




PARACARE SERVICES NEW SOUTH WALES



The program operates at no cost to facilities or residents, made possible by leveraging existing Medicare and chronic disease management funding mechanisms in collaboration with local General Practitioners (GPs).



PROACTIVE AND CONNECTED HEALTHCARE IN THE HOME

About Us...

Before I introduce the Paracare program, I'd like to take a moment to introduce myself. My name is Kevin Fernandopulle, and I am a Paramedic with NSW Ambulance, having served communities across Sydney over the past several years. I have always held a deep respect and passion for caring for those living with disability. Their experience and comfort is a concern that I believe isn't well addressed by our current healthcare system and something I wish to improve.

Throughout my career, I've observed a recurring pattern: a significant gap in consistent, preventative healthcare for the alternately abled population. My key observations include:

1. **Late Detection:** patients with disability, who often live with multiple comorbidities, are frequently identified as unwell far too late — at a stage where hospital transfer becomes almost unavoidable.
2. **Limited GP Access:** In-home GPs rarely have the capacity to physically attend and assess residents in person. As a result, patients are often sent to hospital by default, without appropriate consideration of alternative care pathways.
3. **Post-Hospital Complications:** Due to their comorbidities and compromised immune systems, many patients return from hospital with new or worsened infections, which can then spread rapidly throughout the facility. Commonly, these patients also lack the ability to clearly communicate their discomfort and concerns leading to the assumption that they have returned to their baseline health, with underlying health concerns slowly festering until re-presenting.
4. **Hospital Trauma and Overload:** For many disabled patients who are frail, socially isolated, or have poor mobility, the hospital experience can be distressing and detrimental. Despite best intentions, the quality of care is often lower than what your own dedicated facility provides — largely due to nursing shortages and systemic hospital overload.
5. **Emergency Response Delays:** When ambulances are called, these cases are often triaged as lower priority due to overwhelming demand and workforce shortages. It's not uncommon for NDIS patients to wait up to 12 hours for transport and then remain on an ambulance stretcher for several hours more while waiting for a hospital bed, holding up your care staff (having to accompany the ambulance), as well as causing further distress to your clients.

All things considered we see this as a problem that surely has a better solution, and so we have created Paracare.



Executive Summary

Paracare is an innovative healthcare service designed to fill the critical gap between emergency response, primary care, and aged care. It is led by qualified paramedics who provide **weekly in-home health assessments** for residents of NDIS homes and retirement villages. The purpose is to identify early signs of clinical deterioration, reduce preventable hospital admissions, and ensure patients remain safe and supported in their living environment.

The program operates at **no cost to facilities or residents**, made possible by leveraging **existing Medicare and chronic disease management funding mechanisms** in collaboration with local General Practitioners (GPs).

This care is delivered by NSW qualified and AHPRA registered paramedics who have extensive experience in the management of acutely and chronically ill patients, therefore enabling them to rapidly assess and identify patients that require hospital transport for further management, and identify those patients that can safely be remained at home and managed in facility. We will also assist in the management of these patients in facility via daily assessment, interventions and consultation with our team GP who will ensure rapid review of any patient who may require further hospital care.

The Problem

People living with disabilities often experience difficulty accessing consistent medical care. GP shortages, long wait times, and limited mobility mean early signs of illness or deterioration frequently go unnoticed until hospitalisation becomes necessary.

These preventable hospitalizations result in:

- Increased stress and poor outcomes for patients.
- Higher costs for government healthcare systems.
- Greater operational burden on NDIS facilities due to short staffing and having increased responsibilities.
- Increased patient resistance to hospital when desperately needing more invasive treatment.

The Solution — Paracare

Paracare introduces a **preventative care model** where experienced paramedics perform scheduled wellness checks on residents weekly or fortnightly. These sessions involve comprehensive assessments, clinical monitoring, and direct communication with each resident's GP.

Core Features:

- Weekly or biweekly paramedic visits to each resident. This serves as a medical assessment but also provides the patient with social interaction frequently increasing patient satisfaction.
- In person assessment of vital signs, mobility, nutrition, hydration, cognition, mental health and medication compliance.



