



Northern Country Zone

**SUBMISSION ON THE NEW STRATEGY TO STRENGTHEN
WA'S COUNTRY AMBULANCE SERVICES**

The Northern Country Zone of WALGA (NCZ) is made up of the following ten-member local government authorities - Carnamah, Chapman Valley, Coorow, City of Greater Geraldton, Irwin, Mingenew, Morawa, Northampton, Perenjori and Three Springs. Add another seven local government authorities – Cue, Meekatharra, Mount Magnet, Murchison, Sandstone, Wiluna, and Yalgoo – and we have the Mid West region, which covers nearly one fifth of Western Australia's land area, spanning around 478,000 square kilometres.

The provision of an ambulance service to the rural and remote communities within this vast area of WA relies heavily on volunteers, who strive to always deliver a timely first response and inter hospital patient transfers (IHPT). These volunteers often respond under less than ideal conditions and encounter difficulties in meeting the long distance IHPT. Daylight hours are acceptable, but WA Country Hospital Service (WACHS) have an unreasonable expectation of when they expect the night transfers to happen, given that WACHS have a policy that their staff will not be on the road in WACHS vehicles after sundown due to safety and fatigue issues.

NCZ is keen that a review is initiated into the Royal Flying Doctor Service (RFDS) as they can't meet their charter to respond to all requests for long distance IHPT, placing more pressure on Country Ambulance Service volunteers to fill this gap. Consideration also needs to be given to their response time for critical patients who can't be transported via road, to ensure the patient is given the best chance of survival. NCZ feel this is due to under-funding, resulting in resource shortages.

The Mid West Regional Blueprint, developed by the Mid West Development Commission in collaboration with Regional Development Australia Mid West Gascoyne, is a growth and development plan for the region. Tourism and business are actively encouraged within this vast and often remote area (eg: Kalbarri Skywalk, proposed Murchison Geo Park), but that begs the question as to how we extricate patients from remote locations to ensure the best outcome for them.

The provision of a helicopter, to be based in Geraldton, tasked with both first response and IHPT trauma and medical retrievals, would assist the RFDS to meet their charter and ensure that patients located at a distance from RFDS airstrips could be extricated in a timely manner.

The welfare of the ambulance officers and that of their passengers is dependent on reliable communications, no matter where the ambulance may be located, and so quality satellite communication needs to be provided to all ambulances in areas where mobile phone coverage is unavailable or unreliable.

Regionally, there have been a few conversations recently regarding the challenges we face on long weekends etc. where there are many events through the region which each require ambulances to be on-site – and the impact this can have when services are required elsewhere. Ensuring it is possible (even easy) to get access to services from outside the region to assist for those peak times would also be of great benefit to us here in the Mid-West

The draft Strategy makes a range of nineteen recommendations, shown below and NCZ have responded to all but one of those recommendations. Our responses are shown in red below the recommendation.

POLICY AND SYSTEM:

1. Establish clear Statewide policy on ambulance services as a minimum and consider enacting legislation in line with other states and territories. (Department of Health)

Acceptable

2. Define the level of ambulance service (both IHPT and Primary Response) provided to country communities in line with the Statewide policy (WA Country Health Service) and include this within the Clinical Services Framework. (Department of Health)

Acceptable: there are two specific service deliveries required: First Response to the Community, an achievable objective by Country Sub Centres Staffed with Volunteer Ambulance Officers. IHPT: inter hospital patient transfers from a locality hospital to a larger tertiary centre (eg Three Springs to Geraldton). To obtain the best outcome for patients whose illness or injury cannot be treated at the locality hospital, we need to be able to transport either by road or RFDS

3. Plan Statewide service delivery using demand modelling then work with providers to design appropriate service delivery models in all locations (existing and new) and include measurable performance indicators in contracts. (WA Country Health Service led)

SJA contract for State wide service delivery (1st Response & IHPT) is with the State Government & Department of Health

4. Form an engagement forum comprising WACHS, country volunteers, community representatives and paramedics to discuss ongoing service design and service improvement. (WA Country Health Service)

Has potential but needs to be fairly driven.

5. Transfer responsibility for the contract management of country ambulance services to WACHS. (Department of Health)

Disagree – there is currently too much bias towards SJA from locality & regional managers within WACHS, retaining the contract as is, is a preferred option

6. Implement the remaining recommendations from the Auditor General's Report *Delivering Western Australia 's Ambulance Services* (2013) as a matter of priority. (Department of Health)

7. Complete implementation of the WA Health Patient Transport Strategy 2015-2018 to fulfil the goal of ensuring that the WA community has access to an effective patient transport system. (Department of Health)

The RFDS charter was to provide the long-distance transfers. SJA Charter is to provide a First Response Ambulance service to our Communities. We question why a formal review has not been undertaken as to why RFDS is under-funded, under-resourced, under-staffed and under-performing and therefore not able to meet their charter obligations.

