Improved health outcomes and community resilience within country WA

St John WA - Response to WA Country Health Service’s The Country Ambulance Strategy public consultation paper.

December 2018
10 December 2018

St John WA response to WA Country Health Service
The Country Ambulance Strategy public consultation paper

Professor Neale Fong
Board Chair
WA Country Health Service

Thank you for the opportunity to comment on the WA Country Health Service (WACHS) WA Country Ambulance Strategy (Strategy). St John Ambulance Western Australia (St John) appreciated meeting with WACHS representatives recently to openly share our preliminary observations on this important review.

St John notes that the six identified Strategy themes, and resultant 19 recommendations are framed in the context of reducing metropolitan / regional ambulance service inequity. Inequity is evident across all WA country healthcare services and not limited to the WA Ambulance Service.

St John is well aware of this geography and population density driven issue, given our multi-generational history of supplying emergency ambulance and patient transfer services to metropolitan and regional Western Australian communities. Moreover, it’s our regionally based clinical volunteers, who are highly trained emergency care providers that are the backbone of the country ambulance service and connected to the fabric of their communities.

Our view is that striving for practical metropolitan/regional ambulance service ‘equity’ must be framed in the unique context of regional Western Australia. We believe that St John and WACHS are very closely aligned in this regard, because of our shared resilient community partnership approach to healthcare delivery.

Our enclosed response to the Strategy recommendations has been prepared on the basis of this shared vision. As you will therefore note, we support the aims of the Strategy and are looking forward to partnering with you to deliver the outcomes regional communities require.

Thank you again for the opportunity to review the draft Strategy and comment on its recommendations.

Yours sincerely,

Michelle Fyfe
Chief Executive Officer
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Appendix: St John Ambulance Detailed Response to Recommendations
1. A shared vision for future health services within country Western Australia

**Recognising uniqueness**

Regional Western Australia (WA) represents a vast (2.5million square kilometres) unique geographical area.

This uniqueness includes communities so isolated and with populations so dispersed that:

- Basic services such as communication and healthcare centres cannot be provided equally around the State’s landmass.
- Regional hospitals operate without the ability to bypass to the next closest hospital, because it could be hundreds of kilometres away.
- Specialist services such as cardiac, advanced imaging (MRI) and dialysis are not available throughout much of WA. Some locations have no doctors or nursing staff.
- Long transport distances, often at night over difficult terrain make the role of country ambulance officers as unique as the landscape in which they operate.

St John applauds the WA Country Health Service’s (WACHS) ability to deliver high quality services in this extreme geographic context with the finite resourcing available to it. St John is proud to be part of the network of providers, including the Royal Flying Doctor Service (RFDS) and Silverchain that offer differing areas of expertise and collaborate to achieve an integrated health care service outcome.

**Embracing uniqueness to achieve practical equity**

St John understands the measure of healthcare ‘equity’, used in *The Country Ambulance Strategy* (Strategy) refers to differences in access to healthcare services in regional and metropolitan areas, more so than describing the gap in healthcare that exists between high and low socioeconomic groups.

No one can argue with the need for better healthcare service equity, irrespective of the definition adopted. This is an important health system measure that needs to improve across the entire nation.

Our view, though, is that in a state the size of WA defining and achieving ‘equity’ is complex. It must consider the unique geographical environment and disparate population, rather than aspiring to making it the ‘same’ as an equivalent metropolitan service.

This means accepting, for example, that there are vast distances between hospitals. Traditional paid ambulance responses may not be available within minutes, and that patients may need to travel hundreds or even thousands of kilometres in order to reach the most appropriate level and type of care for their needs. This in turn means that the role of country ambulance personnel is substantially different to their metropolitan counterparts.
Regional WA needs innovative, cost effective healthcare solutions tailored to its uniqueness, rather than trying to find (and fund) answers that are the same as one would expect in a large city. Reproducing, around the State, healthcare resources similar to those available in major metropolitan cities is simply not economically viable.

In our view, ways that *practical* country healthcare can be improved include:

- Focusing on current and emerging technology that delivers telehealth of primary, specialist and emergency health.
- Further engaging aeromedical services, rather than moving patients between geographically isolated hospitals by road, which increases the health and safety risks for ambulance personnel.

**Community resilience.** Most importantly though, regional communities need to be resilient to their own health needs. If we accept the vast distances and isolation of the State, the motivation for each member of these communities to be skilled at delivering first aid for their community is even more important than it is in the metropolitan area. St John takes the role of developing resilience in communities as seriously as our role in delivering direct patient care.

