PROVIDING LEADERSHIP FOR THE PROVISION
OF AMBULANCE SERVICES

The Council of Ambulance Authorities Inc.
Submission

Discussion Paper for the Review of
The Report on Government Services
For Consultation – 18 May 2009 to 17 July 2009

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Members of the CAA:	St John New Zealand Australian Capital Territory Ambulance Service Ambulance Service of New South Wales St John Ambulance Australia NT Ambulance Service Inc Queensland Ambulance Service South Australia SA Ambulance Service Tasmanian Ambulance Service Ambulance Victoria St John Ambulance Australia WA Ambulance Service Inc
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Executive Summary

The Council of Ambulance Authorities (CAA) is the peak body representing the principal statutory providers of ambulance services across Australia, New Zealand, and Papua New Guinea[1]. The CAA is currently an observer on the Emergency Management Working Group for the Review of Government Service Provision and coordinates and collates the data collection for Australian ambulance services which are included in the Emergency Management chapter in the Report on Government Services (the Report).

Australian ambulance services are unified in identifying that the current placement in chapter 9, Emergency Management is no longer appropriate and that ambulance services as an integral part of the health care system would be best placed in the Health Section of the Report under chapter 11 - Primary and Community Health.

This submission proposes that Ambulance Services be included in the Health Section of the Report under chapter 11 - Primary and Community Health rather than the current Emergency Management chapter. It also proposes that a CAA representative continue as an observer on the relevant working group.

For the 2009 Report on Government Services, the Steering Committee for the Review of Government Service Provision supported a revised ambulance performance indicator framework based upon the framework used in the Health Section of the Report. Inclusion of ambulance services in the Health Section of the Report will align with the revised ambulance performance indicator framework reported against for the first time in the 2009 Report.

As ambulance services are reporting against a health based framework and are focusing the development of indicators to demonstrate patient outcomes in order to provide the community with evidence based health care, the CAA nominates that ambulance services be included in the Health Section of the Report on Government Services under chapter 11 - Primary and Community Health.

The following submission outlines the role of ambulance services, describes the current placement in the Emergency Management chapter, the revised ambulance performance indicator framework, and provides a clear argument as to why ambulance services should be included in the Health Section of the Report. This submission has been widely distributed throughout member jurisdictions and has been approved by the Board of the CAA which consists of the Chief Executives of each member ambulance service.

Australian ambulance services through The Council of Ambulance Authorities recommend to the Senior Officials and Heads of Treasuries Working Group;

1. **Ambulance Services are included in the Health Section of the Report on Government Services under Chapter 11 - Primary and Community Health.**
2. **A CAA representative continues as an observer on the relevant working group.**

[1] The Corporate membership of the CAA comprises: ACT Ambulance Service; Ambulance Service of NSW; Ambulance Victoria; Tasmanian Ambulance Service; SA Ambulance Service; Queensland Ambulance Service; St John Ambulance Australia (WA); St John Ambulance Australia (NT); and St John New Zealand. The associate membership comprises: Ambulance New Zealand and St John Ambulance Service Papua New Guinea.

