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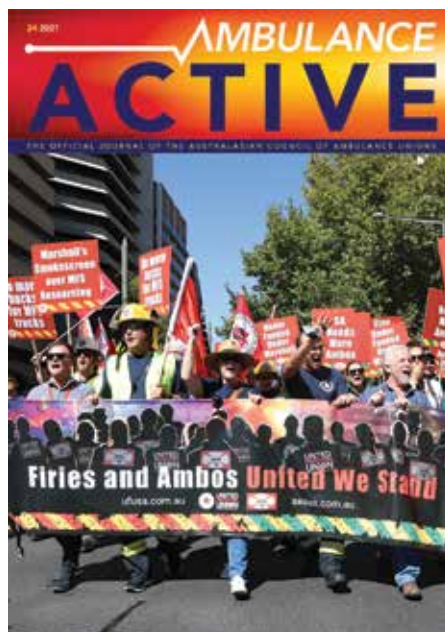
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If you're hurt at work, you need specialist help.

It's not just a matter of processing a workers comp claim. It's about claiming absolutely everything you're entitled to and with ambulance workers, that gets complicated.

Did you know that the risk of serious injury among Australian paramedics was found to be more than seven times higher than the Australian national average?

When it comes to NSW ambulance workers compensation claims, it would be very hard to find a more experienced solicitor than Chantille Khoury. Chantille is a principal at Australia's largest specialist personal injury firm, Law Partners, where she specialises in emergency service worker claims.

"When paramedics are injured at work, either physically or mentally, many are reluctant to seek compensation, or they don't know who to turn to."

As a member of NSW Ambulance you put yourself at risk every day and injuries from aiding immobile patients, drug-affected patients, motor vehicle accidents and exposure to traumatic events are all too common. If you're hurt at work, it's important to get good advice on your options.

"With ambulance workers, it's not just a matter of processing a workers comp claim. They have their own set of rules relating to workers comp,

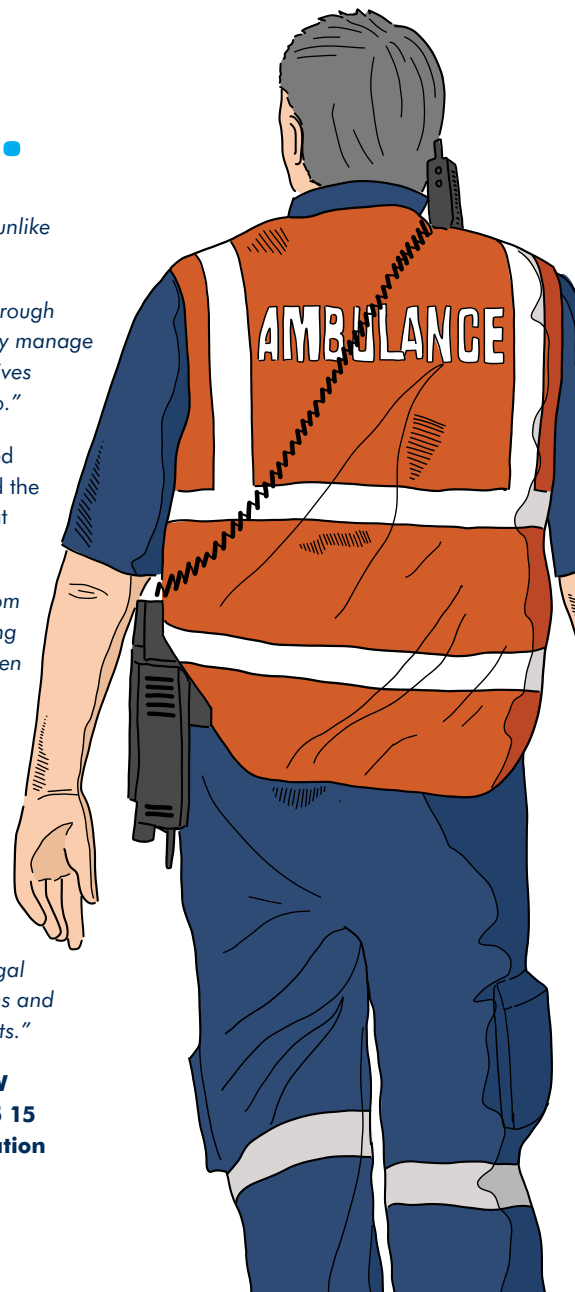
TPD and income protection which are unlike any other worker in NSW."

"It takes extensive experience and a thorough understanding of the system to properly manage a claim and make sure the officer receives absolutely everything they're entitled to."

Unfortunately claims are often processed as a standard workers comp claim, and the ambulance worker will never know what they missed out on.

"In particular, PTSD claims can result from exposure to traumatic events over a long period of time, so care needs to be taken to build these cases thoroughly. Many PTSD paramedics come to me in their 40s and 50s and they're broken. They start their careers very optimistic about their future, but by the time I see them they're changed people. They can't continue doing the job they know and love and are at a loss, not knowing where to turn. I can at least provide them with a dedicated legal team, support them through their claims and make sure they get their full entitlements."

If you've been hurt at work in NSW you can call Law Partners on 13 15 15 to arrange a confidential conversation with Chantille.



Chantille Khoury – Principal, Law Partners

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FROM the PRESIDENT

THE COVID PANDEMIC IS STILL WITH

us but society is slowly returning to normal life with high rates of vaccination, sensible social distancing, mask wearing and hygiene.

It is time to look back and reflect on the changing role of Paramedics in their communities. Paramedic scope of practise has expanded through necessity during this pandemic. Paramedics have been required to make decisions and apply treatments in a manner that has never been considered prior to this world-wide disaster.

Our members have stepped up and not only faced these added responsibilities but taking them in both hands and utilising their skills and knowledge to aid and protect our communities. Health systems around the world have been able to cope by thinking outside the box. That is how Paramedicine has responded. Without Paramedics stepping up and doing what they did during this pandemic many health systems would have collapsed.

So as 'normal' life slowly returns, it is time to reflect on the professional standing and recognition of Paramedics not only in Australasia but around the world.

Paramedics are university trained, they make decisions unsupervised, they adjust and vary practises in high pressure situation, we conduct ourselves using guidelines and scope practise as professionals. The only time Paramedics are not treated as professionals is when they open their pay packet. It is time to truly examine the work value of Paramedics and Paramedicine. It is time to truly value Paramedics for the job they do.

It is the time of the year where Paramedics renew their professional



registration, paying more than nurses, university students graduate after three or four years of intense study in the field of Paramedicine, as Paramedics continue to work in COVID risk environments applying knowledge and skills as professionals do, it should also be that time is to recognise them as professionals.

This recognition is not just hollow thanks and applause it is in the application of proper wages, access to professional study leave to engage in professional development programmes and the ability to truly be recognised as a health professional.

The Australasian Council of Ambulance Unions will be working as a group of

unions that represent Paramedics to actively lobby governments to truly value Paramedics and their role in the community.

Applause and 'thank you for your service' is wonderful and greatly appreciated, but it does not pay the bills or supply that extrinsic value of Paramedics that has been lacking for so many years.

It is time to step up and fight for wages that recognise our worth. Contact your union delegate to join this fight

In solidarity.

Steve Fraser

B. HSc. (PreHosp. Care)
ACAU President



About Steven: Steven is an operational paramedic in Northern New South Wales. He has been a paramedic since 1981 with the Ambulance Service of New South Wales. He qualified as an Intensive Care Paramedic in 1985 and has worked extensively in both metropolitan and rural settings across New South Wales. Steve was a member of the New South Wales Special Casualty Access Team and operated as a flight paramedic with the CareFlight helicopter out of Westmead Hospital. He spent time as an educator for New South Wales Ambulance before moving to rural New South Wales. Steve is also the Vice President of the Health Services Union NSW Branch.



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FROM the SECRETARY

OMICRON

At the time of writing this report the OMICRON variant of SARS-COVID19 is starting to spread around the world with a dozen confirmed cases in Australia. After the trials and tribulations of the past two years, this is a worrying development. Scientists are scrambling to assess the potency of this new strain which will in turn determine the suite of measures required to address this new phase of the pandemic.

The current high rates of vaccination across most states and territories will hopefully be our best defence against this new strain, along with booster shots at six months after our second vaccine shot. An unknown at this stage is whether the current vaccines will be effective against this new strain of the virus and if so, how effective.

The Federal Government and ATAGI are currently evaluating whether boosters should occur at 3 months, as well as lowering the age for vaccination. Much attention is being paid to the experiences of countries currently going through the northern hemisphere winter and how the virus is evolving there and what measures are proving effective.

There is one glimmer of hope in all of this. That is that the OMICRON variant may not be as debilitating or life threatening as its predecessors. There is a possibility that if it is more virulent but less health endangering, it may supplant the other variants as the dominant strain of the virus. This could eventually lead to the downgrading of the pandemic as populations become more immune and less threatened by serious symptoms.

PANDEMIC FATIGUE

I want to again acknowledge the significant strain that the pandemic has placed and is placing on paramedics across the country. Working on the road through the latest phase of community transmission in the ACT in full PPE on every case, I personally appreciate this has

added a whole new level of complexity to what is already at times a challenging and demanding job. The heat generated inside a plastic gown, fogging visors, sweaty hands inside gloves and endless donning, doffing and infection cleaning is taking its toll on everyone. I particularly want to acknowledge our Victorian and NSW sisters and brothers who have been working in this environment longer than most. It is through your efforts, dedication and professionalism that 'business as usual' has been able to carry on in spite of spiralling workloads.

In some jurisdictions surge workforces have been engaged to supplement depleted numbers of full-time paramedics. This has been a contentious issue industrially as ADF, paramedic students, firefighters and others have been bought in to make up crews. Whilst I'm sure the majority have appreciated this has prevented even more dropped shifts and increased workloads on those that remain, it has to be acknowledged that these crewing arrangements can place even more strain on the single paramedic making all clinical decisions.



PHIL PALMER

Phil Palmer has recently retired as the long serving Secretary of the Ambulance Employees Association – South Australia. A short couple of paragraphs here will never do justice to the immense contribution Phil has made to ambulance employees both in SA and nationally.

Phil Palmer was one of the original delegates who attended the Salamanca Inn in Hobart Tasmania in 2008 to discuss the formation of a national body to represent

the interests of paramedics and ambulance employees. That body was subsequently formed, becoming the National Council of Ambulance Unions (NCAU), now the ACAU. Phil went on to serve in various executive positions over the years in the NCAU and contributed immeasurably to the success of the organisation.

