



The Role of Community Paramedics in Enhancing Patient Outcomes through Collaborative Care

This webinar will start shortly.



The Role of Community Paramedics in Enhancing Patient Outcomes through Collaborative Care

Zoom webinar – Tuesday 25 March 2025 – 6:30pm to 8pm

Acknowledgement of traditional owners

We acknowledge the Tasmanian Aboriginal people as the traditional owners and ongoing custodians of the land on which we are meeting today. We pay our respects to Elders past and present.

We would also like to acknowledge Aboriginal people who are joining us today.

Learning outcomes

These outcomes aim to enhance the knowledge of participants in the context of innovative community-based healthcare models.

- **Understanding community paramedicine:** Attendees will gain a clear understanding of what community paramedicine is and how it differs from traditional paramedic roles.
- **Recognising the expanded scope of practice:** Participants will learn how the clinical responsibilities of community paramedics extend beyond those of ambulance paramedics.
- **Exploring multidisciplinary collaboration:** Attendees will understand how community paramedics collaborate with other healthcare professionals to deliver integrated, person-centred care.
- **Insights from lived experiences:** Participants will gain insights from real-world examples of community paramedics' experiences in the field.

Some housekeeping

- Tonight's webinar is being recorded
- Please use the Zoom Q&A feature to ask questions
- At the end of the webinar your browser will automatically open an evaluation survey. We appreciate you taking the time to complete this to help us improve our events programme
- Please don't forget to register for your next webinar at:
<https://www.primaryhealthtas.com.au/for-health-professionals/events/>

Presenter(s)

- **Dr Angela Martin PhD** – Manager Clinical Practice, Integrated Care, Ambulance Tasmania
- **Nancy Di Grande** - Community Paramedic, Southern Tasmania
- **Gillian Reid** – Extended Care Paramedic, Northern Tasmania
- **Mel Alexander**- Paramedic Practitioner at SA Ambulance, pursuing PhD
- **Casey Hayes**- Community Paramedic with WA Country Health, Kimberley Ambulance Service

Dr Angela Martin PhD –

- Registered Paramedic, published author and subject matter expert in Community Paramedicine.
- Her PhD thesis was an international exploratory study on perspectives of Community Paramedicine (CP) through multiple stakeholder lenses.
- Commenced as a Manager Clinical Practice, Integrated Care with Ambulance Tasmania



The role of Community Paramedics in enhancing patient outcomes through collaborative care



Dr Angela Martin PhD FACPara



Paramedic Education & Regulation

BACHELOR'S
degree!



- Post-Graduate
- Masters
- PhD

Registration Professional standards Qualifications Accreditation News Complaints or concerns

Regulating Australia's paramedics

The Paramedicine Board of Australia works to ensure that Australia's paramedics are suitably trained, qualified and safe to practise. Public safety is our priority.

Want to register as a paramedic?
How to apply

Concerned about a paramedic?
How to report



Paramedics must be registered with the Paramedicine Board of Australia and meet the Board's registration standards to practise in Australia. (Australian Health Practitioner Regulation Agency (AHPRA) Paramedicine Board of Australia, 2024).