- Documentation of clinical changes and escalation to our team GP and the patient's GP when required.
- Collaboration with GPs under Chronic Disease Management (CDM) frameworks.
- Reporting provided to facility management for compliance and quality assurance, so the facility can also use the data to show how they are reducing unnecessary hospital transfers and provide the families of your client's peace of mind.
- All hour telehealth consultation of patients whenever an acute concern is raised by staff, providing an interim care until NSW Ambulance is able to attend scene (can potentially be a 12hr wait for NSW)

Why Paramedics?

Paramedics possess a unique combination of clinical acumen and in-field experience. They are trained to recognise subtle changes that precede clinical deterioration, making them ideal for preventative assessments in community and residential care settings.

Advantages of using Paramedics:

- Highly skilled in early detection and acute care management.
- Autonomous professionals capable of operating in home settings.
- Trusted healthcare figures who provide reassurance to residents.
- Bridge the gap between home care and emergency departments.
- Masters in treating low acuity health issues but also are frequently exposed to emergency 'life and death' health problems and so are the perfect operators for independent assessment of patients, escalating what requires escalation, and rapidly treating concerns that can be easily managed in facility.
- We have access to an abundant pool of healthcare pathways that allow for patients to remain at home or in facility to maximise care and comfort.

Funding Access Model

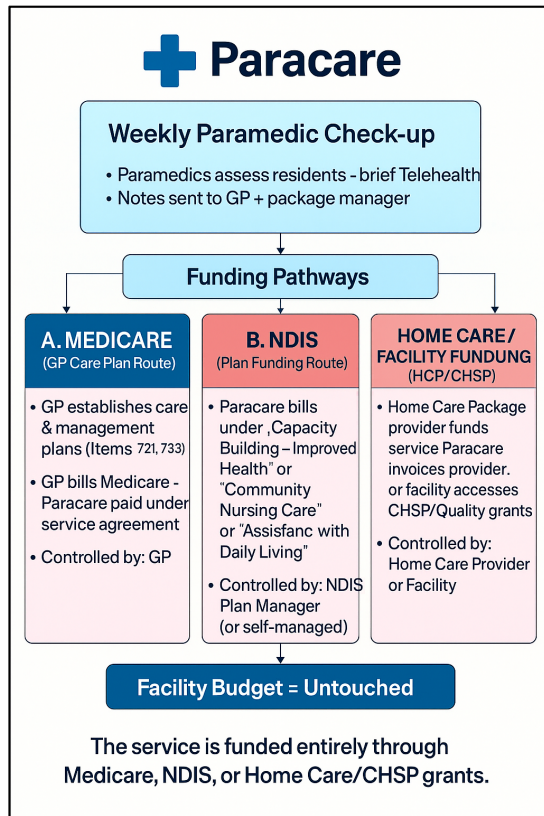
Paracare's model integrates directly with existing **Medicare and GP-based billing systems**. **The service is structured so it's completely free to both the facility and the client.**

Funding Pathway

1. We invoice your NDIS company as 'Clinical Subcontracted Services' (its NDIS-aligned support). Same method of claiming as physio or OT.

"In-home clinical assessment by Paramedic under supervision of Partner GP
– Item reference: Improved Daily Living / Health & Wellbeing – \$350"
2. Your NDIS Facility submits the invoice through PRODA, claims the amount, and pays Paracare once you receive.





For NDIS Participants:

Funding is accessed under *Capacity Building – Improved Health & Wellbeing* or *Assistance with Daily Life* categories. This allows NDIS participants to receive the same preventative health checks without out-of-pocket costs.

Why It's Free for Facilities and Patients

Paracare operates through preexisting government funding pathways, allowing the complete cost of our services to be completely free:

- The facility does not use its own funding pool.
- The patient does not pay privately.
- Maximises the use patients are able to get out of their already provided government funding.

Moreover, the NDIS housing initiative was created as a method of reducing unnecessary hospital admissions, creating a safe and partially monitored environment in which patients are cared for but not overloading the hospital system. Paracare was created to ensure that this is further supported, ensuring patients receive the highest quality of life and care, in a format that's most appropriate for their ability, keeping tenants in their comfort zone, and bringing all essential care to them.



