



Annual Report

July 2017/June 2018

Including the
ECCT Annual Regional
Emergency Services Plan
2018/2019

**Canterbury, South Canterbury, West Coast,
& Nelson Marlborough**

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1 Executive Summary

1.1 Chairperson's Forward

2018 has been a year of consolidation compared with the tumultuous funding uncertainty of 2017.

Our Coordinator, Hanna Sorby, has been heavily involved in a number of ongoing projects and networking activities. She attended the Flock Hill pre ski season meeting on our behalf and on the 15th of October organised a very successful post ski season meeting. Five of the regional fields were represented and a further 14 attendees representing a wide range of emergency services were present. We wondered if this meeting was still necessary but each time it is held new issues arise and new solutions are put forward. We will continue to support this excellent example of cross service networking as long as the industry and emergency services see value in its continuation.

On the 9th and 10th of May the Executive of ECCT carried out a series of medical site visits focusing this time on the Northern part of our jurisdiction. The trip had been postponed because of the Kaikoura earthquake. This project was as a continuation of our previous site visits to South Canterbury and the West Coast and it was the success of these previous trips that lead the Executive to believe in the benefits of the project. Hanna had made contact with the proposed sites and Dion Rosario from St John Ambulance kindly provided transport and logistics in addition to fulfilling his role as an Exec member. The team consisted of Hanna Sorby, Dion Rosario, Julie Lucas, Tina Murphy, Vince Lambourne and Myself. The sites visited were Cheviot, Kaikaoura, Hanmer Springs, Murchison, Nelson and Blenheim – a total of 728 km. A detailed report on the information gathered has been produced and circulated by our Coordinator but all of the Exec members were of the opinion that the ability to interact directly with the teams who provide the local emergency responses yield far more information than phone calls or surveys. The opportunity to identify problems and even propose solutions real time is enormously beneficial.

This year, in cooperation with Murray Halbert from the MOH, we have coordinated our ECCT committee meetings with the regular meetings of the SIRHEMG (South Island Region Health Emergency Managers Group). Again Hanna has ably represented us at these meetings (especially when I have been unable to make myself available) and the to and fro of information presented at these meetings has given us valuable insights into the work of what I have come to realize are unsung heroes in the field of public and institutional preparedness for disaster and emergency response.

This year has seen one of the biggest changes to the provision of emergency helicopter services in decades. On the first of November a series of new contracts for the provision of Emergency Helicopter services was activated. As a group charged with the coordination of emergency care in our region we will have a monitoring and feedback role as the implementation of these new services is rolled out.

Canterbury and West Coast ECCT has continued to support the development of the National Major Trauma Database. The revelation that our region has the busiest trauma centre in the country serves to demonstrate the insights that the collection and analysis of data can bring to otherwise anecdotal perceptions.

David Bowie
Chairperson
Canterbury West Coast ECCT

1.2 Background to Canterbury West Coast ECCT

In 1999 the Government released “Roadside to Bedside” publication, which documented a 24-Hour Clinically Integrated Acute Management System for New Zealand. The Ministry of Health (MoH) outlined a number of key strategies to ensure the best outcomes for people involved in trauma, medical or surgical emergencies, and complicated births. With the objective of ensuring ‘people get the right care, at the right time, in the right place, from the right person.’ The 1999 document has been revised is currently under review. The principles remain the same but the detail is more relevant to the present environment.

Five regional teams throughout New Zealand were assigned by a joint initiative between MoH, the Accident Compensation Corporation (ACC), the District Health Boards (DHBs - at that time called the Health Funding Authority), and the Council of Medical Colleges New Zealand to set up and implement the recommendations in the *Roadside to Bedside: A 24 hour clinically integrated Acute Management System for New Zealand* document. Currently only two regional teams (Canterbury West Coast and Southern) are functioning. Nelson/Marlborough although not officially part of the Canterbury West Coast ECCT is represented at their regional meetings.