**What everyone
thinks paramedics
do...**

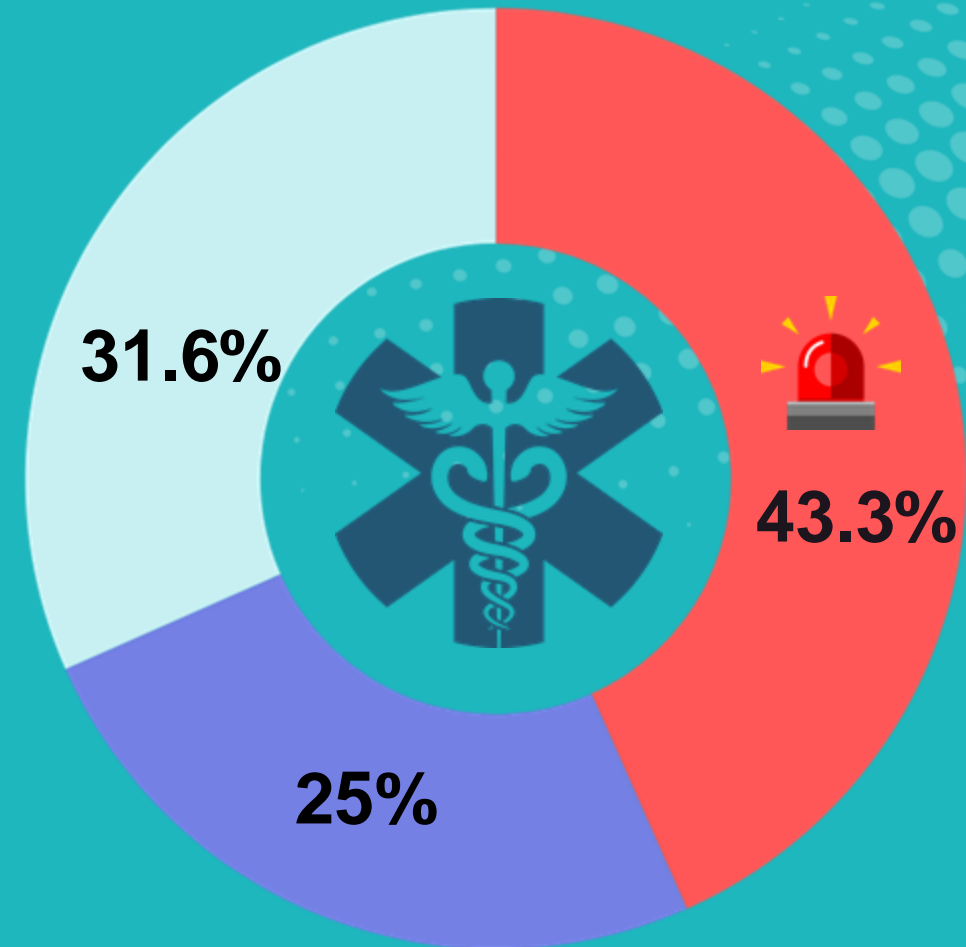


What we really do

In 2023-24, Australian ambulance services responded to 4.4 million incidents

- Emergency - immediate response
- Urgent- undelayed response - without lights & sirens
- Non-emergency - Non-urgent response

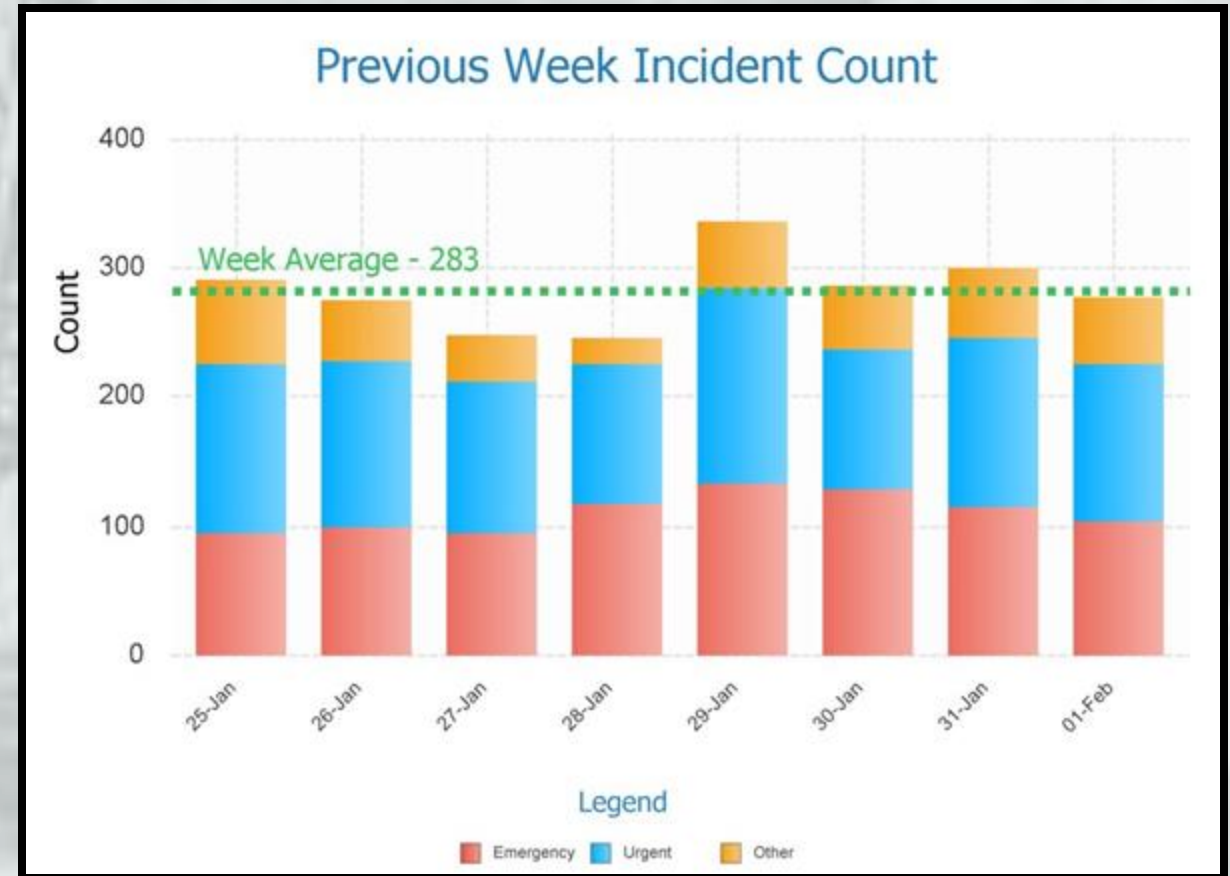
Non-transport responses = 15.7 %



What we really do...

AmbTas case statistics (Feb 24 ytd.)

- Average of 300 events per day on a 12-month rolling average.
- Approximately 40% are urgent or low acuity in nature
- This is typical of most paramedic systems in developed countries



Top 10 events...



Event Type	Incidents
Chest Pain	1176
Sick Person (Generally Unwell)	1012
Falls	929
Breathing Problems	832
Mental health	603
Unconscious/ Fainting	542
Abdominal Pain	331
Haemorrhage/ Lacerations	287
Traumatic Injuries	280
Seizures	266



Why Community Paramedicine...