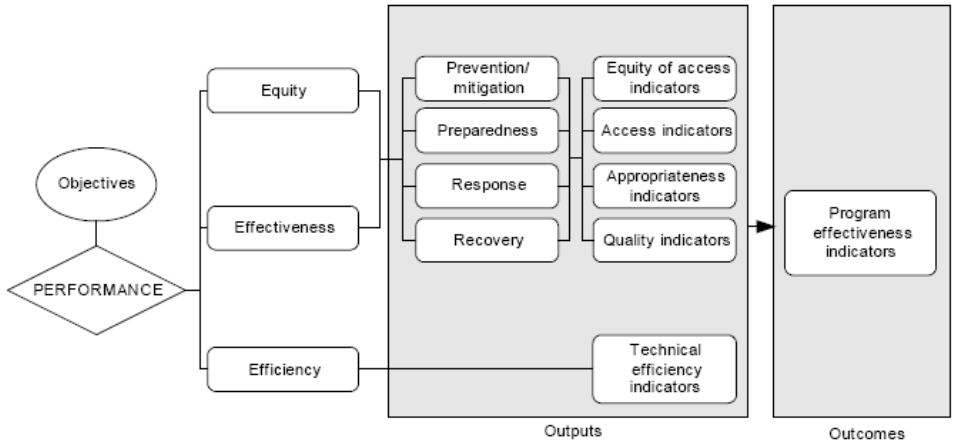
Introduction

Ambulance services are at the front line of health services and due to the combined impact of an ageing population, health workforce shortages, increasing demand on health care services, lack of available health services in rural and remote areas and other factors such as advances in medical treatment and technology, an increasing number of patients are accessing health care through dialing triple zero rather than through traditional avenues. This increase has an effect on both rural and metropolitan areas alike due to the fact that triple zero calls can be the default when another health service is not available. In fact, ambulance services have become critically important to the effective functioning of the health system and this is reflected in the considerable growth in ambulance demand across all Australian ambulance services.

In 2008, a revised performance indicator framework was developed by Australian ambulance services facilitated by the Council of Ambulance Authorities (CAA) designed to meet both the needs of government and the ambulance industry. The health based performance indicator framework was chosen due to the evolving nature of ambulance service work. Ambulance services play an integral role as part of the health care system and as only a small portion of ambulance work is involved in emergency management, the health based framework utilises dimensions that relate to all aspects of ambulance services.

The previous Emergency Management performance framework presented some challenges for ambulance services in that it was based on the general performance framework for all emergency service organisations, incorporating the key indicators of prevention/mitigation, preparedness, response, and recovery. The Report previously noted the difficulties in identifying reliable measures for the prevention/mitigation indicator for ambulance services considering that elements of both the health and justice systems are involved.

Figure 8.1 **General performance indicator framework for emergency management**



Although ambulance services acknowledge the significance of being prepared for emergency events and all jurisdictions are involved in National and State level preparedness planning and training exercises, these activities do not relate to the

majority of ambulance work. Emergency management and emergency events as defined in chapter nine are thought to be less than 10% of ambulance services work.

The Emergency Management framework has been suitable for reporting event-initiated service delivery such as response to fires and road crashes. However, this framework does not readily accommodate dimensions relating to patient-based services such as those that ambulance services provide to the community. Importantly, this dilemma was overcome by adopting the revised health-based framework that uses dimensions designed specifically for measuring patient-based services. The Steering Committee for the Review of Government Service Provision endorsed the framework for publication in the 2009 Report.

Under the revised health based framework, in the short term ambulance services will report against eight service output indicators and two service outcome indicators doubling the number of indicators reportable. The new framework as published in the 2009 Report included all previously reported indicators whilst placing these indicators under a more meaningful framework which enabled the publication of an additional four indicators.

Australian ambulance services are unified in identifying that the current placement in the Emergency Management chapter is no longer appropriate and that ambulance services as an integral part of the health care system would be best placed in the Health Section of the Report under chapter 11 - Primary and Community Health. This will complement the decision to revise the ambulance performance indicator framework and will also align with other government publications such as Australia's Health 2008 where ambulance services are categorised under 'Primary Care and Community Health Care Services'[2].

[2] Australian Institute of Health and Welfare. (2008). *Australia's Health 2008.* Accessed 1st July at http://www.aihw.gov.au/publications/index.cfm/title/10585

Ambulance service organisations

Ambulance services across Australasia provide out of hospital clinical care to the sick and injured through the provision of emergency and non emergency out of hospital and pre-hospital patient care and transport; inter-hospital patient transport; specialised rescue services; response to multi casualty events; and capacity building for emergencies [3].

Due to the vastness of Australia providing these services in rural and remote areas can be even more challenging than in the metropolitan areas. There is a variety of ambulance service delivery models used to ensure that communities have access to appropriate pre-hospital care. These systems use combinations that include first responders, volunteer ambulance crews, paramedics, extended care paramedical services, air ambulance and rescue and the use of related agencies that provide aeromedical and rescue services all of which are supported by efficient and effective communication systems.