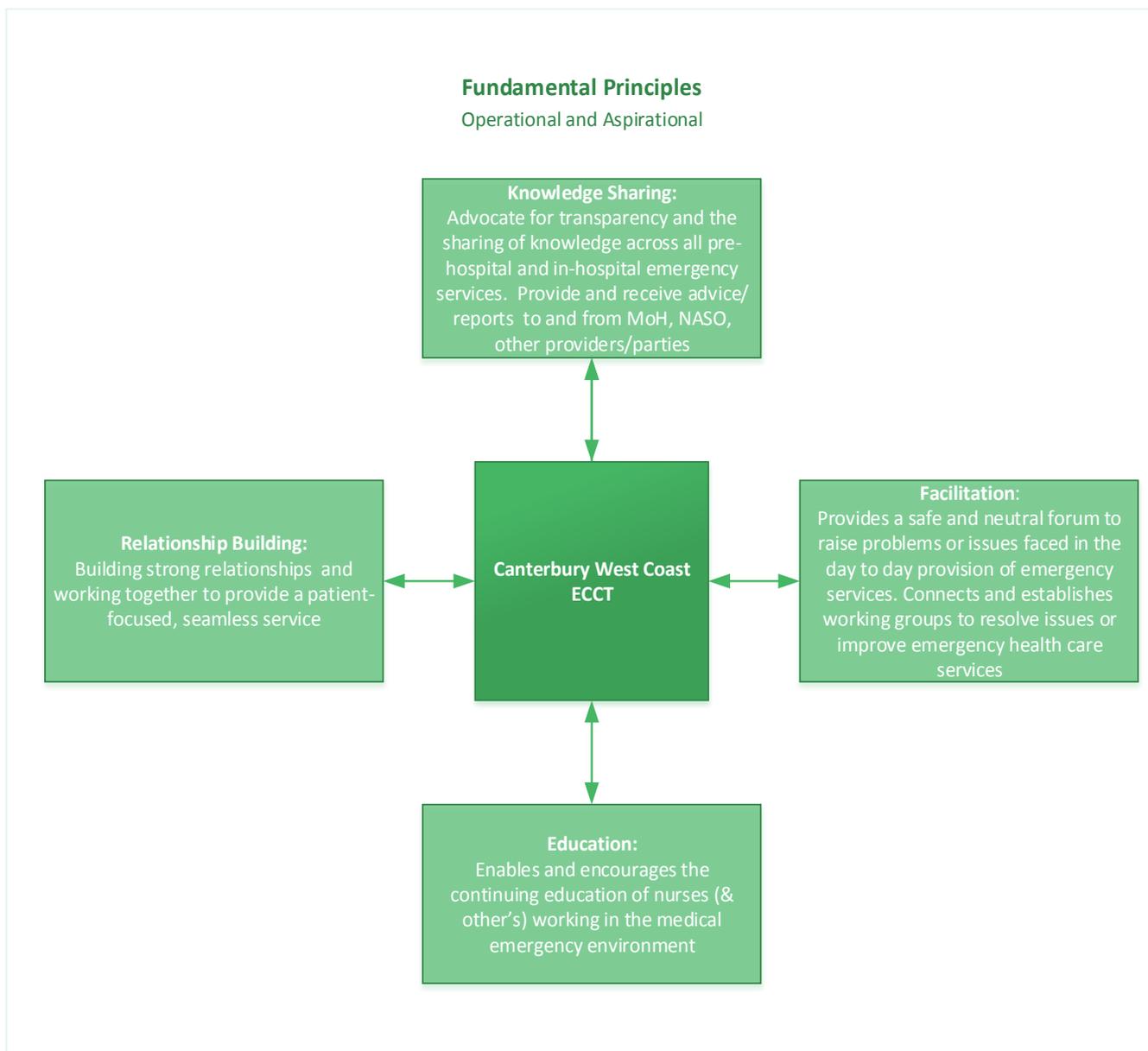
ECCT is jointly funding by MoH (via DHB’s) and ACC (funds the ECCT Coordinator role). The National Ambulance Sector Office (NASO), a business unit within MoH, hold the primary Ministry relationship with the ECCTs. NASO was established in 2008 and is jointly funded and governed by the Ministry and the Accident Compensation Corporation (ACC). The current ECCT funding agreement is through to March 2019.

The Emergency Care Co-ordination Team (ECCT) is a clinical network group that works across all pre-hospital and in-hospital emergency services to help resolve the challenges faced by the day to day provisioning of emergency services. ECCT aims to ensure the patient receives the right care, at the right time, in the right place and from the right person. The focus is to share knowledge and build relationships so that a coordinated response is provided for the patient. The team works together to provide a patient-focused, seamless service which will enable all New Zealanders to gain timely and appropriate access to emergency services required to manage:

- trauma
- medical and surgical emergencies
- complicated births

The Canterbury and West Coast (including representation from Nelson/Marlborough) committee was re-established in 2010 and aims to meet four times a year. The committee includes representatives from the Ministry of Health (MoH), Canterbury DHB, West Coast DHB, South Canterbury DHB, Nelson Marlborough DHB, St John Ambulance, National Ambulance Sector Office (NASO), Emergency Ambulance Communications Centres, Fire and Emergency NZ, NZ Police, Primary Response in Medical Emergency (PRIME) Nurses, General Practitioners, Garden City Helicopters (operators of Westpac Rescue Helicopters), Maori Health, Maternity Health Providers, Public Health Providers and Primary Health Organisations.

1.3 Fundamental Principles of Canterbury West Coast ECCT



2 Overview of Canterbury, South Canterbury, West Coast, and Nelson Marlborough ECCT

2.1 Regional Profile

The Canterbury West Coast and Nelson/Marlborough ECCT region provides pre hospital emergency care to a very large and geographically diverse area, covering the Canterbury, South Canterbury, West Coast District and Nelson/Marlborough regions. The population is spread throughout all sizes of urban settlement, rural and isolated rural areas. Emergency care provision in the region must account for the challenges the geography and variable weather patterns the region presents.

