He Kaupare. He Manaaki.
He Whakaora.
prevention. care. recovery.

SERVICE SCHEDULE FOR PRIMARY RESPONSE IN MEDICAL EMERGENCY (PRIME) SERVICES

CONTRACT NO: _____

BACKGROUND

ACC and Health New Zealand - Te Whatu Ora have agreed a joint Health New Zealand/ACC Service Specification for the PRIME Service.

Relevant parts of that Service Specification are included as Part C of this Service Schedule, outlining the responsibilities for relevant stakeholders involved in the provision of this Service.

If there is a conflict or inconsistency between Part C of this Service Schedule and the Standard Terms and Conditions, Part A or Part B, then Part A, Part B or the Standard Terms and Conditions (as the case may be) take precedence.

A. QUICK REFERENCE INFORMATION

1. TERM FOR PROVIDING PRIME SERVICES

1.1. The Term for the provision of PRIME Services is the period from the date this agreement is signed by both Parties ("Start date") until the date upon which the period is lawfully terminated or cancelled ("End date").

2. SERVICE LOCATION

Facility Location	Areas Served

3. SERVICE ITEMS AND PRICES

Part A: Table 1 – Service Items and Prices

Service Item Code	Service Item Description	Service Item Definition	Price (ex GST)	Pricing Unit
ATT	PRIME Attendance Fee	The PRIME Attendance Fee is paid on a pro-rata basis to the nearest five minutes. The minimum call out fee (for any call out less than 33 minutes) to be invoiced by the Supplier is 30 minutes.	$215.03	Per hour
DIS1	PRIME Travel Costs	The PRIME Travel Cost is paid for return travel via the most direct route from the facility base or PRIME Service provider residence to Client point of contact. Payment is made for the total distance travelled. If travel is for more than one Client, payment is on a pro rata basis.	$0.92	Per km

4. PRICE REVIEW

4.1. ACC will review pricing when, at ACC's sole discretion, we consider a review necessary. The factors ACC may consider during a review include, but are not limited to:

4.1.1. general inflation;

4.1.2. changes in Service component costs;

4.1.3. substantial changes in the market.

4.2. If ACC finds that the factors we take into account have not had a significant impact on price, the prices will remain unchanged.

4.3. If ACC provides a price increase, the Supplier must agree any adjustment in writing. The price increase will take effect from a date specified by ACC.

5. ADDRESSES FOR NOTICES

NOTICES FOR ACC TO:

ACC Health Procurement
Justice Centre (For deliveries)
19 Aitken Street
Wellington 6011
PO Box 242 (For mail)
Wellington 6140
Marked: “Attention: Procurement Specialist”
Phone: 0800 400 503
Email: health.procurement@acc.co.nz

NOTICES FOR SUPPLIER TO:

_____
_____
_____ (for deliveries)
_____
_____
_____ (for mail)
_____
_____ _____
Marked: Attention: _____ _____, _____
Phone: _____
Mobile: _____
Email: _____

B. SERVICE SPECIFICATIONS FOR PRIME SERVICES

1. SERVICES TO BE PROVIDED AND PAYMENT

1.1 This Service Schedule relates to the provision of PRIME Services as more particularly described in this Service Schedule, within the Service Location described at Part A, clause 2, and at the prices listed in Part A: Table 1.

1.2 Subject to the provisions of this Service Schedule:

1.2.1 ACC agrees to pay the applicable prices set out in Part A, clause 3 (Part A: Table 1) for Services provided to Clients in accordance with the joint Health New Zealand/ACC Service Specification at Part C of this Service Schedule.

1.2.2 The prices outlined in Part A: Table 1 are the total prices payable by ACC in respect of all Services provided or required to be provided under this Service Schedule.

1.2.3 In respect of any Incident:

1.2.3.1 the Supplier must invoice the PRIME Attendance Fee and emergency Travel Costs pursuant to the payment provisions in this Service Schedule;

1.2.3.2 any other treatment undertaken by a PRIME Service provider may be invoiced under either the Cost of Treatment Regulations or the Rural General Practice Service Schedule.

1.2.4 If any consultation(s) and/or treatment as described in the relevant Cost of Treatment Regulations or Rural General Practice Service Schedule are provided by the PRIME Service provider when attending an Incident, then the price(s) for any consultation(s) or treatment as specified in the Cost of Treatment Regulations or Rural General Practice Service Schedule will be payable, in addition to any PRIME Services Attendance Fee and Travel Costs.

1.2.5 To avoid doubt, the Supplier must not claim fees or costs (including travel costs) in relation to PRIME Services under either the Cost of Treatment Regulations or the Rural General Practice Service Schedule.

1.2.6 Payment of complying schedules and invoices will be made in accordance with this Service Schedule and will be direct credited into the Supplier's nominated bank account, provided the Supplier has complied with its obligations under this Contract.

2. NO ADDITIONAL FEES

2.1 The Supplier is prohibited from charging any additional cost, excess or part charge to the Client or any other person for the Services provided and invoiced to ACC under this Service Schedule except as provided at Part B, clause 2.2 below.

