Submission to the Public Administration Committee – Inquiry into the delivery of ambulance services in Western Australia.

I am a volunteer Emergency Medical Technician at the Bullsbrook Sub Centre, I am also the Secretary on the Committee and Volunteer Engagement Manager.

I would like to provide a submission into the inquiry into the delivery of ambulance services in Western Australia.

After viewing the transcripts and videos of Public Administration Committee, I would like to let you know what is happening in front line services, against what the SJA Executive team have stated. I am not sure if the Executive Team are aware of what is happening 'on the ground', but what they are saying to the Committee is, in some instances, not what is happening in front line services.

For ease of reference, I have highlighted where the information has been provided to the Committee, either in the public submissions, SJA submission or in the Committee hearing.

Video recording 24/9/21 Part 2

At 6 minutes and 57 seconds Mr Dion Brink states 'paid staff at regional office are there to provide support to volunteer sub centres'.

Our experience is that the regional office provides little support to volunteer sub centres, in fact they seem to increase our workload and at times disrupt the operations of the sub centre.

Examples include:

- I don't think I have ever sent an email to regional office and received a response without at least one follow up email, usually at least two. The information that is finally provided is vague, limited with information and usually says they are waiting on a response from head office (Belmont)

- when dealing with staffing matters, the process is extended and again is usually blamed on Belmont. I am not sure why you need the middle person (regional office). It would be more streamlined for us to go directly to Belmont

- Regional office is supposed to coordinate training, however, we find at times this information is not passed on to the sub centre or the CP and therefore people don't turn up. A recent example was the Wellbeing and Support training where the trainer turned up, but as we were not advised of the training, no VAO's turned up.

- Regional office seem to circumvent the sub centre and encourage VAO's to go directly to them to organise training and there is no communication with the Lead VDO of the sub centre or the CP. An example recently where an EMA went directly to regional office and undertook EMT training. This VAO had only been an active EMA for 3 months, completed limited jobs, but was accepted on the training. At Bullsbrook we carefully manage our VAO's so we know they are ready to be an EMT, this is for their own safety, their partners and importantly the patients. At Bullsbrook we want our EMA's to do at least 12 months as an EMA, provide them training and experience in the role, then following a discussion with the VEM, VDO and mentor recommend those that are ready to do an EMT course. Pushing people too quickly into an EMT role, where they are responsible for the care and treatment of a patient, can at times result in them withdrawing from volunteering.

- Despite the number of people working in regional office they seem to be pushing more and more onto volunteer sub centres. As we have limited hours to send on running the sub centre (in addition to our full-time paid jobs, family and spending hours in the back of the ambulance) we should be able to rely on regional office to provide us support, but it seems we have to make decisions and implement processes ourselves and only hear from regional office if they believe we have 'done something wrong'. Examples include the recent Annual Review Meeting where we used the last template provided to us, we sent it out and then got a call to say it was wrong, but regional office hadn't provided us with the current template. We were advised we were supposed to search the system to find it even though we didn't know it has changed.

I believe Regional Office is an irrelevant layer of management and are not providing support required to volunteer sub centres. I would prefer to deal directly with head office and the FTE from regional office changed and put into front line services

At 9 minutes and 26 seconds Ms Michelle Fyfe states "the standards apply to all volunteers; they apply to everyone including myself as CEO. The Code of Conduct applies to everyone including volunteers".

Our experience is that is it very difficult to have volunteers held to account for their conduct and behaviour. We found it very difficult to get regional office and head office to accept that volunteers are required to comply with the Code of Conduct as well as other policies (Returning to operational duties following a period of absence).

I don’t believe that Regional office or Head office hold volunteers to the same standards as career employees. We often get the response from our VAO's 'but we are volunteers' when we try to hold them to account for their performance or

conduct. We believe that the only volunteer aspect of our role is volunteering the times and day we roster, other than that when we are on road crew, we should be held to account the same as career officers, but there is limited support for us to do this. Our patients deserve a professional ambulance service and we strive to deliver this on all occasions, but are not backed up by the organisation.

Volunteers are dealing with the same situations are career employees, and have a number of challenges that the career employees do not face (less equipment, less resources, further away from back up and have our patients in our care longer) and therefore our patients deserve to have properly trained, professional and capable VAO's attending jobs.

When situations arose where we needed the support from Regional and Head Office to deal with some employee issues, we found it very difficult to get any support to address these matters.