Ambulance services have gone through a long period of transition with increasing focus on the provision of clinical care. In 2007/08 ambulance services attended 2.88 million incidents nationally with 39 per cent of incidents categorised as emergency, 27 per cent urgent, and 33 per cent non urgent[4]. Ambulance services are focusing on best practice pre-hospital care through both evidence based research and expert consensus in order to provide communities with better health outcomes.

Ambulance services have become increasingly well integrated with the broader health sector. Key examples include the role of ambulance in ensuring critically ill patients (e.g. trauma, ACS, stroke) are identified early and transported directly to hospitals providing appropriate levels of care. This can reduce the time to definitive care, improving health system performance and patient outcomes.

A number of ambulance services are also exploring an expansion of the paramedics' role to provide primary health care and strengthen community healthcare collaborations in rural and remote communities[5]. Many rural and remote communities do not have access to adequate health care due to the difficulty in recruiting and retaining health professionals to these areas. The paramedic is providing some of these communities with health services, that otherwise would not exist.

Queensland Ambulance Service (QAS) in collaboration with James Cook University and Queensland Health have developed the first graduate certificate of *Rural and Remote Paramedic Practice for Paramedics*. This certificate ensures paramedics develop the skills to provide integrated health services in partnership with other health professionals, continue to provide pre-hospital emergency care, and develop advanced clinical skills to scope the health needs of the paramedic's community in order to provide rural and remote communities with extended access to health service delivery[6].

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[3] SCRGSP (Steering Committee for the Review of Government Service Provision). (2008). *Report on Government Services 2009*. Productivity Commission, Canberra.

[4] SCRGSP (Steering Committee for the Review of Government Service Provision). (2008). *Report on Government Services 2009*. Productivity Commission, Canberra.

[5] Stirling, C.M., O'Meara P., Pedler, D., Tourle, V., and Walker, J. (2007). Engaging rural communities in health care through a paramedic expanded scope of practice. *Rural and Remote Health*. 7: 839. Accessed 17th December 2007. http://www.rrh.org.au

[6] Queensland Government. (2007). *Department of Emergency Services Annual Report 2006-07*. Accessed 17th December 2007. www.emergency.qld.gov.au

Expanding roles are also developing in metropolitan areas as a response to overstretched emergency departments where paramedics often have to continue caring for the patient on arrival at hospital. The Ambulance Service of NSW are piloting an *Extended Care Paramedic* (ECP) program that will enable paramedics to assess patients and identify, plan and initiate alternative non emergency department care as appropriate while maintaining core emergency ambulance work[7]. The *Extended Care Paramedic* will provide low acuity patients with referral advice to alternative health services that can better meet the needs of the patient rather than transporting them to the Emergency Department.

Ambulance services are at the front line of health services and due to the impact of the health workforce shortage and lack of adequate health care services, an increased number of patients are accessing health care through dialing triple zero rather than through traditional avenues. In 2007/08 Australian ambulance services treated and did not transport 19.6% of total emergency and urgent ambulance patients[8].

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[7] Ambulance Service of New South Wales. (2007). *In the news: Extended Care Paramedic.* Accessed 17th December 2007. http://www.ambulance.nsw.gov.au/docs/news2007/070821ecp.pdf

[8] SCRGSP (Steering Committee for the Review of Government Service Provision). (2008). *Report on Government Services 2009*. Productivity Commission, Canberra. Attachment 9A. p. 68.

Current placement in the Emergency Management Chapter

Currently ambulance services are placed under 'Emergency Management' in chapter nine of the Report. The Emergency Management chapter reports on selected emergency events and data is reported on fire, ambulance, and emergency road rescue events. The 2009 Report on Government Services defines the aim of emergency management as to:

> *Reduce the level of risk to the community of emergencies occurring, reduce the adverse effects of emergency events and improve the level and perception of safety in the community*[9]*.*

Emergency Management Australia (EMA) defines emergency management as 'a range of measures to manage risk to communities and environment'. EMA defines emergency managers as

> *those who carry out any tasks before, during or after a disaster or emergency, which contribute to creating or maintaining the safety of our communities from disasters, be they natural, human-caused or technological. By definition they are the police, firefighters, SES personnel, but they also include doctors, shire engineers, social workers, public health employees, land use planners, trainers, etc*[10]*.*

Placement in the Emergency Management chapter of the Report does not relate to the core business of ambulance service organisations. Ambulance services primarily deal with individual patients, not events such as fires or disasters and decisions made in the health system impact directly on demand and resources.