Phil Palmer, in my experience, has always been an unabashed shit stirrer. I make no apology for this assessment. I recognised this early on as 'disruptive leadership'. For me, disruptive leaders are committed to the idea of providing contrasting ideas to create something better. They are essential to advancing debate in our body politic. Phil brought a unique way of looking at issues to the table. His style inevitably was the catalyst for some great debates where not all agreed. That said, debates have to be had to explore all sides of an issue and its potential impacts on all stakeholders. Phil Palmer without a doubt kept us all honest and ensured all views were heard and respected.

From many conversations with Phil over the years I appreciated the depth of his honesty, commitment and integrity. These were rooted in a simple fact that he cared for his people and the egalitarian values that underpin unionism.

As a former full time union official I can fully appreciate the time and effort that Phil has contributed over the years in looking after his members. It's a 24/7 job. Phil Palmer will always be a health activist. It's in his DNA, but I wish him well in this next phase of his life.

A recent post around Phil's retirement said that he's always had a heart full of justice. Thank you, Phil for your service, your friendship and your heart full of justice. The ambulance industry generally, paramedics specifically and health services nationally are all in a better place, thanks to your work.

Jim Arneman

ACAU Secretary



About Jim: Jim is a Registered Intensive Care Paramedic working for the ACT Ambulance Service. He was the inaugural Secretary of the National Council of Ambulance Unions, a position he held for three years, before project managing NCAU's responses to National Registration and the Senate Inquiry into Paramedic Mental Health & Wellbeing. He has worked as a paramedic for over three decades in metropolitan, rural, regional and remote settings in several ambulance services interspersed with three years as a full time Union Organiser. He is the current ACT TWU Ambulance Caucus Secretary and was elected unopposed as the inaugural Secretary of the Australasian Council of Ambulance Unions in 2019.



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INDUSTRIAL REPORTS

ACT

ENTERPRISE AGREEMENT

A vote is currently being conducted to endorse a 1-year roll over EA to cover ACT Ambulance.

Unfortunately, COVID-19 has undoubtedly impacted the pace of current EA negotiations. During the second outbreak in 2021, whole-of-government negotiations have been cancelled on a fortnight-by-fortnight basis due to the increased demands placed on unions and the public service. The inability to physically meet has also slowed bargaining – while bargaining has been conducted through Webex, it is not optimal.

To ensure the process is conducted comprehensively and pay rises are not unduly delayed, the Government proposed we finalise and ballot an interim 1-year agreement with no substantial changes. The proposed replacement agreement would expire on 31 October 2022 and include two pay rises based on the previous pattern:

- 1.35% payable from the first pay on or after 1 December 2021; and
- 1.35% payable from the first pay on or after 1 June 2022.

Salary related allowances would be adjusted in line with normal practice.

ACTAS Specific amendments include the **Overtime Meal Allowance** (with back pay) and the introduction of **landmark Composite Pay arrangements for NEPTS and Comms**.

Negotiations will continue regarding roster reform with the TWU exchanging a Memorandum of Understanding (MOU) with JACS to ensure negotiations recommence in early 2022.

ACT BUDGET WIN FOR AMBULANCE

The ACT Government will inject an additional \$15.2 million into ACTAS over the next four years to kickstart the ACT Ambulance Modernised and Sustainable Service Plan (MSSP).

This is an initial investment that will allow the ACT Ambulance Service to commence implementation and work towards a restructured and sustainable service delivery model.

This initial boost will fund the introduction of a long-awaited secondary **Emergency Triple Zero triage process** and procedures to ensure efficient and safe triage, dispatch, and referral. It will also allow for the introduction of a **Specialised Response Capability** to underpin remote area access and Rural Fire RAFT Team Support.

Another welcome investment is being made in covering 15 full-time ongoing positions to ensure ACTAS operational management is sustainable. This includes funding for **additional Duty Officer (Operations) positions**, which have long been called for by the TWU.

Peer Support Officer (PSO) program funding will continue as part of the overall appropriation provided to the ESA this financial year. Refresher training for existing PSOs has already been completed and funding has been allocated to conduct another program to increase existing PSO numbers. The ACTAS PSO program will be supported by wellbeing initiatives being implemented across the whole of the ESA. The 2021/22 program will be run along the same lines as the original PSO program, including the residential component as recommended by the Blueprint for Change.

PRESUMPTIVE LEGISLATION

The ACT Government has recently committed to working with the TWU to reform current administrative arrangements regarding workers' compensation claims from ACTAS staff relating to mental health and wellbeing. The intent of the administrative change is to deliver in practice the presumptive legislative changes the Union has requested. As the legislation in question is Commonwealth legislation, this change cannot be achieved legislatively by the ACT Government. However, the ACT Government can implement administrative changes that would deliver the same outcomes sought by the Union. It is expected that the new administrative changes regarding presumptive application to post-traumatic stress disorder claims will be implemented in the first half of 2022.

HEALTH AND SAFETY

Our health and safety reps are particularly active at present. All members are encouraged to raise safety issues, especially those related to COVID-19, with their Block HSR's as soon as they arise. Stay safe out there!



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Northern Territory

NT union representing paramedics says time for ambulance services to go back under government

United Workers Union NT branch secretary Erina Early said the organisation had no confidence in St John NT due to its management of staff and resources.

"Our ambulance service has been contracted out to St John NT since the 1970s. They should be able to get it right by now," she said.

"The whole service of ambulances is to respond to emergencies ... the only way our Territorian ambulance service is going to be properly resourced is for our ambulance service to go back to government. No emergency service should be privatised."

Queensland

PATIENT ACCESS TO HOSPITALS

United Workers Union representatives have been participating in discussions with the PAAC (Patient Access Advisory Committee) regarding Patient Access to hospitals, specifically via Emergency Departments.

State Council delegates have provided feedback on a Draft of the *Protocol for Patient Access to Queensland Public Hospitals* document, which is what will be relied upon to transfer the care of Ambulance patients when POST has been reached and there are ongoing pending Ambulance jobs in the community. Delegates want to ensure the set of words included in the Protocol provide as much certainty as possible. Other stakeholders in these discussions are ED Dr's and their representatives, Nurses and their Union, Dept of Health representatives, QAS, and HHS representatives. Everyone involved has had patient safety at the forefront of any agreed reviewed Protocol.

UWU representatives believe staff safety should be as an important consideration

as it directly impacts on patient safety. To that end, Ambulance specific considerations like shift extensions, lack of meal breaks and impacts on fatigue for those working at EA stations that do not form part of the Protocol wording will continue to be a priority in discussions between UWU and QAS.

END OF SHIFT ARRANGEMENTS

United Workers Union State Council representatives have recently raised concern around the period potentially not being captured that is taken to sign away drugs and complete end of shift processes. Depending on the size of the station and state of the vehicle it can take up to up to 30 mins to complete end of shift procedures.

Given the fact that officers need to remain logged on and ready to respond for the entirety of their shift, and the regularity of being called to respond to jobs that take officers into shift extension, this has now become an ongoing issue. Members need to ensure they are compensated for the entire period worked during any shift.

QAS have acknowledged and are looking at ways to document the end of shift process.

UWU members await a resolution.

EB 2022

The current certified agreement is due to expire 31 August 2022. Work is presently underway to give UWU members a say in what they want in their next EB. Delegates and organisers have been travelling the state giving members the opportunity to submit ideas and focus on what they would like to see in their future log of claims. State Council will be meeting towards the end of the year to analyse members contributions to establish a list of priority claims.

RESOURCING CRISIS STRETCHED TO THE LIMIT

Across Queensland, United Workers Union members are regularly reporting unfilled shifts.

Whilst QAS data suggests otherwise, this does not translate to what our members are experiencing out on the ground.

Working alone when normally rostered as part of a crew, our members are raising grave concerns about not only their safety but also the safety of their patients.

Unfilled shifts mean less resources to respond to the community. Unfilled shifts mean single officers working hard and spreading themselves thinly to meet demand. Unfilled shifts mean exhausted, unfed, and overworked paramedics.

A recent practice has been directing crews as they arrive on shift to be split and log on to two vehicles instead of the one.

Our casual members also report not receiving opportunities to fill shifts.

Regular overtime shifts appear to be a thing of the past. QAS say otherwise and that they are unable to fill these shifts.

A definite disconnect is happening.

Hundreds of hours are being lost to ramping. Shifts are going unfilled.

Resourcing issues have also highlighted...

Patient Transport members reporting time and time again where the most vulnerable of patients in our community are left waiting hours and hours after major medical treatment before they can be transported home.

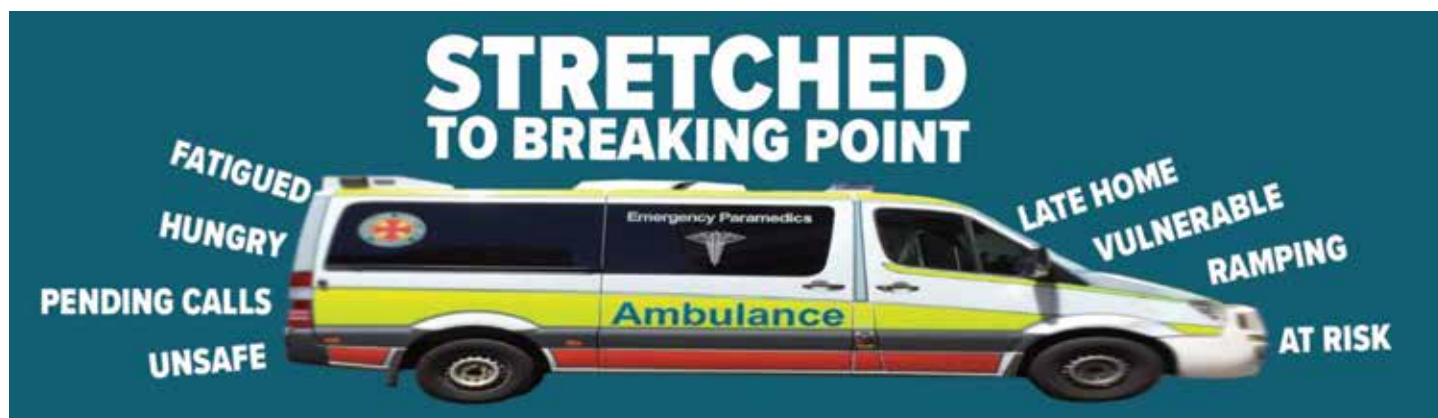
Our regional members face multiple issues surrounding working on call or emergency availability. Regular rolling fatigue and being sent to the metro areas effectively working all night on EA as a night shift resource.

Paramedics and EMDs are frustrated when they hear common calls for responses to jobs knowing crews are stuck at hospitals waiting to hand over care of patients.

Peak capacity sees more and more of our supervisory members being utilised for acute responses. This results then in excessive out of hours work by supervisors so they can keep up with their day-to-day duties and commitment to their staff.

