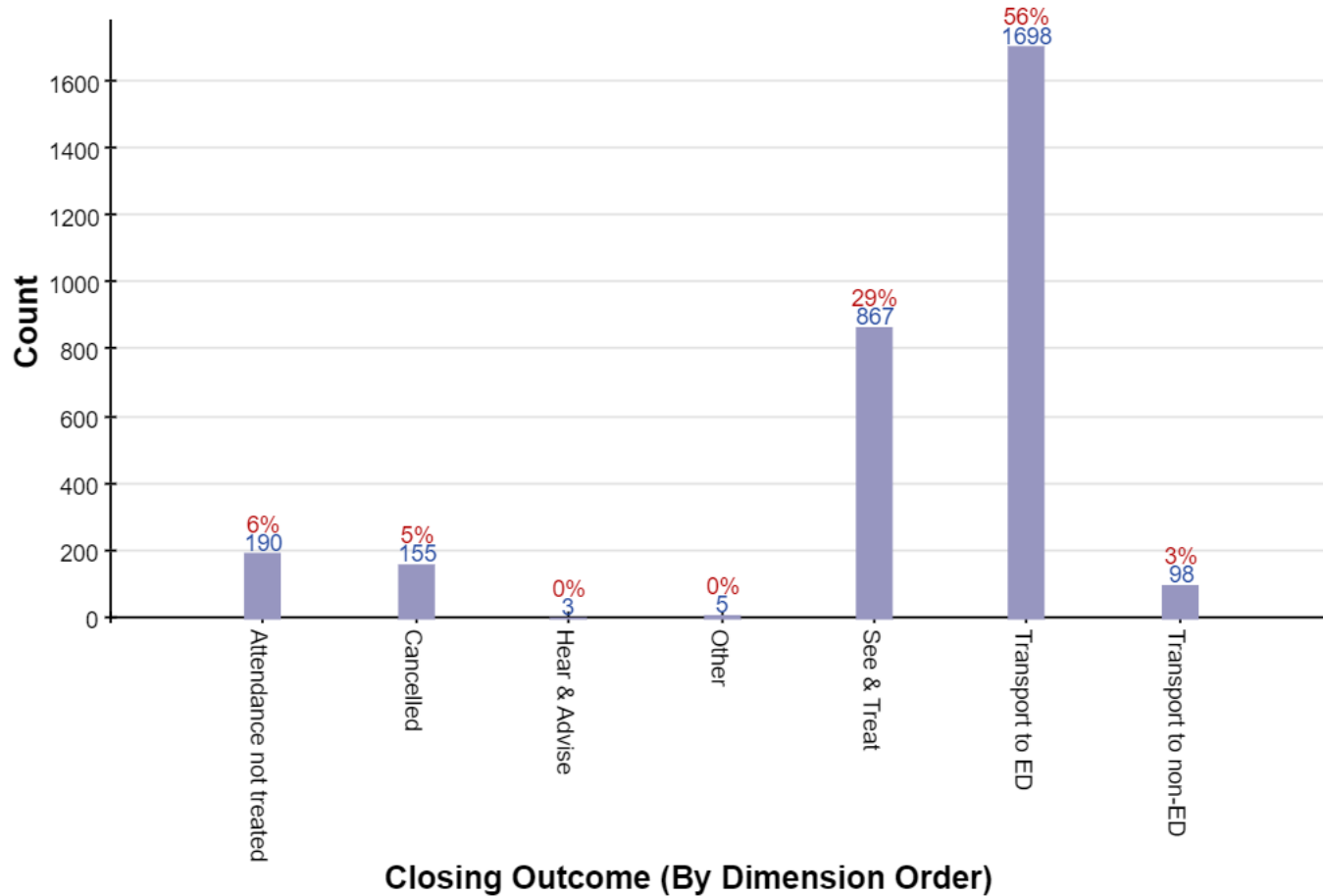
# PRIME: Triage Priority, 12 months (National)



# Patient Outcomes

EAS Response Closing Outcome - With PRIME vehicle type Last 12 Months

Data Updated: 2024-04-03 09:20:58



Closing Outcome	Value	%
Attendance not treated	190	6%
Cancelled	155	5%
Hear & Advise	3	0%
Other	5	0%
See & Treat	867	29%
Transport to ED	1698	56%
Transport to non-ED	98	3%

**40%** of patient seen by PRIME are not sent to Hospital or Medical Centres.

# PRIME Workload – Snapshot

## (FY2022-2023)

### PRIME Site 1: (24/7)

Small town – district population <8,000 (2023)

Ambulance Response: 1,001	Amb Para/EMA (Days) / Volunteers, Night	
PRIME Responses: Notifications: 180 Response: M30 , ACC 12	RR 23.3%	JCT 60min / LWA 26min
CTC = 27	Closest Hospital 35 min away.	
Issue:	No ambulance at in town at night - closest ambulance 40 min away.	

CTC = Clinical Triage Call    RR = Response Rate    JCT = Job Cycle Time    LWA = Longest Wait Ambulance



# PRIME Workload – Snapshot

## (FY2022-2023)

**PRIME Site 2: (24/7)**

**Small town – district population <1,500 (2023)**

**Ambulance Response: 395**

Volunteers – AMB 24/7

**PRIME Responses:**

RR 65.6%

JCT 100 min / LWA 188 min

**Notifications: 198**

**Responses: M 90, ACC 40.**

**CTC = 4**

Closest Hospital is 2hr 25 min away.

**Issues:**

PRIME covers a large response area.

PRIME can wait – 3 + hrs for ambulance.

Fatigue big issue with staff.

