Submission to Parliamentary Secretary's

Emergency Demand

Consultative and Advisory Forum

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OVERVIEW

This submission is in response to the Parliamentary Secretary for Health's request for stakeholders to submit suggestions and advice on how to address the issues related to emergency demand in the Victorian public health sector.

The Ambulance Employees Australia Victoria (AEAV) provides this submission on behalf of members across emergency ambulance, emergency communications and the private non-emergency sector.

SHORT-TERM

Advertising campaign

Extensive state-wide advertising campaign requesting public to consider the most appropriate course of treatment. Including advertising in print and social media for non-English speaking members of the community.

Campaign should provide alternatives to 000 for potential callers.

Telehealth

The value of Telehealth has been very evident throughout the Covid pandemic and we believe the system should be expanded further to reduce the reliance on emergency health and the public health system.

Investment required in rural Urgent Care Centres to allow doctors time to provide Telehealth services. Instances exist across the state where the Telehealth option is available but because of inadequate resourcing the recommendation is to just transport the patient to major regional centres.

Emergency Department staffing

Some work has been done to expand the use of paramedics in hospital Emergency Department's to manage and treat patients waiting for a bed. This is an inefficient use of ambulance resources and should be managed by Emergency Department staff. Work has already commenced in some hospitals and in the past to expand on the use of triage nurses and waiting room nurses, however the model is inconsistent and inadequately resourced.

Code Red escalation

Information from ESTA and Ambulance Victoria staff indicates that the escalation protocols were ignored by Ambulance Victoria in times of peak demand. Staff report that the trigger

points for escalation to Code Red were being reached on a number of occasions but the escalation protocols were not enacted. The impact being that the circuit breaker procedures that could have been implemented were not, meaning the period of peak demand lasted longer and ESTA staff and Ambulance Victoria crews are pushed harder for longer periods.

Information received is that the trigger points have recently been amended to reduce the number of times escalation is required. This is counter productive as the underlying issues of inadequate resourcing still exist. The change to trigger points appears to be motivated by the need to maintain public perception rather than as a result of increased capability.

MEDIUM-TERM

Review of KPI's

Concentration on government KPI's leads to organisations pushing workers harder and harder to achieve arbitrarily set targets. The "productivity gains" employed by services to achieve these KPI's are often at the expense of the welfare of the frontline workers. Ambulance Victoria has been slowly eroding the protections for paramedics since the focus moved to performance KPI's. Some examples of the changes that have impacted welfare include, but are not limited to:

- Crews dispatched to next case prior to completing last case
- Crews foregoing meal breaks to finish on time
- Increased reliance on single responders to "stop the clock"
- Crews forced to create makeshift crews at hospital to attend pending case
- Managers stationed at hospital to pressure crews to clear quicker
- Paramedics required to make note on case sheet if need to use toilet before attending case
- Crews required to complete case sheet on side of road if patient not transported
- Response times used to assess paramedics for promotion opportunities despite managers not being trained in how to interpret data
- Majority of managers not aware of or not understanding the limitations of data, resulting in disciplinary consequences for paramedics as a result of incorrect data
- ACO's working with paramedics in busy regional centres which increases pressure on paramedic
- Recall of crews has become almost a daily occurrence. Recall system inefficient and costly
- Unrealistic hospital clear time pressures paramedics to unsafely complete case sheet in rear of moving ambulance

- Paramedics at hospital asked to look after other crews patient so one crew can clear to attend next case
- Increased rate and duration of incidental overtime at end of shift
- AV refusal to initiate Code Red protocols when excessive trigger points reached
- Changes to meal break provisions which minimise opportunity for rest.

The changes listed above have either occurred since the focus on KPI's or the rate of occurrence has significantly increased. The negative effect on staff has been reflected in successive People Matter and Psychosocial surveys.

The resulting impact on paramedics has been a higher level of residual stress. This not only impacts on mental health issues including PTSD, but also results in less paramedics being prepared to fill overtime shifts, which puts more pressure on a system already under considerable strain.