2.2 Population Profile by DHB

The Canterbury West Coast ECCT covers five regions in the South Island (Tasman, Nelson, Marlborough, Canterbury, West Coast) which are served by four DHBS (CDHB, SCDHB, WCDHB, NMDHB) with a population of 792,220 people (Statistics New Zealand 2017 Estimated Resident Population):

Nelson/Marlborough DHB **148,800**

- Nelson 51,400
- Marlborough 46,200
- Tasman 51,200

Canterbury DHB **551,360**

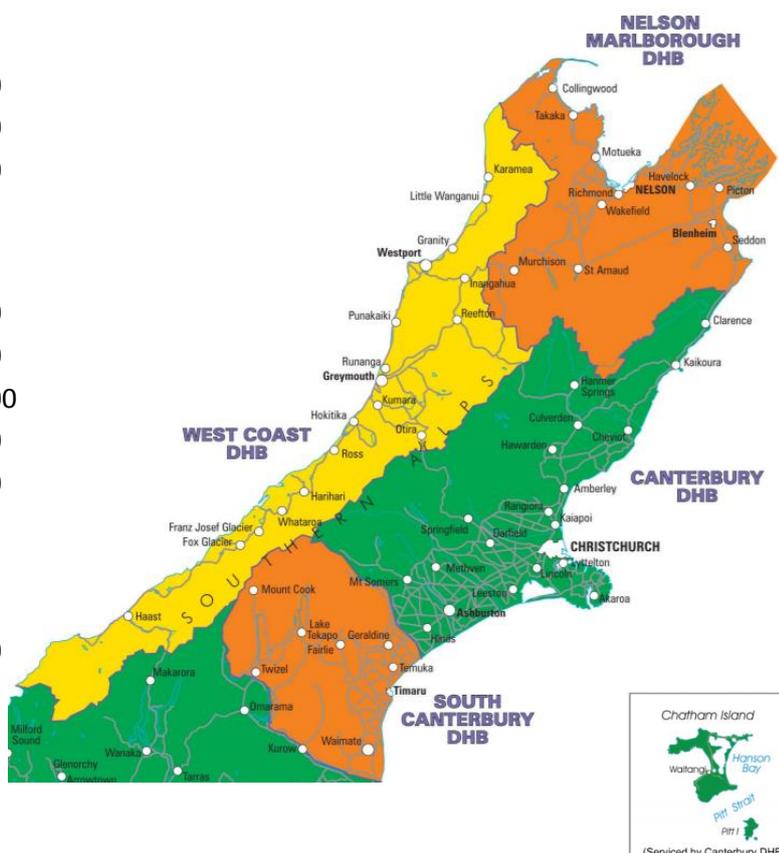
- Kaikoura 3,720
- Hurunui 12,800
- Waimakariri 59,300
- Christchurch City 381,500
- Selwyn District 59,300
- Ashburton 34,100
- Chatham Islands 640

South Canterbury DHB **59,600**

- Timaru 47,100
- Mackenzie 4,600
- Waimate 7,900

West Coast DHB **32,460**

- Buller 10,150
- Grey District 13,500
- Westland 8,810



3 ECCT Meetings

3.1 National ECCT Meetings

Nationally, the combined chairpersons and co-ordinators of ECCT meet bi-annually to address national ECCT issues from governance and lobbying perspective. Issues raised at these meetings are then championed by respective Chairs to key groups within the sector, aiming to provide a cohesive view of the wider New Zealand ECCT membership.

Meetings held 2017/2018:

- 8th November 2017
- 28th June 2018

3.2 Executive ECCT Meetings

The ECCT Executive aim to meet 4 times per year, typically 2 weeks prior to the ECCT regional meetings. The meetings are held via video conference and last 1-2 hours.

Meetings held 2017/2018:

- 10th August 2017
- 14th November 2017
- 28th February 2018
- 1st May 2018

3.3 Regional ECCT Committee Meetings

Regional meetings are held quarterly for a full day, allowing time for general meeting and guest presentations. This maximises the opportunity of having the group together. Typically there will be two guest speakers/presentations during the day. The topics vary but generally relate to an area or issue that has recently been discussed via the ECCT forum.



ECCT Regional Meetings held 2017/2018:

Meeting	Number of Attendees	Guest Speaker/Presenter	Topic / Presentation
22 nd August 2017	22	Dr Martin London (Chair, RHAANZ)	Rural Health Road Map
		Dr Sandra Richardson (Nurse Researcher at Christchurch Hospital)	WADEM Congress, Canada 2017
28 th November 2017	21	Simon Duncan (Group GM, GCH Aviation)	Tour of GCH Aviation New Facilities
		Lynley McInroe (CNM ED / OPD Grey Base Hospital)	Nursing in Outback Australia
13 th March 2018	25	Craig Downing (Christchurch Metro Territory Manager, St John)	St John – Mental Health Pathway
		Simon John (Consultant Neurosurgeon, Christchurch Hospital)	Guidelines for management of Traumatic Brain Injury
8 th May 2017	19	Murray Hart (Clinical Nurse Specialist Cardiology, Christchurch Hospital)	Chest Pain Pathway
		Karl Patterson (Centre Manager, Southern Fire Communications, Fire and Emergency NZ)	Fire & Emergency Medical Responses

4 ECCT Canterbury West Coast Regional Membership

Currently there are 34 Canterbury West Coast (Nelson Marlborough) ECCT committee members. 2017/2018 saw representation from the following organisations/areas:

