

Clinical update from St John



St John
Here for Life

September 2020

St John has made some recent improvements to provide better care to patients and improve communication with healthcare professionals. This update provides an overview of these changes and how they might affect you. If you have any questions, please email clinical.excellence@stjohn.org.nz.

1. New Extended Care Paramedics

St John has recently introduced Extended Care Paramedics (ECPs) into its workforce. ECPs are specialist paramedics who respond to low acuity 111 calls, freeing up emergency ambulances and reducing strain on EDs. ECPs can assess patients with non-urgent conditions and provide treatment in the home, referring them back to the GP wherever appropriate.

ECPs are currently operating in Auckland, Christchurch, Horowhenua and South Taranaki and will soon be introduced in Hamilton.

The ECP scope of practice includes suturing and wound care; ear, nose and throat examination; supplying limited oral antibiotics; urinalysis; urinary catheterisation; dental block and limb assessment.

Once an ECP has seen a patient, they will send an ambulance care summary to the patient's GP, which outlines what treatment has been provided and if any follow up is required.

[More information on Extended Care Paramedics.](#)

2. Rollout of the New Zealand Out-of-Hospital STEMI Pathway

The NZ Out-of-Hospital STEMI Pathway has now been implemented in all areas of New Zealand.

The Out-of-Hospital STEMI pathway involves:

- Primary PCI for patients who can clearly reach a PCI capable hospital within 90 minutes of the diagnosis being made and
- Pre-hospital fibrinolytic therapy administered by Paramedics and Intensive Care Paramedics (ICPs) to patients who cannot clearly reach a PCI capable hospital within 90 minutes of the diagnosis being made, followed by direct transport to a PCI capable hospital from the scene.

The key message for primary care clinicians is that when an ambulance is requested for a patient with STEMI, the patient may not be transported to the closest hospital, and if the patient is in an area that is greater than 90 minutes from a PCI capable hospital, a paramedic or ICP will administer fibrinolytic therapy if indicated.

Wherever feasible, a 12-lead ECG should be acquired before requesting an ambulance. If you suspect the patient has a STEMI, please let us know when you request an ambulance as this will determine what ambulance is sent.

[More information on treating a patient with STEMI.](#)

3. Process for requesting an ambulance

This is a reminder to phone **0800 262 665** and not 111 whenever a patient requires ambulance transport from a medical facility to hospital. This number is answered by a clinician whenever possible to ensure that the most appropriate response is provided and that the priority of response is proportional to the patient's condition.

[More information and downloadable resources about requesting an ambulance.](#)

4. Receiving Ambulance Care Summaries

Since June ambulance personnel have been able to send an ambulance care summary to the patient's GP via Healthlink for patients that are treated in the community and not transported to a medical facility. It's important to us that GP teams are made aware when one of their patients are attended by ambulance personnel in the community, so they can follow up if required.

If you have any feedback about the format or information contained within the ambulance care summaries, please email clinical.excellence@stjohn.org.nz.

[More detail about ambulance care summaries.](#)

Dr Tony Smith

**Medical Director
St John**