

## Introduction

From the perspective of someone of [REDACTED] years in a regional area.

St John Ambulance has evolved over the past 40 years.

A provider of emergency transport and in the field medical provision from the beginnings of necessary medical transport throughout WA.

A benevolent institution guided by the St John Ethic by Ian Kaye Eddie and Tony Ahern as CEOs working for the board. People who were adequate politicians and who bought the state along with them on the journey to cost effectively develop a method of getting patients to hospital across one of the biggest landmasses controlled by one operator on the planet.

A Military shaped ethic. An Ethic that demands resources be available for use in times of emergency.

This thinking is entirely appropriate in that sort of environment (military operations) and has some utility in the deployment of resources for an emergency responder.

An ethic that has entirely disappeared with our quasi shift to a profit creating (or at least a cost neutral organisation) the cost-effective deployment of resources has become over arching in our pursuit of "best use of resources"

What is the best use of resources?

The Military is tasked and trained to have resources for those periods of Armageddon. Because if you loose you are no more. The fire dept has this ethic. They are politically strong and capable people who bring the government (the people) along the path that they are heroic figures fighting a war against largely an unconquerable foe a foe that at best can only be managed.

Contrast that thinking with the budget conscious ineffectual—politically ---Modern St John Ambulance. We have the ethic that all people should produce a profit or at least pay their way. The concept of providing for times of duress have been lost in the budgets and spread sheets of infinitely managing a fleet of vehicles.

There is no department for times of Armageddon. Creative people who fight for their corner looking at times of state, local or national emergency people who take it as their job to turn chaos into order.

Not just use better PR people to explain away deficiencies rather than accepting that risk management is difficult and costs money.

The tectonic shift in Medicine that now requires a different level of professional “in the field medical delivery” and the unprecedented and rapidly increasing medical transport requirements over that period has pushed massive change on the organisation.

In the 60s a diagnosis of cancer or perhaps intuitive understanding meant that a person “took to bed” and self-medicated themselves with tobacco, morphine and a teaspoon of kerosene or cod liver oil (can’t hurt, mum was a shearers cook and she always swore by it) every other day—until death mercifully took them.

The improvement in in field equipment and interventions for medical emergencies has built the imperative to have a more educated and purpose tasked crew of operators -- Paramedics. ( appendix A) Highly skilled and capable operatives that have a role in medical transport but must be kept available for the catastrophic events that are around every corner of a modern society.

The medical fraternity have evolved to a much more hierarchical and nuanced service that has had built into it a more transport necessary model. Patients require many more investigations and interventions. This is having profound effect in the country.

The ethic that country folk deserve similar levels of medical care impact much more on the transport model than expected.

The change in public thinking has evolved rapidly The payment of ambulance charges for people over 65 by the state government. This helped change the thought by a patient FROM “I do not feel well –but it is not an emergency, I will take myself to emergency” To I do not feel well –but it is not an emergency “I will call an ambulance” BECAUSE those who cannot get an appointment or cannot afford an appointment now take their child or themselves to hospital (probably by ambulance because that is free as well) and will present at emergency.

These are just some of the influences on the pressure on Emergency Departments and St John Ambulance when considering the provision of Emergency transport and medical transport in WA

Volunteers and Country WA

St Johns have rightly elevated the clinical side of our transport model both within the volunteer component and across the Paramedic profile. They have carried out

this area particularly well. Both volunteers and Paramedics have a very appropriate arsenal of skills and training for the emergencies they are expected to meet.

In the field medical delivery is a demanding profession and requires a unique individual that enjoys the type of challenges presented.

See \*\*\*APPENDIX A\*\*\*\*

St John Ambulance are further responsible ---off the back of their experienced and qualified Paramedics---providing Volunteers across WA with a solid algorithm for unpaid good thinking and benevolent meaning people. To carefully and safely transport to hospital an injured or sick person from an "in Field" location to a local hospital or nursing post. And the then possible transport of those people by RFDS or ambulance when they have been stabilised.

### Recent Events

The past 2 to 5 years have seen the impact of a set of profound changes rolling out for the past 10 years.

The mining boom has seen infrastructure in WA reach a much higher level providing regional cities and areas with increased populations and increased hospital and doctor densities. With corresponding presentation increases.

Bureaucratic organisations are exceptional at maintaining work and responsibility for flows that increase at a steady and linear rate and manner.

The management structure within these organisations, hide bound as they are.--- charged with patting the tennis ball down the middle of the road – following the white line. Not going at looking at the boundaries and beyond for issues that "probably won't happen." They are not of the Paramedic mindset the ----turning chaos into order mindset.

Change is occurring so rapidly that the management system as is cannot keep up. The workforce is adequately trained and recruited. They need a better management system to engage with WACHS

St Johns have never been included as a department of WACHS they operate pretty much without oversight. The service has worked---It has not cost too much ----State gov did not want to know.

The rapid expansion of country regional cities. With major Emergency and General Hospitals servicing a surrounding hinterland of lesser hospitals, GPs and Nursing posts, Massive increases in the aging population. Have placed un precedented pressure and need for change on the entire health system.