Organisation	Position
CDHB - Ashburton Hospital	Charge Nurse Manager, Acute Admitting Unit
CDHB - Christchurch Hospital	Christchurch Hospital Emergency Planner
CDHB - Christchurch Hospital	Emergency Physician
CDHB - Christchurch Hospital	ICU Consultant, Clinical Leader Air Retrievals
CDHB - Christchurch Hospital	Clinical Nurse Coordinator, Air Retrieval Service
CDHB - Christchurch Hospital	Nurse Researcher, Emergency Department
CDHB – Christchurch Hospital	Nurse Manager, Emergency Department
CDHB – Christchurch Hospital	Trauma Nurse Coordinator
CDHB - Community and Public Health	Emergency Preparedness Coordinator
CDHB / WCDHB	Emergency Planning Manager
CDHB / WCDHB	Team Leader - Secondary Care, Planning & Funding
WCDHB - Grey Base Hospital	CNM ED/OPD
WCDHB - Grey Hospital	Nurse Manager Clinical Services
WCDHB – Grey Hospital	HOD – Emergency Department
NMDBH / PRIME	PRIME nurse
NMDHB – Wairau Hospital	Charge Nurse Manager, ED/HDU/AAU
SCDHB - Timaru Hospital	ED Consultant
SCDHB - Timaru Hospital	Service Manager - Medical and Ambulatory Services
MoH (Ministry of Health)	Manager, Emergency Management Capability, Emergency Management Team

NASO (National Ambulance Sector Office)	Senior Portfolio Manager, NASO
St John – Comms / Christchurch	Call Handler Team Leader, Clinical Control Services
St John - South Island Region	Right Care Advisor – Hauora Maori
St John - South Island Region	South Island Clinical Development Manager
St John - South Island Region	District Operations Manager - Canterbury
St John - South Island Region	District Operations Manager - Tasman: Nelson and West Coast and Buller
St John - South Island Region HQ, Clinical Control Services	Clinical Control Centre Manager Christchurch
Fire and Emergency NZ	Communications Centre Manager
Kaikoura Medical Centre	General Practitioner
Garden City Helicopters Ltd (Operators of Westpac Rescue Helicopter)	Group General Manager
NZ Police	District Manager Operations and Support

Please see our website for more details on the current Committee membership

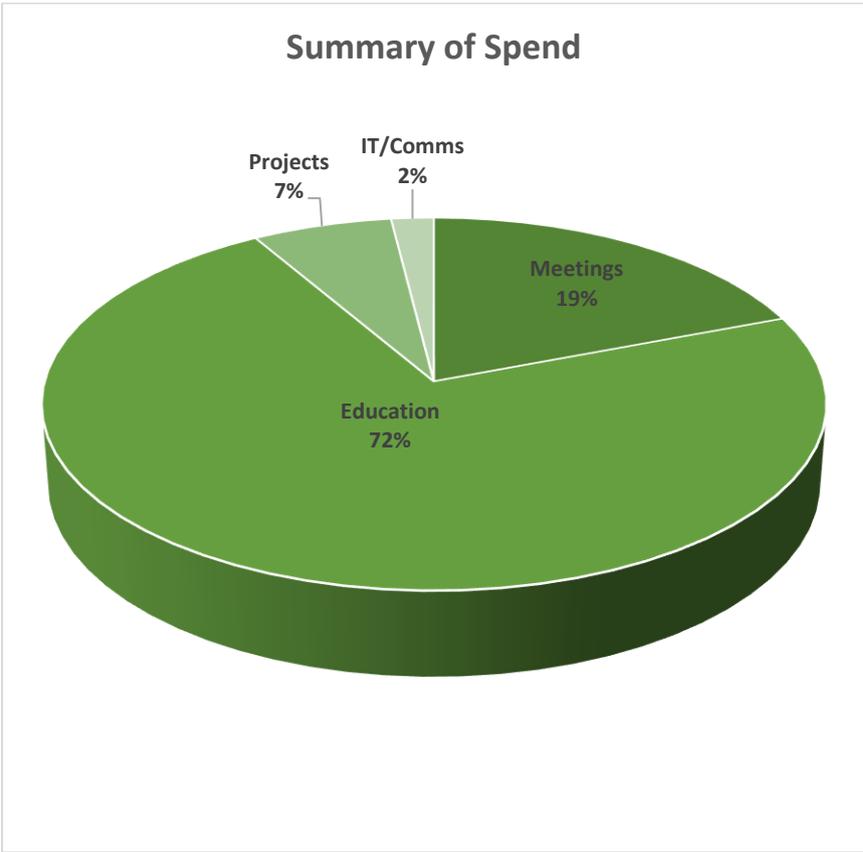
5 Financial Report

Below is a summary of ECCT expenses for the year.

