



**IN ACTION CONFERENCE**

# QUEENSLAND AMBULANCE SERVICE + MOBLINK COLLABORATION

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We honour the many Goori Tribal Nations whose territories we work across within South-East Queensland.

We honour the legacy and the vision of those who paved the way and those who continue to guide us.

We honour our future generations by maintaining the vision with focused determination.

# Key Priority Areas

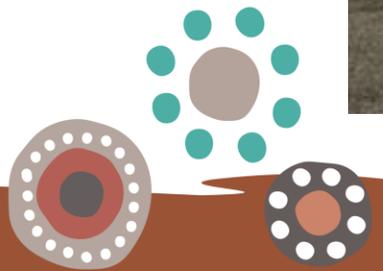
## SEQ First Nations Health Equity Strategy Key Priority Areas

- **KPA1 Cultural Safety:** Actively eliminating racial discrimination and institutional racism within services.
- **KPA2 Access:** Increasing access to healthcare services.
- **KPA3 Determinants:** Influencing the social, cultural, and economic determinants of health.
- **KPA4 Delivering Quality Healthcare:** Delivering sustainable, culturally safe, and responsive healthcare services.
- **KPA5 Service Delivery Partnerships:** Working with First Nations people, communities, and organisations to design, deliver, monitor, and review health services.
- **KPA6 A Strong and Capable Workforce:** Strengthening the First Nations health workforce.





The  
Traditional  
Model



# Queensland Ambulance Service Programs



QAS Mental  
Health Co-  
Responders &  
Mental Health  
Liaison Service



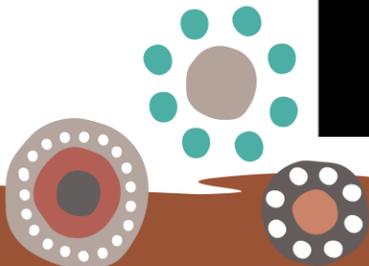
QAS Clinical  
Hub



Complex &  
Frequent  
Presenter  
Program

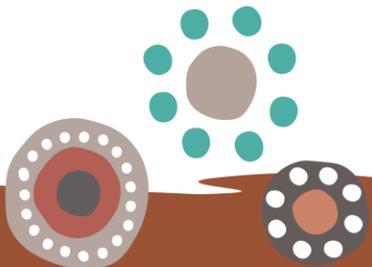


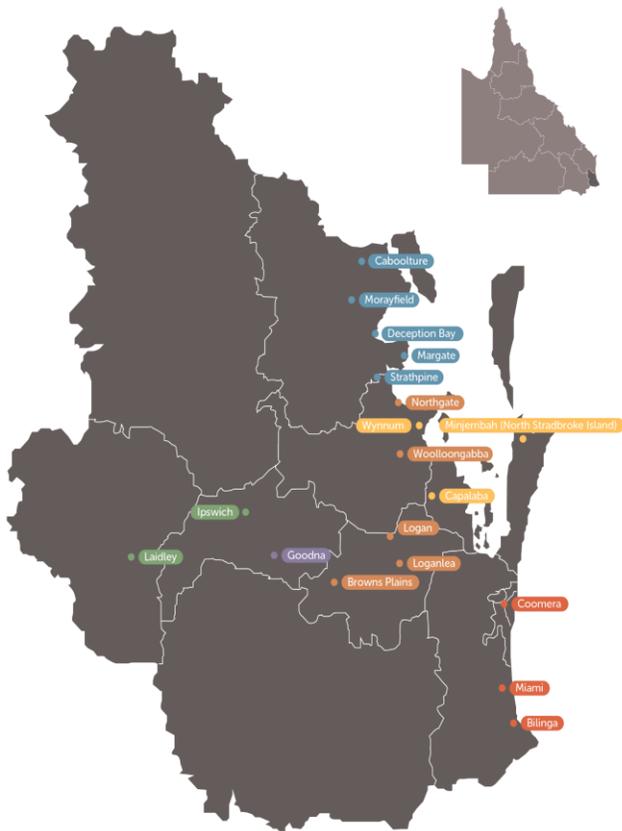
QAS Social  
Work Service



Mob Link is an initiative of the Institute for Urban Indigenous Health.