Investment in Patient Transport options

Significant additional investment is required in non-emergency patient transport options to reduce requirement for emergency ambulances. In rural regions, access to afterhours non-emergency patient transport is very limited and sporadic.

The co-ordination of non-emergency patient transport requires systemic review to ensure inefficiencies are identified and minimised.

24/7 Hospital systems

As has been discussed extensively, the AEAV believes adequately investing in public health, to the extent that hospitals and support networks can operate 24/7, would significantly improve flow through the system and outcomes for patients.

Anecdotally, patients have been known to wait until Sunday evening to call an ambulance to transport them to hospital as their understanding is that the relevant specialists and support staff will return to work on Monday morning.

Implementation of Paramedic Practitioners

Expansion of the Paramedic Practitioner model to provide support to nursing homes and to provide a resource that is not just to "stop the clock" whilst awaiting the attendance of a stretcher vehicle, but to implement management plans for the patients without requiring their attendance at emergency facilities. The Paramedic Practitioners should also provide assistance and treatment options at Urgent Care Centres to reduce patient flow to major regional centres.

The InReach program which was run out of some hospitals many years ago, although adhoc and inadequately resourced, did provide an alternative option to requesting an ambulance and having patient transported to hospital for relatively minor interventions (eg. Catheter replacement, IV antibiotics). This was also an option for paramedics who attended the nursing home and were able to liaise with the InReach team who would then follow-up with the patient.

Expansion of Hospital in the Home

More services in the home of patients means shorter stays in hospital and less likelihood of patients returning to hospital for complications post-surgery.

Expansion of Mental Health services

Mental Health patients are now a significant drain on ambulance resources and emergency departments with these cases often taking considerable time. An expansion of infield support and inpatient beds would reduce the number of mental health patients in crisis in the community. After hours services for mental health patients currently do not align with patient needs with ambulance required to fill the gap for up to 16 hours a day.

Expansion of referral services

Expansion of the RefCom service and investment in alternative options for patient management which do not require transport to Emergency Departments. Development of video call option for increased visibility of patient.

Initiate development of facility for paramedics to dial into RefCom services, including 24/7 GP's, from scene to connect patients with appropriate service.

Investigate options for automated GP follow-up within 24 hours for patients left at home and not requiring urgent care.

Recruitment of Doctors in rural centres

In the past, work had been done to create super clinics in major regional centres. The cessation or reduction of funding resulted in downgrading of these clinics and limited capacity for patients. A renewed focus on primary care options outside of Emergency Departments would decrease demand within Emergency Departments.

LONG-TERM

Health services for tomorrow, not yesterday

Successive governments, at both Federal and State level have failed to adequately future proof health services. The current crisis was not unexpected. For example, ambulance projections for case numbers were greater for Q3 2020-21 than what actually occurred. The current approach of reactionary investment results in shortfalls, as understandably it takes some time to implement significant changes.

Ambulance Victoria for example, has been pushing their workforce harder and harder for a significant period. Initiatives implemented once the crisis is already evident just put additional pressure on the workforce whilst waiting for the reactionary investment to have an effect. An example of this relates to the recruitment of new Graduates by Ambulance Victoria. The current surge in recruitment puts significant pressure on Clinical Instructors and the Graduates. Resulting in Clinical Instructors being burnt out and some Graduates not consistently having access to Clinical Instructors.

Furthermore, by operating at maximum capacity and with unsustainable pressure on the workforce for long periods, the capacity of the service to adjust when necessary is diminished. Sudden increases in demand or other factors (ie ramping) cannot then be managed as business as usual and the system inevitably ends up in crisis and the public and the workforce are harmed.

Increase capability of rural Urgent Care Centres

Reduced capability at UCC's results in a significant number of patients being transported to major centres for low acuity interventions. This causes a significant drain on emergency departments in major regional centres and contributes to ramping.

GP Super-clinics

Improved access to GP's out of normal business hours would significantly impact the number of patients who utilise ambulance and emergency departments.

More hospitals

More hospitals equates to more beds and more support services. This is self-explanatory and essential to maintain a standard of care that the community expects and that supports the healthcare workers.