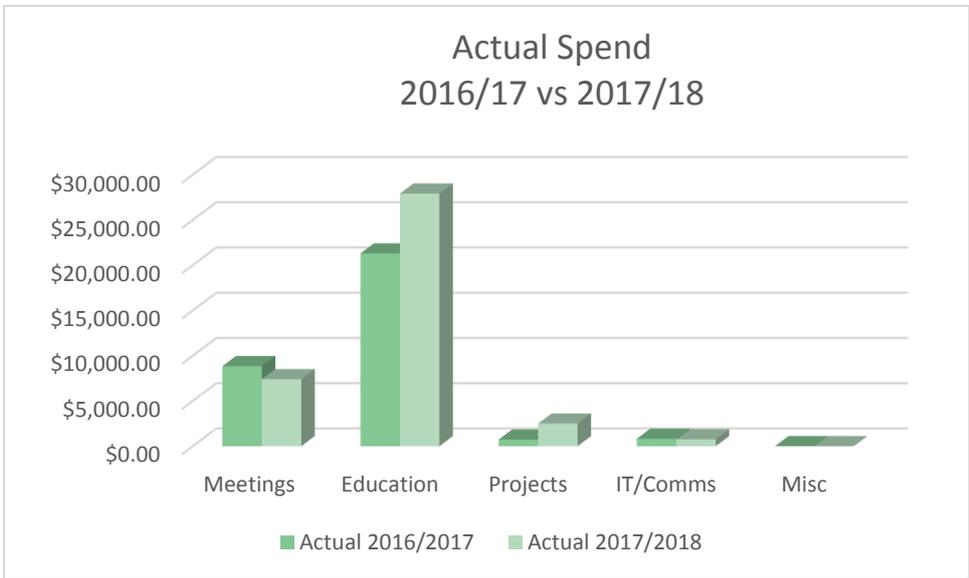
Expense	Actual	Variance	Budget	Comments
Meetings: Regional/Exec/National	\$7404.82	\$3595.18	\$11,000	Includes: Travel, Accommodation, and Catering
Education: Training/Conferences	\$27,916.99	\$2,583.01	\$30,500	Includes: Registration Fees, Travel, Accommodation
Projects	\$2,497.19	\$6,502.81	\$9,000	Post Season Ski Field meeting, Site Visit Trip
IT/Comms	\$760.65	\$289.35	\$1,050	ECCT Website, Coordination Cell
Misc	\$0.00	\$500	\$500	
ECCT Coordination	\$30,854.02	\$7,645.98	\$38,500	Covered by ACC Revenue - includes overheads
Total	\$69,433.67	\$21,116.33	\$90,550	

The ACC Revenue for 2017/2018 was \$47,500. The DHB expenditure total for 2017/2018 was \$43,050. Therefore, the total budget for this last financial year was \$90,550.

In the 'Summary of Spend' chart below, both 'Education' and 'Meeting', include registration costs, and any associated travel and accommodation costs. 'IT/Comms' includes the cost of the website, the coordination mobile phone. This chart excludes costs of the ECCT Coordination role and associated overheads.



Comparison of spend 2016/17 versus 2017/18.



6 Projects

The 2017 Post Season Ski field meeting generated work for the 2018 season, and in May 2018 the ECCT exec team were finally able to undertake site visit trip across North Canterbury and the Nelson Marlborough areas.

6.1 Ski Field Meeting

In 2011 concerns were raised around the interaction between ski fields and emergency personnel that affected patient outcome and also emergency personnel safety. Because of this, ECCT now hosts an annual forum post ski season for Emergency personnel to meet with Canterbury Ski fields.

The 2017 Post Season Ski Field meeting took place on the 25th Oct in Christchurch.

Represented at the meeting were Broken River, Craigieburn, Mt Cheeseman, Mt Dobson, Mt Hutt, Mt Olympus, Porters, ED - Christchurch Hospital, 24 Hour Surgery, Riccarton Clinic, Westpac Rescue Helicopter, St John, Christchurch Hospital Air Retrievals, and the Air Desk. Topics discussed at the 2017 meeting:

- Injury statistics from Christchurch Hospital, and ACC
- Clinical feedback for Ski fields
- National Air Desk
- Comms – 0800 number
- Information for injured ski field patrons

Work generated from the 2017 meeting included:

1. Updating the 'Emergency Services News' document for the 2018 season – to include the location addresses held in the St John system.
2. Development of poster by St John – providing ski area location / address info, 0800 number and instructions on what to say when calling for a retrieval.
3. Development of pamphlets for injured ski field patrons (self-evacuating) aimed at directing patients to the most appropriate facility in their area.
4. Development of a check list / crib card for ski patrollers - covering the patient/incident information that the St John call handler will be asking for.
5. Investigation into how / if the NID data could be integrated with health care providers; providing a diagnosis at the destination facility.

6.2 Site visit trip

In 2013 and 2014 the ECCT executive visited rural medical facilities around the West Coast and South Canterbury respectively. The purpose of the site visits was to meet Emergency personnel and gain a better understanding of the real issues and barriers that are encountered with pre hospital care and transport of a patient that emergency personnel face in their day to day work. The previous trips included tours of the facilities and meeting with key personnel, including rural doctors and nurses, and St John.

In 2016 it was proposed that the ECCT executive visit sites in North Canterbury and Nelson/Marlborough. Unfortunately due to the North Canterbury earthquake Nov 2016, the trip was postponed until May 2018.

