

## **Inquiry into the delivery of ambulance services in Western Australia**

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### **Contributors**

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The Australasian College of Paramedicine (the College) welcomes the opportunity to make a submission to the Inquiry into the delivery of ambulance services in Western Australia.

The College is the peak professional body representing and supporting more than 10,000 paramedics and student paramedics across Australia and New Zealand, including over 500 WA based members. ACP champions the role of paramedics in emergency, out-of-hospital primary, and palliative care, and we are committed to enhancing patient-centred care. The College is future-focused and brings together paramedics from across Australasia to represent, advocate, promote and celebrate the achievements of this important registered health profession and drive a connected, multidisciplinary approach to high quality health care in all communities.

### **Overview of Western Australia ambulance services**

The Western Australia Department of Health (DoH) contracts St John Ambulance Western Australia (SJA) to provide ambulance services across metropolitan, rural, and remote Western Australia. Apart from Northern Territory which uses a similar model, every other state and territory in Australia has a jurisdictional ambulance service that is a state government entity and is regulated by legislation.

SJA utilises a mix of paid career paramedics (predominately in metropolitan and larger rural centres) and volunteer ambulance officers (VAOs), rural and remote, country areas of the state to operate its ambulance services. VAOs are supported by community paramedics who assist with training, recruitment and when directed by SJA communication centre sometimes attend 000 calls with the VAOs when available. In addition to SJA, the WA Country Health Service (WACHS) also operates a small ambulance service in the Kimberley region out of towns including Derby, Fitzroy Cross and Halls Creek.

Whilst the SJA contract provides for ambulance response targets in metropolitan and larger rural centres, regional and remote areas do not currently have any requirement to meet performance targets.

### **The efficiency and adequacy of the service delivery model of ambulance services in metropolitan Western Australia**

As highlighted in the 2019 Auditor General's follow-up report, ambulance ramping, and access block continues to be a key concern within Western Australia<sup>1</sup>. The term ramping is used to describe ambulances parked at hospital emergency departments waiting to offload their patients. Ramping typically occurs with low acuity cases, with emergency cases given priority access to emergency departments. Crucially however, having an ambulance ramped with a patient waiting to be offloaded to a hospital, prevents that ambulance from being available to respond to patient calls in the community. This leads to longer ambulance response times, which places community members at risk by decreasing the available health resources to attend to situations as they arise.

Ramping is generally a symptom of inpatient hospital services unable to meet patient demands. Access block, typically the inability to move acute patients from emergency departments to hospital wards, is a significant contributor to emergency department overcrowding leading to the ramping issues outlined above.

Rather than focussing on ramping as an isolated issue, the College supports a range of health system wide interventions be put in place to help address this, and other health access issues.

### **The efficiency and adequacy of the service delivery model of ambulance services in regional and remote areas of Western Australia**

It is widely recognised that rural and remote populations in Australia experience poorer health outcomes and lower life expectancy due to inadequate access to health services<sup>2</sup>. This notion is supported by the systemic gap in the delivery of health care between regional and remote areas of Western Australia and metropolitan Western Australia.

The current SJA contract allows for two levels of service, one level for the metropolitan area and major country towns which includes performance targets, and one level for the rest of the state where there is no contractual guarantee a service will be provided, relying on a VAO model for many rural and remote areas.

A review of SJA emergency and urgent care targets highlights the uneven coverage & service delivery in country areas and funding gaps which see rural communities fundraise for lifesaving essential equipment that is provided by the government in metro areas. These existing gaps in health care provision, coupled with the slow down and decline in volunteerism creates an impetus to review the

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<sup>1</sup> Western Australian Auditor General's Report. Delivering Western Australia's Ambulance Services – Follow-up Audit. 2019. Available from <https://audit.wa.gov.au/wp-content/uploads/2019/07/Delivering-Western-Australia%E2%80%99s-Ambulance-Services-%E2%80%93-Follow-up-Audit.pdf>

<sup>2</sup> Economics References Committee. Inquiry into the indicators of, and impact of, regional inequality in Australia. In: The Senate, editor. Canberra, ACT: Commonwealth Government of Australia; 2020

current model and look for alternative service delivery models to ensure a sustainable, high-quality, rural health workforce across Western Australia.

## **Alternative service delivery models to meet the needs of the community**

### Community Paramedicine/Extended Care Paramedic

SJA currently uses the term community paramedic to describe career paramedics who provide support and mentoring to country ambulance sub-centres and their VAOs<sup>3</sup>. The College is proposing the introduction of Community Paramedics as defined across other jurisdictions and internationally, as a model of care where paramedics apply their training and skills in non-traditional community-based environments outside of the usual emergency response/transport model<sup>4</sup>.