“*The volunteer model is a strong one, it brings communities together and is a tremendous contribution to the ambulance service.*”

**Building resilient regional communities**

St John acknowledges that the Strategy is being developed within the context of WACHS’ overarching country health vision outlined in *WA Country Health Service ‘Strategic Directions 2015 – 2018’*.

We specifically note WACHS’ vision for ‘Healthier country communities through partnerships and innovation’. We also observe that achievement of this vision will, in part, involve:

- ‘*Engage and partner with communities, staff and other service providers.*’
- *Partnership and collaboration.*
- *Make responsible decisions with finite resources.*
- *Partnerships with communities, consumers, staff and service providers are key to improving health and wellbeing alongside evidence-based services.*’

This community centric and partnership approach is clear and welcomed by St John. There is close alignment between this vision and strategic priorities and those St John aspires to because our purpose is:

‘*To serve humanity and build resilient communities through the relief of sickness, suffering, distress and danger.*’
Community centricity aligns our organisations. And the partnership and collaborative approach you need has been clearly evidenced by our long-term successful relationship with you that includes:

- St John serving WA regional communities for more than a century.
- Operating 160 response locations around regional WA involving career paramedics and clinical volunteers (supported by community paramedics).
- Our regionally based volunteers collectively contributed 3.6 million hours to their communities in the last 12 months.

**Enlivening our vision in a country health context – the Country Primary Health Initiative.** St John Medical, Dental and Urgent Care was launched in 2016. Building on this success, we continue to transform from an ambulance and first aid service to a primary health services provider offering appropriate, timely and equitable access into the health system for unscheduled care.

We can significantly improve the health outcomes of people in country WA by adopting an integrated approach to health services. This has, in fact, already commenced through our recent successes in Kambalda (see below).

**Kambalda Case Study.** Kambalda’s only General Practitioner (GP) left town in early 2018, leaving a substantial healthcare void. St John entered discussions with the Shire of Coolgardie about how we could assist, given the substantial community concern. The outcome was a collaborative approach with community, industry and the Shire to provide a range of integrated services, including General Practice (local and telemedicine), community transport and volunteering that can be delivered in a cost-effective and time efficient, sustainable manner.

**Delivering this collective resilient communities vision**

The Strategy recognises improvements are needed to achieve resilient regional communities. Part of this improvement, in the context of the country ambulance service, requires greater cooperation between all regional healthcare partners. Improving clinical coordination and patient flow throughout the State and ensuring the patient is the centre of our decision making is paramount.

We also note the opportunity to further optimise the services we and partner healthcare providers deliver to regional communities within the unique regional Western Australian context.
St John is looking forward to working alongside WACHS in those areas that will strengthen this partnership for the benefit of community resilience and for the regional people of Western Australia.

Our response to the Strategy recommendations are therefore framed in this collaborative context and set out in the following sections of this submission.

2. Response to Strategy recommendations

St John has carefully reviewed all 19 recommendations included in the draft Strategy.

Our overall assessment is supportive and we agree in principle with most of the recommendations. For the remainder, we offer suggestions for WACHS’ review. Summarised versions of our comments are included in sections (A) and (B) below.

Our detailed response to all 19 recommendations is included in Appendix A.

a. Supported recommendations

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>St John comment</th>
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<tbody>
<tr>
<td>1</td>
<td>Supported in principle, on the basis that policy and legislation detail will be available for review and, until implemented, clear ambulance service operating standards will be adopted.</td>
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<td>2</td>
<td>Supported in principle, noting the regionally-driven challenges around widening current definitions.</td>
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<td>6</td>
<td>Supported in principle, acknowledging that whilst recommendations have been implemented, there is an opportunity to refresh and align with contemporary practices.</td>
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<td>7</td>
<td>Supported in principle, based on limited strategy detail being made available for review.</td>
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<td>Recommendation</td>
<td>St John comment</td>
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<td>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 (WACHS)</td>
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<td>10</td>
<td>Ensure every ambulance – regardless of location – can communicate reliably with all necessary parties at all times (St John Ambulance)</td>
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<td>11</td>
<td>Implement a clinical prioritisation system to inform safe, effective and transparent co-ordination of inter-hospital patient transfers across WACHS (WACHS)</td>
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<td>12</td>
<td>Implement formal escalation mechanisms to ensure safe transfer of inter-hospital patients in line with clinically indicated timeframes (WACHS)</td>
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<td>13</td>
<td>Commission WACHS to lead the development and coordination of state-wide inter-hospital patient flow for country patients (DoH)</td>
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<tr>
<td>14</td>
<td>Provide sufficient administrative and corporate support directly to country ambulance Sub Centres so they can meet their contractual obligations (St John Ambulance)</td>
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<tr>
<td>16</td>
<td>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)</td>
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### Recommendation 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)**

*St John comment:* Supported in principle, as long as it is considered in line with other capability improving initiatives.