Open 365 days a year, from 7am to 7pm, Mob Link can provide Aboriginal and Torres Strait Islander people who live in Southeast Queensland with access to same day care or support to connect to a variety of health and social services.

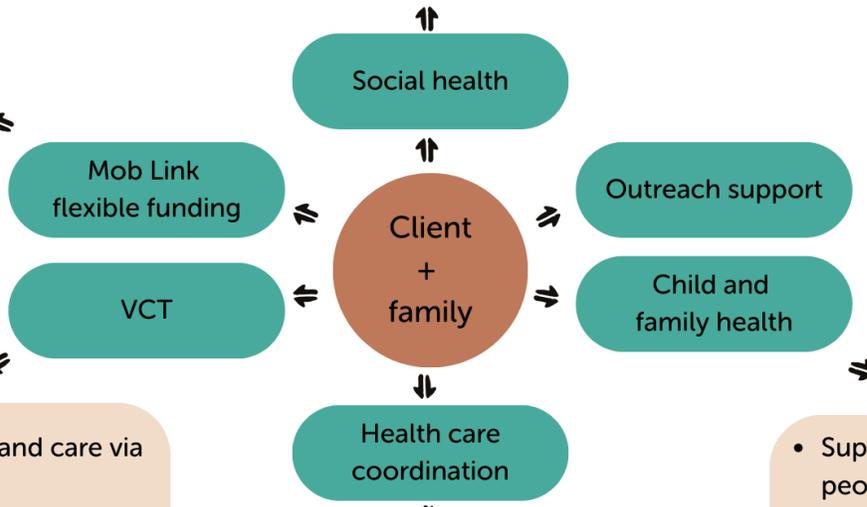




- Temporary medication support
- Domestic aids
- Medical aids/equipment

- DV counselling and support services
- Housing support
- UIH legal service
- Centrelink support
- QPS referrals
- Mental health services
- Child, youth and family team

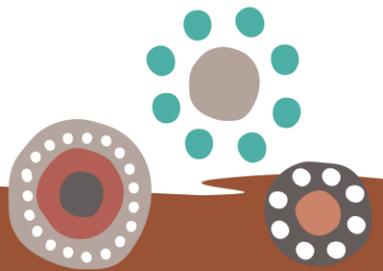
- Temporary medication support
- Domestic aids
- Medical aids/equipment



- Mob Link can provide services and care via telehealth or over the phone:
- Prescriptions for regular medications you might take
  - Health advice and support for acute episodic care
  - Early pregnancy support
  - Mental Health Support and Advice
  - Support and advocacy for ED, VECS or QAS assessment

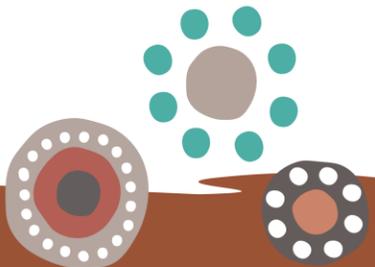
- Support GP engagement
- Care coordination
- RAS aged care assessment
- All allied health
- CCSS chronic disease care Coordinator
- Child, youth and family health team

- Supporting children, young people and families requiring care coordination from hospital to discharge to community.
- Two Youth Care Coordinators provide youth specific support to young people between 10-17 years old



# Mob Link and QAS- How did it begin?

- Discussions between Mob Link and QAS began in 2022 to identify alternative care pathways for Indigenous people
- A referral pathway was implemented for clients calling 000 for issues that may be managed by their GP/Virtual Care Team or community service
- Escalation pathway was developed between Mob Link and QAS for clients assessed as requiring emergency care





# Clinical Hub

The Clinical Hub is located within the Brisbane Operations Centre at the Kedron Emergency Services Complex. The team provides secondary triage and health care navigation for patients after they call Triple Zero (000).

