

Your submission

Please provide a brief summary of your experience and any relevant issues. Your submission should respond to one or more of the committee's Terms of Reference

There have been numerous enquiries into the WA Ambulance Service over the last few years, although there has been no significant change due to St. John Ambulance WA continuing as the preferred provider.

The State Operations Centre (SOC) where 000 calls are received implemented a structured call taking system (PROQA) and this has standardised the assessment of 000 calls, but this system is risk averse and has resulted in a significant over-prioritisation of many cases. PROQA does have the ability to be tweaked, but this has generally not been done by St John, possibly due to a financial link with higher priority cases generating a larger fee for service. The SOC continues to be under-staffed regularly and there has been no change to the bullying behaviour and toxic working environment experienced by St John staff. It surely is not acceptable to have two call takers on a single shift for the entire WA 000 operations centre.

The 2009 Joyce Enquiry recommended that Inter-Hospital Patient Transport (IHPT) tasking be separated from the emergency tasking process and this has still not occurred. A large number of low acuity and IHPT cases are still tasked by the SOC especially after hours. These cases are also not attended by Patient Transport crews and the emergency fleet are utilised to attend these transfers and low acuity cases in the community. This continues to have a significant impact on stand-by capacity and on the availability of ambulances for emergencies.

The efficiency and adequacy of the WA Ambulance Service differs significantly with respect to your location within the state. This can vary from no service being available due to volunteers not being able to attend a case in regional areas as well as very little clinical interventions being available in regional areas due to low skill sets available to the volunteer workforce. The regional service is generally a transport model only and most regional areas should have the same level of clinical care available as in the Perth Metropolitan area.

Alternate service delivery models should be considered and the main goal should be to separate the emergency fleet from the non-emergency fleet. If required alternate providers should be utilised so that St John Ambulance can focus on servicing the community 000 emergencies more efficiently.

If there is insufficient room above to summarise your experience and relevant issues, please attach an additional page to this submission.

Proposed solutions

Please indicate any proposed solutions you may have that correspond to the committee's Terms of Reference

a. how 000 ambulance calls are received, assessed, prioritised and despatched in the metropolitan area and in the regions

The State Operations Centre (SOC) should be managed directly by WA Health to have direct control and accountability for all ambulance movements in WA. The PROQA system should be adjusted as required to reduce the over-prioritisation of too many cases. Prioritisation of cases should not be allowed to be made by the transferring hospital and all cases should be triaged on their clinical need. Non-urgent transfers should also not occur until a bed is confirmed at the receiving hospital. A large proportion of transfers deemed as urgent from the transferring hospital are not and these cases end up being placed on the ramp at the receiving hospital for many hours.

The SOC should have the ability to screen all transfers and make use of services other than St John Ambulance if appropriate for both emergency and non-emergency cases.

b. the efficiency and adequacy of the service delivery model of ambulance services in metropolitan and regional areas of Western Australia

The emergency ambulance service in the metropolitan area should be completely separate from the non-emergency service. At present the high volume of low acuity cases are serviced by one fleet and the current resources are grossly inadequate.

The reliance on the volunteer model in regional areas should be minimised with career Paramedics placed in all larger communities.

c. whether alternative service delivery models in other jurisdictions would better meet the needs of the community

The focus as practiced by other services should be to provide a service that is appropriate to the patient and does not necessarily always culminate in transport to hospital. The development of alternate care pathways and extended scope Paramedics should be considered to lessen the number of Emergency Department attendances. At present St John applies pressure on their staff to transport all cases to hospital as there is a financial incentive to do so.

The Health Direct System has been an abysmal failure as the bulk of calls transferred to them are returned to St John for emergency ambulance attendance. This service should be restructured or included in WA Health's control over SOC to include staff that have the ability to assess patients remotely and lessen ambulance attendances.

d. any other matters considered relevant by the Committee

Due to the focus of St John Ambulance on the bottom line and not patient outcomes the only long term solution would be for the ambulance service to be directly managed by WA Health. This is unlikely to occur in the short term and the focus should initially be to place the management of the SOC directly under WA Health.

Legislation to control ambulance services operations in WA as recommended by the 2009 Joyce enquiry has still not been implemented. This legislation is urgently required to be implemented to ensure that a uniform standard of care for metropolitan and regional areas is maintained and protected by law.