Nurse Practitioner & Community Paramedic led clinic



↓ ED presentations to the mainland by 40%
& GP visits by 28%

↑ Improved access to PHC services
(300 visits per month)



Long Island
15km x 5km
Population 600 residents

Brier Island
7.5km x 2.5km
Population 215 residents

Nova Scotia

Access to islands by ferry only

Greenland
(Denmark)



Hawaii (US)



Cuba

© travelblog.org

Consumer perspectives

"They've been efficient, they've been professional, they've been sympathetic. I've also used them as a sounding board....And it feels like paramedics are my friends. And that's what I think this program does. I feel really good about our paramedics"

"It's fantastic for me because it means somebody is checking on me. My doctor is an hour and a half drive away. There's lots of people that can't drive. It means that they can talk to these fella's [paramedics] and they can ask them quick questions. That's a big part of people's lives as they get older. Their aches and pains and they just want some assurance"



"A great deal of comfort...When the Community Paramedic comes in and says my blood pressure and all this is alright I feel like doing the happy dance...It's a wonderful support system"



Paramedic perspectives

"We are one of only three care providers. There are home health nurses, hospice and us. We are the last provider that can go to a patient's home. We are invited in, they want us to help them manage their health issue and they trust us, so we should capitalise on that and help them with their problems"

"Surprisingly, patients have been the least resistant...The nurses at first, were very against us.

Paramedics are interesting. Some of them get it; some of them don't. I never thought our biggest critics would be from within our industry"

I genuinely saw it as the new face of paramedicine, being involved in avoidance. It's proactive rather than reactive, which is quite a paradigm shift for the ambulance profession"



Multiple Stakeholder perspectives

"What can it do for us, as this would be good from a corporate image perspective? There would be lots of really good stories out of this. There would be a very strong patient safety focus from the management team and in particular, looking at what we can do to mitigate potential risks" (CEO & EMT Group)

"Can you help me if I'm unaware of available health services in the area, other than just calling an ambulance or going to an A & E?"

(Consumer Group)

"It could possibly provide more career opportunities ... improved job satisfaction, so you're more connected to the community and actually getting to know the people that you're dealing with, so you've got a bit of a history with when them as well, you've got a better chance of getting a broader medical picture, rather than just going to treat them for that emergency call" (Paramedic Group)



Why Community Paramedicine?



Definition of a Community Paramedic

“A Community Paramedic provides person-centered care in a diverse range of settings that address the needs of the community. Their practice may include provision of primary health care, health promotion, disease management, clinical assessment and needs based interventions. They should be integrated within interdisciplinary healthcare teams with the aim to improve patient outcomes through education, advocacy, and health system navigation”.

Shannon, B., Baldry, S., O'Meara, P., Foster, N., Martin, A., Cook, M., Stewart, K., Miles, A. 2023. The Definition of a Community Paramedic: An International Consensus. *Paramedicine*, Vol.20, Issue 1. <https://doi.org/10.1177/27536386221148993>

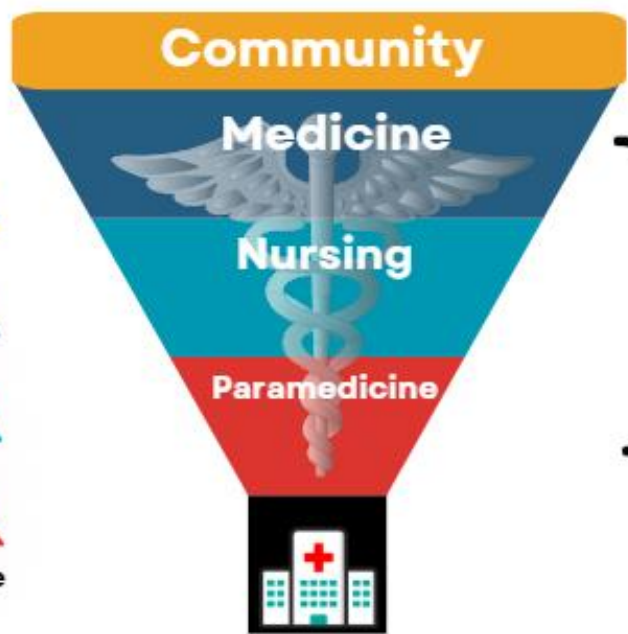
Fast-evolving primary care team: New roles bring new hands and tools to general practice

Integrated Care Vortex Model Approach

Primary Care



Tertiary Care



Person
Centered
Care



12/23, 09:00

Community Paramedics responding to low-acuity cases The urban Tasmanian model



Nancy Di Grande and Gillian Reid



Nancy Di Grande- Community Paramedic, Southern Tasmania

- Community Paramedic with 9 years operational experience.
- Grad. Cert. in Specialised Paramedic Practice (Community Care)
- Undertaking her Masters in Paramedic Practitioner through Monash University.



Gillian Reid – Extended Care Paramedic, Northern Tasmania

- Highly experienced Intensive Care Paramedic /Extended Care Paramedic of 30 years.
- Worked across numerous specialties including as a Wilderness Paramedic, Flight Paramedic, Clinical Support Officer, Regional Educator and Branch Station Officer in rural communities.
- Completing a Master of Advanced Clinical Practice



Community Paramedicine in urban Tasmania

- Implemented in 2013 (Extended Care Paramedics)
- Remodelled in 2022 to include Community Paramedics
- Community Paramedics have attended approx. 4000 incidents across Tasmania.
- Approx. 60 % of these incidents successfully treated in the community.
- Low-acuity responses to 000 calls and internal in-field referrals from AT crews.
- The potential of these roles is much greater!