2.2 The Supplier may charge the Client a reasonable co-payment in exceptional circumstances. Where this occurs, the Supplier shall submit a report to ACC with their invoice for the Services provided, detailing the exceptional circumstances that required the Supplier to charge a co-payment.

3. NO MINIMUM SERVICES

3.1 ACC has no obligation to ensure that any minimum number of Clients receive Services from the Supplier, or any employee or contractor of the Supplier. The Supplier will not make any claim against ACC by reason of or relating to Supplier or any employee or contractor of the Supplier not performing an anticipated level of Services, or not receiving any minimum amount over the Term of this Service Schedule, or at all.

4. INVOICE REQUIREMENTS

4.1 The Supplier will electronically invoice (e-schedule) ACC on the appropriate bulk billing schedule for all Services provided under this Service Schedule.

4.2 The Supplier's invoice shall contain the following details:

4.2.1 Addressed to ACC;

4.2.2 The Supplier's name, address and ACC Supplier number;

4.2.3 The GST number of the Supplier;

4.2.4 The words 'Tax Invoice' in a prominent place;

4.2.5 An invoice number;

4.2.6 The name of this Service Schedule and the Contract number;

4.2.7 The name and claim number of the Client receiving the Service;

4.2.8 The Service codes;

4.2.9 The quantity (or minutes/hours) of Services delivered;

4.2.10 The date on which the Service was provided, or if more appropriate, the start and end date.

4.3 The Supplier must invoice ACC for Services provided. ACC will not accept invoices from subcontractors or individual PRIME Service providers.

4.4 If the Supplier is not able to electronically invoice ACC, the Supplier will complete manual invoices and send to the designated department of ACC.

4.5 When the PRIME Service provider provides Services to two or more Clients at a single call out, then the total Attendance Fee and Travel Costs invoiced by the Supplier in respect of those Clients shall be attributable to, and split equally between, all of them. The resulting average will be included in the amount invoiced for each Client in addition to any consultation(s) and treatments provided for that Client.

4.6 ACC considers when there is a mixture of Clients attended to at a PRIME Services call out, some of whom have a primary diagnosis that is accident related, and some of whom have a primary diagnosis that is non-accident related, that ACC will only be invoiced for the Services provided to those whose primary diagnosis is accident related.

4.7 ACC will not pay for a Service where the invoice for that Service is not received within 12 months of the date the Service was provided, or the date cover was granted by ACC, whichever is the later date.

C. JOINT SERVICE SPECIFICATION FOR PRIMARY RESPONSE IN MEDICAL EMERGENCY SERVICES (PRIME)

1. INTRODUCTION

1.1 The Primary Response in Medical Emergencies (PRIME) Service aims to improve pre-hospital emergency care through the co-response of primary health care practitioners, with ambulance services, to emergencies in rural areas.

1.2 The objective of the PRIME Service is to provide timely access to clinical skills that have the potential to improve outcomes for medical emergencies (which, unless otherwise stated in this Service Schedule, can be taken to include surgical, injury, mental health, or obstetric emergencies) in rural areas.

1.3 This requires:

1.3.1 immediate and easy access to the system by the community;

1.3.2 swift responses that get appropriate equipment and personnel to Incident sites;

1.3.3 efficient on-site assessment;

1.3.4 resuscitation and stabilisation (if possible); and

1.3.5 expeditious transport to appropriate places of Definitive Care.

1.4 The PRIME Service is linked to, and works in conjunction with, Emergency Ambulance Services and Emergency Ambulance Communication Centre Services (EACCs), the latter of which coordinates access to Emergency Ambulance Services for callers to the 111-ambulance telephone system.

1.5 Roadside to Bedside

1.5.1 Roadside *to Bedside*[1]*,* a legacy document published in 1999, outlined the framework for ensuring that people requiring emergency care get 'the right care, at the right time, in the right place, from the right person'. It identified eight features necessary for a quality emergency service. These were:

1.5.2 establishment of regional networks;

1.5.3 the delivery of patients to the nearest hospital capable of providing Definitive Care (refer Appendix 1);

1.5.4 the capability for 'rescue';

1.5.5 integration of all services;

[1] Roadside to Bedside – A 24-Hour Clinically Integrated Acute Management System for New Zealand; ACC/Health Funding Authority/Ministry of Health and Council of Medical Colleges; 1999.

1.5.6 appropriate emergency transport systems;

1.5.6.1 agreed protocols, guidelines and standards;

1.5.6.2 workforce development; and

1.5.6.3 access to telecommunications and emergency response.

1.5.7 The PRIME Service contributed to these objectives by providing local emergency response, assessment, resuscitation, and stabilisation in rural areas of New Zealand, and by linking closely with other parts of the emergency care system.

1.5.8 Part C, clauses 2.1 to 2.9 (inclusive) describe the respective roles of contributors to the PRIME Service. This Service Specification is intended to set out the roles, responsibilities, and quality requirements of the Supplier (Part C, clause 2.1), the PRIME Service provider (Part C, clause 2.2) and Hato Hone St John (as Administrator of the PRIME Service) (Part C, clause 2.3).

