

# 2021 Ambulance Service Enquiry

## Comments from Shire of Carnamah

### **1. Ambulance Service calls are received through our Australian Emergency Call number 000**

This same number is used to receive and dispatch all emergency calls that require the assistance of either Police, Fire or Ambulance. On receipt of an emergency call to the 000 number the call is allocated to the appropriate emergency service; within WA that call is transferred to the Western Australian Ambulance State Operations Centre (SOC), which is then triaged to determine the urgency of that call. SOC then allocate that call to Paramedics or Volunteer Ambulance Officers.

The Triage system is referred to as PRQA, a system that was implemented post a previous review. The caller is asked a series of specific questions and how they respond to those questions then determines the dispatch code on which the ambulance is dispatched, either as a Priority 1, 2 3 or 4.

This system is used across WA for all metro and country calls.

### **2. Efficiency and Adequacy of the service delivery Model in WA**

This is required to be assessed within two categories:

1. Primary Response; and
2. Inter-hospital Patient Transfers (IHPT).

Primary Response is the ability to deliver a First Response Ambulance Service to Our Communities, which should be an achievable objective, by Country Sub Centres staffed with Volunteer Ambulance Officers.

Within WA we have in excess of 5389 Volunteer ambulance Officers who commit their time to study to achieve the required skills and knowledge to be able to deliver to their community a first response ambulance service; that is the charter of all St John Ambulance Country Sub Centres.

Within WA we have over 100 Country Sub Centres staffed with Volunteer Ambulance Officers who deliver a high standard of patient care and transport to Western Australian Country Health Services (WACHS).

Within WA we have 16 Career Sub Centres i.e. staffed with Paramedics.

The shift roster comprises one Paramedic and One Volunteer Ambulance Officer each shift.

This System has worked effectively to deliver a primary response ambulance service to our rural WA communities.

The breakdown occurs with the IHPT transfers as local WACHS facilities do not have the appropriate staffing levels, radiology imaging, pathology, surgical or medical resources to deliver to a patient the required intervention/assessments to diagnose and treat the patient

SJA are requested to transfer at unrealistic times to regional or metro facilities which creates a fatigue and safety issue for both the patient and volunteer.

### **3. Alternative Service Delivery Models**

Royal Flying Doctor Service (RFDS) has the charter to undertake and complete these long distance transfers from a local WACHS facility to a regional tertiary facility. It would be appropriate to fund and staff RFDS to be able to deliver their charter more effectively than they currently are able, due to fiscal and resource constraints.

It would also be appropriate to establish the provision of a Helicopter Retrieval Service based in major Regional Centres.

The Helicopter Retrieval Service would ensure that patients (trauma & medical) can be evacuated to the appropriate tertiary facility to receive the care that they are entitled to and should receive, ensuring the correct and alternate pathway of care.

Both appropriate utilization of RFDS and a Helicopter Retrieval Service would ensure that regional patients receive more appropriate care, at the same time increasing ambulance availability for primary response calls.

The current service delivery model does work effectively, but additional resources are required to improve the overall outcome for improved health services in WA, not just within St Johns, but within the WACHS & RFDS service models.

WA would not survive without the Volunteer model we currently have with St John Ambulance, DFES – Bush Fires Brigades and SES. Volunteers are under-valued resources that bind our regional communities together to ensure stability and survivability.

A change in the current system is financially beyond the scope of the WA Government and WACHS. There is a different price structure for the service delivered by volunteers compared to the service delivered by Paramedics.

Volunteer Ambulance Officer Services are charged at a lower fiscal rate, then Paramedic Services, obviously because the Volunteer Officer donates their time to provide that service to the community they chose to serve, which quite often embraces all who travel through regional WA.

To change the current service delivery model would impact drastically on the primary response ability. Currently, we have a Volunteer Manned Sub Centre every 50 to 100 kms who are able to respond as required. Changing that would create a delay in response that would impact on the lives of our rural communities.

Volunteer based Country Sub Centres are totally self-sufficient i.e. they self-fund all their required service delivery costs.

Is that a cost that the Government is prepared to carry at a risk of loss of an ambulance service to Rural WA?