Change is wonderfully carried out by Bureaucrats after the problem is obvious, after the changes should have been made. Then when the changes have been made, further change needs to be made as that last change never took into account the changed circumstances since that last change needed be instituted!

Cite the regional city with an Ambulance depot that need to be moved 3 years ago. 1 year ago the new depot that had been designed was deemed to be insufficient --- -before a sod was turned and so has be ""future proofed"" meaning that it was scrapped redesigned and now will be a further 3 years away. The manager that said, "it will be started before Christmas this year," has never built anything more complex than a 2meter by1.5 meter garden shed has no concept of the pressures upon the building industry.

Country service delivery needs to be looked at in 10-year 5 year and 2 year time frames. If that is done then the standard St John Bureaucracy could keep all the staff pointed in the required direction.

St John are "message takers" from the state government they have no over the horizon vision. It is not part of the bureaucratic armamentarium.

This area of business management is not about dealing with those things one can see. It is assessing the things one cannot see, allocating them a degree of probability that they will occur and then allocating resources according to those likelihoods. Bureaucratic organisations have evolved very adequately to work in left brain mode "prey" mode. If it can be seen then pursue it. They work much less effectively in "predator" mode right brain thinking. The alertness to threats that may be anywhere with any level of acuteness but non the less exist and must be planned for.

There needs to be a section of management that is not "OLD think SJA" promoted on the nepotistic mate system old Bureaucracy. There needs to be a team of proven THINKERS probably paramedic experience. But promoted to the roles by exterior employment boards that are experienced in weeding beyond the normal boundaries of these organisations. A group of people well managed and lead by the health dept that are charged with deciding direction, Staff placement and education for the country. An integrated WA Health approach. Education and development can and should be done via the Metro development pathway.

In Conclusion

St Johns has massive political capital and a network built up over generations. Often despite the metrocentric semi management that has been injected into WA.

It would be unthinkable to try to run volunteer locations from some other Government structure. The local capital and knowledge is too much.

Country regions and depots are generally managed by astute local businesspeople who are able to minimise the worse policies and capitalise on the best that ST Johns Provide.

Regional Cities not so as they are run exclusively by the bureaucratic wonks. People who use their cunning and desire to attain a position that exceeds their ability to carry it out. Remaining in place solely by crushing dissent. They punch down very well it is of course much easier than punching up.

What should this parliamentary Inquiry Recommend?

The current structure of SJA be radically changed

The CEO and all planning decisions need to be State Government Health employees.

Country St Johns should remain as unchanged (on the outside) as can be. Retention of a normal volunteer system across wa should be maintained.

Paramedic response should be considered a critical part of SJA.

Transport needs to be revitalised helped and protected by incorporating its management, development and use into the Hospital system in WA.

Promotion of people into management roles needs to be reorganised so as to eliminate nepotism.

## Appendix A

### The Value of a Paramedic

The work of a Paramedic is a small speciality that has been under considered in the area of "in the Field Medical intervention" and must be understood to be much more than a nurse that pushes a trolley of equipment out of the emergency department into the carpark.

Go down to your local hospital – at 2 am --- in mid winter on a rainy night--- you probably won't get out of the car. If you do walk around the corner away from the lights and the relative safety of your car and consider the intellectual components that are necessary to regularly and safely manage an emergency in the flower bed in the dark –even within hailing distance of the emergency department. The chaos that your mind is imagining is there –everywhere. In every carpark in every laneway in every lounge room It is no different to other professions ie Fire and Police. However it is very much the area of PROFESSIONALS.

Most complex jobs

Throw random complex problems at you.

Paramedics get many many thrown at them in real time with real people depending upon correct decisions being made very rapidly.

A paramedic has to be able to abstract.

Has to be able to problem solve.

Formulate lists of different solutions.

Choose between the different solutions rapidly.

For a multiplicity of issues

As well as hosts of lists for differential outcomes and diagnoses

Repeatable over very intensely emotionally charged situations.

In real time            in the field            By themselves

So --- not surprisingly one's ability to solve complex random problems.

ie ones Intelligence Quotient!

Is likely to reflect the likelihood of one's ability to cope and so to the possibility of being overwhelmed.

The intellectual capacity of a paramedic is an under considered aspect of the job. It is vital to just carry out one's trade, but also very important to consider when the vexed issue of ---job originated psychological trauma—is addressed.

Highly intelligent people are not only better able to carry out the job in an independent manner. But are better resourced to lead and control highly emotionally charged scenes.

Try to imagine that hospital carpark at 2 am on a winters night with 50 highly upset (drunk and drugged) people 50 km from town after one of them has run over and critically injured one of their peers. The intellectual and personal strength required to keep them focused on helping and letting us get out of there with some semblance of order is profound. —Not difficult—Not heroic—Not psychologically damaging, but requiring a different skill set to a carpenter making roof beams or a nurse suturing up a patient.