2. ROLES AND RESPONSIBILITIES

2.1 The Supplier

2.1.1 The Supplier has a formal agreement with Hato Hone St John (as Administrator of the PRIME Service) to co-respond to medical emergencies in rural areas according to specified protocols. The roles and responsibilities of PRIME Service providers are described in Part C, clauses 3.2 to 3.5 (inclusive). Quality requirements for PRIME Service providers are described in Part C, clause 7.

2.1.2 Hato Hone St John (as Administrator of the PRIME Service) may have an agreement to provide PRIME Services with a medical practice, groups of practices, community trust, the Health New Zealand - Te Whatu Ora provider arm service, or another organisation. In such circumstances, the relevant organisation (is responsible for ensuring that PRIME Service providers in its response region understand the roles, responsibilities, and quality requirements contained in this Service Specification.

2.2 PRIME Service provider

2.2.1 The PRIME Service provider is a registered medical practitioner or registered nurse who co-responds to individual medical emergencies in support of Emergency Ambulance Services, when requested by EACC.

2.3 Role of Hato Hone St John (as Administrator of the PRIME Service)

2.3.1 2.3.1. Hato Hone St John (as Administrator of the PRIME Service) performs the following functions:

2.3.1.1 Formally agrees response regions and Service coverage within the Service Location with the Supplier (in accordance with Part C, clause 3.1.3).

2.3.1.2 Keeps a record of all Suppliers and PRIME Service providers, and their designated response regions, monitors Service coverage, and co-ordinates a review of response regions, including any potential modified or new response regions.

2.3.1.3 Organises and administers the National PRIME Committee and ensures that all PRIME Service providers have opportunity for input into the Committee.

2.3.1.4 Supplies PRIME Kits to Suppliers (as described in Part C, clause 3.6.1) and re-supplies items specified in Part C, Appendix 2.

2.3.1.5 Ensures that all PRIME Service providers have knowledge of all local and regional plans, procedures, protocols, and communication linkages relevant to their role in emergency response.

2.3.1.6 Carries out other functions that may be specified in separate contract terms and conditions entered into with Health New Zealand – Te Whatu Ora and ACC.

2.3.2 Although not a party to this Contract, for completeness, the operational responsibilities of Hato Hone St John (as Administrator of the PRIME Service) are described in Part C, clause 3.6. Quality requirements for which Hato Hone St John (as Administrator of the PRIME Service)is responsible are set out in Part C, clause 7.

2.4 Emergency Ambulance Communication Centres

2.4.1 Emergency Ambulance Communication Centres (**EACC**s) provide the telecommunication interface between 111 callers and the PRIME Service provider (see Part C, clause 3.2). The roles and responsibilities of EACC providers are described in detail in the joint Health New Zealand/ACC EACC service specification.

2.4.2 The Supplier will be assigned to a response region within the Service Location that is agreed by the Supplier and Hato Hone St John (as Administrator of the PRIME Service). This will be documented by the

EACC and incorporated into the EACC's dispatch protocols and planning.

2.4.3 EACCs dispatch PRIME Service providers to the scene of medical and injury emergencies in their response regions, based upon information received from 111 callers. PRIME Service providers are dispatched according to agreed protocols, described in the Local Response Plans contained in the EACC Standard Operating Procedure Manual.

2.5 Emergency Ambulance Providers

2.5.1 PRIME Service providers co-respond to medical and injury emergency Incidents with contracted Emergency Ambulance Providers (**EAP**s). EAPs are responsible for ensuring the transport of patients to Definitive Care. The roles and responsibilities of EAPs are described in detail in the joint Health New Zealand/ACC EAP service specification.

2.5.2 PRIME Service providers may, if deemed clinically necessary, accompany patients in EAP transport to the place of Definitive Care.

2.6 The National PRIME Committee

2.6.1 The National PRIME Committee is responsible for reviewing and evaluating the functioning of the PRIME system throughout New Zealand, recommending possible improvements to systems, communicating relevant information and/or recommendations to stakeholders.

2.7 Interface Between Health New Zealand and ACC

2.7.1 ACC and Health New Zealand work jointly in the development of the pre-hospital emergency care sector. While the two agencies may have separate contracts or agreements for PRIME Services, these jointly agreed Service Specifications are used as the basis for Service delivery for both agencies.

2.8 ACC Responsibilities

2.8.1 ACC is responsible for the funding of PRIME Services for certain eligible people who have suffered a personal injury (as that term is defined in the *Accident Compensation Act 2001*) for which a claim for cover has been accepted or is likely (in the PRIME Service provider's experience) to be accepted. Eligible people are those for whom the PRIME Service starts within 24 hours of suffering a personal injury or within 24 hours of being found after suffering a personal injury (whichever is the later) and for whom the PRIME Service treatment is necessary.

2.8.2 Details of the funding provided by ACC to the Supplier is described at Part A: Table 1.

2.8.3 ACC will consider payment of more than one PRIME Service provider Attendance Fee at an accident scene on a case-by-case basis.