Clinical scope of practice

Paramedic SoP

Trauma

- Inadequate Perfusion (Assoc. hypovolaemia)
- Chest Injuries
- Severe Traumatic Brain Injury
- Spinal Injuries
- Burns
- Fracture Management
- Crush Syndrome
- Diving Emergency
- Falls
- Minor Head injury

Environment

- Hypothermia/Cold exposure
- Environmental Hyperthermia
- Firefighter Rehabilitation

Obstetrics

- Antepartum Haemorrhage
- Physiological Normal Birth
- Care of Newborn
- Cord Prolapse
- Breech Birth
- Shoulder Dystocia
- Postpartum Haemorrhage
- Loss of Pregnancy
- Eclampsia

Cardiac Arrest – Medical & Traumatic

- Airway management

Cardiac

- Acute Coronary Syndrome
- Bradycardia
- Tachyarrhythmias
- Accelerated Idioventricular Rhythm (AIVR)
- Acute Pulmonary Oedema
- Inadequate perfusion (Cardiogenic causes)
- STEMI Care

Respiratory

- Asthma
- COPD
- Croup & epiglottitis

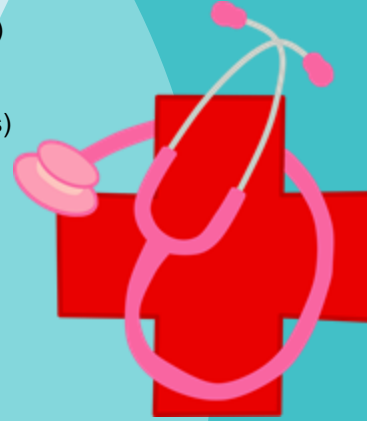
Medical

- Nausea & vomiting
- Glycaemic Emergencies
- Seizures
- Anaphylaxis
- Inadequate Perfusion (non-cardiogenic/non-hypovolaemic)
- Meningococcal Disease
- Management of Overdose
- Acute Behavioural Disturbance
- Autonomic Dysreflexia
- Suspected Stroke/TIA
- Sepsis
- Organophosphate poisoning

Community Paramedic SoP

- Acute dental emergencies
- Acute gastroenteritis
- Anterior shoulder relocation
- Cellulitis and mild skin conditions
- Epistaxis
- Low acuity falls (inc. Raizer II Lifting Chair)
- Mild allergy/Insect bite
- Patella dislocation
- Primary headache syndrome
- Urinary & Suprapubic catheterisation
- Urinary Tract Infection
- Wound care & closure

- Geriatric assessment & care considerations
- Frailty & Mobility
- Consent & Capacity
- Palliative Care
- New mental health CPGs and Infield Referral Pathways



Interventions & Medications

Ambulance Paramedic

Community Paramedic



AMBULANCE TASMANIA		Tasmanian Government										
Scope of Practice Matrix		Version 2.7 December 2024										
Level	VAO	GP	AM	ICP	ICFP	CCP	ECP					
Level	VAO	GP	AM	ICP	ICFP	CCP	ECP					
Pharmacology	V	A	P	A	M	I	C	F	P	C	C	P
Adrenaline	X	X	X	X	X	X	X	X	X	X	X	X
Adrenaline (Eppin / IM)	X	X	X	X	X	X	X	X	X	X	X	X
Adrenaline (Neb)	X	X	X	X	X	X	X	X	X	X	X	X
Adrenaline (IV - Cardiac arrest)	X	X	X	X	X	X	X	X	X	X	X	X
Adrenaline (IV)	X	X	X	X	X	X	X	X	X	X	X	X
ADT vaccination	X	X	X	X	X	X	X	X	X	X	X	X
Atropine (Cardiac arrest)	X	X	X	X	X	X	X	X	X	X	X	X
Atropine	X	X	X	X	X	X	X	X	X	X	X	X
Aspirin	X	X	X	X	X	X	X	X	X	X	X	X
Ceftriaxone	X	X	X	X	X	X	X	X	X	X	X	X
Cetirizine	X	X	X	X	X	X	X	X	X	X	X	X
Clonidine	X	X	X	X	X	X	X	X	X	X	X	X
Co-phenylcaine	X	X	X	X	X	X	X	X	X	X	X	X
Desamethasone	X	X	X	X	X	X	X	X	X	X	X	X
Diazepam	X	X	X	X	X	X	X	X	X	X	X	X
Dobutamine	X	X	X	X	X	X	X	X	X	X	X	X
Dopamine Hydrochloride	X	X	X	X	X	X	X	X	X	X	X	X
Droperidol	X	X	X	X	X	X	X	X	X	X	X	X
Enoxaparin	X	X	X	X	X	X	X	X	X	X	X	X
Fentanyl (AMBN only)	X	X	X	X	X	X	X	X	X	X	X	X
Furosemide	X	X	X	X	X	X	X	X	X	X	X	X
Glucagon	X	X	X	X	X	X	X	X	X	X	X	X
Glucose 5%	X	X	X	X	X	X	X	X	X	X	X	X
Glucose 10%	X	X	X	X	X	X	X	X	X	X	X	X
Glucose Paste	X	X	X	X	X	X	X	X	X	X	X	X
GTN (SL)	X	X	X	X	X	X	X	X	X	X	X	X
GTN (IV)	X	X	X	X	X	X	X	X	X	X	X	X
Heparin	X	X	X	X	X	X	X	X	X	X	X	X
Hydratone	X	X	X	X	X	X	X	X	X	X	X	X
Hyoscine Butylbromide	X	X	X	X	X	X	X	X	X	X	X	X
Ibuprofen	X	X	X	X	X	X	X	X	X	X	X	X
Ipratropium Bromide	X	X	X	X	X	X	X	X	X	X	X	X
Insulin (Actrapid)	X	X	X	X	X	X	X	X	X	X	X	X
Isoprenaline	X	X	X	X	X	X	X	X	X	X	X	X
Ketamine	X	X	X	X	X	X	X	X	X	X	X	X
Lignocaine Hydrochloride	X	X	X	X	X	X	X	X	X	X	X	X
Loperamide	X	X	X	X	X	X	X	X	X	X	X	X
Magnesium Sulphate	X	X	X	X	X	X	X	X	X	X	X	X
Methoxyflurane	X	X	X	X	X	X	X	X	X	X	X	X
Morphine	X	X	X	X	X	X	X	X	X	X	X	X
Naloxone	X	X	X	X	X	X	X	X	X	X	X	X
Nifedipine	X	X	X	X	X	X	X	X	X	X	X	X
Normal Saline	X	X	X	X	X	X	X	X	X	X	X	X
Noradrenaline	X	X	X	X	X	X	X	X	X	X	X	X
Ondansetron	X	X	X	X	X	X	X	X	X	X	X	X
Oral rehydration salts	X	X	X	X	X	X	X	X	X	X	X	X
Oxygen	X	X	X	X	X	X	X	X	X	X	X	X
Oxytetracycline	X	X	X	X	X	X	X	X	X	X	X	X
Paracetamol	X	X	X	X	X	X	X	X	X	X	X	X
Prednisolone	X	X	X	X	X	X	X	X	X	X	X	X
Propofol	X	X	X	X	X	X	X	X	X	X	X	X
Salicylamid	X	X	X	X	X	X	X	X	X	X	X	X
Sodium Bicarbonate	X	X	X	X	X	X	X	X	X	X	X	X
Sodium Nitroprusside	X	X	X	X	X	X	X	X	X	X	X	X
Sumatriptan	X	X	X	X	X	X	X	X	X	X	X	X
Tenecteplase	X	X	X	X	X	X	X	X	X	X	X	X
Tinzofuran (aggrastat)	X	X	X	X	X	X	X	X	X	X	X	X
Torsemic Acid	X	X	X	X	X	X	X	X	X	X	X	X
Ural	X	X	X	X	X	X	X	X	X	X	X	X