The role of ambulance service is defined in the Report as the following:

> *The role of ambulance service organisations as an integral part of the health system across jurisdictions generally includes:*
>
> - *providing emergency and non-emergency pre-hospital and out-of-hospital patient care and transport*
> - *undertaking inter-hospital patient transport including the movement of critical patients*
> - *conducting specialised rescue services*
> - *preparedness and the provision of capacity for the ambulance component of multi-casualty events*
> - *enhancing the community's capacity to respond to emergencies*[11]

The Report defines health services as:

> *Health services are concerned with promoting, restoring and maintaining a healthy society. They involve illness prevention, the detection and treatment of illness and injury, and the rehabilitation and palliative care of individuals who experience injury and illness*[12]*.*

Health services are selected for reporting if they make a significant contribution to the health of the community, are a priority of governments, represent significant

[9] SCRGSP (Steering Committee for the Review of Government Service Provision). (2008). *Report on Government Services 2009*. Productivity Commission, Canberra. p.9.1

[10] Australian Government Attorney Generals Department Emergency Management Australia. Accessed 17th December 2007. http://www.ema.gov.au/agd/ema/emainternet.nsf/Page/Home

[11] SCRGSP (Steering Committee for the Review of Government Service Provision). (2008). *Report on Government Services 2009*. Productivity Commission, Canberra. p. 9.6.

[12] SCRGSP (Steering Committee for the Review of Government Service Provision). (2008). *Report on Government Services 2009*. Productivity Commission, Canberra. p. E.1.

components of government recurrent expenditure, and have common objectives across jurisdictions.

It is also important to note that the health services preface notes the following:

> *Estimates of government expenditure on health care provision commonly include (by definition) high level residential aged care services and patient transport services (ambulance services including pre-hospital care, treatment and transport services)*[13].

This paragraph demonstrates that government defines ambulance services as providing health care to the community. In 2006/07 the government provided ambulance services with $1,137 million in revenue, 65% of ambulance service total revenue[14].

This clearly outlines that the primary role of ambulance services in *providing emergency and non-emergency pre-hospital and out-of-hospital patient care and transport*[15] would be better represented under the Health Section of the Report. The current placement in the Emergency Management chapter does not accurately represent the role of ambulance services as a health care provider to the community.