Casual staff are challenged in attaining regular work making it impossible to plan and know they are earning a regular income.

Our members are being stretched to the limit.



South Australia

RAMPING, RESPONSE TIMES & PUBLIC CAMPAIGN

The AEA has been very active in our public safety campaign calling for more ambos and to reduce ramping with the state is experiencing the highest levels of ramping and the worst emergency response times on record. In the past several months ramping has repeatedly broken monthly records with the highest sitting at 2,800 hours of ambulances ramped in the month of May this year alone. This is without any major COVID transmission in South Australia and almost non-existent influenza cases over the winter period.

Priority 2 Emergency response times are now at just 69% of their KPI (90% 16 minute target). We are seeing occasions where strokes, chest pains, and shortness of breath cases waiting 1-2 hours for an ambulance for an emergency response. Lower priority cases such as falls and mental health have been left waiting over 12-hours for attendance.

We have launched a campaign website moreambos.com.au ahead of the state 2022 election calling for an end to ramping and more ambos. We are calling on the recruitment of 290 Paramedics, 57 Ambulance Offices and 23 Communication Personnel to ensure appropriate service delivery to the community. To date the Government has only responded with the funding of 50 additional Paramedics to create 3 additional crews for all of Adelaide and 24 Paramedics to remove on-call rostering at 4 regional locations.

Ambos continue to chalk their ambulances with public safety messages with the Government continuing to pay cleaners to clean the exterior windows of ambulances every single day.

ROSTERS

There has been a push by the current Liberal Government to move away from 12-hour to 8 & 10 hour shifts which is highly opposed by our members who value their 4 on 4 off 12-hour shift cycles. Negotiation has resulted in a trial for the 3 newly funded additional crews to a 10.5-hour shift in a 3 on 3 off day, afternoon, night configuration with the first of these new rosters deployed late October.

EB

The current Enterprise Agreement expired in November 2018 with a subsequent agreement unable to be negotiated thus far with the current state Government.

The impasse is occurring due to a hostile Govt agenda which seeks to remove current break entitlements, remove penalty payments and allowances, remove the cap on casual employees and a principal to not provide any retrospective salary increases. All the while our members have not had a wage rise in 3 years.

EMPLOYMENT TRIBUNAL ARBITRATION

The AEA took issues of delayed crib breaks, over reliance on overtime, ramping, on-call rostering and workload to the employment tribunal which ultimately ended up in arbitration before the President of the Employment Tribunal. Final submissions occurred in December 2020 and we are still yet to receive a judgement.

CRIB BREAKS & FATIGUE

Members continue to work 12-14 hour shifts without a single crib break. Currently fatigue management policies do not prevent members from working an entire shift without a break unless a crew member specifically speaks to the duty manager asking to be stood down due to fatigue. With pending emergency cases on the radio and the prospects of letting their teammates down this is seldom utilised. We are continuing to work on proactive and reactive stand-down policies with the service however many of these have included policies that remove current meal break conditions instead of aiming to provide members with a timely break.

Tasmania

Ambulances services in Tasmania continue to be largely a disorganised rabble, despite senior managers spruiking Ambulance Tasmania as a modern and responsive ambulance service. This is despite the work that Paramedics, Operations Centre Workers, Patient Transport officers and volunteers continue to do in the face of continual increased demand and pressure.

Tasmania has certainly had its fair share of challenges through COVID, like everyone else, and those challenges look set to continue as Ambulance services are at the forefront of the surge plan that will be implemented on December 15 when our borders open properly for the first time since the pandemic began.

The plan is to triage and delay offload in purpose-built army style tents. Paramedics and other Ambulance workers are eagerly awaiting the opportunity to ramp in big tents in the ambulance bay or outside our hospitals on the road.

This should free up the ED hallways for the sickest of sick patients.

On a happier note, the ambulance service scored well on the latest Resilience Scan, compiling a whopping "- 81" (out of 100). This stands the service in good stead to withstand the onslaught of COVID patients when the Tasmanian borders open. Staff were told to be proud of themselves for still turning up to work, and despite organisational cultural changes needed, they should be prepared for them to all fail because there is no capacity for proper consultation. It would be laughable if it wasn't so serious.

There is much work to do under the heading cultural reforms. Staff are under pressure, we are under resourced, there is too much reliance on overtime and simply not enough bodies on the ground to run a reliable and functioning service, all the while the bean counters say we are over budget and underperforming through technical procedural inefficiencies. We still have a 1980's payroll system, is there any wonder?

We head into the new year set to take on the government about the next EBA negotiations, it appears they are positioning themselves for a fight to strip away hard-fought terms and conditions of employment. This is what the service needs, a kick in the guts for all that continued fatiguing stressful work. We have the highest utilisation rates and the longest ramping and the worst response times in the nation, what says retention and recruitment better than also seeking to attack workers terms and conditions.

In brighter news, all our recent interns (with another 50 planned to be recruited in this way) have a 3- month fixed term contract for the basic training period then are transitioned to a short-term casual contract without any guaranteed training opportunities or hours in a self-guided learning plan, hoping to find good mentors along the way, they get to complete this plan whilst fighting amongst themselves for paid or contact hours.

As of November 19th, there were no reports of any ambulances on fire. Yet.

TASMANIAN PARAMEDICS LOWEST PAID

Tasmanian paramedics are paid lower than paramedics in other states and they commonly get fixed-term contracts instead of the stability of a permanent role. Latrobe paramedic and Health and Community Services Union representative James Watkins said, "With temporary contracts, we're losing people to other regions or interstate. ...If the government was willing to provide funding for paramedics, I think they could (fix it)."

Victoria

RESPONSE TO DEMAND INCREASE

During the pandemic the Victorian health sector has seen ebbs and flows in demand which have correlated with COVID case numbers and lockdowns. All Victorian health services have been pushed to breaking point with employer's implementing quick fixes across the board to respond to the demand spikes.

These employers all went into the pandemic with services stretched to the brink and are now relying on their employees sense of community to push through band-aid measures which are putting employees under additional pressure.

ESTA CRISIS

In recent weeks the Victorian media has been flooded with stories of ESTA Call-takers being under strain and long wait times for calls to be answered. The AEAUV has been in negotiations with ESTA and the government on short term fixes. However, the root of the problem is that ESTA entered the pandemic with a system under stress due to staffing shortages and have failed to act on employees concerns for many years. You can read more about this on page 31.

ADMINISTRATIVE STAFF IGNORED DURING CRISIS

We hear almost every day in Victoria about the strain on the health services at the moment. And the government and respective services are constantly announcing new resources and systems to counter the demand increases. The areas that have been ignored however are the admin and support areas.

Areas that were neglected before the pandemic hit. Increases in demand flow through the organisations but the areas receiving additional investment are operational.

The stressors for admin and support staff are very real. Ignoring these areas puts more strain on operational areas when queries cannot be answered, and issues not dealt with in a timely manner. Although additional investment in these areas will not get the government or the services the same coverage in the media they are still critical areas that need to be supported.

VEOHRC OUTCOMES DAMNING FOR AMBULANCE VICTORIA

On November 30 the Victorian Equal Opportunity and Human Rights Commission (VEOHRC) released Volume One of their review into harmful behaviours and practices existing within Ambulance Victoria (AV). The review was announced in November 2020 and resulted in an overwhelming number of AV employees from right across the organisation engaging with VEOHRC to detail their experiences.

The disturbing outcomes reinforce what we had been hearing for years and confirm the existence of the toxic culture, that had been visible in the regular surveys of staff. The early response from AV is that they now have the tools to implement change because VEOHRC have highlighted the drivers of the culture. This is a dismissive and disingenuous response from AV as the drivers were clearly evident, AV just chose to ignore them.

AV are circling the wagons around the executive and refuse to accept that those who fostered the culture should be held accountable. For AV to have any hope of transformational change they need to

rebuild the trust and we do not believe that can be done with the incumbent department senior managers who harmed hundreds if not thousands of AV staff due to their inaction.

PRIVATE PATIENT TRANSPORT IGNORED AGAIN

In October the Victorian Health Minister announced the Hospital Surge Support Allowance (HSSA). The concept involves additional payments of up to \$60 per shift to frontline healthcare workers to recognise their contribution during the pandemic. The glaring omission from the list of eligible recipients is the private non-emergency sector. These dedicated staff are on the frontline everyday and the failure of the Victorian government to acknowledge the role they play is another in a long list of insults to the sector. In October we wrote to the Health Minister on behalf of our members and the sector. You can read our letter here <https://www.aeavic.org.au/letter-to-the-minister-for-health-regarding-hospital-surge-allowance/>

ENTERPRISE BARGAINING

Bargaining across the sector continues on during the pandemic. Recently the RFDS Agreement was ratified by Fair Work. An in-principle AV Management & Admin Agreement has been negotiated, with the details being finalised between the parties. In the coming weeks and months we will commence negotiations on the National Patient Transport Agreement and St Johns Ambulance is preparing to commence negotiations on their inaugural Enterprise Agreement. We encourage members to engage with us on the bargaining for these agreements to ensure the negotiated outcomes meet workforce expectations.

WESTERN SYDNEY AMBULANCE WAIT TIMES BLOW OUT

Paramedics say the Covid-19 lockdown has pushed them to breaking point as response times are exposed. See how long your suburb has to wait.

LIVES ARE BEING PUT AT RISK AS

patients are forced to endure agonising delays due to a chronic shortage of ambulance officers, particularly in Sydney's west, paramedics say.

Mount Druitt has been identified as an area of major concern, with residents there waiting up to 50 per cent longer for an ambulance than those in the inner city and eastern suburbs, according to Bureau of Health Information data.

The median time for an ambulance to reach urgent cases, like broken bones, at Mount Druitt was 40 minutes and 16 minutes for emergency calls such as those involving chest pains.

In Sydney's inner city the median wait for urgent calls was 26 minutes. In the eastern suburbs and inner west the wait was 28 minutes.

NSW Health Services Union (HSU) Secretary Gerard Hayes said an extra 1500 fully trained paramedics were needed to ease the ambulance crisis in Sydney's west.

"Western Sydney continues to be treated as the poorer cousin of the city's ambulance response," Mr Hayes said.

"While we welcome the belated reopening of smaller Western Sydney ambulance stations they need to be properly staffed. At the moment, the government is papering over the cracks with casual and contract paramedics who need to be made permanent."

When it comes to life-threatening calls such as stroke, cardiac arrest and car crashes, wait times across the city were consistently between six to nine minutes.

But the median response time for those life-and-death cases hit a record peak of 8.3 minutes, according to the data published earlier this year – even before lockdown.

Data is not yet available on response times during the Delta outbreak but paramedic Tess Oxley said she expected delays may have worsened.