Operational Flow

1. Facility Onboarding

- Facility signs a service agreement with Paracare.
- Paracare introduces the program to residents and families.

2. Patient Enrolment

- Residents' opt-in voluntarily.
- Paracare obtains consent and connects each resident's GP.

3. Clinical Assessment

- Paramedic performs scheduled weekly/biweekly assessments.
- Notes, vitals, and observations recorded digitally.
- Printed copy of notes are left every week with the patient to ensure that if NSW is to attend/family/facility wishes to see further detail regarding the patient, it will be up to date and easily accessible at all times.

4. GP Collaboration

- Reports shared with the GP and decisions can be made proactively to ensure the patient's dynamic needs are met.
- GP updates or bills through Medicare CDM items.

5. Ongoing Monitoring

- Paracare continues assessments.
- Facility receives monthly compliance reports of trends of all patients, situations in which unnecessary hospital admissions were avoided,



Comprehensive Health Assessment Program (CHAP)

An annual obligation of NDIS companies to ensure that an annual holistic evaluation is conducted for the client.

Purpose

Paracare delivers CHAP assessments for NDIS participants with complex or chronic health needs, removing the hassle of finding a reliable GP to attend and complete the assessment. The CHAP is designed for people with intellectual or developmental disabilities to ensure all aspects of their physical and mental health are reviewed at least annually.

Scope of Assessment

- Full medical review
- Functional/mobility screening
- Mental health and behavioural assessment
- Nutrition and swallowing screen
- Skin integrity and continence review
- Oral/dental and vision/hearing screening
- Immunisation and preventive health status check
- Environmental and social participation review

Process

1. Paramedic or nurse conducts the initial assessment in-home or at the facility.
2. Summary and recommendations are forwarded to the client's GP for review and signature.
3. Follow-up visits scheduled for actions, medication reviews, and referrals.

Funding

Claimed via NDIS core/health support funding under *Improved Daily Living Skills or Capacity Building – Health and Wellbeing*. No out-of-pocket expense when billed through an approved NDIS provider.

Benefits

- Early detection of preventable conditions
- Ensures your company can stay fully compliant with government obligations.
- Avoid the difficulty of scheduling a GP onsite, we can complete it for you on an annual schedule.
- Coordinates allied health and GP follow-up
- Creates unified health plan viewable by staff and family





Clinical Assessment Suite (Weekly)

Vital Signs and Monitoring

- Blood pressure (sitting & standing)
- Heart rate & rhythm
- Respiratory rate
- Oxygen saturation (SpO₂)
- Temperature
- Capillary refill time
- Resting ECG (if indicated)

Orthostatic BP: Measure seated, then standing at 1 min. Drop >20 systolic = abnormal

Cardiovascular & Respiratory

- ECG rhythm screen
- Pulse irregularity check
- Auscultation
- Peripheral oedema check
- Breath sounds auscultation
- Peak flow / spirometry

ECG: Screen for AF, arrhythmia.

Oedema: Press shin/ankle for pitting.

Peak flow: Compare to predicted values

Metabolic & Endocrine

- Blood glucose (BGL)
- HbA1c spot test
- Lipid profile (finger-prick)
- Weight, BMI, waist circumference
- Hydration status

BGL: Fasting 4–7 mmol/L normal.

HbA1c: >6.5% = diabetes threshold.

BMI: <18.5 underweight, >30 obese

Falls & Mobility Risk

- Timed Up & Go (TUG)
- Romberg Test
- Sit-to-Stand (30s)
- Functional Reach Test
- 4m Gait Speed Test
- Berg Balance (short form)

TUG: Sit → Walk 3m → Turn → Return → Sit. <10s = normal, >20s = risk.

Romberg: Feet together, eyes open vs closed. Positive = sway eyes closed.

Sit-to-Stand: Max stands in 30s. <12 = weakness.

Functional Reach: Reach forward without stepping. <15cm = fall

Gait Speed: Walk 4m. <0.8 m/s = frailty

Neurological & Cognitive

- Mini-Cog (3-word recall + clock drawing)
- Orientation (time, place, person)
- Peripheral sensation (monofilament)
- FAST stroke screen

Mini-Cog: Recall 3 words + clock. Score 0–2 = impairment.