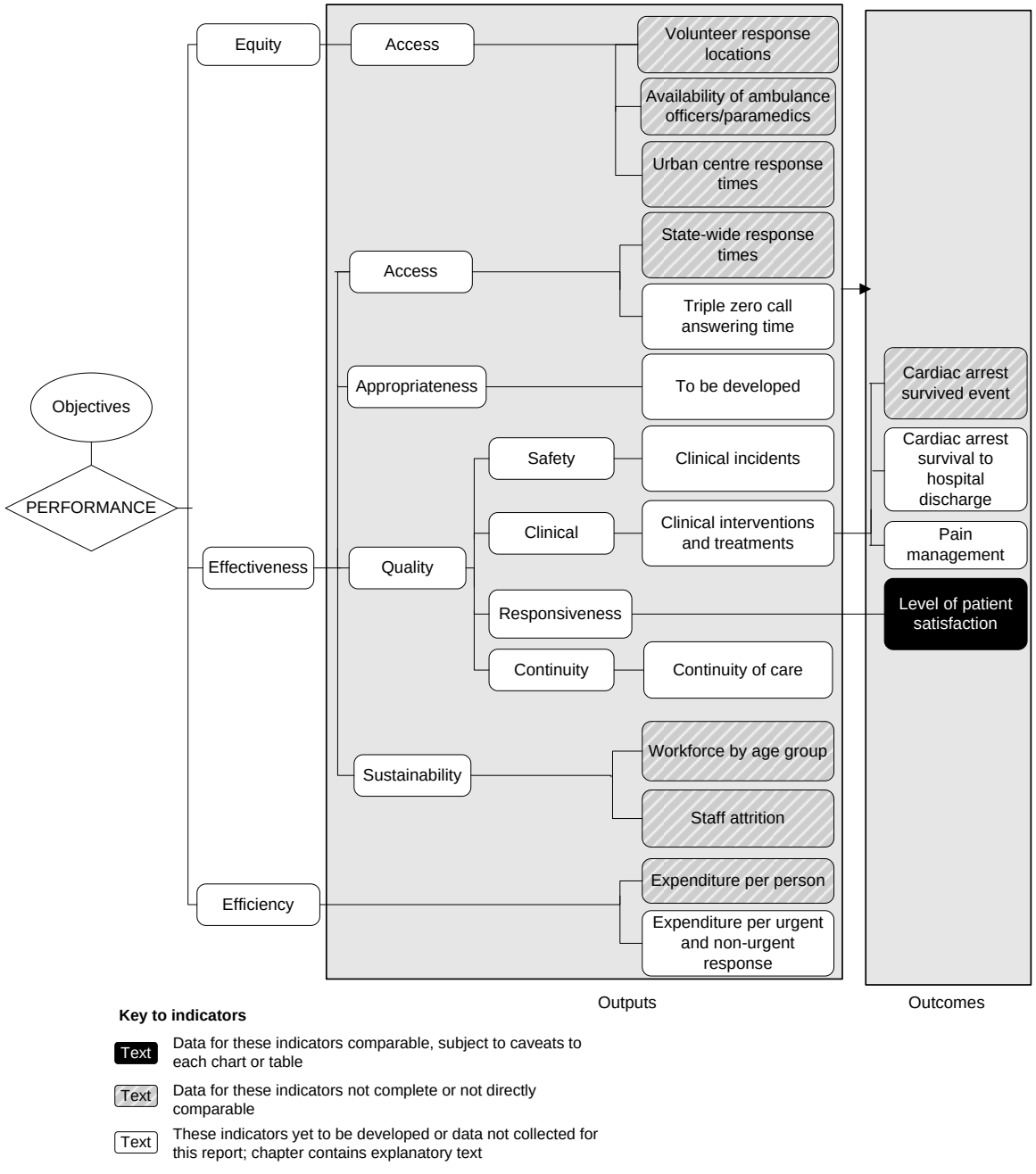
Ambulance Services would be best placed under chapter 11 - Primary and Community Health defined as '*Primary and community healthcare services are delivered by a range of health and allied health professionals in various private, not-for-profit and government service settings*'[16]. This covers general practice, community health services, allied health services and dental services.

[13] SCRGSP (Steering Committee for the Review of Government Service Provision). (2008). *Report on Government Services 2009*. Productivity Commission, Canberra. p. E.2.
[14] SCRGSP (Steering Committee for the Review of Government Service Provision). (2008). *Report on Government Services 2009*. Productivity Commission, Canberra. Attachment 9A. p. 63.
[15] SCRGSP (Steering Committee for the Review of Government Service Provision). (2008). *Report on Government Services 2009*. Productivity Commission, Canberra. p. 9.6.
[16] SCRGSP (Steering Committee for the Review of Government Service Provision). (2008). *Report on Government Services 2009*. Productivity Commission, Canberra. p. 11.2.

The Revised Ambulance Performance Indicator Framework

A revised ambulance performance indicator framework was published in the 2009 Report on Government Services. The new framework included all previous indicators, plus nine additional indicators. Data was available for reporting on four of the new indicators in the 2009 Report.

Figure 9.1 **Performance indicators for ambulance events**



The newly reported indicators in the 2009 Report included:

Ambulance response locations
A measure of equity of access defined as the number of paid, mixed and volunteer response locations per 100 000 people.

Availability of ambulance officers/paramedics
A measure of equity of access defined as the number of full time equivalent ambulance officers/paramedics per 100 000 people

The 'volunteer response locations' and 'availability of paramedics' provides information on the level of response available to communities throughout Australia. Ambulance responses in some jurisdictions, particularly in rural and remote locations, are predominantly provided by volunteers. Therefore the results of the 'availability of paramedics' indicator may demonstrate a lower level of access for these jurisdictions. This data is complemented by the 'volunteer response locations' indicator which will identify jurisdictions that provide an ambulance response utilising volunteers.