### Recommendation 19

**Ensure contract periods align with contemporary best practice and are long enough to enable providers to invest for effective service delivery (WACHS)**

*St John comment:* Supported in principle, given the many associated benefits. St John recommends a base 5-year term with 5-year extension periods subject to performance criteria being met.

### b. Recommendations requiring further review

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<tr>
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<tbody>
<tr>
<td>3 Plan state wide 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 (WACHS led)</td>
<td>Not supported in its current form, given concerns about measures / performance indicators not adequately addressing the differing delivery approaches and diversity of operational factors across the state.</td>
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<tr>
<td>4 Establish formal health advisory councils comprising WACHS, country volunteers, community representatives and paramedics to discuss and inform ongoing service design and service improvement (WACHS)</td>
<td>Not supported in its current form. Ensuring adequate organisational representation and community engagement is important. Recognition of existing engagement practices will support this recommendation’s underlying intent.</td>
</tr>
<tr>
<td>5 Transfer responsibility for the contract management of country ambulance services to WACHS (DoH)</td>
<td>Not supported in its current form. We believe the current model can be made to work more effectively by improving WACHS involvement via contract management processes that currently exist.</td>
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<td>Recommendation</td>
<td>St John comment</td>
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<td>8 Introduce contemporary contract for ambulance services that define IHPT and</td>
<td>Not supported in its current form, we believe there will be a detrimental effect on maintaining competence and experience, given low caseloads if each service is managed and delivered in isolation. St John has identified alternative approaches and provides service levels for both IHPT and primary response.</td>
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<td>Primary Response as two distinct services which have their own scope of services and key performance targets as a minimum (WACHS)</td>
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<tr>
<td>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 (WACHS).</td>
<td>Not supported in its current form. Adding barriers to volunteer training will be detrimental to community resilience and volunteer participation rates. St John scrutinises the training product delivered to clinical volunteers which is regularly updated with contemporary advances in emergency medical techniques.</td>
</tr>
<tr>
<td>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 (WACHS)</td>
<td>Not supported in its current form. Funds are accumulated and spent where needed at the time, in order to meet KPIs. Government funding does not pay for the service, it provides a capacity for ambulances to respond at career locations and to support training to ensure clinical quality at volunteer locations.</td>
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3. Conclusion

We are incredibly proud of our integrated model for delivering care within Western Australia. Our state’s unique geography and population distribution provides challenges which require critical thinking to ensure we continue to deliver a world-class cost-effective ambulance service. Whilst we acknowledge it is not the perfect system, it should be recognised that the most challenging locations account for less than 1% of our workload and even in these remote areas we are still able to provide an ambulance service.

Fragmenting our service by introducing an additional and separate WACHS contract endangers our integrated model and the clinical quality and cost effectiveness that this brings. We agree that different response targets and KPI’s for regional areas make sense, however this should be contained within a single contract. As can be seen from our responses to the various recommendations, we provide the requested information to and comply with directives, within the existing DoH contract management process and framework.

An overall increase in the value of this ambulance services contract would be urgently needed to further support and expand our regional operations, whilst strengthening our commitment to ‘Building Community Resilience’. By using technology and innovative thinking we continually review how we perform our functions. This is evident in our current operation of the medical centre in Kambalda – further enhancing the St John suite of services within regional areas.

St John is looking forward to partnering with WACHS to address these issues and to continue to provide a world-class ambulance service to Western Australia.
Appendix

St John WA

Detailed Response to Recommendations
Recommendation 1

Establish clear state-wide policy on ambulance services as a minimum and consider enacting legislation in line with other states and territories (DoH)

**Supported in Principle**

St John supports in principle the development of a state-wide policy and enactment of legislation that provides a minimum standard of service for ambulance delivery across WA. This will ensure that any response to the public is a response that meets minimum levels of care standards and operates within the same guidelines as the contracted provider. All providers should be required to comply with mandated Clinical Standards and reporting requirements.

In order to provide full support, we will need to first understand the details of the policy and legislation. As part of this understanding, we will need to be satisfied the following items are considered:

- Policy and legislation must be developed for whole of State and not just country WA. This will ensure minimum requirements and standards are established and maintained when providing ambulance services to the public.
- Policy and legislation must consider how ambulance services will be formally defined; particularly in light of potential future developments in pre-hospital care and pathways.

**The need for contractual standards across all service providers until policy and legislation is implemented**

There has been a reluctance to create policy and legislation in this area. We are concerned there will continue to be an inequity in the standard of ambulance services across providers. Organisations like St John are contracted to minimum standards through Department of Health (DoH) contracts. Any policy and legislation should hold all providers accountable to the same service delivery standards, review and scrutiny. This will ensure a service standard consistency while policy and legislation are implemented.