Since the introduction of paramedic registration, paramedics are increasingly working across a variety of health care settings, not just within jurisdictional ambulance services. Paramedics are being used in various primary, community or extended paramedic models of care internationally and across Australia. These models utilise the highly qualified paramedic workforce that is uniquely placed to support existing health infrastructure to deliver responsive, flexible, high-quality, and affordable primary and community health care services.

The role of a Community Paramedic is differentiated from that of acute, emergency ambulance services by the broader domains of practice and models of care that incorporate urgent care, primary care, aged care, community engagement, preventative care, response to unplanned care needs, and integration with medical, allied health, aged and social care services<sup>5,6</sup>. While Australian and international models of care for Community Paramedic programs are varied in response to local need, they share a similar focus on the prevention and management of chronic diseases, the utilisation of interprofessional collaboration, specific and global home health assessment, follow-up care post hospital discharge, management of frequent users of ambulance services, and identification and assistance to at-risk populations<sup>7,8</sup>.

Paramedics are trained and well versed at providing emergency care, as well as low acuity health care to people in a variety of different settings. Paramedics attend to a wide variety of patient presentations, ranging from critical, traumatic injury to chronic, complex medical syndromes in aged care facilities, mental health illness, substance use disorders, and palliative and end-of-life care.

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<sup>3</sup> Regional WA received more Community Paramedics. St John Ambulance WA. 2012. Available here [Regional WA receives more Community Paramedics \(stjohnwa.com.au\)](https://www.stjohnwa.com.au)

<sup>4</sup> International Roundtable on Community Paramedicine. 2020. Available from [international roundtable on community paramedicine > About Us \(ircp.info\)](https://www.ircp.info)

<sup>5</sup> O'Meara P, Stirling C, Ruest M, Martin A. Community paramedicine model of care: an observational, ethnographic case study. BMC health services research. 2016;16(1):39-.

<sup>6</sup> Elden OE, Uleberg O, Lysne M, Haugdahl HS. Community paramedicine—cost–benefit analysis and safety with paramedical emergency services in rural areas: scoping review protocol. BMJ open. 2020;10(9):e038651-e.

<sup>7</sup> Chan J, Griffith LE, Costa AP, Leyenaar MS, Agarwal G. Community paramedicine: a systematic review of program descriptions and training. CJEM. 2019;21(6):749-61.

<sup>8</sup> Leyenaar MS, McLeod B, Penhearow S, Strum R, Brydges M, Mercier E, et al. What do community paramedics assess? An environmental scan and content analysis of patient assessment in community paramedicine. Canadian Journal of Emergency Medicine. 2019;21(6):766-75.

There is scope for Community Paramedic roles to be expanded in rural and remote communities, in hospitals and health clinics, in aged care and other key primary health care settings. Expansion of these models of care could support hospital avoidance initiatives and potentially reduce costs to the health system associated with emergency department presentations. Additionally, it may improve the management of chronic health conditions, and reduce early entry into aged care. Community paramedics can play a role in supporting GP services, rural health clinics, urgent care centres and minor injury units, and would see paramedics work more comprehensively as part of an integrated multidisciplinary teams.

The expectation for Community Paramedics is that they are Ahpra registered paramedics and have completed a postgraduate diploma in community paramedicine, primary or urgent care.

Each year, approximately 2,400 student paramedics graduate from their paramedicine degree programs. Jurisdictional ambulance services collectively employ around 1,200-1,400 graduate paramedics per year, leaving over 1,000 graduate paramedics available to help address the health workforce shortage. Since 2014, more than 1000 graduate paramedics have moved to the United Kingdom to offset their workforce shortages, with many of these paramedics having worked in primary health care as part of their roles. A sizeable percentage of these highly skilled paramedics are looking to return to Australia now and in the coming years, but many will struggle to find paramedic roles in Australia under the current limited jurisdictional ambulance service roles.

Numerous reports highlight the ongoing workforce shortages and limited access to primary health care services for different communities, especially in rural and remote Australia, and we would contend that paramedicine is one health profession underutilised and unrepresented in supporting primary health care.

The College recommends the introduction of Community Paramedics across Western Australia to play a key role as part of the health workforce in multidisciplinary teams alongside GPs, nurses, and allied health professionals.

Community Paramedics should be utilised:

- In Urgent Care centres (see more detail below)
- With GP clinics and health clinics to provide clinic and in home health care as part of multidisciplinary teams and utilising telehealth (see more detail below)
- With aged care, NDIS and home care service providers
- With SJA to treat and refer low/mid acuity patients in the community away from ED
- In rural and country areas to be utilised across the health service, providing the emergency response ambulance service, and supporting the volunteer ambulance officers, but also working with the local GPs and health clinics, and country hospitals.