Workforce by age group
A measure of effectiveness and sustainability defined as the age profile of the workforce, measured by the proportion of the operational workforce in 10 year age brackets. This indicator is reported for nurses and medical practitioners in the public hospital chapter of the Report.

Staff attrition
A measure of effectiveness and sustainability defined as the number of FTE employees who exit the organisation as a proportion of the number of FTE employees

The CAA is also facilitating the development of a number of new indicators that are flagged in the Report including:

Triple Zero call answering time
A measure of effectiveness and access, this will demonstrate the timeliness of response of the ambulance services communication centre.

Clinical incidents
A measure of effective, quality and safe care, broadly defined as an adverse event that occurs because of ambulance service deficiencies and which results in death or serious harm to a patient. Clinical incidents will incorporate a wider range of categories than sentinel events. (A sentinel event is an adverse event that occurs because of health system and process deficiencies and which results in the death of, or serious harm to, a patient). A clinical incidents indicator is to be developed in accordance with national health-wide reporting standards.

Continuity of care
A measure of quality and continuous care, continuity of care has been potentially defined as transporting the right patient to the right hospital. Some ambulance services have developed strategies to ensure patients with particular conditions (for example, cardiac and stroke) are transported directly to the hospital or specialised centre where the best treatment for their needs can be provided, rather than transported to the closest hospital where those services may not be available. This may involve transmission of relevant clinical information from the scene to the hospital, to assist with early activation of treatment (e.g. transmission of the ECG for activation of a cardiac team).

Cardiac Arrest Survival to hospital discharge
Cardiac arrest survival to hospital discharge is a measure to demonstrate quality clinical care. The indicator 'cardiac arrest survived event rate' is currently reported, this indicator only provides an measure of a patients outcome on arrival at hospital

and does not indicate longer term survival. The CAA is developing a measure to indicate if patients survive to be discharged from hospital.

Pain management
Pain management is a patient outcome measure to demonstrate quality clinical care which is in development. This indicator will determine the effectiveness of pain management across ambulance services. Pain management has been identified as a common goal amongst ambulance services across the world.

An additional activity measure was also included in the 2009 Report:

Triage category by ambulance transport rate
Emergency department presentation rates and demand for ambulance services are closely linked. The majority of people who are acutely ill or injured and need to attend a hospital emergency department will call the ambulance service to provide immediate pre-hospital care and then take them to hospital.

The National Triage Scale category allocated to a patient on arrival at the emergency department is a nationally comparable measure of how acutely ill the patient is, ranging from triage category 1 (for a patient in immediate need of attention) to triage category 5 (for patients who have a presenting condition that indicates they can safely wait for 2 hours to see a doctor).

In Conclusion

Australian ambulance services through the CAA have developed a revised ambulance performance indicator framework based on the framework as used in the Health Section of the Report. This framework endorsed by the Steering Committee for the Review of Government Service Provision allows ambulance services to report a wider range of indicators which provide a more accurate and transparent description of government services that allows ambulance services to accurately identify areas for improvement.

On behalf of Australian ambulance jurisdictions the CAA proposes that Ambulance Services be included in the Health Section of the Report under chapter 11 - Primary and Community Health rather than the current Emergency Management chapter. The CAA also proposes that a CAA representative continue as an observer on the relevant working group.

Australian ambulance services are unified in identifying that the current placement in the Emergency Management chapter is no longer appropriate and that ambulance services as an integral part of the health care system would be best placed in the Health Section of the Report. Enabling Australian ambulance services to report data in the Health Section of the Report is a significant step forward for services in being recognised as a key component of Australia's health care system.

Australian ambulance services through The Council of Ambulance Authorities recommend to the Senior Officials and Heads of Treasuries Working Group;

1. **Ambulance Services are included in the Health Section of the Report on Government Services under chapter - 11 Primary and Community Health.**
2. **A CAA representative continues as an observer on the relevant working group.**

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