2.9 Health New Zealand Responsibilities

2.9.1 Health New Zealand separately funds PRIME Services for all eligible people (as that term is defined by the *Health and Disability Services Eligibility Direction 2011*) in rural areas who require emergency medical attention (other than as a result of personal injury) in the pre-hospital setting.

2.10 Service Scope

2.10.1 In this Service Specification, an “emergency” means those cases assigned a Dispatch Category A (refer to the Definitions at Part C, Appendix 1 for the meaning of Category A) by the medical priority dispatch system used in the EACC.

2.10.2 For the purposes of this Service Specification “emergency medical attention” includes Services provided to a patient from the time of the PRIME Service provider being notified of the need for Services, to the completion of care/Attendance at the scene, and to the time the PRIME Service provider arrives back at their home base if the PRIME Service provider accompanies the patient to a place of Definitive Care (refer the Definitions at Part C, Appendix 1).

2.10.3 Where a PRIME Service provider has responded to a request for PRIME Services (a ‘call out’), the call out is considered to conclude at the earlier of:

2.10.3.1 the time of the return to their normal residence or place of work; or

2.10.3.2 the time of return to the place at which contact was made; or

2.10.3.3 the time when the PRIME Service provider could reasonably have been expected to achieve either of the above targets but for a decision by that PRIME Service provider to do otherwise.

3. SERVICE DESCRIPTION

3.1 PRIME Response Regions

3.1.1 The PRIME Service is provided in areas:

3.1.1.1 that are at least 30 minutes Standard Driving Time (refer to the Definitions at Part C, Appendix 1) from a secondary hospital providing Level 3 or higher emergency department services as described in the Health New Zealand service specifications for Emergency Departments (Emergency Department Services – Specialist Medical and Surgical Services, Tier Level Two); and

3.1.1.2 where, within the area, an Intermediate Life Support (**ILS**) ambulance service is not available within 30 minutes.

3.1.2 Some flexibility is accorded in the definition of PRIME response regions. Factors including geography, population, seasonal climate and population changes, on-call practitioner rosters, and availability of ambulance resources, may be considered when defining PRIME response regions.

3.1.3 PRIME response regions will be agreed by Hato Hone St John (as Administrator of the PRIME Service) in conjunction with Health New Zealand and ACC. The National PRIME Committee will provide advice on any modifications to PRIME response regions or recommend the introduction of additional PRIME response regions. Hato Hone St John (as Administrator of the PRIME Service) will be responsible for coordinating this advice and communicating it to Health New Zealand and ACC.

3.2 PRIME Service Provider Notification and Response

3.2.1 The PRIME Service provider must be available to provide PRIME Services on a regular basis which, in conjunction with other PRIME Service providers, will ensure 24 hours a day, seven days a week coverage for the relevant response region. Requests for exemptions to the 24/7 rule will be reviewed on a case-by-case basis.

3.2.2 When rostered on call for PRIME, the PRIME Service provider must keep his/her pager switched on or maintain an alternative means by which he or she can be directly contacted by the EACC.

3.2.3 Once having received Notification of an Incident (refer the Definitions at Part C, Appendix 1) from the EACC the PRIME Service provider must:

3.2.3.1 respond to activation of their pager as soon as possible;

3.2.3.2 decide whether to attend the Incident based on the clinical information provided by the EACC; and

3.2.3.3 tell the EACC whether he/she will be attending the Incident.

3.2.4 When notifying a PRIME Service provider of an Incident, the EACC must provide the PRIME Service provider with appropriate triage information, including:

3.2.4.1 name of patient;

3.2.4.2 sex of patient;

3.2.4.3 age (or approximate) of patient;

3.2.4.4 location of Incident;

3.2.4.5 circumstances surrounding call out (i.e. motor vehicle accident or chest pain in a patient's home);

3.2.4.6 clinical condition of patient;

3.2.4.7 the telephone number of the person who rang 111; and

3.2.4.8 any other information that the EACC knows about the condition of the patient and the scene of the Incident that could assist the PRIME Service provider in determining whether to attend the Incident.

3.3 At the Scene of a Medical Emergency

3.3.1 Upon arrival at the scene of the accident or illness, the PRIME Service provider must, in conjunction with any ambulance officers attending the scene, and in accordance with best practice:

3.3.1.1 triage the patient;

3.3.1.2 determine the patient's treatment needs;

3.3.1.3 provide the appropriate treatment to the patient;

3.3.1.4 determine whether the patient requires transportation to a treatment facility;

3.3.1.5 determine the appropriate mode of transport for the patient if transport is required;

3.3.1.6 determine the appropriate treatment facility that the patient is to be transported to;

3.3.1.7 assess and maintain safety of self, the scene, patient and bystanders;

3.3.1.8 where appropriate, seek clinical advice by telephone on Part C, clauses 3.3.1.1 to 3.3.1.7 (inclusive) above from a relevant specialist clinician in the receiving treatment facility;

3.3.1.9 not perform unnecessary procedures, x-rays or other diagnostic investigations, which delay the transport of the patient to the site of Definitive Care. The optimal Scene Time (refer to the Definitions at Part C, Appendix 1) is 20 minutes or less;

3.3.1.10 co-ordinate with other emergency services present at the scene (e.g. Police and FENZ);

3.3.1.11 maintain contact, through either ambulance radio or cell phone, with the EACC throughout the Incident (refer to the Definitions at Part C, Appendix 1).