A Helicopter located in Geraldton to service the Mid West & the Murchison for all IHPT Medical & trauma would help the situation – we may not have the population, but we certainly have the demographics & tyranny of distance.

TIMELY ACCESS

8. Introduce contemporary contracts for ambulance services that define IHPT and Primary Response as two distinct services which have their own scope of services and key performance targets as a minimum. (WA Country Health Service led)

YES, has potential, as it would identify the shortfall that currently exists; there is also a requirement to develop a secondary triage system of all inter-hospital patient transfers, so the right patient is delivered to the right tertiary hospital with the correct mode of transport within an appropriate time span.

PATIENT SAFETY

9. Mandate consistent clinical governance principles in all patient transport contracts and report jointly on progress and collaborative initiatives to improve patient outcomes and clinical performance. (WA Country Health Service led)

Yes, shared information benefits the patient. Administrative support would be required.

10. Ensure every ambulance - regardless of location - can always communicate reliably with all necessary parties. (St John Ambulance)

Ensuring extensive mobile coverage is a government & Telstra responsibility, not SJA; however, NCZ can't stress enough how important it is that all ambulances have quality satellite communication provided where mobile phone coverage is unavailable or unreliable.

SYSTEM COORDINATION

11. Implement a clinical prioritisation system to inform safe, effective and transparent co-ordination of inter hospital patient transfers across WACHS. (WA Country Health Service)

As per #8

12. Implement formal escalation mechanisms to ensure safe transfer of inter hospital patients in line with clinically indicated timeframes. (WA Country Health Service)

As per #8

13. Commission WACHS to lead the development and coordination of Statewide inter-hospital patient flow. (Department of Health)

As per #8

Until we have a Secondary triage of IHPT performed by clinicians based in WA, we will continue to encounter issues with inappropriate transfers that do not improve patient outcomes.

SUSTAINABLE AND SKILLED WORKFORCE

14. Provide enough administrative and corporate support direct to country ambulance Sub Centres in order to free up volunteers to focus on service delivery. (St John Ambulance)

This process is currently in place, there are specialist teams in our Regional & State Offices that support & mentor Sub Centre Administrative & Operational Staff.

15. Provide the volunteer ambulance workforce with the opportunity to obtain qualifications through an articulated structured training pathway which aligns with the Australian Qualification Framework and supports career progression. (WA Country Health Service led)

YES this is a great concept, our SJA volunteers undertake up to 10 days of training to deliver care as a Level 2 officer, and then maintain their scope of practice by attending Continuous Education Program throughout the year, but this needs to be delivered by SJA as the RTO, there are two very different skill sets here, one pre-hospital and one in hospital – they are very different skill sets in very different environments.

16. Research, trial and implement alternate workforce and training models (including the use of shared staffing and virtual support) and prioritise this at locations which have difficulty maintaining a sustainable workforce. (St John Ambulance)

Yes – but to enable that to happen WACHS also needs to staff their facilities with appropriately trained staff. Most small country hospitals roster with a Registered Nurse per shift, working with an Enrolled nurse and Patient Care assistant, with another Registered Nurse on Call to assist.

17. Expand the Community Paramedic Model in FY18/19 as a priority in order to relieve pressures in those locations currently having the most difficulty in recruiting, supporting and retaining volunteers. (St John Ambulance)

The Community Paramedic Model is jointly funded by WACHS & SJA. The role of the CP is to train, mentor and support Volunteer Ambulance Officers – a community needs

to own its Ambulance Service.

VALUE FOR MONEY

18. Mandate transparent reporting on allocation of funds and costs of ambulance service delivery in ambulance contracts, detailing allocations between service locations and between IHPT and Primary Response services. (WA Country Health Service led)

This would involve DOH, WACHS & SJA.

19. Ensure contract periods align with contemporary best practice and are long enough to enable providers to invest for effective service delivery. (WA Country Health Service led)

This would involve DOH, WACHS & SJA.

A final comment from our members is that we need to ensure that the policies and systems that are put in place are not overly prescriptive, keeping in mind that the WA Country Ambulance Service is largely manned by volunteers. If the rules are too restrictive, it becomes impractical for volunteers to fit duties/responsibilities around their daily lives.

It used to be that one ambulance officer and one or more senior first aiders used to attend accidents, but now you can't leave base without two ambulance officers and we question whether we are trying to save lives or meet unrealistic benchmarks. Providing an ambulance service in the country is very different to providing one in the city and care needs to be taken that the new strategy is fit for the purpose intended.