NSW ambulance wait times April-June 2021 MEDIAN WAIT TIME IN MINUTES

Area	Urgent cases (broken bones)	Emergency cases (Some chest pain)	Life-threatening cases (car crash, heart attack, stroke, not breathing)
Mt Druitt	40	16	8
Merrylands-Guildford	37	15	8
Fairfield	36	14	9
Blacktown	34	13	8
Carlingford	33	14	8
Canterbury	32	13	9
Ryde-Hunters Hill	31	14	9
Hornsby	30	16	8
Pennant Hills-Epping	30	15	9
Canada Bay	30	14	8
Hurstville	30	13	9
Leichhardt	29	12	8
Campbelltown	28	14	9
Eastern suburbs - north	28	12	7
Eastern suburbs - south	28	12	7
Marrickville-Sydneyham-Petersham	28	12	6
Penrith	28	12	8
Manly	27	14	8
Chatswood-Lane Cove	27	12	8
Kogarah-Rockdale	27	11	9
Sydney Inner City	26	10	6
Camden	25	13	8
North Sydney-Mosman	25	13	8

Source: Bureau of Health Information

"These days we have been going back-to-back to jobs without breaks. The pressure has been unrelenting," she said. "These poor people are waiting for ambulances sometimes for over an hour. It's a matter of life and death."

During the pandemic peak, ambulances were under so much strain Fire and Rescue NSW had to step in to drive emergency vehicles and assist crews.

For something like a cardiac arrest, the likelihood of survival can drop 10 per cent for every minute a patient is unattended, according to the Australian Paramedics Association.

Georgia Clark
The Daily Telegraph

NSW FRONTLINE MEDICAL STAFF GAGGED AS HEALTH SYSTEM BRACES FOR COVID PEAK

NSW Health and hospital codes of conduct restrict staff from speaking to media, leading to scarce insight into their experiences.

AS NEW SOUTH WALES HOSPITALS

brace for the peak in admissions and overwhelmed intensive care units next month, the voices of those on the frontline are strangely muted.

Often it is family members, union representatives, professional bodies and patients who are providing a window into what life is like for frontline staff in NSW hospitals.

Journalists trawl Facebook looking for posts from patients and staff about what it's really like. Occasionally video emerges of patients recounting their experiences, such as the one where a woman described being in a tent for nearly eight hours before she was admitted to a Covid ward. But generally, first-hand accounts of life in NSW's Covid wards are thin on the ground.

That's because staff working in the NSW hospital system are restricted from speaking to the media.

The NSW Health code of conduct says all staff – employees, contractors and even students working in the public hospital system – are only permitted to provide official comment on matters related to NSW Health if authorised to do so.

They are also required to "act in a way which protects and promotes the interests of NSW and the particular agency where they work", and they must "avoid conduct that could bring NSW health into disrepute".

While there are whistleblower protections in the code, these require the person making the disclosure to follow strict protocols, including reporting to their manager.

On top of the NSW Health rules, many hospitals have additional codes about speaking to the media that are built into their employment contracts.

The ABC and the Sydney Morning Herald photographer Kate Geraghty were allowed into the Covid-19 ward at St Vincent's hospital in central Sydney in July to meet staff and patients.

But as the stress increases, and staff say "they are being pushed to the brink",



Sydney Morning Herald photographer Kate Geraghty's photos inside St Vincent's hospital's Covid-19 ward were some of the few insights into the experiences of frontline staff.

media are being forced to rely on staff who talk off the record.

Nine News ran a story in September, interviewing three nurses, with their names changed to protect their identities.

NSW Health has made senior intensive care doctors, nurses and psychologists available at the government's daily briefings. They have described the heavy workloads, but unsurprisingly – with the premier, Gladys Berejiklian, and the health minister, Brad Hazzard, standing beside them – have not strayed from the government line that the system is able to cope.

Most of the information about conditions in the hospitals have come via unions and professional bodies.

The AMA NSW president, Dr Danielle McMullen, said speaking out on behalf of doctors was part of her organisation's role.

"It's important doctors have a voice and are able to raise concerns when they arise," she said. "As the largest medical professional association representing doctors from all specialties and stages of their careers, the AMA is able to represent the views of our members to media and government."

It was paramedics who first blew the whistle on the long delays at Westmead hospital in August. The first report of

ambulances waiting up to eight hours outside emergency was on 6 August.

It happened again on 16 August, with frustrated members taking to Twitter.

The Australian Paramedics Association NSW president, Chris Kastelan, told Sky News on 26 August that his members have been forced to wait for hours while caring for Covid-infected patients.

"We're finding we're having up to 10 paramedic crews with Covid-positive patients stuck in the emergency department for up to around six hours at a time," he said.

This information is rarely volunteered at the NSW Health press conferences.

A spokesperson for NSW Health defended the government's approach to information and the restrictions on individuals speaking out.

"We try to be as open as possible," they said. "We get about 100 media inquiries to the media team. We are just the middlemen. Most go to the public health team or the epidemiology team to be answered and they are in the middle of managing a pandemic."

He said local area health services, particularly in the regions, were able to provide information to reporters and some hospitals had their own media teams.

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UNION REPRESENTING ST JOHN IMPLORES GOVERNMENT TO CLARIFY 'HIGH-RISK HEALTH WORKER' AS COVID VACCINE MANDATE ORDER YET TO BE RELEASED

The union representing St John ambulance staff says the Government needs to clarify who qualifies as a "high-risk healthcare worker".

THERE ARE JUST 11 DAYS TO GO

until high-risk staff need to get their first COVID-19 vaccine or be stood down - but the Health Order still hasn't been released.

St John staff are used to working under pressure but some still don't know if they'll have a job at the end of the month.

"Obviously it's giving them a very small timeframe to be able to make some serious decisions about their career," First Union ambulance coordinator Faye McCann said.

High-risk health workers need to get their first vaccine dose by October 30 but eight days after announcing the mandate, the Government still hasn't specified who qualifies as "high risk".

"One of the constraints we've got is just that getting it down onto paper is taking a little while," COVID-19 Response Minister Chris Hipkins said. "There are also some technical issues that they're having to work through, so exactly where you draw the line is very important."

First Union says the Government needs to release the Health Order as soon as possible.

"It's about supporting the people that are affected that haven't yet got their vaccination to understand the reason why they haven't got their vaccination and how we can help them either get the vaccination or understand their issues and where they could possibly be re-deployed to," McCann said.

The union says some St John staff had signed up for clinical trials of the Scottish-made Valneva vaccine due to start in January. They don't know if they'll be covered by the mandate - or if they'll be stood down.

"It certainly leaves them in a difficult position and it's quite unclear, especially with the vaccination order not coming out yet exactly what position it's gonna put them in," said McCann.

Hipkins doesn't know if they would be exempt either.

"We've built an Exemption Authority and I think in this case... that'd be a matter for an exemption process," he said.

In a statement, St John deputy chief executive of people and organisational strategy, Emma Butler, said all its staff have been strongly encouraged to get vaccinated.

"Over 90 percent of St John ambulance staff in patient-facing roles have received at least one dose of the COVID-19 vaccine, with the vast majority having already received their second. This figure is likely to have increased following Super Saturday.

"St John has not been made aware of any ambulance officers taking part in a vaccination trial."

Butler said St John will support its people to comply with the mandate requirements.

By Giles Dexter

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AMBULANCE CREWS WEARING FULL PPE, URGE PUBLIC TO BE HONEST AND PATIENT

St John crews in Auckland now have to wear full airborne personal protective gear to every callout.

THIS MEANS GOWNS, EYE

protection such as face shields, gloves and N95 masks, all replaced after each patient.

As of yesterday, St John had 93 staff in self-isolation due to community contact with Covid-19.

The emergency service said most of these workers were temporarily stood down, pending negative tests, after patients gave inaccurate answers to Covid-19 screening questions.

Deputy chief executive Dan Ohs said staff were seeing about three to five people a day with Covid, including transfers to and from MIQ, but they were highly experienced with infection control in ambulances.

"We've got what would best describe as a bug bomb, we try to use that as much as we can. Any time we interact with a patient who we know to have Covid, we do our equivalent of a deep clean."

St John gets hundreds of calls a day and it takes staff, on average, an extra seven minutes to finish each callout in Auckland when completing Delta screening, cleaning and PPE use.

Ohs said ambulances would attend callouts, regardless of the Covid-19 status of patients, but they needed members of the public to be honest about their symptoms and Covid-19 exposure.

"We are really asking the public to be really open with us."

It is not mandatory for St John staff to be vaccinated but all have been offered injections, and management estimates more than 90 percent have taken them up so far.

St John is currently collecting the vaccination status of every staff member.

First Union ambulance co-ordinator and former St John staffer Faye McCann supported the ambulance service's decision to elevate PPE use in Auckland.

She said it had been a difficult time for staff who had needed to self-isolate after exposure.

"It's obviously very frustrating for them because this then goes on to their families, so their families also have had to self isolate. A lot of our members also live with other essential workers."

Wellington Free Ambulance medical director Andrew Swain said his colleagues were checking the latest WHO, Ministry of Health and CDC guidelines daily, and incorporating them.

He said crews adjusted their PPE depending on the callout, language barriers, a patient's consciousness and the treatment they required, rather than wearing the most extensive option every time.

"In a cardiac arrest, there are certain things that need to be done as immediately as possible. These include chest compressions and defibrillation and

that can be done with a base level of PPE. Then the second crew will have the full PPE on and they will be able to deal with the patient's airways and breathing which of course is potentially more threatening."

Auckland emergency nurse and Auckland University lecturer Dr Natalie Anderson said people weren't normally thinking their best in health crises and Delta made it even harder to process patients at hospital.

"We're wearing masks which makes it very difficult for people who are used to partly reading lips and sometimes we would perhaps be more dependent on family members to help us translate some of those ideas. So just be patient with the process of screening. It is going to take an extra couple of minutes for us to just to be really sure that we are caring for people in the right places."

She said the health system was already stretched before Covid-19 so infection protocols were needed not only to protect patients but also first responders.

"People need to recognise that we are a precious commodity and we're a limited commodity, we are not drones that are just going to step up. There are no people to replace us if we get sick."

By Sam Olley



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There has been 58 reported incidents of verbal and physical assaults on St John NT paramedics so far this year. Picture: Keri Megelus

ONE NT AMBO ASSAULTED ON THE JOB EVERY 5 DAYS, SHOCKING STATISTICS REVEAL

A paramedic, who was brutally assaulted while treating a patient in the back of an ambulance 8-and-a-half months ago, is still coming to terms with the mental impacts of the incident.

A PARAMEDIC, WHO WAS BRUTALLY assaulted while treating a patient in the back of an ambulance 8-and-a-half months ago, is still coming to terms with the mental impacts of the incident.