Recommendation 2

Define the level of service (both IHPT and Primary Response) provided to country communities in-line with the state wide policy (WACHS) and include this within the Clinical Services Framework (DoH)

**Supported in Principle**

St John supports in principle defining of the level of service provided to country communities.

Defined IHPT and Primary Response service levels are already in place and exist within the framework of the current ambulance contract. St John is contracted to meet service levels, clinical quality, and response times to those areas for which it is funded within a 10km radius.
of the town centre at 16 career locations. Funding to these areas is based on workload from 2009 and has not been updated to reflect current workload.

St John volunteer locations are not funded within the contract (best endeavours recognises this). NB - Community Paramedic positions have been installed to support the volunteer model but the service delivery itself is not directly funded.

**Recommendation 3**

Plan state-wide 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 (WACHS led)

*Not supported in current form*

St John operates under a contract with DoH that specifies performance standards for the 16 career locations where services are funded.

Our primary concern with this recommendation is that it implies non-funded volunteer locations will be required to comply with contractual performance measures. Performance requirements at volunteer locations will require volunteers to be on station in order to respond. This is not in keeping with a volunteer model, particularly in areas with low activity.

We are also concerned that the measures may not adequately consider the unique characteristics of delivering ambulance services in regional WA. For example:

- In areas of low or infrequent cases, demand modelling will not work and can deliver inconsistent results.

- Likewise, there are no assurances that performance measures will consider the vast distances between patients, facilities, equipment and staff within country WA. If these distances are considered. An additional concern is that any measurement regime will be overly onerous and detrimental to operational effectiveness.

In recognition of these concerns, we suggest WACHS revise this recommendation to pragmatically address the unique operating environment of regional WA.

**Recommendation 4**

Establish formal health advisory councils comprising WACHS, country volunteers, community representatives and paramedics to discuss and inform ongoing service design and service improvement (WACHS)

*Not supported in current form*

Whilst the ‘health advisory council’ concept has merit, St John already has a mature and effective mechanism for engaging our volunteers and staff with regard to ongoing regional service design and improvement, that is fully supported and encouraged. It is St John’s firm
belief that it is our responsibility to engage with our staff and volunteers. St John Regional Office staff already engages with local health service partners and monitors services to the community.

As an alternative, we suggest that proposed health advisory councils, should comprise of relevant organisational representatives and independent community members. This would deliver a number of benefits, including:

- **Greater focus** - Organisations are better able to collate the sentiments and ideas that are raised by the people they represent. This can prevent giving a platform to individuals who may have personal agendas or omission of ideas and input by those who are not vocal by nature.

- **More strategic** – Organisational representation allow inputs to be considered and potentially actioned at the organisation level. This minimises the amount of internal operational dialogue that is better suited to an organisational setting and will allow WACHS to focus on those items that require larger coordination, multi-organisational collaboration and/or are associated with wider policy.

- **Greater input maturity** - Organisations can better perform preliminary analysis of ideas; considering the inter-relationship of internal and external roles. This will improve the quality of inputs that will be tabled to WACHS.

**Recommendation 5**

Transfer responsibility for the contract management of country ambulance services to WACHS (DoH)

**Not supported in current form**

*Inadvertent impact of dividing ambulance contracts between departments*

We understand that making WACHS responsible for country ambulance services contract management is intended to ensure country WA’s unique needs are met. However, dividing metropolitan and country ambulance contracts between two separate government departments is likely to have a detrimental effect on the current delivery model that has been so very successful for WA. This concept will invariably create boundaries between metro and country and may prevent the closest resources being used appropriately. This will also reduce the number of resources that are available to readily support country ambulance services. (EG. Mundaring supporting Northam, Dawesville supporting Mandurah and vice versa, Ellenbrook supporting Bullsbrook and vice versa)

The reason for this, acknowledging one of St John’s strengths, is our Integrated Model of Care. This model allows St John to offset the cost of work performed in regional WA through our commercial activities, predominately performed in the metropolitan area. In essence, cost effective regional delivery depends upon our metropolitan contracts. Unwinding this integration, through separate contract managers/contracts, risks breaking this symbiosis with likely substantial cost and service delivery risk.

Recognising this concern, other services in Australia have combined their country and metropolitan services in recent times.
Alternative approach – Stronger WACHS involvement in contract maintenance

We believe WACHS’ involvement and influencing needs can be met without jeopardising the benefits of the current model. Contract management of the country ambulance service is already available to WACHS within the current system. A WACHS representative has a standing invite to all contract management meetings.

