

Paramedicine Consulting

Research, Innovation and Evaluation

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Response to *The Country Ambulance Strategy*, September 2018

Respondent Profile

Paramedicine Consulting offers professional research services related to paramedicine system design, implementation and evaluation. Dr Peter O’Meara is an internationally recognized expert on paramedicine models of care and education. He has recently accepted an invitation to speak at the National Association of EMS Physicians Meeting in Austin, Texas, USA in January 2019 on the topic of *Sustainable Volunteer EMS* [Emergency Medical Services].

He was the first paramedic in the world to complete a doctoral qualification researching rural paramedicine. Dr O’Meara’s research has focused on the delivery of paramedic services in rural settings and the development of paramedic extended scope-of-practice roles. A specific focus in recent years has been in the evolution of community paramedicine, while he has also undertaken research related to volunteer ambulance systems. He has published extensively on these and other paramedicine-related topics.

Google Scholar Link for publication summary

https://scholar.google.com.au/citations?hl=en&user=OtzNojgAAAAJ&view_op=list_works&sortby=pubdate

Summary of Response

The fragility of the current WA volunteer model is a major concern for the future rural-remote ambulance services and is not confined to Western Australia or even Australia. The overall findings and recommendations of the draft strategy are supported, in particular those related to the provision of adequate support of volunteers as health service providers. Volunteers should not be expected to raise funds on top of volunteering their personal services for what can often be a challenging and stressful role as a volunteer ambulance officer.

There are some additional matters to need to be considered if the proposed Country Ambulance Strategy is to be a successful and sustainable innovation that meets the needs of rural-remote Western Australia. Amongst these matters is consideration of a response to the consistent growth in ambulance demand from low-acuity patients that are neither emergency primary response or inter hospital patient transfers. As implied in the draft document, there needs to be a viable and well thought out implementation plan with clear accountabilities and associated measures of success.

Contextual Factors

The decreasing availability of volunteers, ageing populations and decreasing employment opportunities in rural-remote areas are important contextual factors when designing a rural-remote ambulance service system.^{1,2} While mention and recommendations were the draft strategy about the potential of community paramedics to better support the volunteer workforce through education and training, there was no direct consideration of the potential for community paramedics to evolve into paramedic practitioners who could directly and indirectly improve the quality of clinical care in rural-remote settings.³⁻⁶ The recent announcement by the Minister of Health in Victoria, highlight the potential for paramedics to have a more significant role in the health system.

The national registration of paramedics as health professionals offers the opportunity to expand and enhance the role of community paramedics to the point where they can provide clinical support throughout an integrated health system. In addition, they could form the core of an enhanced clinical governance system overseeing the volunteer workforce.

Findings

The findings seem to have relied heavily on stakeholder consultations and some information from other Australian ambulance services. While these sources of information are both valuable and essential, there is a lack of any obvious reference to the research literature on the design of volunteer systems⁷⁻¹¹, ambulance service demand drivers^{12,13}, or clinical governance¹⁴⁻¹⁶ to validate these perspectives. The most obvious manifestations of this omission are the lack of consideration given to the growing demand from low-acuity patients^{17,18} and the expanding roles of paramedics throughout the developed world.¹⁹⁻²² One factor that was not considered was the challenge of providing ambulance services in rural-remote Indigenous communities where the challenge of establishing viable and sustainable volunteer ambulance services are arguably greater than in other settings.²³⁻²⁵

Recommendations

The proposed recommendations all have merit and are supported. In addition, the following suggestions are offered for consideration.

1. Establish an independent research and evaluation program to evaluate the outcomes of the recommended system innovations.
2. Consider the future of the Kimberley Ambulance Service within an integrated system.
3. Expand the role of the existing and future community paramedics to that of a paramedic practitioner.
4. Establish a paramedic-led clinical governance system for Country Ambulance.
5. Investigate ambulance service delivery models for rural-remote Indigenous communities.
6. Implement a transparent and evidence-based resource allocation framework for Country Ambulance in conjunction with appropriate service access standards.

Action Plan

In order to design and implement a successful and sustainable model of ambulance service delivery for rural-remote communities, a number of considerations and stakeholder interests need to be considered at the onset.²⁶ It is a truism of rural health that each community is different and the design and provision of health services need to reflect this over-riding consideration.²⁷ The overwhelming need is to take a systems approach that integrates the proposed model at local, regional and statewide levels.²⁸

A prime consideration is the need to discuss and come to a consensus about the underlying philosophy or **values** of the proposed ambulance service delivery model as unresolved differences in values are a major cause of failure to successful implementation of desirable and acceptable models. In this case, rural-remote communities, the paramedicine profession, funders and regulators need to make conscious decisions about whether they are prepared to accept and support volunteer-based models of ambulance service provision.^{9,29}

An underlying factor that is particularly important for rural-remote settings is the **environment** in which the proposed rural-remote ambulance service will be operating. These environmental factors include the geographic location of the community (proximity to a large city or regional centre), the demographics of the population (ageing or young, Indigenous, tree-changers), the economic base of the town (farming, mining, retirement), as well as the availability of financial and physical resources (government or private funding, availability of a workforce).

The process of designing a model of ambulance service provision (**transformation process**) commences with consideration of the community's underlying values and the overall environment. Typically, a rural-remote ambulance system would consist of an integrated mix of volunteers and nationally registered health professionals (paramedics, general practitioners, nurses), along with access to primary health care, acute health services and a range of social and support services. In addition, small communities need access to specialist services, retrieval services and additional services and support during times of disaster. An increasingly important part of this design process is reference to appropriate service standards, key performance indicators and appropriate clinical governance frameworks.

The proposed model needs to be developed and implemented in collaboration with **key stakeholders**:

- **consumers** such as patients, the general public and visitors who are all actual or potential users of the health service;
- **actors**, including local medical practitioners, visiting specialists, nurses, paramedics and allied health professionals; and finally,
- **owners** of the proposed health service who will fund and regulate its operation whether they are government bodies, health insurance funds or corporate providers.

Each of these groups need to be negotiated with and consensus sought if a viable and sustainable rural-remote model of ambulance service provision is to be designed, funded and implemented.

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