



Cross Border Stroke Patient Transfers
Memorandum of Understanding

Between

Canberra Health Services,

Calvary Public Hospital Bruce,

Southern New South Wales Local Health District,

Murrumbidgee Local Health District

and

New South Wales Ambulance

Canberra Health Services
PO Box 11, Garran, ACT 2605

Southern NSW Local Health District
PO Box 1845, Queanbeyan, NSW 2620

Calvary Public Hospital Bruce
Mary Potter Cct, Bruce, ACT 2617

Murrumbidgee LHD
Locked Bag 10, Wagga Wagga, NSW 2650

NSW Ambulance
Locked Bag 105, Rozelle, NSW 2039

ACRONYMS

ACT	Australian Capital Territory
CHS	Canberra Health Services
CPHB	Calvary Public Hospital Bruce
FAST	Face, Arms, Speech, Time
LHD	Local Health District
MOU	Memorandum of Understanding
NSW	New South Wales
MHLHD	Murrumbidgee Local Health District
SLA	Service Level Agreement
SNSWLHD	Southern New South Wales Local Health District
NSW SPR	New South Wales Stroke Reperfusion Program

MEMORANDUM OF UNDERSTANDING

1. Purpose

To formally document the common intent and agreement between NSW Ambulance, CHS, CPHB, SNSWLHD and MLHD for the provision of timely access to acute intervention for people presenting with a suspected stroke. This MOU recognises the collaborative work between CHS, CPHB, SNSWLHD, MLHD and NSW Ambulance to facilitate access to CHS and CPHB for acute stroke management. It also recognises the importance of timely transfer of NSW stroke patients back to SNSWLHD and MLHD once suitable for the remainder of their care.

2. Background

The NSW SRP was implemented in 2013 and this program is supported by:

- Rapid assessment and identification of patients with signs and symptoms of stroke
- Pre-notification to reduce times to treatment through system activation prior to patient arrival
- Transport of patients with onset under 4.5 hours to the highest level stroke care facility, as per the destination cascade included in the NSW Ambulance Stroke Protocol (1. Acute Thrombolytic Centre or Telestroke Site 2. Acute Stroke Unit 3. Nearest ED with medical coverage), within a 90 minute safe drive time.

The NSW Ambulance Stroke Protocol encompasses these components of the SRP and the use of this protocol is supported by health services within NSW. Under this protocol eligible FAST positive patients are to be transported without delay to the highest level stroke care facility (as per the NSW Ambulance Stroke Protocol) within a 90 minute safe drive time.

There is currently no endorsed pathway, for NSW Ambulance to divert eligible FAST positive patients to an acute stroke service in the ACT. The absence of an agreement between the above agencies, can result in patients being transported to the nearest health facility in Southern NSW, noting that an acute stroke centre capable of definitive diagnosis and treatment is available within the recommended 90 minute drive time across the border in the ACT. Stroke patients can therefore experience delays in accessing specialist stroke care, including specialist diagnostics and acute intervention, this subsequently effects clinical outcomes.

In 2019 SNSWLHD data identified 104 NSW patients with possible stroke who were within a 90 minute safe drive time of an acute stroke service at either CHS or CPHB, where 54 patients originated from the north of Canberra and 50 originated from the south of Canberra. This translates as a possibility of approximately one patient per service per week over a 12 month period.

3. Aims

The goal of the NSW SRP is to reduce the time from symptom onset to treatment for acute stroke patients, specifically reducing time to reperfusion therapy for ischaemic stroke patients to improve patient outcomes. The extension of this model of care to allow patients to be transferred to health facilities with specialist stroke services in the ACT will benefit those patients presenting with an acute stroke in Southern NSW and within a relatively close proximity to Canberra.

4. Model of Care

This MOU is an agreement to extend an existing model of care that supports the NSW SRP that was developed in collaboration with ACI, NSW Ambulance and LHDs across NSW in 2013.

5. Operational Elements

The goals of this MOU will be achieved by:

- Each ACT Stroke Service (CHS, CPHB) endorsing a defined catchment radius equivalent of a 90 minutes safe drive time as determined by NSW Ambulance and in accordance with the NSW Ambulance Stroke Protocol.
- Notification as an urgent message passed or Code 3 call via NSW Ambulance Control to the most clinically appropriate destination for eligible FAST positive patients as per NSW Ambulance Stroke Protocol.
- Provision of access to the Emergency Departments at CHS and CPHB for FAST positive patients as per the NSW Ambulance Stroke Protocol.

The repatriation of patients back to SNSWLHD and MLHD will follow existing processes utilising LHD patient flow vehicles or NSW Ambulance resources in circumstances where this is clinically appropriate.