We propose WACHS uses this existing arrangement, through a senior representative, to influence, monitor and manage the performance of country ambulance services jointly with the Department of Health (DoH). In our view this will deliver the focus WACHS needs whilst preserving contract aggregation benefits.

Recommendation 6
Implement the remaining recommendations from the Auditor General’s Report Delivering Western Australia’s Ambulance Service 2013 as a matter of priority (DoH)

Supported in Principle

St John understands that the recommendations from the Auditor General’s Report Delivering Western Australia’s Ambulance Service 2013 have been implemented.

We support, in principle, the implemented recommendations are aligned to current service delivery best practice changes that have occurred since 2013. St John welcomes the opportunity to collaborate with WACHS, DoH, and other stakeholders as part of this process.

Recommendation 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 transfer system (DoH)

Supported in Principle

St John supports in principle the 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 transfer system.

As the 2015-2018 strategy document excludes implementation details, we are unable to provide full support until further detail is known.

Given this strategy also does not consider new delivery and best practice changes that have occurred, it may be more appropriate to focus on the 2018-2025 strategy alluded to in the Strategy document.

St John welcomes the opportunity to participate in any consultative way in this regard.
**Recommendation 8**

Introduce contemporary contract 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 (WACHS)

*Not supported in current form*

St John does not support the creation of distinct IHPT and Primary Response services with each having their own scope of services and key performance indicators.

Within country WA, splitting the workforce and contract into IHPT and Primary Response will be detrimental to both remote and sparsely populated area volunteer models and patient care. The unique (low) country WA population density means that the case load for many of our response locations is too low to reliably provide high levels of experienced staff and volunteers charged with providing the service in those areas. To split the workload further between community and IHPT cases would result in a further reduction in competence and experience.

St John also notes that there is currently no contract in place and therefore no funding provided for standby capacity (standby capacity is the guaranteed ability to respond to a given number of cases by having officers paid to ensure availability to respond) at volunteer centres. The introduction of contracts that include a guarantee of service at remote locations would require guaranteed full-time resources assigned to strategic locations.

St John understands that greater service definition and performance measurement is beneficial. We have therefore considered a number of operational and funding models that could provide varying levels of service guarantee that may address WACHS’ requirements. We look forward to an opportunity to discuss these options with the Department of Health / WACHS.

**Recommendation 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 (WACHS)

*Supported in Principle*

St John supports mandating consistent clinical governance principles in all patient transport contracts and reporting jointly on progress and collaborative initiatives to improve patient outcomes and clinical performance (WACHS).

These requirements currently exist in our Contract with DoH (section 5.9). We comply with the Clinical Incident Management Policy and report our identified SAC 1 events to the Patient Safety and Surveillance Unit (PSSU). The above collaboration occurs at a regional level and, whilst not a formal process, we are satisfied with it. We welcome further discussion with WACHS to formalise this process.
**Recommendation 10**

Ensure every ambulance – regardless of location – can communicate reliably with all necessary parties at all times (St John Ambulance)

**Supported in Principle**

All St John regional vehicles are fitted with at least two mobile phones, a mobile data terminal and a VHF or UHF radio system. Many of our regional vehicles are also fitted with a second radio system (WAERN) and others carry satellite telephones. In addition, St John is actively working with solution providers to develop a satellite-based system that can be fitted to regional vehicles that are most likely to travel outside of publicly available cellular network and/or radio coverage areas.

Despite these diverse communications options, there still may be times when communications are not available because of weather interference, heavy tree foliage or other obstructions. Because of these environmental limitations, it is simply impractical to guarantee complete communication reliability at all times.

As an aside, we are improving our processes to make the selection of which communication medium to use easier. Our intention is to implement this system in such a way as to automatically use the best communication technology from within the vehicle at any given time based on the available options.

This development is a work in progress and is expected to be ready for in-field testing during 2019.

**Recommendation 11**

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

**Supported in Principle**

We support a consistent approach to IHPT and believe that it is our role to assign a transport priority based on the clinical need of the patient in conjunction with logistical challenges. These options could include early/lower level of clinical care vs delay/higher level of care. The issue we currently face is that a clinical priority is assigned to a patient with a transport priority and this leads to patients sometimes being transported at inappropriate times.

The system described above can be incorporated within our current SOC operations, but it would incur greater cost. Additional clinical staff and medical expertise will be required to ensure effective clinical co-ordination decisions are made and the mode of transport is clinically appropriate and timely. Nevertheless, having oversight of the whole clinical and logistical picture and all the available resources will ensure a better coordination of patient movement.
Recommendation 12

Implement formal escalation mechanisms to ensure safe transfer of inter-hospital patients in line with clinically indicated timeframes (WACHS)

Supported in Principle

St John supports state-wide coordination of patient transfers between facilities ensuring these transfers are clinically appropriate and correctly timed. Understanding the limitations of distance and extended travel times, having access to all the available transport options will ensure that the right patient will be transferred at the right time, to the right facility, with minimal impact on emergency service delivery for the local town.