The introduction of Community Paramedics in these areas would reduce hospital ED presentations / re-presentation, help hospital outflow by providing in home post discharge care allowing more patients to be discharged knowing they will be cared for appropriately, and provide a larger available health workforce to address workforce shortages and meet the health care needs in the community

## **Recommendation 1:**

**Introduction of Community Paramedics across urgent care, primary care, and aged care, to support quality patient-centred care through organised health care networks.**

### Telehealth

The College believes that telehealth has a crucial role to play in the delivery of health services in all areas but particularly in rural and remote Western Australia.

The ongoing shortage of general practitioners, health professionals and other health services, especially in rural and remote areas is a significant barrier to the health of West Australians, resulting in delays to care and ultimately unnecessary transport and hospital admissions. Many rural and remote communities have a reliance on paramedics for the delivery of health care highlighting the key role paramedics play in the health and welfare of their communities, particularly where primary health care services are difficult to access or unavailable<sup>9</sup>.

By introducing a comprehensive telehealth service, in addition to the Community Paramedic model outlined above, paramedics would be well placed to provide a wider range of health interventions with the assistance of medical specialists located across Australia.

Paramedics already attend to a wide variety of patient presentations, ranging from critical, traumatic injury to chronic, complex medical syndromes in aged care facilities, mental health illness, substance use disorders, and palliative and end-of-life care. Many of these attendances have traditionally fallen within the domain of primary and preventative care; however, due to the prolonged shortages of rural doctors and the limited availability of community nursing staff, patients are increasingly being managed by the paramedic workforce, especially in regional, rural, and remote areas.

A comprehensive telehealth service could further support this, providing an even wider scope of treatments being able to take place in communities, reducing the need for patient transport services.

## **Recommendation 2:**

**Introduction of a comprehensive telehealth service to support quality patient-centres care across Western Australia.**

### Urgent Care Centres

Urgent Care Centres are one viable option to assist in reducing ramping, by diverting low-mid acuity patients away from hospital emergency departments, resulting in ambulances being able to return on-road in a reduced timeframe. Data collected shows that 16 out of 20 most common emergency department presentations can safely be managed in a non-emergency department setting, such as

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<sup>9</sup> Batt A, Morton J, Simpson M. RETHINKING. Rural Remote Health. 2015;14(3):2821.

an Urgent Care Centre<sup>10</sup>. We note that Western Australia is currently piloting a GP Urgent Care Network<sup>11</sup> and SJA run several urgent care centres, and the College supports the utilisation of urgent care centres as a system wide solution. The current GP Urgent Care network trial should be extended and further integrated and coordinated with emergency departments and ambulance services to ensure patients are guided to the most appropriate mode of care.

Research out of Europe has highlighted the importance of integrating urgent care centres with emergency responses (such as emergency call management systems, and ambulance responses) to direct lower acuity patients to more suitable health pathways<sup>12</sup>. In Denmark, they introduced requirement for referral from urgent care call centre or GP to attend an emergency department (unless clearly an emergency). This saw 10-27% reduced in ED presentations across different regions. Implementing a similar system across Western Australia has the capacity to have comparable results, reducing ongoing ramping issues, and providing more appropriate patient-centred care for communities.

The College believes that the focus needs to be on improving the integration between emergency departments, urgent care centres and ambulance services, and the wider health system, as well as targeted patient education initiatives so that communities are comfortable in receiving care away from the traditional hospital emergency setting that they may be used to.

Successful implementation and integration of urgent care centres has shown to take time to provide real benefit to the health system and emergency department presentations<sup>13</sup>, as patients and health services get used to a new systematic health approach to low-mid acuity patient care.

The College urges the DoH to extend and expand the Urgent Care system and focus on integrating and tailoring the service to ensure that they have impact in Western Australia.

### **Recommendation 3:**

**Extend and expand the Urgent Care system in Western Australia ensuring it is fully integrated in the health system.**

### Inequality between metropolitan and regional and remote areas of Western Australia

Of particular concern to the College is the inequitable nature of the Western Australian health system for rural and remote communities and the fact that those communities have a lesser ambulance service and must fund raise to have access to the same emergency and lifesaving equipment provided to metropolitan communities. They also have reduced access to paramedics

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<sup>10</sup> St John WA's Urgent Care offers ED alternative for patients. Business News. 2021. Available from [St John WA's Urgent Care offers ED alternative for patients \(businessnews.com.au\)](https://www.businessnews.com.au)

<sup>11</sup> Government of Western Australia, Department of Health. GP Urgent Care Clinic Network. 2019. Available from [GP Urgent Care Clinic Network \(health.wa.gov.au\)](https://www.health.wa.gov.au)

<sup>12</sup> Baier, Natalie, et al. 2019. "Emergency and Urgent Care Systems in Australia, Denmark, England, France, Germany and the Netherlands – Analyzing Organization, Payment and Reforms." Health Policy 123 (1): 1–10. doi:10.1016/j.healthpol.2018.11.001.