Clock Drawing: Ask to draw '10 past 11'.

Sensation: Monofilament foot test for neuropathy





Medication & Safety

- Medication reconciliation
- Missed dose check
- Side effect screen
- Polypharmacy risk (≥ 5 meds)

Polypharmacy: ≥ 5 meds increase interaction risk.

Side effects: Screen dizziness, confusion, constipation.

General Wellbeing & Lifestyle

- Pain score
- Sleep quality
- Mood/mental health
- Social wellbeing
- Nutrition screen (MUST)
- Hydration check

Pain: 0–10 scale. Abbey for dementia.

Mood: PHQ-2 screen.

Nutrition: MUST tool baseline

Skin & Wound

- Pressure injury risk (Braden)
- Skin integrity check
- Foot checks (esp. diabetic)
- Wound cleaning

Braden: Pressure sore risk scale.

Foot checks: Ulcers, fungal, circulation.



Mental health Assessment Suite (Weekly)

1. Psychological Distress & Emotional Wellbeing

- **K10 – Kessler Psychological Distress Scale**
Screens for overall psychological distress across anxiety and depressive symptoms over the past 4 weeks.
- **DASS-21 – Depression, Anxiety & Stress Scale**
Measures severity of depression, anxiety, and stress to guide treatment and monitor outcomes.
- **PHQ-9 – Patient Health Questionnaire**
Assesses presence and severity of depressive symptoms and their impact on daily functioning.
- **GAD-7 – Generalized Anxiety Disorder Scale**
Evaluates severity of generalized anxiety and tracks symptom changes over time.

2. Cognitive & Functional Capacity

- **MoCA – Montreal Cognitive Assessment**
Screens for mild cognitive impairment by assessing attention, memory, language, and executive functions.
- **WHODAS 2.0 – WHO Disability Assessment Schedule**
Measures functioning and disability across six domains: cognition, mobility, self-care, getting along, life activities, and participation.
- **COPM – Canadian Occupational Performance Measure**
Identifies individual performance goals in self-care, productivity, and leisure, and measures satisfaction and progress.

3. Clinical & Behavioral Health

- **HoNOS – Health of the Nation Outcome Scales**
Provides a broad measure of mental health outcomes including behaviour, mood, social relationships, and daily living skills.
- **BPRS – Brief Psychiatric Rating Scale**
Evaluates psychiatric symptom severity across mood, thought disturbance, and behavioural domains — suitable for complex or psychotic presentations.

Stage	Action	Output
Assessment	Paramedic completes protocol checklist & guides	Resident record + flags
Triage	Apply escalation rules	Notify RN/GP/family per matrix
Report	Same-day digital report sent	PDF to EMR/GP/family
Review	Clinical governance reviews weekly	Trend dashboard & QI actions

Digital Reporting & Facility Dashboard

Paracare is looking to eventually provide a secure digital report per visit and a facility dashboard showing trends and risk heatmaps based on our assessments onscene. Data can export to PDF/CSV for audits. Example metrics:

KPI	Definition	Why it Matters
Falls Risk Index	Composite of TUG, balance, prior falls	Targets prevention & physio referrals
Hydration/Nutrition Flags Intake cues + weight/BMI changes		Prevents delirium, UTIs, admissions
Medication Risk	Polypharmacy ≥5, sedatives, missed doses	Reduces ADEs & confusion
Escalations Closed	Actions completed within 48h	Assures timely follow-up
ED Diversions	Suspected avoided transfers	Cost & stress reduction

Example Case Study

Patient: 26 YOM living in a retirement home.

History: Hypertension, diabetes, GCS 12 (435) at baseline

Issue Identified: Increased irritation, teeth grinding (indications of discomfort), fever, increased urine frequency + dark colour.

Outcome: GP notified immediately; urinalysis completed, antibiotics + Paracetamol + ibuprofen obtained for patient, complete monitoring for 5 consecutive days to ensure improvement, escalation of patient to hospital if indications of sepsis, stones, prostatitis, obstruction detected.

Benefit to patient: patient receives same care they would receive by attending a hospital in the initial phase, with closer monitoring with hospital transfer only if home treatment is ineffective. We only transport to hospital if our health team deems it necessary for definitive management.