CTC = Clinical Triage Call

RR = Response Rate

JCT = Job Cycle Time

LWA = Longest Wait Ambulance



# PRIME Workload – Snapshot

## (FY2022-2023)

### PRIME Site 3: (24/7)

Small town – population <1,000 (2023)

Ambulance Response: 722

EMT/EMA (M-F Days)

PRIME Responses:

RR 76.7%

JCT 100 min / LWA 188 min

Notifications: 245

Responses: M 157, ACC 31

CTC = 7

Closest Hospital is 50 min away.

Issues:

Cover a large area, ambulance delay as vehicle comes from city.

CTC = Clinical Triage Call

RR = Response Rate

JCT = Job Cycle Time

LWA = Longest Wait Ambulance



# PRIME Workload – Snapshot

## (FY2022-2023)

**PRIME Site 4: (24/7)**

**Small town – district population <400 (2023)**

**Ambulance Response: 54**

Nil Ambulance (closes Amb 1 hr 26 min) (FRU)

**PRIME Responses:**

RR 83.3%

JCT 70 min / LWA 166 min

**Notifications: 48**

**Responses: M 27, ACC 13**

**CTC = 0 (Not covered)**

Closest Hospital is 3hr 5 min away.

**Issues:**

Isolated, weather (Heli), ambulance at base hospital nil closer Amb (>3hr response).

CTC = Clinical Triage Call

RR = Response Rate

JCT = Job Cycle Time

LWA = Longest Wait Ambulance





# PRIME Workload – Snapshot (FY2022-2023)

## PRIME Site 5: (24/7)

Small town – population <8,500 (2023)

Ambulance Response: 2,727	Para/EMA 24/7	
PRIME Responses: Notification: 185 Responses: M 87, ACC 19 CTC = 16	RR 57.2%	JCT 60 min / LWA 104 min
Issue:	Closest hospital is 50 min away. Committed once in city, job travel time + 90 min.	

CTC = Clinical Triage Call    RR = Response Rate    JCT = Job Cycle Time    LWA = Longest Wait Ambulance



# PRIME Workload – Snapshot

## (1 January to 31 December 2023)

**PRIME Site 6: (24/7)**

**Small town – population <2,400 (2023)**

**Ambulance Response: 920**

Para/EMA 24/7 (Local Medical Centre)

**PRIME Responses:**

RR 57.3%

JCT 75 min / LWA 180 min

**Notifications: 78**

**Responses: M 29, ACC 14**

**CTC = 3**

Closest Hospital is 2hr 40 min away.

**Issue:**

Once Amb out of district no other resources in area. Heli 1hr flight time to this area. (No Patient Transfer Service in this area.)

CTC = Clinical Triage Call

RR = Response Rate

JCT = Job Cycle Time

LWA = Longest Wait Ambulance





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# PRIME funding - Medical

Funding is based on the number of medical jobs a PRIME site does on a year, by the percentage of coverage e.g. 100% or 50%(excluding ACC)

- **BAND 1** - 1 to 20 medical jobs attended.
- **BAND 2** - 21 to 40 medical jobs attended.
- **BAND 3** - 41 plus medical jobs attended.

**CONCERN:** A site that does 200 jobs a year gets the same amount of funding as a site that does 42 jobs per year.



# **Additional Funding July 22 to June 2024**

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- **Extra \$ per medical attendance.**
- **\$ Clinical Triage Call**



# PRIME courses

- PRIME Initial (5 days)
  - Endorsed by RNZCGP & RNZCUC).
- PRIME Refresher – (2 days, 1 day online)
  - PRIME Certificate valid two years.
- PRIME Curriculum, need to bring PRIME course up to current ambulance CPGs which are regularly updated every six months.
- HHSTJ resuscitation skills courses are endorsed by RNZCGPs, RNZCUC, and endorsed CME hours.



# PRIME Training

PRIME Training				
Year	Course	PRIME Site	Self-Funders	Total
2020 COVID	Initial	145	107	252
	Refresher	297	188	485
2021 COVID	Initial	78	64	142
	Refresher	188	90	278
2022 COVID	Initial	69	38	107*
	Refresher	166	75	241*
2023	Initial	74	39	113
	Refresher	222	109	331
2024*	Initial	16	5	21**
	Refresher	11	6	17**

\* Feb to July 2022, nil courses run due to COVID.

\*\* As of 12 March 2024.

**HHStJ runs per year:**

**15 x PRIME Initials**

**35 x PRIME Refreshers**

**No change to PRIME course funding for many years?**





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# The Future of PRIME?



# PRIME - points for discussion.

- It is a 1998 model, and we are surprised it isn't running well in 2024!
- PRIME funding has been relatively static in the last decade.
- PRIME course fees have been relatively static in the last decade.
- HHStJ has no input into clinical governance.
- HHStJ has difficulty when seeking funding for additional or replacement capital equipment, (no depreciation in budget).
- Outside HHStJ influence to manage poor-performing PRIME sites.
- Bringing onboard new PRIME sites where we need them is challenging.





# PRIME - points for discussion.

- H&S of PRIME Responders is a big concern due to lack of communications equipment and our ability to track.
- Reset of PRIME needed including name.
- Prefer to contract directly with PRIME sites where we need them.
- Prefer to provide all the initial training, ongoing training, equipment and medicines under our clinical governance.
- We need to continue to improve ambulance reach.



# HHStJ & PRIME – points for discussion.

- Extended Care Paramedics (ECP), directly employed/subcontracted by clinics?
- Less PRIME sites overall with complete operational provision and fully integrated into HHStJ.
- Clinical governance including full operational consistency.
- Complete inter-dependability and inter-operability between rural/remote a/hs and PRIME/EAS.
- The provision of out of hospital medicine is a speciality.





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**Thank you!  
Questions?**