- Co-Phenylcaine, Rapid Rhino
- Cetirizine
- Simple analgesia, Anti-emetic, Sumatriptan
- Urinalysis, Ural
- Oral rehydration salts, Loperamide
- Shoulder relocation
- IDC & SPC changes.
- Glue, staples, sutures, steristrips.
- Raizer lifting device
- i-Stat

Caring for people who have fallen

RAIZER II LIFTING CHAIR

- Introduced into CP practice Sept 2024
- Single Operator Device- SWL 150kg



BENEFITS

- 115 low acuity falls cases attended by CPs with 99% patients safely lifted off floor.
- Improved health outcomes due to significant reduction in long lie
- 70% patients treated & discharged or referred on scene
- Single response resource v dual crew response
- CPGs in 'Frailty & Mobility' & 'Geriatric Assessment & Care Considerations' coming soon!



Community Paramedic Referral Pathways

Community paramedics have access to a range of health and social service referral pathways that help connect patients who call 000 to appropriate care. For patients', whose needs can be better addressed by their primary care provider or other services, rather than the emergency department (ED), these referral options provide a 'safety net' to ensure they receive the right care in the most suitable setting.

Current Referral Pathways

- Bruny Island Community Health Centre
- Cygnet Family Practice
- Urgent Care Centres – Hobart, Bridgewater, Launceston, NW
- My ED referral
- Hospital@home
- Care@home
- Care2Serve (Carer Gateway)
- Mental Health Co-Response (PACER)
- e-Referral THS Diabetes
- e-Referral Community and Outpatient Social Work
- Safe for waiting room pathway

Coming soon...

- Access Mental Health 24/7
- Safe Haven
- Oral Health Services Tasmania
- Special Care Dental Unit
- Tasmanian Aboriginal Health Services (statewide)
- HiTH (North)
- Rosny Doctors after-hours service
- Marathon Health
- Complete Care Pharmacy - Rosny & Hobart
- Moreton Group
- The Health Nexus (Launceston)

+ more!