In fact, I had to write a document to justify taking action and it was only then, that some action was taken, however, it took considerable amount of time to address and once they decided the had to address the issues (because they had my document justifying the actions) they didn't communicate with us to allow us to organise rosters etc. This could have had a significant impact on our operations. The only reason it didn't was because we had tentatively made plans to alleviate any issues, IF they took action.

At 52 minutes and 57 seconds Ms Michelle Fyfe states 'the new defibs that we are introducing are a very expensive piece of equipment.
We agree that they are very expensive, but the benefit especially for volunteers is significant.

We have to raise our own money to purchase this equipment and thankfully our fundraising efforts with the support of the community has allowed us enough funds to purchase them

It is interesting that the highly trained and qualified paramedics who are trained to interpret ECG's and are close to hospitals and back up had access to this equipment prior to some of the busier volunteer run sub centres.

Volunteers are not trained to interpret ECG's and can only say if the heart rhythm looks normal or abnormal. Given our patients are in our care for a longer period of time, and we are further from hospital and back up, I thought it would be appropriate to provide these 'smart machines' that tell you what the heart rhythm is and allows the CSP, sitting at a desk in head office, to view the ECG, to volunteers in the first instance and allow paramedics to rely on their training (and only have the care of their patients for a short period of time).

Video 29 October 2021 Part 1

At 44 minutes and 28 second Mr Dion Brink states 'the mapping service in ambicad is up to date and I am not sure if people use other tools like google maps to get to jobs, but I will check'.

At times ambicad takes us on the incorrect, or longest path to a job, but given we are locals and/or know the area most of the time we know which way to go, however, there are times where we use google maps or the like to get to a job. This is a problem with all systems and not just ambicad.

At 1 hour, 25 minutes and 49 seconds Mr Dion Brink states 'there are limited non-emergency transfers undertaken after 8pm at night, they are usually emergency transfers. If there are non-emergency transfers, they would be very small numbers.

At Bullsbrook we get a number of calls, after 8pm to undertaken non-emergency transfers.

At Bullsbrook we don't job shop, so if a transfer comes in when we are on shift, we generally do the job, even if it is in the middle of the night and we have to work the next day.

We would prefer not to do non-emergency transfers after 8pm, but we see it as someone needs an ambulance so we will help. Examples over the past couple of months include:

- 30/10/21 at 10.30pm transfer from Northam to Midland (1.25 hours to Northam from Bullsbrook, 1 hour from Northam to Midland and 25 mins from Midland to Bullsbrook, making 3 hours travelling time and on average 45 mins for the handovers)

- 3/10/21 at 10.30pm transfer from Northam to SCGH (1.25 hours to Northam from Bullsbrook, 1.5 hours from Northam to SCGH and 1 hour from SCGH to Bullsbrook, making 3,45 hours travelling time and on average 45 mins for the handovers)

- 22/8/21 at 1.08am transfer from Moora to RPH (1.5 hours to Moora from Bullsbrook, 2 hours from Moora to RPH and 50 mins from RPH to Bullsbrook, making nearly 4.5 hours travelling time and on average 45 mins for the handovers)

At 1 hours and 30 mins and 37 seconds Ms Michelle Fyfe states 'we generally do not take an emergency ambulance out of an area for interhospital transfers as this takes an emergency ambulance away from the Community''

At Bullsbrook we were encouraged by regional office to undertake any transfer that comes our way as it is guaranteed income, and metro crews can cover any jobs that come into our community.

While I believe that a transfer is a job where someone needs an ambulance, and we are close enough for others to cover our jobs, we do at times leave our community exposed when we are on a transfer.

Fortunately, this hasn't occurred many times (we had an emergency ambulance job when we were on a transfer).

In addition, given Bullsbrook jobs generally last about 3 hours, if we have a pre booked hospital transfer (i.e., the request came in the night before) that means our crews are not able to respond to an emergency ambulance call, up to 3 hours before the transfer job, otherwise we cannot fulfil our commitment to transfer the patient at the time required (generally for hospital appointments).

29 October 2021 part 2

At 33 minutes and 29 seconds the question was asked 'do volunteer sub centres get the ramping fee if they are ramped at hospitals". The answer to the question was not known by the Executive team.

At Bullsbrook we have never received a ramping fee despite being ramped on a number of occasions.

Fortunately, the para crews are very helpful and often offer to take our patient if we are there too long so we can get back to our area, as often we are the only crew available.

At 39 minutes and 25 seconds the question was asked do the sub centres wear the cost of bad debts or is this covered by head office.