6. Responsibilities

NSW AMBULANCE STAFF

- Rapid assessment of suspected stroke patients using the internationally recognised and validated FAST tool.
- Pre-notify the receiving hospital via the control centre of FAST positive patients that meet the hyperacute mandatory criteria as per the NSW Ambulance Stroke Protocol.
- Transport eligible FAST positive patients to the highest level stroke care facility (as per the NSW Ambulance Stroke Protocol) within a 90 minute safe drive time as per the NSW Ambulance Stroke Protocol.
- The Health Relationship Manager, Southern Zone will be responsible for communicating the intent of this agreement to internal stakeholders.

CHS & CPHB STAFF

- Provision of access to medical imaging departments and Emergency Departments on a 24 hours per day, 7 days per week basis for suspected stroke patients transferred as part of this MOU.
- Provision of hyperacute care for eligible stroke patients as medically appropriate.
- Ensure there are well-defined processes to arrange transfers to appropriate destinations of patients post reperfusion therapy or acute care to facilities in SNSWLHD and MLHD.
- CHS & CPHB will be responsible for communicating the intent of this agreement to their staff and internal stakeholders.

SNSWLHD & MLHD STAFF

- Facilitate timely transfers for the repatriation of stroke patients back to their local hospitals post reperfusion therapy or acute care as medically appropriate.
- Provision of access to early rehabilitation to support improvements in patient outcomes.
- SNSWLHD & MLHD will be responsible for communicating the intent of this agreement to their respective staff and internal stakeholders.

7. Key Performance Indicators

The performance of all parties with respect to their responsibilities under this MOU will be measured under existing service agreement or SLAs that each party may have agreed for the delivery of services that they currently provide. There are no additional KPIs to measure performance under this MOU.

8. Communication

All parties agree to on-going communication with relevant staff and stakeholder engagement including information regarding background, processes and feedback on performance as required to ensure the effective implementation of this pathway. The Health Relationship Manager, Southern Zone will be responsible for the escalation of any concerns, risks or issues to the SNSWLHD Critical Care Committee.

9. Governance

The SNSWLHD Critical Care Committee is a multi-agency committee that will meet as frequently as is necessary to undertake its role effectively and in any event at least quarterly. Its responsibilities will include monitoring the care and transfer of stroke patients. This includes the identification and management of risks and issues, identification of opportunities for improvement, governance and evaluation in order to optimise the provision of timely access to acute intervention for people presenting with a suspected stroke. The responsibilities of this group will include monitoring ambulance transports, response times and repatriation of

patients back to local hospitals. The membership of this group includes representatives from all parties included in this MOU, including representation from local NSW Ambulance management and Canberra Health Services and Calvary Public Hospital, Bruce.

10. Confidentiality

- Work undertaken between all parties in relation to mutual strategic co-operation will be treated by all parties as confidential in accordance with applicable privacy laws.
- Each party agrees that it shall at all times maintain the confidentiality of the other party, including patient information in accordance with current legislation. Each party agrees that it will meet privacy legislation standards.

11. Complaints

Established agency complaints procedures will be used to investigate and resolve any complaint in relation to services provided as part of this MOU. Complaints relating to this MOU are to be notified to each party by the relevant staff member managing the complaint in accordance with local policies.

12. Professional conduct

All staff involved in the delivery of services for stroke patients will abide by their organisation's Code of Conduct and other professional guidelines.

13. Funding

This MOU is not a commitment of funds.

14. Conflict Resolution

All disputes are to be documented and forwarded to the SNSWLHD Critical Care Committee. Where the dispute or conflict arises between specific individuals these should be addressed and resolved immediately where possible at the local level. Unresolved issues are to be raised to line manager level of the respective agencies for resolution at the operational managers' level. The Critical Care Committee comprising of NSW Ambulance, CHS, CPHB, SNSWLHD and MLHD members will determine an outcome for unresolved issues that affect the delivery of the services outlined in this MOU.

15. Variation

This MOU may not be amended or varied except as agreed in writing by all parties.

16. Formalisation

The authorised officials of all parties, namely the Chief Executives of NSW Ambulance, CHS, SNSWLHD, MLHD and the General Manager of CPHB, have formalised this pathway by way of

entering into this MOU. This MOU is at will and may be modified or terminated by mutual consent of authorised officials from NSW Ambulance, CHS, CPHB, SNSWLHD and MLHD.

Dave Peffer
Chief Executive Officer, Canberra Health Service



Date: 6.10.21

Margaret Bennett
Chief Executive Officer, Southern NSW LHD



Date: 14 December 2021

Robin Haberecht
General Manager, Calvary Public Hospital Bruce LCM



Date: 18/10/21

Carla Bailey
Acting Chief Executive Officer
Murrumbidgee NSW LHD



Date: 29/11/2021

Dr Dominic Morgan ASM
Chief Executive NSW Ambulance

A handwritten signature in blue ink, appearing to be 'DM', is written over a solid black horizontal line.

Date: 15/11/21