Her story is just one of 58 reported incidents of verbal and physical assaults on St John NT paramedics this year.

It comes after two paramedics were assaulted in Darwin last week in separate incidents within 24 hours.

Eight months on, the trauma of the assault looms over the paramedic, who does not wish to be identified.

"When I was assaulted it took me by surprise," she said.

"I consider myself a good paramedic, with years and years of experience, I can usually tell when someone is turning aggressive."

While treating a patient in the back of an ambulance she was struck in the face, which she recalls as "out of the blue".

"My partner at the time said there was no way you could have predicted it, there were no signs that you could have known that was going to happen," she said.

Despite campaigning for "Zero Tolerance" of assaults against paramedics, an ambo has been verbally or physically assaulted almost every five days so far this year.

Last year, there were 71 reports of assaults made. St John NT Ambulance Services director Andrew Thomas said abuse often went under reported in the Territory.

"It is often under reported because it happens so regularly," Mr Thomas said.

"Every service is finding it difficult to manage and we're seeing those numbers continue to remain stable, despite those messaging campaigns."

United Workers Union – the union representing paramedics – secretary Erina Early said new paramedics to the NT were reporting more incidents of aggression,

compared with their previous two years of work in southern states.

"We need to be aware that the figures do not reflect the true data, most paramedics and patient transport officers do not report their assaults," Ms Early said.

The anonymous paramedic said life was too short to be going to work to get punched in the face.

"My workplace was extremely supportive and my colleagues were amazing," she said. "Still to this day I won't let it beat me, I won't let that be the decision of whether I choose to go."

Mr Thomas said assaults not only affected the victim, but had a broader impact on the community. "If we are required to take staff or vehicles offline due to attacks, this may result in delays in providing our services to others who are in need," Mr Thomas said.

By Floss Adams

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EMERGENCY PATIENTS IN SOUTH-EAST QUEENSLAND CAN WAIT HOURS FOR AN AMBULANCE, DOCUMENTS SHOW

Emergency patients in south-east Queensland have been left waiting hours for an ambulance, with resources so stretched there are sometimes no available paramedics to send to them, documents show.

QUEENSLAND AMBULANCE SERVICE

(QAS) briefing documents covering 11 days in April and May this year reveal an organisation “overwhelmed” and “struggling” with “an extreme workload”.

In the early hours of April 24, QAS headquarters was advised of “multiple pending Code 1 cases in excess of 1 to 2 hours” in and around Brisbane.

Code 1 patients refer to those requiring urgent care for potentially life-threatening situations. Ambulances are sent to them under lights and sirens.

“Nil available resources to respond,” the brief said. “Nil divertable [sic] resources. Multiple units ramped and hospital for several hours.”

The previous evening, a shift report flagged pending staffing issues, citing “insufficient resources ... to manage workload”.

A snapshot of the pressures faced by the QAS is contained in more than 600 pages obtained by the Queensland Opposition under Right to Information laws covering three of the state’s busiest regions – Brisbane, Southport and Maroochydore – between April 23 and May 3.

‘THE TOUGHEST CONDITIONS’

Opposition Leader David Crisafulli said the documents were “shocking” and Premier Anastacia Palaszczuk needed to “act immediately”.

“We’ve put solutions on the table including more beds, better triage, releasing real-time data and giving power back to the frontline staff to make better decisions to improve patient care,” he said.

Opposition health spokeswoman Ros Bates said Queensland paramedics were doing “an incredible job in the toughest conditions”.

“It is not fair or right for them to be treated this way. Ambulance staff deserve better,” Ms Bates said.

“As a nurse and former hospital administrator, I know how stressful it can be for our dedicated frontline staff who are overworked and under-resourced.”



Some Queenslanders were left waiting several hours for an ambulance while in a serious condition. (ABC News: Chris Gillette)

A QAS spokesman said paramedic rosters had changed since the period covered by the documents to ensure increased staffing during times of higher call-outs.

He said a “twilight shift” had been introduced to cover the 12 hours to 4:00am in an attempt to stack resourcing during peak patient demand.

The spokesman said the documents failed to distinguish between the most time-sensitive Code 1A patients from the less critical Code 1B and Code 1C call-outs.

He said the system was designed to prioritise Code 1A patients — such as heart attack victims and those who had lost consciousness, stopped breathing or were entrapped after a car accident.

“That’s the way ambulance services do business all around the world,” he said.

“We prioritise all of our requests for service according to the clinical acuity of the patient’s known condition.

“Rest assured that we always prioritise the most critically unwell.”

He said that during times of ambulance delays, paramedics and doctors would stay in touch with Code 1B and 1C patients and upgrade them to a faster response, if needed.

“We will only have patients ... waiting for an ambulance if we think it is safe to do so,” the spokesman said.

The QAS spokesman acknowledged the service’s workload “is far greater than what we were doing five years ago”.

But he said: “We’ve got more ambulances ... today than we have ever had. We’ve got more resources in the system than we’ve ever had available.”

United Workers’ Union national ambulance coordinator Fiona Scalon said members continued to face “significant pressure each day, as they do the best job they can whilst working within the constraints of a strained health system”.

“The union is working with the Health Department and the Queensland Ambulance Service to address the peaks.”

By Janelle Miles

TWO DEAD FOLLOWING MULTI-VEHICLE CRASH ON CAPRICORN HIGHWAY NEAR STANWELL POWER STATION

A Central Queensland paramedic is being praised for his efforts to try and save a patient and nurse who were passengers in the ambulance he was driving, after it was struck by a truck near Rockhampton.

DESPITE BEING INJURED HIMSELF,

the paramedic driver of an ambulance that was rear-ended by a truck in a fatal traffic crash at Stanwell on Monday worked through the shock and trauma to try and save the lives of two passengers in the ambulance.

Tragically, an 87-year-old male patient and a 65-year-old registered nurse, who worked for Queensland Health, died at the scene on the Capricorn Highway west of Rockhampton.

The ambulance, which was doing a patient transfer from Biloela to Rockhampton, was stationary in the eastbound lane when it was sandwiched between two heavy vehicles.

A B-double truck was stopped at a temporary traffic light at roadworks and the ambulance was parked behind it when another single-tanker truck failed to stop and hit the ambulance at speed.

The ambulance was severely impacted in the rear and pushed into the B-Double in front, causing both vehicles to roll.

The tanker truck that struck the ambulance was also significantly damaged, with its entire tank and cab destroyed.

At the Rockhampton Police Station on Tuesday, a sombre mood hung in the air as Queensland Police Service Capricornia Acting Superintendent Mark Burgess stood side-by-side with Queensland Ambulance Service Acting Director of Central Queensland District Loretta Johnson to speak about the horrific incident.

Mr Burgess paid tribute to the "dedication and professionalism" of the paramedic driver.

"For their actions... there is reasonable expectation when you are involved in an incident of that nature that shock would set in, but from my information... the ambulance officer in question immediately rendered first aid assistance to those people who were injured," he said.

The incident occurred just after midday on Monday and closed the highway late into the night.



Queensland Police Service Capricornia Acting Superintendent Mark Burgess at Rockhampton Police Station.

He said the vehicles involved had been seized for mechanical inspections, the "circumstances are complex" and there were a lot of factors to work through before police considered any charges.

"It is fair to say there was significant impact between two heavy vehicles and QAS vehicle," Mr Burgess said.

"Investigations remain ongoing into the exact cause.

"There will be a number of enquiries over a long period of time.

"There are a lot of aspects to review and look at... that will be a lengthy process.

"We need to get this right; we owe it to the people... two people have tragically lost their lives."

Police are appealing for any dashcam footage from anyone who was driving in the area, even before the time of the crash, so they can get an understanding of the environmental factors on the day.

"(We) appeal for any person that was driving along Capricorn Highway from 10.30 yesterday (Monday October 12), if they have any dashcam footage, of the roadway, of the environment at the time, regardless of what is reported, can they please make contact with police," Mr Burgess said.

Ms Johnson empathised with all of those involved in the tragic incident.

"Firstly, I just wish to offer my condolences and sympathies to the families that were involved in this incident yesterday and acknowledge the work of our frontline staff, paramedics, that were involved in that incident," she said.

"They will continue to get outstanding support from the Queensland Ambulance Service.

"Our focus is providing support to our staff, the driver that was involved and those families."

A patient transfer from smaller communities to Rockhampton is a routine task, with paramedics undertaking them dozens of times a week, but sadly this transfer had a devastating result.

"We are frontline staff and we go about performing our duties every day and unfortunately yesterday this event has occurred," Ms Johnson said.

Central Queensland and Hospital Service chief executive Steve Williamson offered his deepest sympathies to everyone involved in the tragic accident.

"We lost a loved member of our CQ Health family yesterday, and I offer my sincere condolences not only to his family and loved ones, but also to his colleagues at Biloela Hospital and the wider CQ Health organisation," he said.

"Our thoughts are also with our emergency services colleagues, as always."

Health and Ambulance Services Minister Yvette D'Ath acknowledged the incident in Queensland Parliament on Tuesday morning.

"It is with regret I inform the House of a fatal traffic incident which occurred inland of Rockhampton yesterday," she said.

"The incident near Stanwell involved a Queensland Ambulance Service vehicle travelling to Rockhampton from Biloela carrying patient and Queensland Health staff.

"Tragically a truck collided with the ambulance resulting in two fatalities, one patient and one Queensland Health nurse.

"My sympathies, and I am sure those of members of the parliament, go out to the family, friends and colleagues who have been affected by this tragic incident.

"Today my director-general, Dr John Wakefield, and the acting ambulance commission, Craig Emery, along with other staff, will visit staff and colleagues in Rockhampton and Biloela to provide support following this tragic event."

The driver of the ambulance and two additional male passengers in the ambulance were also transported to the Rockhampton Hospital where they remain in a stable condition.

The driver of the truck, a 41-year-old man, was flown from the scene by RACQ Capricorn Rescue to Rockhampton Hospital in a serious condition.

The helicopter landed on scene around 1.15pm and left around 1.45pm.

Forensic Crash Unit officers are investigating.

A Workplace Health and Safety Queensland Inspector and Investigator also attended the scene.

**By Vanessa Jarrett,
Timothy Cox and
Melanie Plane**



TRIBUTES FOR QLD AMBOS AFTER FATAL CRASH

Queensland's health minister has praised a paramedic who treated victims of an ambulance crash, in which another medic and a patient died, earlier this week.

THE AMBULANCE HAD BEEN

waiting at a road work traffic light on the Capricornia Highway at Stanwell in central Queensland about midday on Monday when it was rear-ended and pushed off the road by a truck before rolling.