The cost of bad debts is covered by the sub centre as well as the cost of any debt recovery.

We regularly write off between $5,000 to $7,000 in bad debts bad debts each month and this has an impact on our bottom line.

Over a 12-month period this could equate to between $60,000 and $84,000 per annum. This is significant as this money is the same amount to purchase two new defibrillators, which we have had to flip burgers and seek grants to purchase.

One thing that could improve is the fact that if we attend a job and then a para crew backs us up, they usually get the transport fee from the patient and the volunteer sub centre, who has done most of the work and used their equipment, medications etc, do not get paid for the job, because we didn't transport the patient.

Sometimes this can be a signification cost if we use multiple medications and equipment. If only one transport fee can be charged to a patient, then I believe it should be the volunteer sub centre that has completed most of the work, used their equipment and skills and not the career sub centre.

At 43 minutes Ms Michelle Fyfe states "those sub centres just outside the metro boundary may be called on occasions to complete jobs, just inside the metro area'.

At Bullsbrook we regularly get called to jobs in the metro area, whether that be when we are driving back from a job or when the metro crews are busy. We average about 5 calls for metro jobs per month.

SJA Submission

On page 41 of the SJA submission it states "There are small numbers of EMR's in specific regions with small populations and competing volunteers' roles i.e., fire and SES'

We have been advised that the EMR role will be implemented in all areas and we are required to include EMR's into our crews.

At Bullsbrook we are fortunate that we have lots of people wanting to volunteer, given our close proximity to the city. In fact, we have to manage the numbers of people we get on our books.

Given we do not have any issues with getting volunteers nor lack of trained VAO's we do not believe that EMR's have a place in Country Ambulance in Bullsbrook.

We have raised this matter a number of times however, we get told that we need to embrace EMR's and there is a role for EMR's in Country Ambulance.

We have not included EMR's in our crews as we believe for our patients' safety and that of the partner, that crews should be a minimum of EMA and EMT, however, we are still getting push back with this decision.

I do understand that this would be a useful initiative in the more remote areas in WA, however, not required at Bullsbrook.

On page 41 of the SJA submission it also states "the prerequisite to become an EMT is to have completed EMA training and volunteered at that level for twelve months.'

This is not happening in sub centres and some EMA's are trained into an EMT role before undertaking twelve months as an EMA.

At Bullsbrook we carefully manage our VAO's to ensure they have the knowledge and experience to be an EMT and manage, in the worst-case scenario, a significant event. To do this you need to be on road and exposed to all a wide variety of jobs before you have the skills and confidence to be "responsible' for the crew and patients in country ambulance.

We do this because in Country Ambulance we:

- have less training than our paramedic colleagues,
- have less equipment and resources at our disposal then our paramedic colleagues
- exposed to high level trauma jobs (high speed MVA's, farming accidents, horse accidents, motor bike accidents etc)
- are further away from back up or assistance (we can be waiting a minimum of 30 minutes for a backup crew)
- are with our patients longer on road than our paramedic colleagues (an average of 1.5 hours compared to 30 mins)

However, despite all this we have the same responsibility to provide emergency pre hospital care to our patients and get them to an appropriate hospital.

To ensure we provide the best care to our patients, we make sure that our EMA's have been regularly crewing for a minimum of 12 months and before we recommend them to progress to an EMT, the VDO's VEM and the VAO's mentor discuss their suitability to progress, then nominate them for an EMT course.

Unfortunately, Regional Office have on a few occasions bypassed this well-established process and have allowed EMA's with 3 months experience in country ambulance attended EMT training, without any consultation with the sub centre, and then allowed them to be an EMT on road.

Not only does this decision place a high risk on our patients, it also exposes the VAO's partner and the VAO themselves. We have experienced in the past that when some VAO's progress too quickly or too much responsibility is placed on them, we lose them as a volunteer.

I believe at Bullsbrook we provide an exceptional level of care to our patients, despite the above challenges, that are paramedic crews don't face and we need to ensure we can continue to provide this service, by having suitable, trained and experienced VAO's attend these jobs, after all don't country patients deserve this?

On page 42 of the SJA submission it states 'ST John WA clinical volunteers have an annual continuing education program (CEP), delivered over a calendar year. The program is tailored to the scope of practice of the volunteer and blended education delivery model is utilised. Clinical volunteers much pass all theory and practical assessments of the CEP in order to maintain their scope of practice and continue to provide care in a pre-hospital are environment. A clinical volunteer who does not maintain their scope of practice must complete the whole of their training again in order to continue to volunteer in a clinical capacity'.