3.4 Patient Delivery

3.4.1 The PRIME Service provider must:

3.4.1.1 if clinically necessary, in consultation with the EAS and EACC, accompany the patient to an appropriate treatment facility;

3.4.1.2 supply the receiving treatment facility with a completed copy of the Patient Report Form (**PRF**) and the ACC45 form (if applicable);

3.4.1.3 advise the treatment facility (on arrival, and preferably en route also), of the patient's condition, any treatment, procedures and/or medications administered; and any change in the status of the patient during transportation including those noted on the PRF and ACC45 form (if applicable).

3.5 System Maintenance: Responsibilities of the Supplier

3.5.1 The Supplier must:

3.5.1.1 notify the EACC within 24 hours if one of its PRIME Service providers has attended a PRIME call out that did not originate through the 111 and EACC system;

3.5.1.2 notify the appropriate EACC when there is a change to the roster of on-call PRIME Service providers;

3.5.1.3 ensure its PRIME Service providers maintain clinical competency as outlined in Part C, clause 7.3;

3.5.1.4 ensure its PRIME Service providers undertake the required training as outlined in Part C, clause 7.3;

3.5.1.5 ensure PRIME Service providers who are nurses hold appropriate Standing Orders (refer to the *Medicines (Standing Order) Regulations 2002*) that are current and followed appropriately and within their scope of practice (*Health Practitioner Competency Assurance Act 2003*);

3.5.1.6 maintain supplied equipment to a workable order;

3.5.1.7 restock consumables used in treatment as per the procedure outlined in Part C, Appendix 2.

3.6 System Maintenance: Hato Hone St John (as Administrator of the PRIME Service) Responsibilities

3.6.1 Hato Hone St John (as Administrator of the PRIME Service) will ensure that Suppliers receive:

3.6.1.1 one PRIME Kit per clinic or other distinct physical location from where PRIME Services are provided, fully stocked in accordance with Part C, Appendix 2;

3.6.1.2 replacement consumables;

3.6.1.3 access to appropriate support for PRIME Service providers at the scene of an emergency, including a system which provides access to appropriate clinical advice;

3.6.1.4 Patient Report Forms on which to document the assessment and treatment provided by the PRIME Service provider to patients – at a minimum there must be sufficient space to document the following:

- Chief complaint
- History and exam
- Allergies
- Medications
- Treatment
- Management
- Observations
- Signature;

3.6.1.5 access to Incident debriefing and quality review for the PRIME Service provider;

3.6.1.6 information about access to PRIME initial training;

3.6.1.7 information about access to PRIME refresher training;

3.6.1.8 support as assigned and specified by any funder;

3.6.1.9 ongoing communication and support to PRIME Service providers both individually and through a robustly functioning National PRIME Committee;

3.6.1.10 the availability of an up-to-date list of PRIME response regions and PRIME Service providers.

4. EXCLUSIONS

4.1 The following services are excluded from this Service Schedule:

4.1.1 treatment provided under the ACC Rural General Practice Service Schedule;

4.1.2 treatment provided under the ACC Cost of Treatment Regulations;

4.1.3 essential First Level Services as outlined at Schedule C1 of the PHO Services Agreement Version 6.5 (as at 1 July 2023, and including any subsequent replacement to and variations thereof);

4.1.4 treatment provided in the Supplier's and/or the PRIME Service provider's clinic (as the case may be);

4.1.5 treatment provided after the arrival of the patient at a place of Definitive Care;

4.1.6 non-emergency Attendances other than Categories A (refer Part C, Appendix 1) for medical patients.

5. MĀORI HEALTH

5.1 PRIME Service providers, with reference to Pae Tū: Hauora Māori Strategy and Whakamaua: Māori Health Action Plan 2020-2025 are expected to contribute to improvements in whānau ora, and to the reduction in Māori health inequalities. Five strategic priorities for Māori are outlined in the Strategy.

5.2 Hato Hone St John (as Administrator of the PRIME Service) and PRIME Service providers are required to recognise the cultural values and beliefs that influence the effectiveness of Services for Māori, exercising this where reasonable and practical, having regard to the exigencies of particular Incidents, and must consult with and include Māori in Service design and delivery.

6. SERVICE LINKAGES

6.1 The purpose of key linkages is to maintain a working relationship of communication, consultation and inclusion. Those organisations identified at Part C, clause 6.2 below are not exhaustive and the Supplier is encouraged to

explore opportunities to develop and maintain key linkages with other organisations within the Service Location that enable and/or promote effective Service delivery and achievement of the outcomes of this Service Specification.