Dates: Wednesday 9th May and Thursday 10th May

Itinerary: Cheviot → Kaikoura → Hanmer Springs → Murchison → Nelson → Wairau

ECCT Exec committee members who were able to join the 2018 site visit trip:

- Dr David Bowie - Clinical Leader for the Canterbury Air Retrieval Service, ICU specialist, Christchurch Hospital. Chair ECCT Canterbury West Coast
- Julie Lucas - Nurse Manager, Clinical Services, Operational, ED, Grey Hospital
- Tina Murphy – Nurse Practitioner, Nelson Tasman region
- Dion Rosario - District Operations Manager – Canterbury, St John
- and Hanna Sorby as ECCT Regional Coordinator, Canterbury & West Coast

The relevant St John territory managers joined the Exec team along the way.

The schedule was tight so meetings at the Health Centres and Hospitals were for two hours, and at the St John stations no more than 30 minutes.

A number of common themes came up across the sites (bearing in mind three rural health centers, three St John Stations, and two secondary level hospitals were visited).

6.2.1 Telehealth

Three of the sites were keen to utilise telehealth more (the other sites may have been but we did not get round to discussing in detail with them). Capacity and resource constraints, and slow uptake from the tertiary hospitals were some of the factors that limited the current use of telemedicine. There was positive feedback for the use and outcomes to date for the telestroke service, and mental health services.

6.2.2 Patient Transfers

Patient transfers were raised as an issue across all sites. For the two hospitals it was about capacity and Trauma divert. Currently there does not seem to be a simple way to identify where suitable beds are available.

For the Health Centers there were issues with not having enough resource to transfer patients, being treated as a hospital rather than a Health Centre (which can cause transfer delay and result in financial costs to the Health Centre), and the complexities when making a request to the Air Desk for a retrieval.

6.2.3 Funding models

It was expressed that inadequate funding was a significant issue in one centre and a minor issue in another. In particular for one site, there was real concern that the funding model was not meeting the needs of the community and could eventuate in negative outcomes.

Funding for PRIME responses was also reported as being inadequate.

6.2.4 PRIME Vehicles

Of the three rural Medical centers visited, two highlighted that they did not have a fit for purpose PRIME vehicle. Funding resource was the biggest limiting factor in obtaining a suitable vehicle. Other considerations were the driving skill level of the PRIME responders, and where to locate the vehicle which potentially would have drugs on board. Ideally a fit for purpose vehicle would also have a built in radio, a necessary safety feature for comms and to alert arrival at the scene.

6.2.5 Volunteers – St John

Building and maintaining volunteer numbers in the rural areas was a common issue. The potential to start drawing on Fire volunteer resource in areas where there was limited St John resource was discussed, as was putting in paid St John staff.

7 Integrated Emergency Services

A number of factors identified as being challenges to an integrated emergency service were raised by the ECCT committee. This resulted in action being taken, or saw initiation of discussions with the relevant parties. Below are examples of some of the main barriers highlighted.

7.1 Air Desk

The St John managed Air Desk trial went live in Feb 2017. It was anticipated that there would be teething problems. The key issues Canterbury West Coast committee members reported on were related the Air Desk not have adequate local knowledge of the South Island. Examples included:

- A rural medical centre being that was being treated as if it was a Hospital, meaning when an air retrieval was requested it was deferred as an Inter Hospital Transfer, delaying patient transport.
- Patients waiting at the scene for an air response when an adequate staging hospital was 10 mins down the road, again delaying patient transport.
- Road crews being sent to jobs that were inaccessible by road.

These examples were all fed back to St John, and ECCT committee members continue to advocate for a South Island solution.

7.2 Destination Policy and Staging

While for the most part the destination policy works well, there have been a number of instances where the situation at the time has meant that the destination policy was not appropriate, or where the destination policy was not followed accordingly. ECCT provides a forum where these cases can be discussed at a suitable level and taken further if solutions cannot be reached with the available resources

On occasion 'staging' has caused some delays in delivering patients to the place of definitive care. For example while waiting for a Heli retrieval, the team at the 'staging' hospital decide to do a CT. The general consensus from the ECCT committee was that if it would not cost the patient time, then it would be okay to proceed with the likes of a CT. The boundaries around 'staging' are now better understood, but ultimately it comes back to the clinician leading the team.

7.3 Communication options in remote areas

Communications in remote areas continues to be an issue. Providing a seamless service becomes compromised when there is limited or no communications services available in an area, it is also an area of safety concern for rural practitioners like PRIME nurses when attending call outs. There has been little reported back on the Government's Rural Broadband Initiatives / Mobile Blackspots RFP which closed April 2017.

7.4 Staff Resourcing

Good patient outcomes will always be compromised if there is inadequate staffing resource. Having adequate, safe staffing levels is unfortunately not always something that can be relied upon. Small rural centres, and remote areas are constantly under pressure to recruit and maintain adequate staffing. Whilst the ECCT committee cannot offer an immediate solution, it is something that is on our radar. ECCT support educating staff so that they can deliver the level of care that is necessary, and advocate for more support for smaller centres, e.g. Kaikoura.

8 ECCT Support for Education

In keeping with previous years, 2017/2018 has seen a strong focus on education. There were 28 nurses who benefited from funding to cover registration fees, accommodation costs, or travel costs to attend training. Canterbury West Coast ECCT are committed to supporting our nurses, especially those in rural areas who often work in isolation, so that they have the skills and confidence to carry out their jobs as best they can. This year we were also able to provide funding support for 9 paramedics to attend a Drug Assisted Airway Management (DAAM) course.

