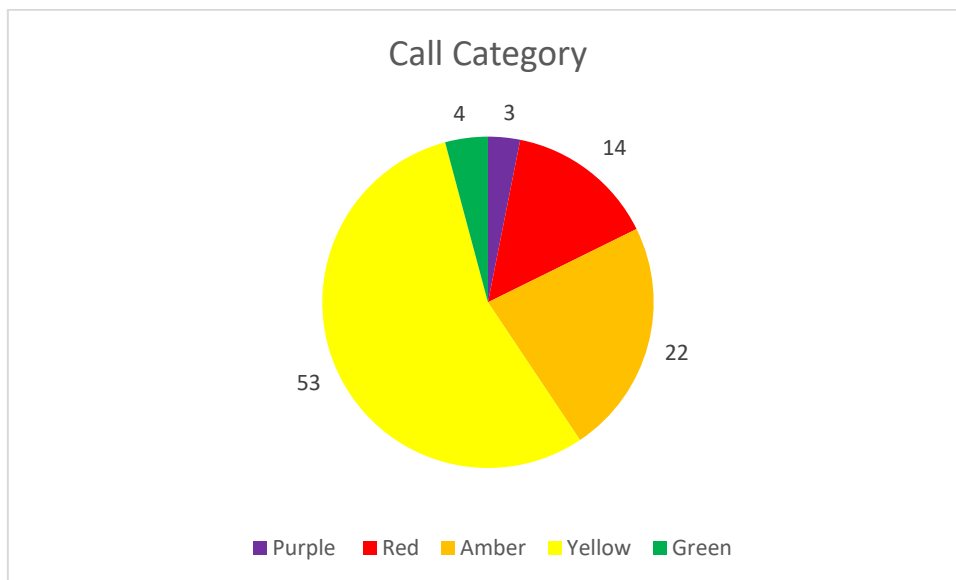
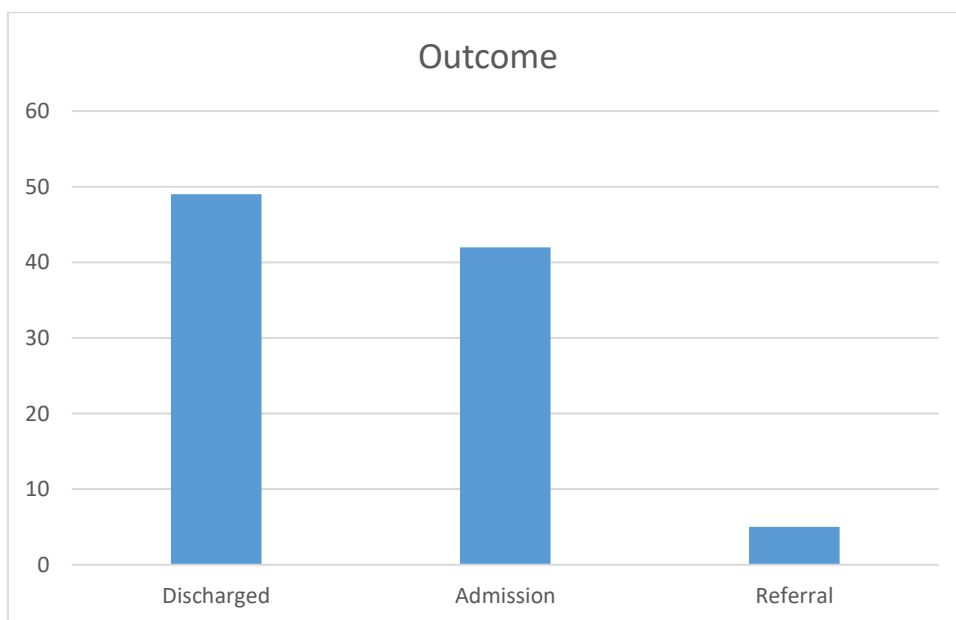


## Test of Change Technician Response Unit

This is an interim summary of this test of change. After 5 weeks of testing, the TRU has attended 96 incidents. There were 2 uncovered days due to staff absence, so this equates to about 2.9 incidents per day. The test has a further week to run, [REDACTED] [REDACTED].

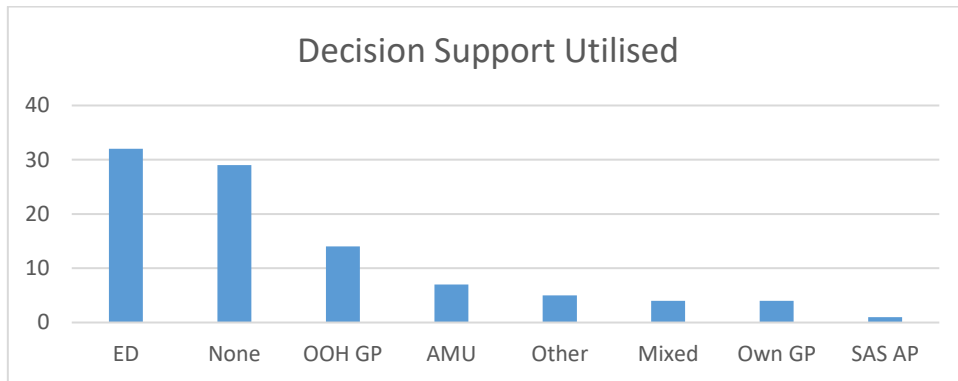


The TRU is primarily targeted at longer waiting yellow and timed admission incidents with a view of providing face to face assessment and detecting deterioration. To this point in the test the dispatch of this resource seems appropriate and in-line with the criteria.