6.2 The Supplier must maintain key linkages with the following organisations or entities (but not limited to) in order to provide efficient and effective clinical services at the scene of illness or accident:

6.2.1 EACCs

6.2.2 the National PRIME Committee

6.2.3 EACC user groups (refer to Part C, Appendix 3 for Terms of Reference);

6.2.4 Emergency Ambulance Providers;

6.2.5 Secondary/tertiary hospital emergency departments and other acute services;

6.2.5.1 Primary Health Organisations; and

6.2.5.2 Other emergency service providers.

7. QUALITY REQUIREMENTS

7.1 General Quality Requirements

7.1.1 In addition to the quality requirements for Suppliers outlined below in Part C, clauses 7.2 to 7.4 (inclusive), the PRIME Service provider must comply with the quality requirements in the Emergency Road Ambulance and Communication Services Agreement entered into between ACC, Health New Zealand and Hato Hone St John, including specific cultural requirements.

7.2 7.2. Equipment

7.2.1 All PRIME Kits are:

7.2.1.1 fully stocked with functioning equipment and consumables (including medications) with appropriate expiry dates;

7.2.1.2 consumable items are restocked within five Business days of requisition (either via PRIME website or directly by local ambulance officers);

7.2.1.3 non-consumable equipment will be restocked within one month. Where the Supplier requires the equipment urgently, Hato Hone St John (as Administrator of the PRIME Service) will arrange for a temporary replacement while awaiting restocking. It is the responsibility of the

Supplier to inform Hato Hone St John well in advance of the need for replacement items.

7.3 Training and Experience

7.3.1 All PRIME Service providers:

7.3.1.1 are either a medical practitioner or a nurse who is, or is deemed to be, registered with the Medical Council of New Zealand or the Nursing Council of New Zealand (as the case may be) and who holds a current New Zealand annual practising certificate;

7.3.1.2 may be either vocationally registered or on a pathway to vocational registration;

7.3.1.3 attend the full initial PRIME Training Course;

7.3.1.4 undertake PRIME refresher training every two years which fulfils the requirements for providing PRIME Services;

7.3.1.5 demonstrate clinical competency on a biennial basis through a practical assessment at a PRIME training refresher course;

7.3.1.6 must receive an orientation in local emergency protocols and procedures by the ambulance operator of the associated Service Location within two weeks of engaged by the Supplier pursuant to this Contract.

7.4 Clinical Advice and Oversight

7.4.1 All PRIME Service providers have access to direct advice, managed through the EACC, from a specialist in emergency medicine, intensive care medicine, trauma medicine or other appropriate medical specialty.

7.4.2 All PRIME Service providers who are nurses are responsible for ensuring they have obtained appropriate clinical oversight in order to ensure their scope of practice is maintained.

8. REPORTING

8.1 Hato Hone St John (as Administrator of the PRIME Service) will acquire available data on PRIME responses from the EACC and will supply quarterly reports to Health New Zealand, ACC, and (on request) the Supplier, showing PRIME response volumes split between ACC Incidents and all other (non-accident) Incidents by:

8.1.1 Notifications (refer Part C, Appendix 1) per Service Location;

8.1.2 Attendances (refer Part C, Appendix 1) per Service Location.

9. EVALUATION

9.1 Health New Zealand and ACC retain the right to evaluate Hato Hone St John (as Administrator of the PRIME Service) and the Supplier's performance and demonstration of the delivery of a consistent quality Service. This evaluation by either Health New Zealand or ACC (or by an auditor nominated by Health New Zealand or ACC) is not restricted to the above reporting components. Health New Zealand and ACC will give not less than 10 Business days' notice of any evaluation audit.

10. ACCESS TO INFORMATION

10.1 Health New Zealand and ACC retain the right to make reasonable requests for additional information relating to the provision of PRIME Services in the Service Location. Hato Hone St John (as Administrator of the PRIME Service) and/or the Supplier must accommodate such requests within a reasonable timeframe agreed to in writing by Health New Zealand, and ACC, and Hato Hone St John (as Administrator of the PRIME Service).

Part C: Appendix 1 - Definitions

Term	Definition
Attendance	An Attendance refers to when a PRIME Service provider attends an Incident following Notification by the EACC.
Definitive Care	Care at a level of complexity of service appropriate to the specific patient's health needs.
Dispatch Category A	Category A relates to the triage assessment of the patient by the EACC where the patient is, or may be, immediately life threatened and will benefit from timely clinical intervention.
Incident	An occasion where an eligible person requires emergency medical or injury-related services, as assessed by the EACC, in the community or other pre-hospital setting.
Intermediate Life Support (**ILS**)	Ambulance with at least one crew member that holds at least a Bachelor of Health Science (Paramedicine) (Level 7) or its equivalent as recognised by Kaunihera Manapou (Paramedic Council).
Notification	A Notification refers to when the EACC informs a PRIME Service provider (via their pager or other means) of an Incident where the Attendance of the PRIME Service provider may be required.
Primary Health Organisation (**PHO**)	PHOs are not-for-profit provider organisations contracted by Health New Zealand to provide subsidised health care services for people who are enrolled with a general practice team. PHOs provide other health services to support primary healthcare provision in their communities to coordinate a seamless continuum of care for people.
Patient Report Form (**PRF**)	A record outlining the patient's details, clinical status throughout the event, and any clinical interventions undertaken upon the patient through the event and up until transfer of clinical responsibility to the receiving hospital.
PRIME Kit	A PRIME Kit is a soft or hard case containing all the equipment detailed in Part C, Appendix 2.
PRIME Training Course	A course to prepare rural practitioners for their role as members of the response team in the PRIME system of pre-hospital emergency care.
Scene Time	The length of time spent at the site of the Incident assessing, treating and preparing for the transport of a patient.

