



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).



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 the elderly. Their wisdom, life stories, and contributions to society are invaluable — and I believe their later years present us with an opportunity to give back through compassion, service, and attentive care.

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

1. **Late Detection:** Geriatric patients, 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 elderly patients return from hospital with new or worsened infections, which can then spread rapidly throughout the facility.
4. **Hospital Trauma and Overload:** For many older residents 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 elderly 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.

All things considered we see this as a problem that surely has a better solution, and so we propose 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 retirement villages, aged care facilities, and NDIS homes. 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 geriatric 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 many require further hospital care.

The Problem

Older Australians and 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 aged care and NDIS facilities.
- 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.
- 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.

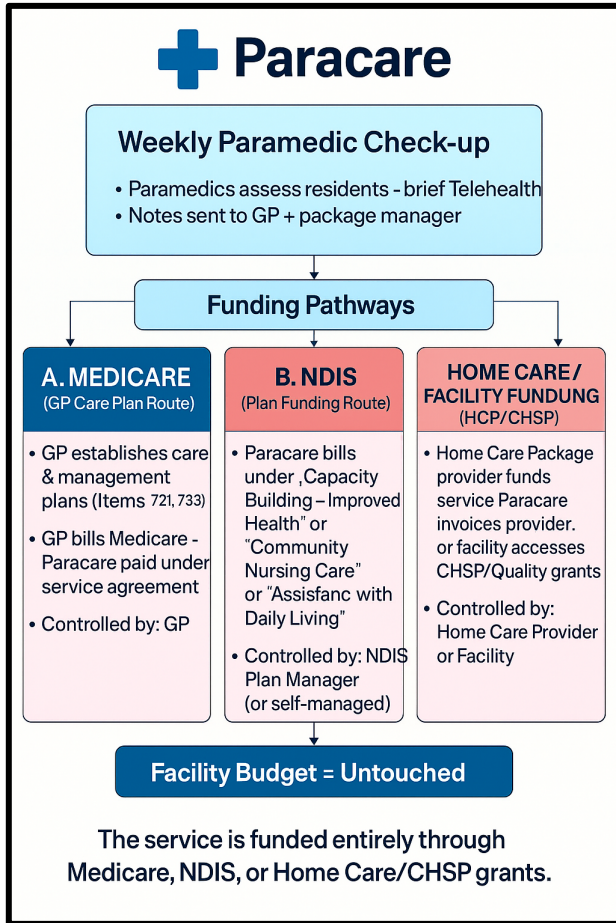
Advantages of using Paramedics:

- 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.
- 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.**

As we primarily utilise patient's Home Care Packages which will soon become the 'Support at Home' package, we commonly find that many of our clients don't have these packages already. Paracare is happy to assist your clients in obtaining this funding (if appropriate for the patient), utilising the 5 free allied health consults under the Medicare's Chronic Disease Management (CDM) during these visits. After we are able to be approved for the support at home package, we will be able to invoice our regular visit rate which would be funded by government allowances for wellbeing and health assessments.



Key Billing Streams:

1. **GP Management Plans (Item 721)** – Preparation of a chronic disease management plan for eligible patients.
2. **Team Care Arrangements (Item 723)** – Coordination with allied health and paramedic services.
3. **Review Items (Items 732, 735)** – Ongoing updates to the management plan.

Each resident under a GP's chronic care plan is eligible for multiple allied health interventions per year, fully covered by Medicare. Paracare's collaboration ensures the GP can bill for oversight while Paracare provides the on-ground assessments and reports

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 an integrated billing partnership with GPs. The process ensures that:

- Paracare's services are invoiced under valid Medicare item numbers and also utilise the patient's designated package funds.
- 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.



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 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,



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

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)
- Clock Drawing Test
- Orientation (time, place, person)
- Peripheral sensation (monofilament)
- Grip strength test
- 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.

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.



Refined Paracare Mental-Health Assessment Suite

1. Cognitive & Neuropsychological

- **MoCA** – early cognitive impairment screen
- **RUDAS** – culturally fair dementia screen
- **ACE-III** – full cognitive profiling

Assesses memory, attention, language, and executive function to identify cognitive decline, dementia, or mild impairment.

2. Mood/Depression/anxiety/stress

- **PHQ-9** – general depression severity
- **HADS** – depression + anxiety in medical clients
- **GDS-15** – older-adult depression
- **Cornell Scale** – depression in dementia
- **GAD-7** – anxiety disorder severity
- **HAM-A** – clinician-rated anxiety
- **PSS** – perceived stress

Evaluates emotional state and depressive symptoms to detect mood disorders, low motivation, or emotional withdrawal, anxiety severity, perceived stress and its impact on overall function + wellbeing.

4. Suicide / Risk

- **C-SSRS** – suicidal ideation + behaviour
- **K10** – psychological distress
- **SRAT** – structured risk documentation

Identifies suicidality, psychological distress, and protective factors to guide safety and crisis intervention.

6. Behaviour / Personality/ Functional/Psychosocial

- **BPRS** – overall psychiatric symptoms
- **NPI-Q** – behavioural symptoms in dementia
- **HoNOS / HoNOS65+** – mental-health outcomes
- **QoL-AD** – quality of life in dementia
- **SFS** – social functioning

Evaluates psychiatric symptoms, behavioural disturbances, and enduring personality patterns affecting mental stability and relationships as well as overall functioning, independence, social engagement.

8. Older-Adult Specific

- **CAM** – delirium detection
- **NPI** – neuropsychiatric symptoms in dementia

Assesses memory, attention, language, and executive function to identify cognitive decline, dementia, or mild impairment.

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: 87-year-old female, living in a retirement home.

History: Hypertension, diabetes, mild cognitive decline.

Issue Identified: Gradual dehydration and increasing confusion noted by Paracare paramedic during weekly visit.

Outcome: GP notified immediately; electrolytes checked; medication adjusted. Hospitalization prevented. With daily check-ins for following 3 days to ensure steady improvement.

Benefits To All Parties

For Facilities:

- **Free service** that also enhances resident safety and satisfaction.
- Compliance support with Aged Care Quality Standards.
- Reduced staff workload for clinical concerns that may be beyond the staff's ability
- Have a team member that understands the healthcare system that can assist in best navigating it.
- Professional reporting for audits and family assurance.
- Facility perception will improve because further measures are being taken to ensure best patient outcomes.

For GPs:

- Increased oversight of patient health without time burden; i.e. We save them time and provide a more thorough assessment.
- Medicare 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.
- Being able to complete routine treatments such as immunisations, script refilling.

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.