<sup>13</sup> Carlson, Lucas C., et al. 2020. "Impact of Urgent Care Openings on Emergency Department Visits to Two Academic Medical Centers Within an Integrated Health Care System." Annals of Emergency Medicine 75 (3): 382–91. doi:10.1016/j.annemergmed.2019.06.024.

and aeromedical services when more than 200km outside of Perth, with strong reliance on volunteers and secondary aeromedical transport.

While the College understand that living in rural and remote areas means that some health services will be further away, there needs to be defined minimum requirements and standards for the provision of paramedics, ambulance services and health care across Western Australia.

**Recommendation 4:**

**Ensure fair and equitable provision of ambulance services through defined minimum requirements and standards.**

**Other relevant matters**

Chief Paramedic Officer

The College strongly supports the appointment of a Chief Paramedic Officer for Western Australia. When Governments are making key decisions that impact on the health care of their communities, the College feels strongly that the role of a Chief Paramedic Officer would add value to the existing chief clinical officer positions.

Like other senior officers in health roles (such as Chief Health and/or Medical Officer, Chief Nursing and Midwifery Officer, etc.), the role of Chief Paramedic Officer should be included as part of the clinical leadership team for health. The role should sit in a suitable governmental entity, but outside of jurisdictional ambulance services, to fully encompass and represent all paramedics working across a variety of health settings.

The role is critical to ensure that difficult problems facing health systems can be addressed with a co-designed, multidisciplinary, interprofessional approach. A Chief Paramedic Officer would enable the West Australian government to have an expert paramedic available to advise how paramedics could contribute to existing health systems through their unique clinical skill set and help to address some of the health workforce challenges seen across the health system, particularly around the metropolitan, rural, remote divide.

**Recommendation 5:**

**Introduce the role of Chief Paramedic Officer within the senior health officer roles to engage and better utilise the paramedic workforce.**

Paramedic and Paramedic Service Providers Act

The College supports the introduction of paramedic legislation, not only encompassing service and delivery metrics for ambulance services (such as SJA and WACHS) across metropolitan, rural, and remote areas but also addressing the large private paramedic workforce seen in Western Australia.

Legislation is important to ensure that ambulance services are well defined, required levels of service prescribed, appropriate standards are in place and that community expectations can be met.

It is crucial however that any legislation covers all emergency and paramedic regulation, not just ambulance services, to ensure that the state can regulate the many private, industrial services being provided outside of traditional ambulance responses. West Australia has many private, mining, oil and gas and other industrial service providers and it is important that they are appropriately accredited under law to provide paramedic care. Legislation that covers these private providers would also allow the West Australian government to engage private workforces as surge workforces or even utilise their services as IHPT. Private Services in more rural and remote areas (such as those located at mine sites, etc.) could also be used to provide wider paramedic services to the community, such as primary and low acuity healthcare, in the areas directly surrounding the mine site.

**Recommendation 6:**

**Introduce appropriate paramedic and paramedic service providers legislation to effectively regulate and delivery defined minimum levels of service.**

Measurement and Reporting

The College reinforces the need for appropriate quality & safety measurement and reporting on paramedic services across Western Australia. Patient outcomes need to be at the core of what is measured and reported on, especially as alternative service delivery models are considered.

Ensuring that the correct metrics are being measured and reported on is crucial to ensuring high levels of patient care across the state. While response times are often quoted as the key measure of paramedic services, there are a range of other metrics that quantify quality health care service particularly for lower acuity cases.

This is particularly important when considering the role of community paramedics and urgent care centres. In the case of community paramedicine, a patient may be treated in the community, with no need for transport to hospital, meaning an alternative metric around patient outcome is required. In this case, a measurement tool around further paramedic assistance or tracking of referral pathways would more accurately depict the quality of care and patient outcomes providing a more meaningful metric that the DoH can use to inform future systematic decision making.

The College also supports the integration of ambulance service and DoH patient data to ensure whole of service patient journey can be tracked, measured, and reported on. Again, this data is crucial to informing system wide decisions.

**Recommendation 7:**

**Investigate and implement appropriate quality and safety measurement and reporting to achieve quality patient outcomes.**