By committing a certain number of nurses to attend the Trauma Nursing Core Course (TNCC), we were again able to bring this course to Christchurch in May 2018. This in turn made the course more accessible and affordable for others who may not have otherwise been able to attend. The benefit of the support provided by Canterbury West Coast ECCT is DHB wide, and it is those requiring emergency care that benefit most.

Below is a summary of the courses and conferences attended in 2017/2018 with the help of ECCT funding:

Course /Conference	Number attended
TNCC	20
NZ Triage	7
ENPC	1
DAAM	11

9 National Projects with ECCT Regional Involvement

As well as local issues and projects Canterbury West Coast ECCT has been involved in national projects: and the Major Trauma Work-stream.

9.1 Major Trauma Work-stream

It has been established that Christchurch hospital is the largest receiver of major trauma in New Zealand. Trauma patients from all over the South Island, and some from the North Island are sent to Christchurch Hospital. In the June 2017 - May 2018 period Christchurch Hospital saw 379 major traumas admitted and 4290 non-major traumas admitted, increases on the previous year.

The ECCT coordinator continues to work with the Christchurch Hospital Trauma Nurse Coordinator (TNC) to identify areas of potential improvement for in-hospital care by time-lining patient journeys. These have helped to present a picture of where there are gaps in providing the patient with the best possible care.

The Canterbury West Coast ECCT coordinator has been regular attendee at the South Island Major Trauma Network meetings.

10 ECCT Representation

ECCT has close ties with the South Island Health Emergency Management Group (SIRHEMG), the Comms User Group (CUG) at St John, the South Island Major Trauma Network, and the PRIME North meeting group. We are regular attendees at their meetings. ECCT are committed to regional emergency planning and communications, our continued attendance at these meetings enables us to pass on important and useful information to our ECCT committee members. It also provides opportunity for ECCT to highlight to these groups any issues or problems that are being experienced out in the region by front line emergency health care service providers

ECCT have been represented at the following meetings this past year:

Meeting	Dates
Alpine Fault 8 workshop	24 th August 2017
SIREHMG - South Island Emergency Health Managers Group	29 th November 2017 14 th February 2018
South Island Major Trauma Workstream	6 th July 2017 7 th September 2017 9 th November 2017 7 th June 2018
Comms User Group meeting	17 th October 2017
PRIME North meeting	12 th July 2017

11 2018/2019 Annual Plan

This annual plan presents Canterbury West Coast ECCT's purposes and proposed plan of activity for the twelve months from 1st July 2018 to 31st June 2019

This plan is currently in draft form and it yet to be endorsed by the Canterbury West Coast ECCT Committee.

11.1 Purpose of ECCT

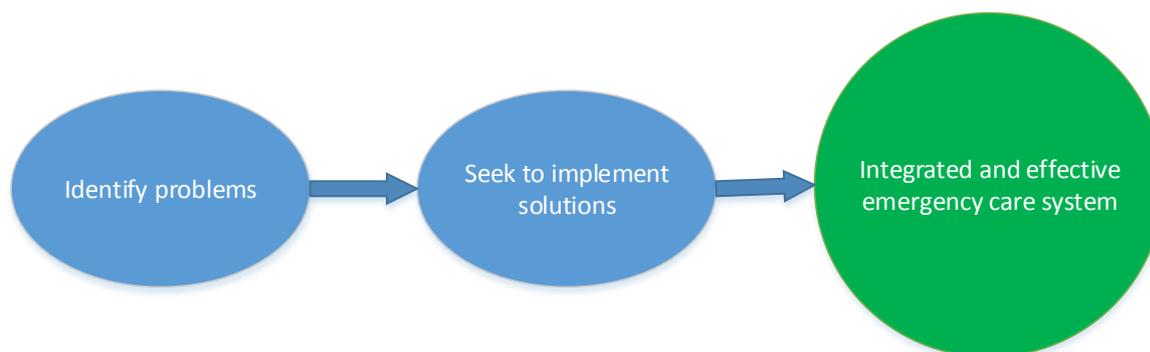
The purpose of the ECCT is to facilitate an integrated and effective regional emergency care system, including the different healthcare providers that contribute to the emergency care systems regionally, and emergency care systems throughout New Zealand by being part of the national network. Ultimately it is the implementation of "Roadside to Bedside: Developing a 24 Hour Clinically Integrated Acute Management System for New Zealand"

The purposes of ECCT guide our commitments for the year ahead.

11.2 Objectives of ECCT

Facilitator: ECCT will continue to use appropriate information and available regional resources to identify problems and seek to implement solutions in conjunction with DHBs, the Ministry of Health, NASO, and other appropriate organisations.

ECCT will continue to work behind the scenes to improve the integration and effectiveness of emergency care services in the rural regions, and identify opportunities for further improvements.



Relationship Building: ECCT will continue to identify and work with the healthcare providers that make up the major components of the regional emergency care system, and support their clinicians in promoting greater integration and effectiveness.

