College of Emergency Nursing Australasia
WA Branch

Dear Committee,

Thank you for providing the opportunity to respond to the submission for the inquiry into the delivery of ambulance services in Western Australia.

CENA has over 170 members working in Emergency Departments in Western Australia, and we value the opportunity to provide input into prehospital care delivery. Please see our submission below, and don't hesitate to contact us should any further clarification be required.

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

- Assessment of calls:
    - Allowing those in comms to use clinical knowledge and expertise rather than having to follow the ProQA system – using the CSP in coms to be able to downgrade inappropriate priority 1 calls.
- A tiered system would be of benefit with rapid response cars, motorcycles and a metro helicopter allowing SJA to meet area demands at times of high capacity despite ramping and road conditions. This would allow for rapid dispatch, clinical triage in the field and downgrading of inappropriate calls.

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

- Metro:
- A tiered service would match clinical skill with clinical presentation. Allowing for paramedics with higher levels of skill to attend more critically ill patients.
- The use of rapid response cars and motorcycles with critical care paramedics would also be of benefit during times of ramping, so that service delivery is still possible within the community. Transport ambulances can then be diverted to critically unwell patients as decided by the CCP who will then attend to the patient en route to hospital.
- Regional:
- Regional and remote communities should all have a registered paramedic 24 hours a day 7 days a week to cover a certain square kilometre area. The larger the area the more paramedics are required. Paramedics working in rural and remote areas should have Critical Care Paramedic capabilities, including the ability to rapidly induce someone for intubation. Regular upskilling at metro teaching hospitals should be completed in order to ensure paramedics retain skills.
- Regional areas should not have to fund raise for their own ambulances, and ambulances should be fully equipped – the level of care a patient in a regional area receives should not differ from the level of care delivered in the metro area.

- A metro helicopter should be considered for rapid response - this should include time critical transfers from district hospitals during rush hour traffic.

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

- A tiered system – basic life support, intermediate life support and advanced life support should be introduced. Paramedics should undertake regular training to undertake these positions and they should not be tenured – i.e. unlike CSP's currently who are trained to be highly skilled, but then after 3 years are rotated back on road and not allowed to utilise the skills, and CCPs who work on the helicopters who are also not able to utilise their advanced skills on road.
- Motorbike and rapid response cars such as with the London Ambulance System
- Consider having doctors as part of the service, such as with HEMS.
- Consider having Ambulance Nurses, such as in Europe. (the Netherlands does not use paramedics, but after an 18-month course an RN is allowed to work on the ambulances independently at ALS level)

d) any other matters considered relevant by the Committee.

- Greater communication between SJA and the police and fire services.
- More flexibility in where mental health patients go and who takes them – if the patient is appropriate for the police to take them to the watch house then this is where they should go.
- More training for paramedics to deal with mental health and drugs/alcohol – especially required is a regular de-escalation training and self-defence.
- Better health and wellbeing psychological support from Ambulance Officers through to senior paramedics.
- A metro air ambulance that is able to hot load and land anywhere in the metro area is required. This would greatly impact on rapid transportation of STEMI and CVA patients or those requiring specialist hospital intervention ensuring expeditious treatment and better outcomes. This would require highly trained critical care paramedics preferably with master's level training and previous aeromedical experience manning a dedicated Air Ambulance dispatch desk and rotating on to the air ambulance itself. E.G. London HEMS. This could also rotate doctors from the trauma hospitals. This would bridge the gap between prehospital and in hospital care and knowledge.
- The head of the ambulance service, CEO, and senior management should all have an extensive understanding of international and national emergency service systems. Medical directors should have prehospital, ED and aeromedical experience, and have mechanisms in place to have a clear understanding of the workforce. There should be an on-call executive who is able to respond to major clinical incidents 24/7.
- Paramedics should all be registered for a Working With Children Check
- All Ambulance Officers should be registered with AHPRA.

Kind regards,

CENA WA