Term	Definition
Secondary/tertiary hospitals	Secondary hospitals provide Level Three to Four Emergency Department Services and tertiary hospitals provide Level Five to Six Emergency Department Services, as defined in the Ministry of Health emergency department service specifications.
Standard Driving Time	Driving to the road conditions and within New Zealand Land Transport Rules.
Standing Order	A Standing Order is a written instruction issued by a medical practitioner or dentist, in accordance with the Regulations, authorising any specified class of persons engaged in the delivery of health services to supply and administer any specified class or description of prescription medicines or controlled drugs to any specified class of persons, in circumstances specified in the instruction, without a prescription. A Standing Order does not enable a person who is not a medical practitioner or dentist to prescribe medicines – only to supply and/or administer prescription medicines and some controlled drugs.

Part C: Appendix 2: PRIME Kit Contents and Process for Restocking

1. PRIME Kits are all stocked to the following mandated national standard. Regional/local additions to this stock list are to be reviewed and approved by the National PRIME Committee.

2. All Kits are supplied in either a hard or soft carry case according to the practice's preference.

3. Process for replacing consumables: the Supplier must request new supplies and equipment from Hato Hone St John (as Administrator of the PRIME Service).

Equipment provided by ACC and Health New Zealand	Number	Back-up Kit
ADULT RESUSCITATION KIT		
Oxygen Cylinder (size A) with:		
Oxygen Regulator		
Oxygen Tubing		
Bag/masks/reservoir Adult		
Resuscitation mask No. 5		
Airways #1-4		
Nasopharyngeal Airways #6-8		
Mask Oxygen Acute – Adult		
Mask 100% Non-rebreather Adult		
Mask Oxygen & Nebuliser Adult		
Orogastric Tubes		
Twin Evac		
CHILD RESUSCITATION KIT		
Bag/masks/reservoir Child		
Resuscitation mask No. 3		
Paediatric masks # 0,1,2		
Airways #000,00 and 0		
Mask Oxygen Acute – Child		
Mask 100% Non-rebreather Child		
Mask Oxygen & Nebuliser Child		
ADVANCED AIRWAY KIT		
Cobbs Connector		
Cobb Connector Swivel Adaptor	2	
Tape		
Magill Forceps Adult		
Magill Forceps Child		

Equipment provided by ACC and Health New Zealand	Number	Back-up Kit
Artery Forceps		
Lubricating Gel		
Spare set batteries		
Laryngeal masks – sizes 1, 2 ,2.5, 3, 4, 5		
Minitrach Kit		
IV KIT		
Syringes 1ml x2	2	
2ml x4	4	
5ml x2	2	
10ml x6	6	
20ml x3	3	
50ml x1	1	
IV Cannulae 24g x2, 22g x2, 20g x3, 18g x3, 16g x2, 14g x2	2@ - 24, 22, 16 & 14 3@ - 20 & 18	
Needles 23g (safety) x3 for IM	3	
Colloids x2	2	
Crystalloidsx2	2	
IV Giving set x2	2	
Blood Glucose Meter with:		
Test Strips x4	1 Box	
Lancets x4	1 Box	
IV Extension set regular and Paediatric		
Tourniquet		
Clave Connectors (Leur plug)	5	
Alcohol Preps x8	1 Box	
Sharps Container	1 Regular and 1 Disposable	
Tegaderm IV Dressings x4	1 Box	
Gauze Squares x4	1 Box	
CERVICAL COLLARS		
multisized adult	1	
multisized paediatric	1	
THORACENTESIS SET		
Needle		
Value and Tube		

Equipment provided by ACC and Health New Zealand	Number	Back-up Kit
Scalpel		
Clothing shears		
WOUND MANAGEMENT PACK		
Crepe bandages 150mm x2	2	
Crepe bandages 100mm x2	2	
Combine Dressings x4	4	
Gauze Squares x4	4	
Triangular Bandages x4	4	
Transpore tape 50mm x1	1	
Transpore Tape 12.5mm x1	1	
0.9%NaCl 30ml Irrigation x5	5	
Foil blanket		Suction Unit
Intra osseous needle 18G		
Jerkin reflectorised with PRIME DOCTOR/NURSE		
Cycrothyroid puncture set		
Green Flashing Light		
Naso-gastric tubes 12 & 18		
Leather gloves		
Safety glasses		
Pack for equipment (soft or hard)		
Patient Report Forms		
Hard hat (one)		
Sphygmomanometer with Adult BP Cuffs and child cuff		

Part C: Appendix 3 - Emergency Ambulance Communication Centre User Group Meetings – Terms of Reference

1. MISSION

1.1. To ensure that EACC users and funders have a quality review process for the Incident management provided by a specific EACC.