Recommendation 13

Commission WACHS to lead the development and coordination of state-wide inter-hospital patient flow for country patients (DoH)

Supported in Principle

As stated in our response to Recommendation 12, we support state-wide coordination of patient transfers between facilities ensuring these transfers are clinically appropriate and correctly timed. Understanding the limitations of distance and extended travel times, having access to all the available transport options will ensure that the right patient will be transferred at the right time, to the right facility, with minimal impact on emergency service delivery for the local town.

Recommendation 14

Provide sufficient administrative and corporate support directly to country ambulance Sub Centres so they can meet their contractual obligations (St John Ambulance)

Supported in Principle

In 2010 St John regionalised its country management structure by establishing offices in six of WA’s regions. These offices are located in Broome, Geraldton, Northam, Kalgoorlie, Bunbury and Albany. Each centre has a regional manager (RM), some have an assistant regional manager (ARM) plus administration staff (including coordinators of important functions such as finance, training and administration). Support is provided from St John WA head office by a General Manager, a Senior Operations Manager, three Operations Managers and administration staff. All sub centres are managed locally by a committee.

Clinical governance is provided from our head office as well.
Traditionally we utilised clinical volunteers to fulfil administrative roles. By introducing non-clinical volunteer roles within the sub centres, we have enabled wider local community involvement and engagement. These roles support the clinical functions and allow for a more inclusive community structure.

**Recommendation 15**

Provide the volunteer ambulance workforce with the opportunity to obtain qualifications through articulated structured training pathways which aligns to the AQF and supports career progression (WACHS)

*Not supported in current form*

In response to this statement, it is clear in the Volunteer Ambulance Officer Development Program (VAODP) that this opportunity is evident (*figure 1*), by offering, either funded or reduced priced places in the St John delivered HLT41115 Certificate IV in Health Care (CERT IV Health Care) which is a nationally accredited AQF qualification. It should be noted that this qualification does not appeal to the majority of the VAO’s, a minimal number of volunteers have expressed an interest to obtain this qualification over the past five years since it has been offered.

St John supported those volunteers who have taken the opportunity with a desire to seek employment in the medical industry.

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**Figure 1; Volunteer Ambulance Officer Development Program**
There is a clear and documented pathway from the VAODP as mentioned previously and demonstrated in *Figure 1*. Relevant experience, completed training, or professional development can provide sufficient evidence of equivalence competencies. The Education Standards department has mapped the VAODP curriculum and assessments to the CERT IV Health Care and ensures that the provision for demonstrating equivalence of competencies readily allows for relevant existing skills and experience to be recognised in the context of the organisations learning framework. As an RTO St John is responsible for setting the criteria for assessing and determining “demonstrated equivalence” and Recognition of Prior Learning (RPL) levels of competency within the teaching and learning strategies, which provide the context for training undertaken. This ensures a consistent and streamlined approach to the awarding of RPL for those volunteers that have completed the relevant VAODP.

Furthermore, the recommendation states that; ‘*country ambulance workforce are consistently provided opportunities for nationally recognized training in line with their role*’. Currently, no national training package aligns with the unique VAO scope of practices and skills. St John have strategically aligned the VAODP training program to map exactly with the Clinical Practice Guidelines, Clinical Skills and Workplace Instructions. This congruence ensures volunteers are trained; build confidence and competence appropriate to their Volunteer Ambulance Officer (VAO) role and scope of practice in St John. Should the VAO only be trained in the AQF-Certificate IV in Health Care, there would be significant skills and knowledge gaps in their competence and their ability to perform their VAO role in line with St John policies and protocols. Equally there would be a significant risk that recruitment and retention of volunteers would decline significantly if there was to be mandated completion of accredited training.

Moreover, in response to the career pathway statement; volunteers who seek career progression in the clinical field are actively recruited under the Patient Transport Service and SAO program- if successful during the application process. In this year’s SAO intake, 16 of the 40 successful candidates are current St John volunteers seeking career progression to Paramedic.

**Development opportunities** are also available within the variety of volunteer’s progressive roles. For example; an experienced Level 2 VAO can advance into a training role which includes completing a train the trainer program before being granted the Volunteer Development officer scope of practice. Other roles such as leadership positions within the sub centres are offered to volunteers; including sub centre committee member, chairperson or treasurer roles. All skills and knowledge learnt within the volunteer training journey at St John are transferable to careers outside of the organisation.

