

Dr Graham Jacobs MLA
Chair
Education and Health Standing Committee
Parliament House
Perth WA 6000

June 26, 2015

Dear Dr Jacobs

Re: Inquiry into the transition and operation of services at Fiona Stanley Hospital

Thank you for your correspondence of 14 May 2015 which invited this organisation to make a submission to the above-named inquiry. Our responses to the inquiry's information requirements are as follows:

1. *Shortcomings in the management of the transition of specialist services from other metropolitan hospitals to Fiona Stanley Hospital*

St John was contracted to assist with moving patients from other hospitals to Fiona Stanley Hospital (FSH). We found that the process was well planned and executed; well co-ordinated (especially considering it was an inter-agency effort); and that all requests we made were carefully considered. We would not seek to draw the committee's attention to any shortcomings.

2. *The management of potential areas of operational risk during the hospitals commissioning process*

Our biggest concern related to way-finding and crew access. FSH is a difficult building to navigate, it has little signage, little in notable landmarks, poor way-finding information, and it was also difficult for our crews to access areas other than the Emergency Department. Additionally, issues and initial solutions seemed to change regularly during the commissioning process and it was sometimes difficult to determine whether it was Serco or FSH which had decision-making ability to solve issues; each had their own idea of 'what should happen'.

It was also hard, at times, to get the relevant parties to understand the seriousness of the issues involved. Serco, for example, introduced swipe cards for St John access which the organisation duly spent considerable time placing in each vehicle only to have the decision reversed by hospital management (which seemed unable to realise how significant an issue it was for us).

While we expect issues connected to way-finding will resolve over time as crews become more experienced with the hospital layout, we do believe it necessary that swipe card access is established again. As it currently stands, our crews need to be escorted by Serco staff and this is not always practical or desired, and can lead to issues which potentially can compromise patient care.

Our crews have also been prevented from accessing FSH's wifi network which has resulted in delays transmitting electronic patient care records to hospital staff. At the moment, our crews' only access to wifi is through the network 'built in' to their ambulances and so a disconnect exists when crews move away from ambulance – out of the range of the ambulance's wifi – and enter the hospital environment. However, these issues have been raised with the Director General of the Department of Health and we are confident that a solution will soon be forthcoming.

Ramping, once FSH became operational, was a concern (with a high number of ramped cases and ramping hours) however we have seen an overall downward trend in the months subsequently; similarly with triage times which, although starting high, have also trended downward. We have attached some graphs which illustrate.

3. *Any potential risk to patients that have resulted from the issues identified in (1) & (2) above:*

There are obvious risks for us if crews are not able to navigate easily around the hospital:

- If the patient suffers a significant clinical event during a transfer that is exacerbated by the crew being delayed as they are finding their way to where they need to go;
- Delay of crews returning to operational duties in a timely manner, resulting in fewer crews to meet public demand for ambulances.

While ramping is trending downward, it is still a concern and adds to delays in our ambulances being able to get back onto the road.

4. *Any potential risk to patients that has resulted from contracted services provided by Serco:*

We have no comments here additional to those we have already made throughout our submission.

I hope you find our contributions useful and I am happy to elaborate on them at your discretion. Thank you for the opportunity to comment.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Tony Ahern', with a stylized, cursive script.