Education: ECCT will continue to support clinicians (nurses) in appropriate training and education opportunities. Better patient care by being aware.

Knowledge Sharing: ECCT will continue to make recommendations to MoH (and other relevant groups) based on consultation with those working at the frontline, and disseminate relevant information to the ECCT committee.

11.3 2018/2019 Plan

Our funding priorities for 2018/2019 will again focus on education with precedence given to rural nurses. Having appropriately trained nurses is especially necessary in rural settings where they are often first on the scene. The Trauma Nursing Core Course (TNCC), the Emergency Nursing Paediatric Course (ENPC), and the NZ Triage course provide nurses with essential skills and knowledge, enabling them to deliver to patients a high level of quality care. ECCT help to enhance the service being provided to the patient, from the scene right through to ED - better patient care by being aware. Approximately third of our annual budget has been apportioned to providing educational support for nursing staff who provide emergency health care. The bulk of this will be sponsoring 18 nurses to attend ENPC.

In the upcoming year, Canterbury and West Coast ECCT will continue to engage and work collaboratively with emergency care services, sponsor emergency care workforce development, and support emergency care projects adopted by the wider ECCT committee. It is envisioned that some of the challenges identified through the ECCT Executive Site Visit Trip (May 2018) will potentially drive some of the project work that CWCECCT are involved in for the 2018/19 year.

Key Planning Approach		Strategies	Measures
Engage	To continue adding value and committee expertise to selected meetings and recognising and resolving issues that arise related to pre hospital emergency care. Increase engagement with regions.	Attend: Communications Users Group, Primary Response In Medical Emergencies (PRIME), SIRHRMG, and Major Trauma work-stream meetings	Distribute Comms Users Group, PRIME, SIRHRMG, and South Island Major Trauma information to the ECCT regional committee where appropriate
		Monitor and report issues that arise amongst providers and provide research and solutions	Where appropriate issues are escalated to MoH, ACC, and NASO
		Maintain and update the Canterbury West Coast (and Nelson/Marlborough) ECCT website	Canterbury and West Coast ECCT Website is viewed, committee members access the members site
		Engage with the Chatham Islands, identify where ECCT can provide support	ECCT provide support to Chatham Islands (through education or project support)
Collaborate	To continue with effective ECCT National, Executive, and Regional committee meetings	Organise and coordinate 4 ECCT Regional Meetings (confirmed dates: 22 nd August, 27 th November, 2 meetings TBA)	Minutes and Actions distributed to committee members within 3 weeks of meeting
		Organise and coordinate 4 ECCT Executive Meetings (Confirmed dates: 7 th August, 3 meetings TBA)	Minutes and Actions distributed to committee members within 3 weeks of meeting
		Work with Southern ECCT to organise at least 2 ECCT National Meetings	
		Collaborate with Southern ECCT to ensure consistency and less duplication between regions	Share minutes of Regional meetings, attend where possible a Southern regional meeting
		Collaborate with Maori Health Care Providers	Maori Health representation at ECCT regional meetings
Workforce Development	To identify and commit a budget to chosen conferences and courses for 2018/2019 by the ECCT Committee	Support (funding) for 2018/2019 Emergency Paediatric Nursing Course	Conference feedback at regional meetings. Recorded in Minutes
		Committee to identify other courses and conferences - Executive to discuss and approve	Course feedback at regional meetings. Recorded in minutes
		Organise conference and course registration, flights and or accommodation	

Key Planning Approach		Strategies	Measures
Projects / Review & Evaluate	To continue to contribute to and support national and regional projects that aim to resolve issues with the provision of emergency care services, and improve the provision of emergency care services.	Support for the Trauma Team / TNC's where required	Continued work with the Trauma Teams / TNCs on pieces of work e.g. documentation of patient journeys
		Organise post ski field meeting for Canterbury	Ski Field meeting attended and issues recorded
	To review and evaluate the different facets that make up the emergency response in the Canterbury West Coast regions	Committee members to identify issues and raise projects. ECCT Exec review projects for support approval	Updates and new issues / projects added to the register
		Review and evaluate barriers to an integrated emergency service in the Canterbury West Coast region for a specific category (<i>to be determined – e.g. trauma, Medical emergencies, obstetric emergencies, Maori and Pacific island people, people with mental illness and deliberate self-harm, children</i>)	Completed report on specific category (to be determined by the committee) - distributed to relevant groups

11.4 2016/2017 Budget

It is projected that approximately a third of the 2017/2018 budget will go towards funding education (in the form of registration fees, and travel costs or accommodation costs) for nursing staff. We know that a large portion of this will be used in supporting 18-20 nurses to attend the Trauma Nursing Core Course (TNCC).

Expense	Budget	Comments
Meetings: Regional/Exec/National	\$8,000	Includes: Travel, Accommodation, Catering, Venue
Education: Training/Conferences	\$36,000	Includes: Registration Fees, Travel, Accommodation
Projects	\$9,000	
IT/Comms	\$1,050	
Misc	\$500	
ECCT Coordination	\$36,000	Covered by ACC Revenue - includes overheads
Total	\$90,550	

The CWCECCT executive team will carry out a formal mid-term review of the budget.