2. FUNCTION

2.1. To provide EACC users and funders with a quality review process on the effectiveness and appropriateness of Incident management for a specific EACC, which includes:

2.1.1. Call taking

2.1.2. Dispatching

2.1.3. Destination decision

2.1.4. Scene management

3. SCOPE

3.1. The review process will include a specific number of reviews/meeting (as outlined below at section 5: Structure) and meetings/year (refer section 5: Structure), to include the performance of all emergency services involved in the Incidents reviewed.

3.2. The EACC may make recommendations to various parties within the Incident management process, however direct line management issues and contractual compliance issues fall outside the scope of this group.

3.3. Call selection shall follow the following descending order of importance:

3.3.1. Calls requested by members.

3.3.2. Calls requested by external stakeholders that either were inappropriate to be dealt with through the normal complaints process or were nominated for review as a result of the complaints process.

3.3.3. Minimum of four calls to be reviewed per meeting.

4. DELIVERABLES

4.1. The outcomes of these review meetings can drive changes in national and regional protocols in line with ensuring an improvement in Service delivery.

4.2. The outcome of the Incident reviews will provide either confirmation of an effective and efficient service or action points to improve Services.

4.3. Recommendations can include:

4.3.1. solving a problem;

4.3.2. improving a process or a system;

4.3.3. making a change;

4.3.4. creating a new system.

5. STRUCTURE

5.1. Meetings:

5.1.1. Held quarterly;

5.1.2. Chair is the EACC Manager;

5.1.3. Quorum for meetings is the attendance of the EACC Manager, a representative from the air providers and a representative from the road providers.

5.2. Membership:

5.2.1. Core:

5.2.1.1. EACC Manager;

5.2.1.2. Contracted air providers - maximum of two representatives from each organisation;

5.2.1.3. Contracted road providers – operational management;

5.2.1.4. ACC;

5.2.1.5. Ambulance Medical Advisor;

5.2.1.6. Cultural Representative;

5.2.1.7. Consumer Representative (to have no relationship to any communications, road, air or water ambulance providers).

5.2.2. To be invited as necessary or particular groups may include these people in their core group:

5.2.2.1. Police

5.2.2.2. Fire and Emergency New Zealand

5.2.2.3. PRIME

5.2.2.4. PHO Representative

5.2.2.5. Health New Zealand

5.2.2.6. Maritime New Zealand

6. VENUES

6.1. Meetings will continue to be held regionally with the EACC Manager traveling to attend those meetings outside of the EACC location. The location of meetings will be:

6.1.1. Auckland

6.1.2. Hamilton

6.1.3. New Plymouth

6.1.4. Palmerston North

6.1.5. Wellington

6.1.6. Christchurch

6.1.7. Dunedin

7. MINUTE DISTRIBUTION

7.1. Minutes will be distributed to the following:

7.1.1. All members

7.1.2. Chief Operating Officer, Hato Hone St John (for Northern Communications, Central Communications and Southern Communications)

7.1.3. Chief Executive, CECL (for Central Communications)

7.1.4. Ambulance Team, Health New Zealand – Te Whatu Ora.

8. PROCESS

8.1. EACC Manager selects calls, prepares agenda, obtains ProQA Compliance Score and sends to members.

8.2. Audio Tapes will be listened to – the entire tape will be presented to the group, who may make the decision to limit the amount of the tape that is listened to at the meeting.

8.3. CAD printouts will be supplied to all members -– should these be sent to members prior to the meeting or just given out at the meeting?

8.4. Patient Report Forms (**PRF**) to be supplied for each selected call, by road and air operators.

8.5. Medical Advisor to provide patient outcome and patient status at presentation to the medical facility.

8.6. All meetings to be minuted.

8.7. Minutes to include action points and identify when action points have been closed or resolved.

9. GUIDELINES FOR INCIDENT REVIEW

9.1. The following Guidelines for Incident Review will be used for all reviews.

9.2. All personal identifying information to be removed from documents and tapes prior to presenting to members.

9.2.1. Level of ProQA compliance score.

9.2.2. Quality and appropriateness of:

9.2.2.1. Information gained about the location including accessibility, weather, landing conditions and distances;

9.2.2.2. Information gained about the chief complaint, type of Incident and mechanism or extent of injury;

9.2.2.3. Information regarding numbers of potential victims;

9.2.2.4. Information regarding entrapment;

9.2.2.5. Scene control;

9.2.2.6. Interaction with other services involved (i.e. Police, FENZ).

9.2.3. Appropriateness of:

9.2.3.1. Response priority appropriate to the potential extent of injury;

9.2.3.2. Ambulance response (any mode) appropriately equipped and crewed;

9.2.3.3. Sufficient and appropriate resources dispatched to the Incident;

9.2.3.4. Interaction with other services involved (i.e. Police, FENZ);

9.2.3.5. Patient destination;

9.2.3.6. Length of time of call components;

9.2.3.7. Professionalism of call;

9.2.3.8. Overall call handling.

9.2.4. Recommendations for:

9.2.4.1. Changes to systems, training, etc. from call review;

9.2.4.2. Commendation for good work.