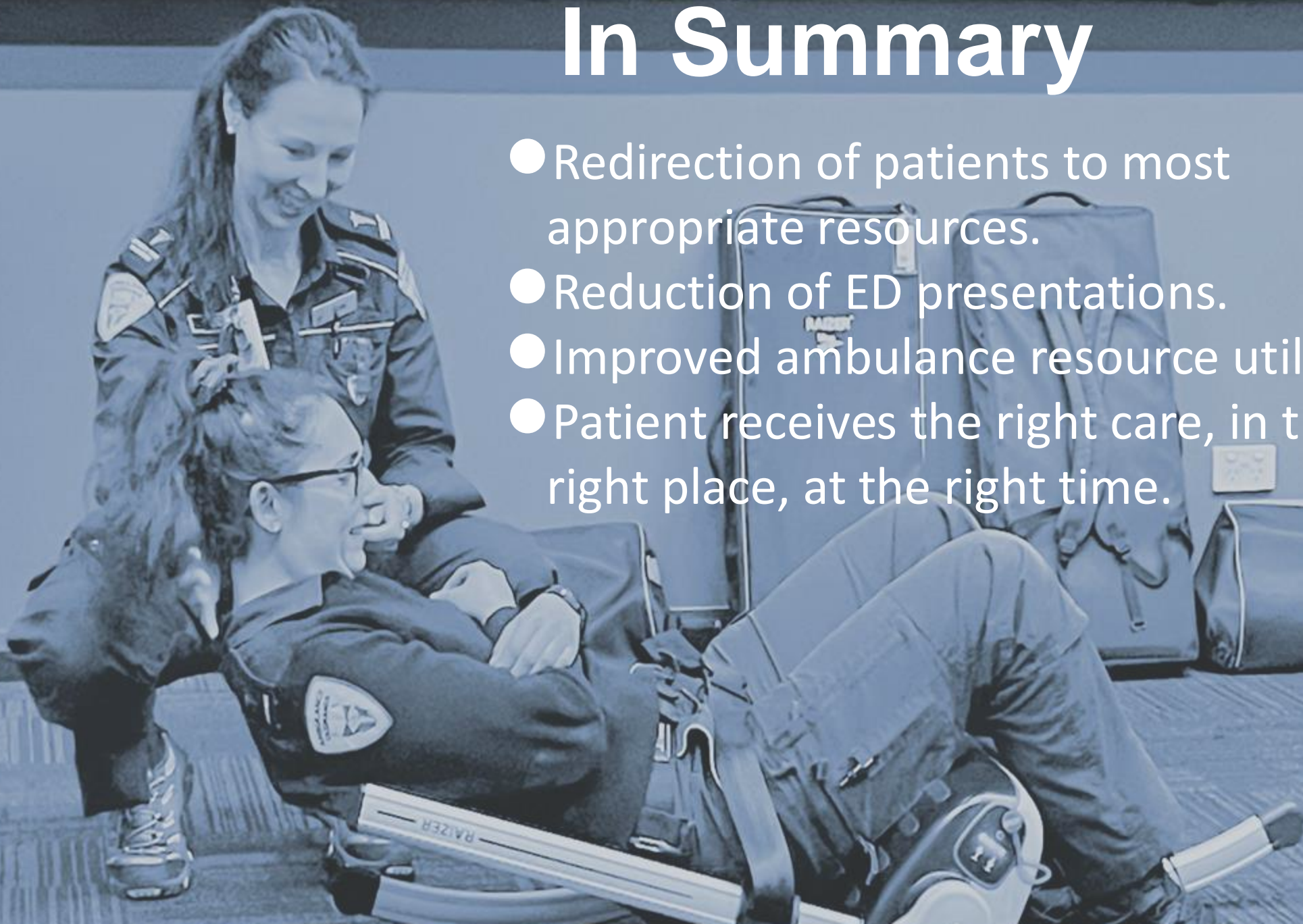
Case Examples

- 90 yo female epistaxis. Pt on anticoagulants
- 70 yo male skin tear post fall
- 22 yo female self-inflicted wounds
- 63 yo female urinary catheter blockage
- 35 yo male sustained patella dislocation playing sport
- 88 yo female palliative/end-of-life care



In Summary

- Redirection of patients to most appropriate resources.
- Reduction of ED presentations.
- Improved ambulance resource utilisation
- Patient receives the right care, in the right place, at the right time.



Community Paramedics in Urgent Care Centre The Keith, SA model



Mel Alexander
Allyson Chappell NP

Mel Alexander- Paramedic Practitioner at SA Ambulance

- Paramedic Practitioner
- contributed significantly to paramedic education
- pursuing research on Hip Fracture Care in South Australia and working towards her PhD



Rural Health Crisis

- GP coverage in country areas dwindling
- Dependent on locum services for ED cover
- Started as the occasional support role
- Almost weekly shifts
- Potential for career pathway
- Practitioner role
- ?independent of JDAS
- Governance structure required

Country Hospital Cover

- P1 & 2 cover initially
- Now more primary care interventions
- Support nursing staff & community
- Referral pathways
- Medical oversight is virtual
- Clinical governance – SAAS
- Work to ECP & ICP & scope
- Beyond that – PP credentials and capabilities



Capabilities

- Advanced diagnostics
- Advanced pharmacotherapeutics
- POCUS
- EPOC
- Xray
- Slit lamp
- Nasal Cautery
- Irrigation
- Wound care
- General GP support & liaison
- Plastering – back slab and replacement
- Procedural sedation
- Burns OPD pathway

Support systems

- SA VCS
- SAVES
- SAAS CMO
- Perinatal advisory group
- CAVUCS
- Icarnet
- Medstar
- TelePsych
- Other direct pathways



The Keith UCC Model



The Keith UCC Model

- **Community Paramedic DIDO Model commenced in early 2023.**
- **No GP coverage in the area**
- **1 day/week visiting GP**
- **Community Para/ECP/PP and NP led initiative**
- **Support RACF to avoid TF**
- **Support local community**
- **Unscheduled care services**
- **Approx 7 presentations/day**
- **Varying acuity**
- **Governance Limestone Coast LHN**



- 39 yrs service
- ICP ad ECP
- Volunteer support
- Critical care support
- GP support
- Tech guru
- Gadget collector
- Advanced diagnostics
- Broad range of primary health care skills
- ICP skill set with extended scope
- All round amazing dude!