After commencing as a small team, the Clinical Hub is now home to a multidisciplinary group of clinicians including:

- senior paramedics
- medical officers
- mental health practitioners
- social workers
- registered nurses
- embedded Hospital and Health Service staff.

This highly skilled team runs 24/7 to:

- provide early expert advice to patients and paramedics
- perform patient assessments, implement care and continued monitoring while awaiting an ambulance
- Ensure equity of health care throughout the state
- Facilitate and support navigation into equivalent health care options.



# Complex and Frequent Presenters Program

2021-22

**\$61.2m**

(\$16,229 per patient)

## ***Frequent presenters***

- > 10 presentations per year
- 0.7% (3,771) of patients
- 8.8% (77,519) of incidents

**\$18.8m**

(\$44,339 per patient)

## ***Extreme Frequent Presenters***

- > 26 - 43+ presentations per year
- 0.1% (424) of all QAS patients
- 2.7% (23,923) of all QAS incidents



Queensland Ambulance Service and Mental Health

Classified as OFFICIAL

# Queensland Ambulance Social Work Service



Queensland Ambulance Service and Mental Health  
Classified as OFFICIAL

# Case Scenario

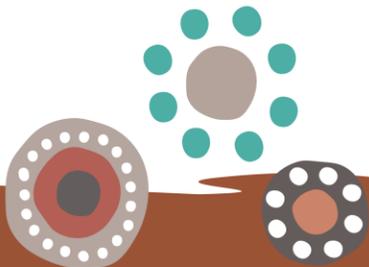
- Patient was a 61-year-old indigenous female who was carer for her 91-year-old mother
- QAS called as patient had been unwell for four days with diarrhoea
- QAS attended and assessed patient who they felt was well enough to remain at home
- Patient reported ongoing concerns regarding her health in particular her diabetes and consented to QAS Social Work referral
- Social Work contacted patient the next day and she reported her BSLs were still elevated, and she had been advised by multiple health professionals to alter her insulin
- Patient was presenting as quite confused and overwhelmed with conflicting information and advised she had a GP appointment scheduled for the next day
- QAS RMO reviewed patient to ensure nil immediate concerns or requirement for QAS response
- Referral to Mob Link with patient consent – case discussed & RN advised would follow with patient tomorrow after GP appointment to provide any further medical support
- Mob Link able to arrange transport for patient to future medical appointment as this had been challenging when attending surgery appointment and advised not to drive
- Mob Link also explored option for patient to transfer to their GP as already seeing other health professionals through IUIH
- Mob Link also able to refer to their Social Worker for support re: respite and possible increased supports for patient her mother

Queensland Ambulance Service and Mental Health

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# Case Scenario

- 59 year old female contacted Mob Link for urgent GP support
- Client had contacted QAS one hour prior to calling Mob Link, but was worried she would be taken to hospital
- Initial nurse triage identified that the client had a 4 day post operative wound with local and systemic signs of infection and required a face to face examination
- The Mob Link triage nurse contacted QAS to advise the client had called Mob Link, but they had just arrived onsite with the client
- QAS called Mob Link following patient assessment to advise that a GP appointment would be suitable to avoid a hospital admission
- Mob Link coordinated an appointment with the clients primary clinic, where wound management was provided and ongoing appointments were made
- QAS facilitated the transport to the clinic and Mob Link arranged transport home
- Mob Link provided further daily check ins with the client until she was fully engaged with her clinic





- Continued collaboration across QAS and Mob Link teams to:
  - Rapidly identify and work together in areas that can reduce hospital admissions and ambulance attendance
  - Shared training resources including upcoming call handling training for Mob Link staff supported by QAS
  - And more to come...