A patient and nurse Ray Wyeth, aged 87 and 65, died at the scene while the ambulance driver, an operational services officer and another patient were taken to hospital in a stable condition.

The truck driver was also taken to hospital in a serious condition.

Health Minister Yvette D'Ath has paid tribute to paramedic Ash O'Conner, who started treating other crash victims despite being injured himself.

"This loss will be felt by so many, I know this house will join me in expressing our sincere condolences to the family, loved ones, and community for this tragic loss in the course of everyday patient care," she told parliament on Thursday.

"I also want to acknowledge Biloela paramedic Ash O'Connor, who in spite of being involved in this accident immediately turned to providing first responder care to all of the victims."

"To Ash, his colleagues and family, we are so proud of you, and the professionalism and selfless care of others."

Ms D'Ath also paid tribute to paramedic Mr Wyeth, saying he was

a much loved nurse, husband, father and grandfather.

She said her heart went out to Mr Wyeth's wife Jenny, son Tim and their extended family.

The minister shared a short tribute from Jenny to her husband, that she wanted share with parliament.

"Just like a soldier in battle he died in the line of duty, duty and care for others," Ms D'Ath said.

"His were the hands that alleviated the pain, that touched and encouraged the fearful, and those facing death.

"Even in the time of his own death, he was looking after the person in his care, assuring this elderly patient he would be with him, this person had Ray right like by his soul, together they died.

"Hundreds of patients have experienced his helping hands, his wealth of experience and his ability. Even as he lost his own life, Ray's hands were extended to help and support someone else.

"We take great comfort from this and learn from his example of service by the, this scripture: 'I am among you as one who serves' Luke 22:37 Vale Ray Wyeth."

Rockhampton forensic crash unit detectives have appealed for witnesses and any dash cam vision of the two vehicles.

By Marty Silk

WHY SA PARAMEDICS TURNED TO ONE ADELAIDE HILLS PUB DURING RECENT MEDICAL EMERGENCY

A South Australian hotel worker has recalled the moment the state's ambulance service called him to ask for their defibrillator to help save a person's life.

SCOTT HARDING WAS ON DUTY AT AN Adelaide Hills pub when he received a call from the Ambulance Service to grab the hotel's defibrillator and race to a man in cardiac arrest.

"I guess you're just in save life mode, aren't you? You just stay level-headed, grab it and go," Mr Harding said.

The incident sounded an alarm for publican Stacey Butler.

"That really says they knew they had no resources there to get an ambulance in the time-frame that was needed," Ms Butler said.

The Priority One case was first called in at 4.28pm on Tuesday.

Eleven minutes later, the CFS was paged to help, followed by the call to the pub with Mr Harding grabbing the defibrillator at 4.42pm.

An ambulance arrived 17 minutes after the initial call, which was more than double its eight-minute target.

The 94-year-old patient later died.

This sent memories flooding back for Ms Butler, who said a man died while waiting 32 minutes for an ambulance last year after choking in their venue.

"We're not trained to deal with the aftermath of seeing that and seeing what happens when an ambulance doesn't get here in time and it's hard, it's really hard," Ms Butler said.

Tuesday's defibrillator request comes after another night of ramping at the newly-expanded Flinders Medical Centre, with patients waiting more than four hours in the back of ambulances.

"At one stage we heard there were 15 life-threatening emergencies left unattended in the community with no ambulance ready to send to them," Josh Karpowicz from the Ambulance Employees' Association said.

Hawthorndene mother Terri Steer and her husband were among those choosing to drive their daughter to hospital themselves, as they feared they'd face a lengthy wait for an ambulance,



Scott Harding was on duty at an Adelaide Hills pub when he received a call from the Ambulance Service to grab the hotel's defibrillator and race to a man in cardiac arrest. (9News)



Josh Karpowicz from the Ambulance Employees' Association. (9News)



Hotel workers Scott Harding and Stacey Butler. (9News)

as 14-year-old Sophie battled an anaphylactic reaction.

"She was not able to breathe, she was getting quite scared herself and she talked about her feelings of being scared that she was going to die," Ms Steer said.

The situation is concerning publicans who feel they are being asked to be paramedics.

"This might be the first time that this defib has had to go out, it won't be the last," Ms Butler said.

"And now, when is the next time?"

In confirming it called the hotel, SA Ambulance said it is not unusual for them to request businesses with registered defibrillators to help in medical emergencies.

They added for every minute someone is in cardiac arrest without CPR or a defibrillator, their chance of survival decreases by 10 per cent.

By 9News Staff

PATIENTS PUT AT 'HIGH CLINICAL RISK' AS RAMPING AND PATIENT SURGE HIT SOUTH AUSTRALIAN HEALTH SYSTEM

There were no ambulances for 17 high-priority emergencies in Adelaide's southern suburbs last night, putting patients at "high clinical risk", according to the paramedics union.

THE AMBULANCE EMPLOYEES'

Association says the ambulances needed were tied up ramping at hospitals.

It has called on the South Australian government to fund more hospital beds to fix the problem.

Two separate paramedics recorded video of the SA Ambulance Service radio operator naming the 17 outstanding cases to show the pressure on the system.

A paramedic called Ash recorded a video of herself after a 13-hour overnight shift describing the conditions she was working under.

"At the start of the shift, there was 17 uncovered emergencies just in the southern region alone and that number fluctuated throughout the whole night," she said.

"There was always an uncovered emergency in the community somewhere.

"Ramping was horrendous — the worst time that I'm aware of on the ramp was five hours.

"Flinders [Medical Centre] had part of their ED (emergency department) closed, purely just due to lack of staff.

"When is enough enough? When you need an ambulance, will we be stuck on the ramp?"

CALL FOR MORE BEDS

The union's acting state secretary, Josh Karpowicz, said one patient waited nearly an hour while experiencing stroke symptoms while another with chest pain waited more than 90 minutes for an ambulance.

He said that "presents an extremely high clinical risk to the patient".

"The solutions are clear: there needs to be an immediate and substantial increase to ambulance resourcing and in-patient bed capacity across the state," he said.

"Until the Marshall Liberal government resolves these core capacity issues, we will continue to see ramping and delayed ambulance responses in the community."

In June, Premier Steven Marshall said the state budget would "definitely"



Some of the worst ramping overnight was at the Flinders Medical Centre. (ABC News: Leah MacLennan)

fix South Australia's ramping crisis and it would happen "almost immediately".

The budget outlined plans for the new Women's and Children's hospital and extra investment in mental health facilities.

"It's going to definitely fix ramping," he said.

"... This budget will do everything it possibly can to fix the broken system left by Labor."

SIMILAR TO INTERSTATE SURGES

Today, Mr Marshall said there was simply an unusual surge in patients overnight.

"We see these surges from time to time," he said.

"In fact, we see them right around the country — right around the world — dealing with this coronavirus pandemic.

"The difference here in South Australia is we've already got a program which is worth more than \$1 billion upgrading our emergency departments across South

Australia and in addition to that looking at different pathways for faster treatment."

Nearly 3,000 hours were lost to ramping in May, followed by lower figures in June and July, according to figures released in August.

"We've seen it ease but it's nowhere near where we want it to be," the Premier said.

"We want to end ramping in South Australia.

"We're making a massive investment in hospital infrastructure in South Australia to facilitate that but we're also making beds available."

He pointed to an announcement last week of 30 new hospital beds at the Repat Health Precinct for people with disabilities.

The Flinders Medical Centre emergency department expanded from 56 to 86 treatment spaces last month.

By Eugene Boisvert



SHIFT SHORTAGES RISING, FIXED TERM CONTRACTS TURNING PARAMEDICS AWAY

Paramedic shift shortages across the North West are increasing, while overtime demands and rolling fixed term contracts are stymieing staff availability and workforce growth.

THAT'S ACCORDING TO LATROBE paramedic and Health and Community Services Union representative James Watkins, who said, after a period of stability, in recent weeks shortfalls were occurring "at least a few times a week".

"It's certainly talked among staff as 'yet again, we're a crew down'," he said.

Mr Watkins said shift shortages were meaning that sometimes ambulances were being manned by only one person. As two paramedics are required to respond to any call out, in the instance that a single officer response is closest to an emergency, a second ambulance is required to be sent out.

Mr Watkins said a solution was a reserve roster, where you have an additional number of paramedics rostered on, ready to cover any gaps that could arise.

However, he said with Tasmanian paramedics faced with lower pay than many interstate counterparts and fixed term contracts common instead of the stability of a permanent role, incentives were lacking to attract more recruits.

"With temporary contracts, we're losing people to other regions or interstate. ...If the government was willing to provide funding for paramedics, I think they could (fix it)."

HACSU industrial manager Robbie Moore said staffing shortages were "getting worse" in the region, and echoed that fixed term contracts were turning people off.

"Despite how the government keeps trying to state they've got additional paramedics... in reality, the situation is as bad as it has ever been," he said.



Ambulance Tasmania says an anonymous survey of workers provided "information that is a concern". (ABC News: Luke Bowden)

AMBULANCE TASMANIA CHIEF EXECUTIVE SAYS ORGANISATION NEEDS TO BETTER SUPPORT STAFF

Ambulance Tasmania (AT) has committed to overhauling its workplace culture in the face of "concerning" feedback from staff, as the organisation braces for the findings of an inquest into the death of one of its paramedics in 2016.

THE ORGANISATION SOUGHT

anonymous feedback from its workforce in the form of a "resilience scan" which came back with concerning results, according to chief executive Joe Acker.

"Without doubt, the scan has provided us with information that is a concern, and we acknowledge that we need to do better in supporting employees, many of whom are doing a job that can be extremely challenging," Mr Acker said.

"Like any organisation, we cannot improve our culture if we aren't brave enough to look at where we could do better.

"Understanding the problems allows us to shine a light on solutions."

The executive team will meet with staff and hold workshops to look at ways to improve culture, processes and leadership.

The announcement comes amid an inquest into the death of paramedic Damien Crump, who took his own life using drugs he had stolen from the ambulance service's supply store in 2016.

The inquest is exploring Ambulance Tasmania's mental health support and drug security.

Mr Crump's grieving mother Alanah told the coroner's court in March she wanted to see changes in the ambulance service so her son's death was "not in vain".

A female paramedic told the hearings her colleagues would joke about having a "rape plan", which involved drugging her and tying her up.

The paramedic said she felt bullied after reporting the incident to managers.

The allegation was later referred to Tasmania Police.

UNION SAYS AT AWARE OF ISSUES FOR YEARS

Robbie Moore from the Health and Community Services Union said while issues within the service were highlighted during the inquest hearings, Ambulance Tasmania bosses had been aware of them for years and had failed to take significant action.

"There is a significant cultural issue within Ambulance Tasmania that needs action, and it needs to happen straight away," Mr Moore said.