Benefits To All Parties

For Facilities:

- **Free service** that also enhances resident safety and satisfaction.
- Compliance support with NDIS Clinical Governance Standards
- Reduced staff workload for clinical concerns that may be beyond the staff's ability
- Have a specialist medical team on your site and also on call 24/7 that understands the healthcare system that can assist in best navigating it and ensuring the best possible treatment of your clients.
- Professional reporting for audits
- Facility perception will improve because further measures are being taken to ensure best patient outcomes.
- Family satisfaction and trust that their loved one is in the best possible facility and receiving a level of care that no other NDIS housing facility can compete with.



For GPs:

- Increased oversight of patient health without time burden; i.e. We save them time and provide a more thorough assessment.
- Government reimbursement through existing CDM structures and therefore doesn't cost them anything.
- Reliable, clinically accurate reports from paramedics who will be available around the clock for review.

For Residents & Families:

- Comfort knowing regular clinical reviews are happening.
- Fewer hospital transfers and emergency callouts.
- Improved quality of life through preventative monitoring.
- Family will know that their loved ones are receiving the best possible care in Australia by having an additional health check completed routinely.

Legal and Compliance Framework

Paracare operates within the following frameworks:

- **Medicare Compliance:** All billing complies with Department of Health guidelines for GPMP/TCA.
- **Privacy & Data:** Adheres to the Australian Privacy Principles (APP) and HIPAA-equivalent standards.
- **Clinical Governance:** All paramedics are registered with AHPRA and follow standardized clinical protocols.
- **Insurance:** Professional indemnity and public liability coverage are maintained for all practitioners.



Frequently Asked Questions (FAQs)

Q: Is Paracare replacing the GP?

A: No. Paracare complements GPs by providing regular observations and reports that support ongoing GP care plans. We will serve as the GP's operators onsite, escalating those that require further assessment to either the GP or hospital, and treating what we can in facility.

Q: Who pays for the service?

A: The service is funded through Medicare's chronic disease items, NDIS plans or by the patient's home care government funding, NOT paid out of pocket by the facility or patient.

Q: Can Paracare operate across multiple facilities?

A: Yes. Paracare can manage multiple facilities with a rotating roster of paramedics, we can have more frequent assessments at request and even provide a form of same day telehealth.

Q: What kind of reports are generated?

A: Each resident receives an individualized assessment report with vitals, observations, and recommendations shared securely with their GP. This report will be very similar to the NSW paperwork but be much more thorough, playing a part in establishing the baseline of the patient when NSW attends or when handover occurs between staff handovers.

Q: Is this legal under Medicare?

A: Yes. Paracare operates within Medicare's Team Care Arrangement framework, with GP oversight.

Q: What if our clients need care outside of those weekly/twice weekly visits?

We are on call for your facility, any concern/change to patient behaviour detected by your team, give us a call at our dedicated line and we will conduct a telehealth with consultation with our team GP, either escalating immediately to NSW Ambulance, or sending a Paracare paramedic to your facility to rapidly treat the patient immediately.

Final Words

Our long-term vision is to redefine preventative healthcare for ageing Australians and individuals with disabilities, becoming proactive and advocating for patients who are unable to do so for themselves. With the support of local GPs, facilities, and government funding, it can evolve into a national model reducing hospital loads and improving quality of life.

Paracare bridges the gap between community health and emergency care, with around the clock dedication and supporting you in doing what you do best, caring for your clients and upholding your promise to their families to do the best you can for them. We wish to not see any of our loved ones who are either living with disability or are now older in hospital without need, we want to make them as comfortable as possible, saving your clients, facility, the hospital system time, stress and resources.

It provides **peace of mind for families, efficiency for facilities, and sustainability for the healthcare system.**

We greatly look forward to a meeting to formally discuss how we can implement this free to patient + facility service and are open to flexible arrangements you may have in mind. Please don't hesitate to contact me at any time at 0488966916 or via the email provided. We are certain that we have a lot to offer your facility and seek to be a dynamic part of your ecosystem.

Sincere regards,
Thankyou kindly for your time,
Kevin Fernandopulle,
Director of Paracare.