**Gap analysis**

Dot point two under the gap analysis section on page 53 of the reports states; ‘*no quantitative data was available to identify activity by volunteers*’. This data is indeed readily available in the Volunteer Information Portal (VIP) and monthly MIS reports – under the volunteer activity section. Each volunteer shift and/or CAD activity is clearly shown under the individuals’ profiles in VIP (*figure 2*).
Furthermore, this readily available data in VIP contradicts the statement on page 56 of the reports which states ‘Understanding and capturing the true capacity of the volunteer ambulance workforce is difficult due to the lack of data capture on clinical hours worked’.

Lastly, the evidence on page 54 of the report (first point) states; ‘there is a general trend in declining volunteer numbers nationally’. This is not the case for St John country volunteers as the numbers have held steady over the past six years.

**Recommendation 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)

**Supported in Principle**

St John are a proponent of trialling and adopting innovative workforce and training solutions. Two initiatives that we are eager to explore in collaboration with WACHS are provided below.

**1. Knowledge and skills sharing with WACHS**

With registration of paramedics in 2018, there is similarity in professional development requirements for nursing and paramedic staff. Establishing a partnership in training for nurses and paramedics in regional career sub-centres and at regional hospitals would deliver efficient training for both WACHS and St John. St John sees substantial benefit in both organisations establishing a training relationship where professional development opportunities in regional areas, either classroom or video conference based, are made available to volunteers and staff between organisations.

**2. Creating a more integrated country workforce**

The Community Paramedic (CP) model, during its development in 2007-2009, was introduced to directly support volunteers. Additionally the CP role was intended to provide support to remote hospitals during caseload spikes and for urgent cases. This was considered particularly relevant at those WACHS locations experiencing recruitment issues or
low staff numbers in general. While this occurs in some areas, the practice is not standardised throughout the State. For example, some hospitals are concerned about insurance risks as well as clinical ownership confusion. These issues would need to be addressed in moving forward with Community Paramedics supporting WACHS operations.

With respect to WACHS staff assisting the ambulance and transport operation, this is performed on an ad hoc basis for reasons ranging from nurse escorts on transport cases where paramedics are not contracted, nurse escorts where one volunteer can be sourced, but the wait for a second clinical volunteer may be considered excessive by the sending facility, or in some cases we have nurses, orderlies or police who are also clinical volunteers with St John. While this shared workforce operation occurs on a needs basis currently, St John would be agreeable to discussing an operational method in relevant areas that combines WACHS and St John personnel for the benefit of the overall improvement of community health.

**Recommendation 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)

**Supported in Principle**

There is a current business case with WACHS to increase the Community Paramedic (CP) numbers to improve availability of CP's across regional WA. Although we support the CP model and are in favour of its expansion, we do not think this is the only investment required. Careful planning is needed to establish the appropriate number of CPs.

In addition to CP resources, further investment is required to increase the number of ambulance paramedics at existing career locations to ensure staffing levels are in line with increasing workloads.

St John welcomes the opportunity to explore with WACHS threshold indicators that support the addition of paramedics into current volunteer only locations.

**Recommendation 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 (WACHS)

**Not supported in current form**

St John Ambulance recognises the intent of the recommendation to give greater clarity and assurance of service delivery for Country Ambulance Operations. St John would support the reporting on agreed country performance measures, including location and service specific agreed targets where funding has been provided.
Funding for Country Operations

It is important to recognise the current contract funding does not include funding for the volunteer sub centre locations except for the funds included in the previous contract to introduce 23 Community Paramedics to support the volunteer model.

Any move to allocate additional funds to country services cannot be achieved by a reallocation of current funding which supports the current model within metropolitan and staffed country operations.

The Volunteer Model

The volunteer model ensures smaller WA communities have access to a responsive Ambulance service, with 7.6 response locations per 100,000 people compared to 4.9 across Australia.

Furthermore, using Northam as an example, the contract pays for only 50% of an ambulance, the other 50% is provided by clinical volunteers. Our integrated model enables an ambulance to be available 24/7 in this and other locations.

As discussed in recommendation 8 the integration of inter-hospital and primary responses within country locations assists in the provision of funding for sufficient infrastructure and resources to support the services. The guaranteed collection of Inter-hospital responses provides inherent motivation for sub-centres to undertake these to fund their operational requirements. Inter-hospital transports can be relatively long distances and take considerable time, with the resultant revenue a key motivator.

It would be overall detrimental to both inter-hospital and primary response services to break the integrated support for the volunteer model.

Allocation of funding

Whilst St John supports the introduction of location and service specific performance outcomes, the mandatory allocation of funds at the suggested location and service level is not supported for a number of reasons:

- The mandatory allocation of block funding in the contract is inconsistent with the desire to implement a contemporary contract and the objectives of the Auditor General’s report given it focuses on inputs as opposed to outcomes-based performance measures.