"We're seeing a situation where 70 percent of Ambulance Tasmania staff are saying their sleep is currently affected due to the stress of their work.

"There is not a lot of faith [among staff] that Ambulance Tasmania is going to do the steps that are needed to actually change the culture and address employees' wellbeing.

"We really need to see action rather than just words that actually change the culture and address the serious issues that have been found in this report."

Health Secretary Kathrine Morgan-Wicks did not raise the issue during a press conference she held on Wednesday prior to Ambulance Tasmania's announcement.

Instead, she provided a written statement commending Ambulance Tasmania's executive team for taking action.

"I also thank our committed and hardworking Ambulance team for their support for this process and their honesty to dig deep and share their personal stories so that we can take the steps we need to improve our culture now and in future," Ms Morgan-Wicks said.

Health Minister Jeremy Rockliff said Ambulance Tasmania was taking a "bold and proactive" approach to supporting employees.

"Joe and Ambulance Tasmania have my full support to implement the changes needed to improve the workplace," Mr Rockliff said.

**By state political reporter
Alexandra Humphries**



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EMERGENCY SERVICES TELECOMMUNICATION AUTHORITY

THE PANDEMIC HAS PUT INCREASED

pressure on the Victorian Emergency Services Telecommunication Authority (ESTA), which has been relying on overtime shifts to fill peak periods. Call-takers and Dispatchers at ESTA have continued to step up to the increased demand, but the service cannot reach its IGEM standard to answer 90% of calls in 5 seconds.

ESTA engaged former Fair Work Commissioner Julius Roe to review baseline staffing levels after union members won this in the last EBA. However, a lack of action on the review has resulted in a crisis level of staffing through the pandemic. Another review was announced by the Minister for Emergency Services Hon. Jaclyn Symes in October 2021 and is being overseen by former police commissioner Graham Ashton. This review will make recommendations to the state government on how to improve ESTA's capabilities by early next year.

Shamefully, shortly after the review was announced, ESTA's CEO Marty Smyth sent an email to his staff with the ominous headline "Farewell..." before outlining that he would be moving to retirement the very next day.

Knowing they are not performing adequately, ESTA has provided emergency services unions with a "Proposal for Pandemic Arrangements" and requested that unions reach a Memorandum of Understanding (MOU) until June 2022. The proposal asks workers to commit to the use of labour-hire for a pre-triage service but does not provide any risk assessment of the potential impacts a pre-triage service could have on the community and the workforce. ESTA is proposing:

- Additional Shift Allowances and Loadings
- Rostering Flexibility
- Short-term Recruitment - including student paramedics & labour-hire for a "pre-triage" service

AEAV Delegate Sharyne Doensen met with the Minister for Emergency Services to outline members concerns with the proposal and to advocate for long-term funding at ESTA to see an increase in staffing levels and a lowered attrition rate.

ESTA admit that their proposal is still under-developed,

Sharyne Doensen says ESTA refuses to listen to experienced employees. "They have declined opportunities to meet with delegates and as a result, they are scrambling to find a way forward. It's particularly concerning that ESTA are willing to accept taxpayer funding to pursue a thought bubble. It just beggar's belief!"

ESTA is accountable to their IGEM Standards (KPI's) to answer 90% of Victoria's emergency calls within 5 seconds. The staffing crisis means that 260,000 emergency calls each year will not be answered within the IGEM standard, which averages to be 712 calls per day*

*Based on 2017-2018 figures where ESTA took almost 2.6 million emergency calls for assistance.

ESTA often has fewer than 12 ambulance emergency call-takers to cover 6.6 million community members. Spikes in community demand demonstrate the precarious nature of Victoria's emergency telecommunications service.

There are unreasonable demands on the workforce too. ESTA staff struggle to secure annual leave, some applying 18 months in advance to secure time off from what is an incredibly difficult job.

The service advocates for psychological wellbeing and provides staff with Peer Support and external psychology services, however union Workplace Stress Survey Results from May 2021 find the main cause for staff stress is workload.

Participants were asked to rate out of 100 their levels of stress over the last week because of workload. The cumulative



score was extremely low, at 19/100. Only 7 respondents gave staffing levels a rating above 50.

One respondent outlined that, "Improving the work culture to retain employees, increase hiring and give adequate opportunities for career development and learning new skills to keep people engaged "would be meaningful to them.

Another pleaded, "More staff, more staff, more staff. Please. It is completely inadequate."

Only 34% of ESTA funding is allocated directly through the Victorian Government Budget. The remaining 66% is funded through Emergency Services Organisations - Ambulance Victoria, Victoria Police and Fire Rescue Victoria leaving ESTA in a position where it is juggling 3 competing service priorities.

AEAV members are fighting to ensure ESTA is independently resourced by the Victorian Government with a direct operating budget to ensure the service is equipped for increased demand, and that Call-takers and Dispatchers are recognised as an integral part of the emergency services system in Victoria.

AMBULANCE CRISIS OR LEADERSHIP CRISIS



The coming weeks and months are shaping to be possibly the most challenging period for emergency health care in Victoria's history.

WITHIN THE SECTOR IT IS GENERALLY

accepted now that the failure of the system to cope with pressure resulting from the pandemic will cause harm to patients and the potential burnout of one of Victoria's most valuable assets, its healthcare workers.

The disingenuous response, and the one that absolves leadership of responsibility is to claim that it is the pandemic's fault and that no one could have been prepared for this. Almost daily we hear from our leaders about the "unprecedented demand", "record case numbers" and record hospital admissions.

On face value this may seem like a reasonable response, but is there more to the story? Should the emergency health system have been in a better position to respond to the pandemic? And were there indicators along the way that the system couldn't cope with an increase in demand?

In short, the answers to these questions are Yes, Yes and Definitely.

The health system is a complex beast with many correlations and co-dependencies between health services. For simplicity I will concentrate on the first line of this response. The ambulance sector. The sector responsible for responding to emergency and lower acuity patients in the community and transporting them between health services. The area that I worked in for 14 years as an on road paramedic and a Senior Team Manager with Ambulance Victoria.

In 2014 the Andrews Government rode into town on a horse with reflective striping, blue and red lights on its head and a stethoscope around its neck. The focus on emergency health care, and particularly ambulance, was a godsend to many of us in the sector who had watched it fail to meet the expectations of the public year after year. This was going to be the great awakening and finally the public would get the emergency health service that it deserves.

The improvements to the system were going to be obvious for all to see in the reporting that has become the pre-eminent indicator of the success or failure of emergency health, KPI's. KPI is the acronym for Key Performance Indicators. KPI's started out quite innocently as a reliable indicator of the performance but over time have turned into an uncontrollable

beast that gets greedier and greedier and consumes all in its path. A more apt use of the KPI acronym would be Keep Public Ignorant. And not ignorant in a dismissive context, but in an uninformed context.

KPI's became the unapologetic focus for almost everything Ambulance Victoria and ESTA 000 has done since 2015. The desire to hit government benchmarks became more important than the people who enabled the services to hit those benchmarks and to some degree more important than the service to the community which was purported to be the impetus behind this focus.

The problem with KPI's though is that they are numbers, not people. And the focus on KPI's can mean that systemic failures can be hidden and shortcomings not addressed. Examples of this are evident for both Ambulance Victoria and ESTA.

The KPI of 85% of Code 1 cases attended within 15 minutes means many thousands of people are put at risk every year because we allow 15% failure. There is a raft of measures implemented by Ambulance Victoria to improve response times without necessarily improving the service. Many of these measures have increased pressure on the operational workforce. One example is Ambulance Victoria increasing their single officer fleet for many years now. There is some clinical benefit to this approach but the greatest benefit to AV is that this crew "stops the clock" and improves response times.

AV have also increased community officer utilisation in major regional centres, asked paramedics to work in their leave, reduced time for managers to support their staff so they can be on road more and failed to adequately resource support departments which causes frustrations for operational staff. They have also made it difficult for paramedics to complete a contemporaneous case sheet before being dispatched to the next job. The result being that paramedics can finish their shift with multiple case sheets incomplete. All of these put more stress on staff and are measures that should be saved for when demand increases, not for managing business as usual.

For ESTA, the focus has been on answering calls within five seconds. The KPI of 90% means over 200,000 calls a year are not

answered within the target time. Staff have been sacrificed to achieve the 90% with breaks missed, excessive overtime worked, training foregone and having to answer calls from frustrated families who have been waiting excessive periods.

In recent discussions with the ESTA executive it was put to them that the organisation should be aiming for 100% of calls answered within 5 seconds. The response from ESTA was that achieving 100% was unrealistic and it was naïve to think it was possible. Although it is true that ebbs and flows in demand will sometimes result in misses, the reality is that misses have become business as usual because they are factored into forward planning and resourcing.

If essential services do not aim for 100% then they will never achieve 100%, or anything close.

Imagine if 10% or 15% of the time you went to the petrol station you found that it was out of fuel. Or 10 or 15% of the time you called your bank there was no one available to take your call. Would you accept that? Or would you start shopping around for other providers? The problem with Ambulance Victoria and ESTA operating this way is that there is no one else to call for an emergency response. So, the basic business principle of poor service costing businesses customers is not relevant here. In the health context it is lives that are lost, not customers. Ambulance Victoria and ESTA should not operate using the same profit driven principles of business. Every one of these "acceptable misses" is a patient and a family and sometimes that miss results in a poor outcome for all.

To achieve a standard of care that should be expected in a first world country we need to shift the focus. Instead of these organisations celebrating and patting themselves on the back when they achieve or get close to these KPI's, we should be shining the light on the systemic failings and why they let down 10 or 15 % of our community and accept that as a triumph.

Sometimes there are going to be misses, and that is the nature of the work, but factoring failings in as business as usual is defeatist and harmful to the community and those who have dedicated their working lives to caring for their communities.

MESSAGES OF SUPPORT



The Project hosts Peter Helliar, Waleed Aly and Carrie Bickmore



Sam Pang, Chrissie Swan and Jonathan Brown



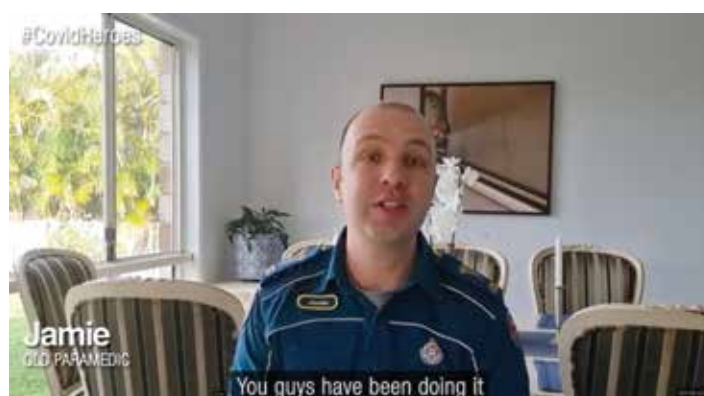
Olympic bronze medallist Harry Garside



AFL Legend Kevin Sheedy



TV personality Julia Zemiro



Queensland paramedic Jamie

THE PANDEMIC HAS CAUSED HIGH and sustained levels of demand for Victorian ambulance services and put significant strain on our health system. Working on the frontline is fatiguing and we know that all healthcare workers are going to be asked to go above and beyond for a few more months. To show the community's gratitude for the contribution of our members and healthcare workers across the state we reached out to some well-known faces. The messages we received are both

heartfelt and inspiring and we hope they are an indication of the respect the community has for the role you play in our response to the pandemic.