It is true that VAO's must complete their CEP to continue to volunteer in a clinical capacity, but there is no requirement for VAO's to attend regular training sessions held at sub centres.

In the SJA submission it states that the CEP is delivered over the calendar year, and while a majority of VAO's attend training over the calendar year, some VAO's chose to attend a one day sign off, organised by Regional office to get their CEP signed off.

I believe training is important so that you can constantly continue to hone and develop your skills. At times when on a job it can be quite busy, loud and stressful so you need to have good training behind you to fall back on. In addition, training is also about working with your colleagues, developing trust in your skills and creating teamwork.

As you would be aware, any sporting team trains regularly to maintain their skills, develop teamwork and practice what they do best. Most teams train at least once a week, if not more, so why should our VAO's be able to only train once or twice a year?

I don't believe that VAO's should be able to be signed off on their clinical skills over a one or two day period, they should be required to demonstrate their capacity to undertake these skills on an ongoing regular basis. After all, if you are in a sports team and you don't attend training, or your skills are not up to standard at any point in time, you are benched, so I am not sure why in such an important role, we are allowed to train once a year and still remain on road.

In addition, the CEP does not cover all the skills required of a VAO each year, it is only a selection of the skills required for a VAO. Generally, these are the skills that

we use regularly, such as trauma, cardiac, respiratory etc, however, there are a number of skills that we don't use regularly and don't train for regularly.

I believe it is important to train for things that we don't regularly encounter on our call outs. Trauma and Cardiac are common calls for us to attend and we have good knowledge in this area as we do regular jobs and undertake training. Other jobs such as child birth and pregnancy complications are not part of a regular training and have not been included in the CEP training for at least 2 years.

Jobs that we don't attend regularly should still be on the training calendar so that we are confident when attending these jobs. Just like any team, you need to train for all scenarios, not just the ones that you do on a regular basis.

I believe the CEP training should be delivered on a regular basis over the calendar year, and attendance is a requirement (you can no longer get signed off on a day or two day training program once a year) and that the CEP training should cover all the skills associated with the scope of practice.

On page 41 of the SJA submission it also states Community Paramedics Community Paramedics services designated areas and provide support and oversight to various sub centres. Their presence is pivotal in remote locations to the service. CP's also assist with the delivery of training and sub centres.'

At Bullsbrook we have been fortunate to have been served by excellent Community Paramedics who genuinely care about the volunteer model and are very supportive in our training and development and VAO's.

Community Paramedics also attend jobs where there is significant risk or trauma to a patient, as they have a higher skill set and have access to more medication and resources. In all the jobs I have attended where a Community Paramedic has arrived to assist, they have been a fantastic support.

However, I have been advised by a number of our past CP's that the administration burden of the role has continued to increase which has taken them away from the front-line services and this has caused some frustration.

Given the critical skills our CPs possess, I think SJA need to review this role, with a focus on training and job attendance and reconsider the amount of administration work this role undertakes, particularly where the skills of a paramedic are not required.

Submissions by other people

I noticed in a lot of the submissions made by members of the public that they have been very complimentary to SJA and recalled their own personal experience where SJA crews attended to them or a loved one in their time of need.

To me that is why we volunteer, to help people out in their time of need. We see it in the eyes of many people we attend, the relief they have when we arrive, but I don't think it is about the name of the company. I think it is about the people that arrive who can help their loved one out.

I believe that same feeling would be if the company providing the service was called Pink Elephants Ambulance Service, the name really doesn't matter, it is about the care and support provided at that time by the people attending the scene.

If the Committee chose to change providers, I think you will still have a strong volunteer service as most volunteers do what they do to help the Community, not for the SJA name.

Closing Statement

In closing**,** I would like to state that we do what we do to help out our community and we don't mind doing the extra things, like flipping burgers at the shopping centre to raise money to get the best equipment for our patients, or do the extra things to make sure we provide a professional ambulance service...and we would still do this if it was SJA, the pink elephants ambulance service or whatever you want to call it. We want to help our community, but we want to be supported in this and not have to hit brick walls while trying to do it.

I enjoy doing what I do as a volunteer, because I can see that I can make a positive and lasting impact on my Community and I will still do this even if it was not under the SJA name.

I am happy to discuss this submission in more detail if required.

Kind Regards

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