TONY AHERN
CHIEF EXECUTIVE OFFICER

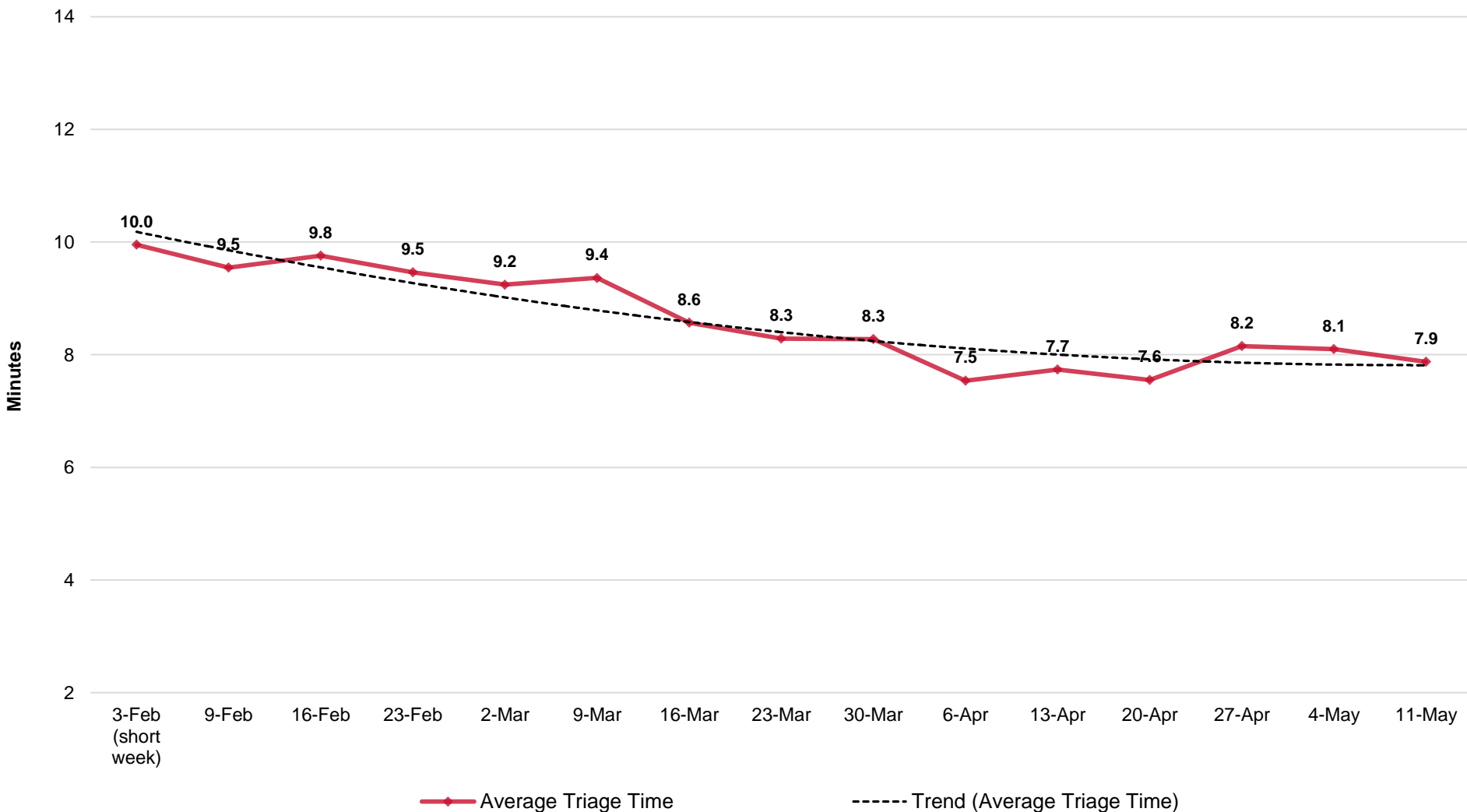
Average triage time

The average triage time for cases to Fiona Stanley Hospital ED is trending down since the opening of the hospital. Triage times are within the 10 minute target



Average Triage Time to Fiona Stanley Hospital ED

3 Feb to 17 May, 2015



Average off-stretcher time

The average off-stretcher time to Fiona Stanley Hospital ED is trending downwards since the opening of the hospital. Off-stretcher times are nearing the 20 minute target

Average Off-stretcher Time to Fiona Stanley Hospital ED

3 Feb to 17 May, 2015



Ramped hours and cases

Ramped hours and cases are also trending down since the opening of Fiona Stanley Hospital



Ramped Hours and Cases to Fiona Stanley Hospital ED

3 Feb to 17 May, 2015