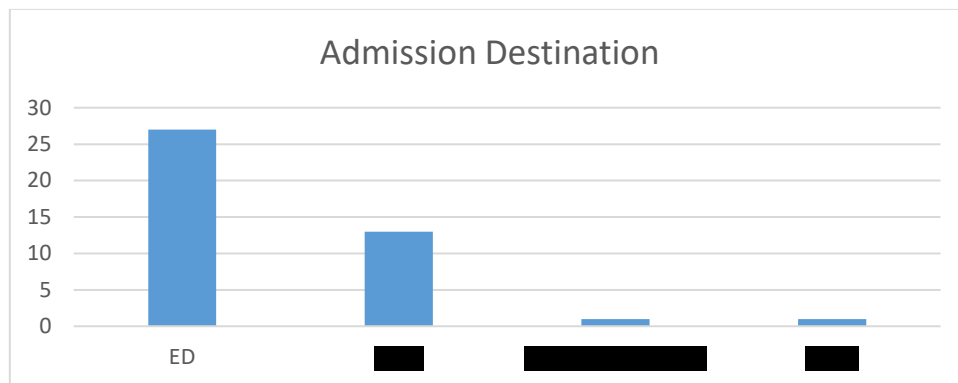


Although not the primary function of the TRU, a large number of incidents are not conveyed to hospital. This is appropriate for a Technician resource to do, provided senior clinical decision making support is utilised in the decision to not convey.

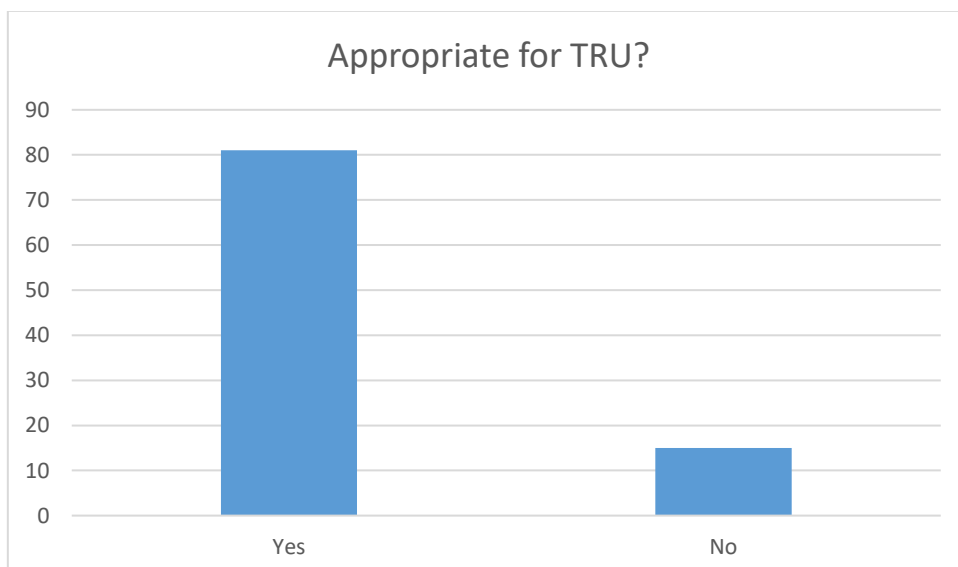
So far in this test the TRU has demonstrated a non-conveyance rate of 56.25%. The [REDACTED] average during the same period is 44.73%



Decision support has been well used, with a variety of options included. Incidents where no support was utilised are all associated with an admission to hospital.



Most admissions are to the ED. The [REDACTED] and [REDACTED] options utilised are both pathways open to SAS crews [REDACTED]. The inclusion of the [REDACTED] is unusual as this pathway is only for Advanced Practitioners. This incident seems to have initially been a timed admission call that breached its 1-hour timeframe, and so the destination is likely appropriate.



The last chart is based on a subjective question put to the staff covering the TRU test. This reflects their personal opinion. The final review will investigate this further, but most of the incidents at the time of tasking were likely to require admission. This doesn't mean the tasking of the TRU was inappropriate. There may be a perception amongst the test staff that their role was to keep patients out of hospital but this is not the case. Their role is to provide a safety net to patients who otherwise might deteriorate unnoticed.

[REDACTED]  
[REDACTED]

[REDACTED]