The hospital
department

gency

[Residents voted in 2022 to go ahead with the plan](#), along with integrating the hospital into the public system, which will happen on Wednesday.

Under the urgent care model, emergency patients can come in or call to consult with a nurse practitioner or a paramedic.

They then can be advised to go to the Bordertown hospital either with their own transport or by ambulance if they need a bed.





Case load

- Up to 10 patients a day
- Active day /passive night.....maybe!
- Unpredictable
- Varying severity
- Dependent on local resourcing and RFDS and Medstar for T/F out

- Long care times even when critical
- Tele-support only

Community Paramedics in Primary Care The Ceduna, SA model



Dr Cathy Love & Angela Martin



The Ceduna CP Model

**FIFO Community Paramedic
Model based In remote Ceduna:**

- 7 x 10hr shifts
- Support local health & social services
- On-call for high priority and palliative care cases





The Ceduna CP Model

CP Clinic client contacts (ADAC)

330 client contacts/month
= **1,900** June-Dec 23

CP community & referred client contacts

280 client contacts/month
= **1,680** June-Dec 23



Approx. total client contacts in Ceduna
3,580 June-Dec 23



How do Ceduna Community Paramedics support in reducing the burden on acute healthcare services?

- Improved advocacy & case management for vulnerable, homeless and victims of DV requiring social & health service input.
- Improved primary healthcare engagement with GPs, chronic disease nurses & specialists through referral pathways.
- Improved medication compliance, empowerment & accountability of health issues.
- Improved access to palliative care & continuity of care for people requiring after-hours clinical interventions.
- Reduced burden of low-acuity workload on the local Ambulance crew by negating the need for them to attend cases, resulting in improved availability for responding to emergency cases

Community Paramedics in ED

The Kimberley's, WA model



Casey Hayes



Casey Hayes- Community Paramedic

- Community Paramedic with WA Country Health, Kimberley Ambulance Service
- Clinical Educator/Course Facilitator with CRANA Plus
- Involved in project work, staff mentoring and developing the education for health professionals working in the Emergency Departments across the Kimberley region.



Kimberley Ambulance Service (KAS)

FIFO Community
Paramedics based
in 3 remote WA
locations:

- Derby
- Fitzroy Crossing
- Halls Creek



Origins & Initial Challenges of the model

- Kimberley Ambulance Service covers a vast region with a diverse population with high rates of complex health needs, including chronic conditions and the region has limited access to primary healthcare.
- Ambulances historically staffed by pulling nurses away from their roles in the Emergency Departments.
- Introduction of Paramedics into the Ambulance role and Emergency Departments.
- FIFO Paramedics
 - Derby
 - Fitzroy Crossing
 - Halls Creek
- To ensure a smooth integration of paramedics into the hospital setting
 - Initial limitation to paramedic scope
 - Emphasising collaboration, adding value
 - Aligning with existing workflows through training and teamwork.



Kimberley Ambulance Service (KAS)



tion
ection
Alternative Route
tion
ection
oute
between towns



Broome

How the role has developed over time

- From emergency-only response to integrated healthcare provider.
- Greater collaboration with remote clinics & Aboriginal Medical Services.

Greater utilisation of paramedics within the hospital setting

- Assisting with traditional care of patients in ED
- Screening and treating low triage patients to increase patient flow

Community focused

- Improving access to alternative pathways
- Working with patients in the community to improve health literacy & reduced dependency on ED for non-acute conditions
- Working closely with Allied Health Care Workers



Collaborative Care examples

Community renal patients undergoing dialysis

- At home maternity / antenatal care
- Paramedic integration in resus and high acuity patients
- ‘Fast Track’ patients presenting to ED
- Wound Care and closure
- Sexual Health Advice
- Mental Health
- Non urgent medical investigations
- Inservice Training



Thank You



Contact



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Tasmania

HealthPathways

Tasmania

Home

COVID-19

About HealthPathways

Aboriginal and Torres Strait Islander Health

Acute Services

Allied Health and Nursing

Child Health

End-of-Life Care

Investigations

Legal and Ethical

Lifestyle and Preventive Care

Medical

Mental Health and Addiction

Older Adults Health

Medicines Management

Public Health

Specific Populations

Surgical

Women's Health

Our Health System

Tasmania

HEALTHPATHWAYS

CPD Events

19 February
Early-stage care for people with Parkinson's disease

25 February
Identifying and supporting patients with inherited cancer risk

06 March
Managing medications for people living with dementia

View more events...

Pathway Updates

Updated – 11 February
Hernia in Adults

Updated – 31 January
LGBTQIA+ Resources

Updated – 30 January
Rheumatology Advice

Updated – 27 January
Lymphoedema Physiotherapy and Massage

Updated – 23 January
Asthma in Pregnancy

VIEW MORE UPDATES...