- Any allocation of funding would need to reflect the user fee element of the service, bad debts, O65 pensioner transports and other discounts. These will vary across location and in time which allocated funding would not follow. The current model of state-wide funding and KPI’s allows greater flexibility and sustainability to react to resource requirements as and when needed, whilst providing the required level of service where measured.
It does not reflect the integrated nature of operations within regional areas, in particular the resources utilised across IHPT and primary services are not independent.

In regional areas there are operational gains from having shared resources and it would not be practical to have a block funding split.

Additional funding for targeted initiatives could be beneficial however should be in addition to the block funding arrangement with specific outcomes agreed.

The strict allocation and separate management of funds could risk the consistent decision making across the state service. For example, if funds are segregated at a location and service level then the ability to have service wide rollout of new equipment could be compromised without centralised budgeting. Future technology opportunities such as the use of satellite enabled telehealth within regional operations will drive greater support and patient care but are not suited to a location specific funding structure.

Difficulty in designing allocation methodology at a detailed level that achieves objectives. The potential options listed in the strategy document (Figure 13) illustrate the inherent difficulty in aligning allocations to the outcomes being sought, especially at the detailed levels. The potential suggestions raise concerns as they have very little relevance to the cost drivers to achieve the performance outcomes and in calculating the resulting surplus/deficit there has been no adjustment on the allocation of the group overheads. This includes centralised services such as the state operations centre.

St John supports increasing the allocation of block funding to country services based on agreement on the changes to the delivery model and the service outcomes expected. These benchmarks should recognise the difference in cost and capacity required for regional services compared to metropolitan operations within the contract to outline the agreed outcomes to be achieved.

**Value for Money**

As has been stated in this report as well as other prior reviews the Ambulance services in WA operated by St John Ambulance is the most cost effective in Australia by a significant margin, both in overall cost and the cost to government. Maintaining this position is a stated component of the organisations mission. It also needs to be recognised that performance as measured by response times is also maintained above many of the other states.

The Country Strategy document whilst recognising this cost benefit suggests this is primarily the result of the ‘reliance on volunteers’. St John recognise the volunteer model has cost advantages and is critical to delivering a responsive Ambulance service to regional communities that would be cost prohibitive to have a fully paid service. St John however reject the assertion that St John’s position compared to other states is primarily due to the utilisation of volunteers. Cases attended by volunteer crews account for circa 7% of overall volume which is not enough to drive this differential. If WA was to replicate a paid service at
each of the volunteer locations the cost per patient and funding required by government would be significantly higher than the rest of Australia.

St John Ambulance WA have a cost per patient 20% below the Australian average and receive government funding per patient 40% below the Australian Average, the cost advantages are driven from efficiencies including non-volunteer locations as well as the user fees paid by users of the service in WA.

Financial Strength

The St John Ambulance volunteer sub centres are financially strong and well resourced. Each sub centre has a positive net asset position, and collectively a net asset position of $64m as at 30 June 2016, the financial period referred to in this document. This value does not include ex-metropolitan vehicles which are transferred to volunteer locations (discussed below).

As discussed in the document, whilst the funding through inter-hospital activity is not evenly accessible to every sub-centre there are other opportunities to fund the necessary infrastructure through:

- Distribution of funds by sub-centres to other sub centres via either the regional funds programs or directly between sub-centres which has been very effective for building projects.
- The regional funds program is a relatively new concept now operational in three regional areas and will be expanded to remaining regions.
- Grants and Sponsorship opportunities for equipment and infrastructure through various funders including government, industry and Lotterywest. The grants process is assisted through the regional office as well as the Grants & Sponsorship team based in the state office.
- The country vehicles program where 4-year-old Ambulances in metropolitan and paid paramedic locations are transferred to volunteer sub-centre locations to ensure all locations have access to appropriately aged vehicles regardless of financial strength.
Recommendation 19

Ensure contract periods align with contemporary best practice and are long enough to enable providers to invest for effective service delivery (WACHS)

Supported in Principle

St John has repeatedly requested that contract terms be set that allow longer term planning and security. Our view is that a minimum 5-year initial term would be appropriate, with automatic extension every 5 years if agreed performance criteria are met. This contract tenure allows for investment decisions to be made and encourages innovation, sustainable service improvement and builds community resilience.

As noted previously, St John firmly believes that one WA-wide ambulance service contract is preferable due to the integrated and inter-dependent nature of the various operational and support functions that make up a modern-day ambulance service. The management of the performance measures within a contract can be devolved to the relevant authorities to ensure that differing service delivery requirements are recognised and addressed.