ONLINE LEARNING HUB

PRIMARY HEALTH TASMANIA

RACGP RED BOOK

FINDHELPTAS

MBS ONLINE

NPS MEDICINEWISE

PBS

TASMANIAN HEALTH DIRECTORY

SEND FEEDBACK

About HealthPathways



Tasmania

HealthPathways

Tasmania

Home

COVID-19

About HealthPathways

Aboriginal and Torres Strait Islander Health

Acute Services

After Hours Providers

Ambulance Transfer from General Practice and Residential Facilities

Care@home (COVID@homeplus)

Community Rapid Response Service (ComRRS)

Urgent Care Clinic

Emergency Assessment

Rapid Access In-reach Service (RAIS)

Hospital@home

Allied Health and Nursing

Child Health

End-of-Life Care

Investigations

Legal and Ethical

Lifestyle and Preventive Care

Medical

Mental Health and Addiction

Older Adults Health

SEND FEEDBACK

Acute Services / Ambulance Transfer from General Practice and Residential Facilities

Ambulance Transfer from General Practice and Residential Facilities

This page is about emergency ambulance interfacility transfer and non-emergency ambulance interfacility transfer.

See also:

- Emergency Assessment
- Community Transport

Statewide

Emergency ambulance interfacility transfer

Only use the emergency ambulance interfacility transfer services if the patient's condition is either time-critical, or highly acute.

Arrange transfer via one of:

- Ambulance Tasmania – Phone 000.
- Critical Care Transfer line – Phone on 1300-558-329
- Ambulance Tasmania's State Operations Centre – Phone on 1800-008-008.

To make administration inquiries, phone (03) 6166-1958 during office hours, or fax (03) 6173-0443.

Non-emergency ambulance interfacility transfer

Only use non-emergency patient transport services (NEPT) if the patient's condition is either of medium acuity or low acuity.

- Transfer services must be booked by the sending facility, e.g. public or private hospital, nursing home, general practitioner clinic, or other health care service.
- Before arranging transport, the patient must be clinically assessed and Form 10 A Patient Assessment Record must be completed by a registered medical practitioner, nurse, or paramedic as clinically stable and not at risk of becoming acutely unwell during transport.
- Arrangements for non-emergency patient transport services are different for public and private patients.

Public

SEND FEEDBACK



For access to the Tasmanian HealthPathways, please email:

Healthpathways@primaryhealthtas.com.au

Update- New personalised accounts

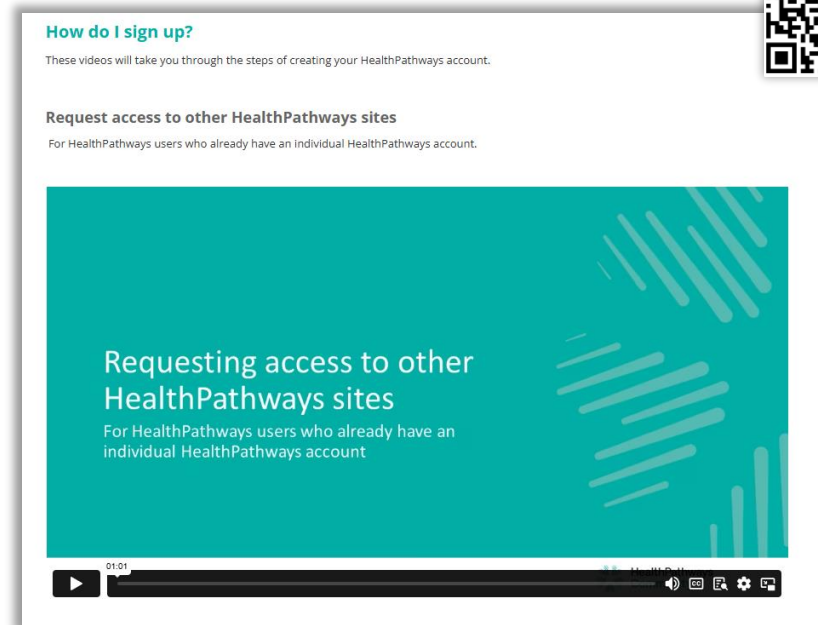
As of 10th March 2025, HealthPathways has introduced personalised accounts.

When logging in/ registering, users will be prompted to register for a new personalised account.

Have a question? Contact the Tasmanian HealthPathways team
HealthPathways@primaryhealthtas.com.au

[Click here to learn more](#)

Scan to learn more



Q&A on the Tasmanian HealthPathways New Personalised Logins

Topic: Tasmanian Health Pathways - Personalised Logins

Facilitated by: Primary Health Tasmania

Date and time: Thursday 20 March - From 12:30pm to 1:00pm

Location: Online

Audience: All Primary Health Professionals

REGISTER

The Tasmanian HealthPathways have launched personalised logins.

From March 10 Tasmanian Health Professionals will be able to register for personalised accounts on the HealthPathways platform. This new feature is designed to enhance the user experience and streamline access to key features. **While you can continue to use your shared login details to access the Tasmanian HealthPathways, we encourage all users to register for a free personalised account.**

To help you navigate this transition smoothly, we are hosting a **live Q&A session** where the HealthPathways team will answer any questions you may have about the new features and what this means for you.

- Learn how personalised accounts will improve your HealthPathways experience
- Step-by-step guidance on creating your individual account
- Get answers to any questions you may have about the new features
- Drop in anytime during the session – no need to stay for the full event



To help you navigate this transition smoothly, we are hosting a **live Q&A session** where the HealthPathways team will answer any questions you may have about the new features and what this means for you.

Thursday 27 March: 7:00-7:30pm

Scan to join

Some final words

- After this webinar end, your browser will open a link to an evaluation survey.
- Statements of attendance will be emailed to participants.
- For event queries, please contact events@primaryhealthtas.com.au

Thank you



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