Most of us already knew the importance of a highly functioning health service to our community. The pandemic has taught our communities that the health service is at the core of the social structure. If one good thing is to come out of the pandemic it should be that health services are treated as the essential services that they are, not an opportunity for governments

to scrimp and save and ultimately burn out our essential workers. In the words of the great Kevin Sheedy, "You are the soul of Australia."

- <https://fb.watch/9jcKA3kCay/>
- <https://fb.watch/9jcQhiKkTB/>
- <https://fb.watch/9jcRTvSEOd/>
- <https://fb.watch/9jcXV2LJRC/>
- <https://fb.watch/9jd0c5Tvsr/>
- <https://fb.watch/9lnR7XFV5/>

As videos continue to come in we will upload them to <https://www.aeavic.org.au/campaigns/video-support-messages/>

SURVEY RESULTS

Ambulance Victoria survey results have laid bare the extent of the organisations failure to respect their staff and to listen to their concerns.

IN NOVEMBER, AMBULANCE VICTORIA released the results of their 2021 People Matter Survey (PMS). The survey results were released less than two weeks before the Victorian Equal Opportunity and Human Rights Commission (VEOHRC) releases Volume One of its yearlong review of the culture and harmful practices of Ambulance Victoria.

Although we expected that the results of the survey would show that Ambulance Victoria is in urgent need of repair, the stark reality of the outcomes makes for difficult reading.

2021 AMBULANCE VICTORIA PEOPLE MATTER SURVEY

Areas with the most damning results such as recruitment, senior leadership and AV's response to previous surveys must surely bring into question the ability of the current executive to lead the organisation in the response to the VEOHRC review.

The most concerning results from the survey include:

- 18% of AV staff believe recruitment is fair & based on merit.
- 34% of AV staff believe senior leaders demonstrate honesty and integrity.
- 16% of AV staff believe AV have taken positive action as a result of 2020 survey.

- 23% of AV staff believe they have an equal chance of promotion.
- 33% of AV staff believe senior leaders consider psychological health as important as performance.

The survey also asked about future plans for staff. For those that are planning to leave in the next two years the survey asked for the reasons. The two main reasons cited for leaving the organisation were lack of confidence in senior leadership and limited future career opportunities. Excessive workload was only the 5th most popular reason for leaving AV with four of the top five related to senior leadership, recognition or opportunities for promotion or gaining experience.

DATA MANIPULATION

These results are however not an anomaly. Successive PMS's have shown that the culture within AV was damaging and issues with senior leadership were apparent before the pandemic put more pressure on everyone. But the issues have been consistently down-played and data has been engineered to make things look better than they really were.

The Victorian government requires that public sector health services publicly report on eight questions that are asked in each PMS. The questions are the same for each of these health services.

The questions cover patient safety criteria and are used in the annual report under the heading of "Strong governance, leadership and culture".

The Victorian government has provided guidelines on how the outcomes of the PMS should be publically reported. The methodology results in a figure that distorts the raw results of the survey. The requirement is that the "Don't know" and "Neither agree or disagree" responses are completely removed from the equation.

For an example of how the methodology is used, consider 100 people answered the question "Do you feel safe?" 50 people answer yes, 20 people answer no and 30 neither agree or disagree. Most would believe the correct figure for how many feel safe is 50%. The methodology removes the mid range from the calculation so the percentage reported would be 50/70 or 71%. Discarding the mid-range responses ignores valuable information. If a respondent is not sure whether they feel safe this should not be ignored and should not be removed to inflate the reported figure.

	2016/17		2017/18		2018/19		2019/20	
	Actual	Reported	Actual	Reported	Actual	Reported	Actual*	Reported
People Matter Survey – percentage of staff with an overall positive response to safety and culture questions**	57.5	79	64	84	63	83	67	85
People Matter Survey – percentage of staff with a positive response to the question:								
"I am encouraged by my colleagues to report any patient safety concerns I may have"	59	86	68	91	67	91	71	90
"Patient care errors are handled appropriately in my work area"	58	84	66	88	63	88	61	85
"My suggestions about patient safety would be acted upon if I expressed them to my manager"	53	80	60	84	60	85	64	86
"The culture in my work area makes it easy to learn from the errors of others"	51	69	59	78	57	75	61	78
"Management is driving us to be a safety-centred organisation"	71	87	80	93	79	91	76	92
"This health service does a good job of training new and existing staff"	45	64	53	73	52	71	61	79
"Trainees in my discipline are adequately supervised"	43	63	45	63	45	62	56	76
"I would recommend a friend or relative to be treated as a patient here"	80	96	84	96	84	97	84	97

* No actual data to compare against as the PMS does not indicate these questions were asked in survey. Comparator numbers obtained from 2020 PMS.

** Average of the 8 questions.

Note: the relevant data is from the year before as a result of when PMS Report is prepared. Eg. Data reported in 2016/17 is from the 2016 PMS.

For example, the results of the 2019 PMS for AV showed that 76% of respondents agreed or strongly agreed with the statement "Management is driving us to be a safety-centred organisation". In the 2020 AV Annual Report and in reporting to the Victorian government the figure reported was 92%.

The formula is repeated across all eight questions and the reporting then provides an average as an indicator of those with an "overall positive response to safety and culture questions". By using this form of data management AV adjusted their average figure for 2019/20 from 67% actual to 85% reported.

The Victorian government directive to report the data in this way is a requirement for public hospitals, public health services and multi-purpose services listed in the *Health Services Act 1988 (Vic)* unless otherwise specified.

IMPACT OF NOT TELLING THE FULL STORY

The impact of reporting the data this way should now be called into question given the outcomes of the 2021 Ambulance Victoria PMS and the announcement in 2020 that VEOHRC would be conducting an independent review into workplace equality. The numbers reported by AV to the government and to the public from the PMS appear to show a workforce that was not under strain and was generally positive. The reality behind these engineered figures is very different and it could be argued they were a clear indication that the workforce was under strain.

Possibly the most important consideration is whether these figures have influenced not only Ambulance Victoria but also the government in their resourcing decisions. Have the extravagant figures been used as evidence of a workforce not under pressure and generally positive about their environment? Has the reported satisfaction of the workforce hidden the underlying issues which have now been exposed for all to see?

When these are the only publically reported indicators of governance, leadership and culture, it seems inexcusable that we would allow those figures to be manipulated using what some have called "creative accounting".

The AEAV is asking the Victorian government to review the Business Rules relating to these figures in light of the outcomes of the 2021 AV PMS and the VEOHRC review.

IN-HOME PARAMEDICS BLAZING A NEW TRAIL

Six months after establishing Australia's first team of community paramedics, HMS Collective is hoping to raise awareness of how the service can improve lives in the Macedon Ranges.



HMS Collective corporate services manager Raneen Wilkinson with the organisation's first two clients, Andrea Collins and Gordon Astill.

BASED IN RIDDELLS CREEK,

HMS Collective's model is based on a system used in the United Kingdom and Canada, where trained paramedics provide health services outside of an emergency context.

These community paramedics provide in-home assistance for people who are using the national disability insurance scheme (NDIS), My Aged Care or anyone in need of mental health services.

With a promising uptake of 20 regular clients and almost as many staff, the first six months have been an exciting and frustrating enterprise, says HMS Collective corporate services manager Raneen Wilkinson.

"What we're finding difficult is the lack of recognition that paramedics can be anything but emergency paramedics," she said.

"When people think of paramedics they think of ambulances, but what they don't understand is that a paramedic can also look after people in their homes.

"Paramedics are one of the most trusted care professionals, so I think if people understood they could receive that care at home without having to be carted off to a hospital, there would be a huge uptake."

In August, Star Weekly reported that Victoria's ambulance services were under strain from what Victorian Ambulance Union secretary Danny Hill described as people using the emergency transport as a "taxi service".

Ambulance Victoria data from April 1, 2021, to June 31, 2021, revealed the average response time for code one ambulance call-outs, which includes all life-threatening incidents, was 15 minutes and 48 seconds. This is above the recommended response time of 15 minutes or less.

"When people call for non-urgent problems, it can lead to crews not being available to respond to patients who really need paramedics help," Mr Hill said.

HMS Collective community paramedic Jacqui Wilkinson said the work she does helps to bear some of the load for the overworked healthcare sector.

"Rather than being reactive, we're being proactive and providing care to people before it reaches an emergency," she said.

"It's been awesome to be able to make a difference in people's lives."

By Oliver Lees

LEGISLATIVE COUNCIL – PUBLIC ADMINISTRATION COMMITTEE:

NEW INQUIRY INTO THE DELIVERY OF AMBULANCE SERVICES IN WESTERN AUSTRALIA

THE STANDING COMMITTEE ON

Public Administration commenced an inquiry on the 17th June 2021 into the delivery of ambulance services in Western Australia. The terms of reference of the Committee are:

- how 000 ambulance calls are received, assessed, prioritised and despatched in the metropolitan area and in the regions;
- the efficiency and adequacy of the service delivery model of ambulance services in metropolitan and regional areas of Western Australia;
- whether alternative service delivery models in other jurisdictions would better meet the needs of the community; and
- any other matters considered relevant by the Committee.

Hon Pierre Yang MLC, Chair of the Committee, said:

"Ambulance services constitute a vital part of our health system, directly impacting hundreds of Western Australians every single day. For this reason, ambulance services are always topical for the community.

Recognising this, and consistent with the Committee's role to oversee systems of public administration within the State, the Committee resolved on 17 June 2021 to inquire into the delivery of ambulance services in Western Australia."

As many of our colleagues will be aware, for a long time, United Workers Union members have pushed for increased accountability by St John Ambulance WA in delivering services under its contract with the State Government, to ensure world-class paramedic services for Western Australians across both the metropolitan and country regions.

However, St John Ambulance WA have consistently resisted increased accountability.

UWU surveyed members in relation to the four terms of reference, which then informed our written submission: [https://www.parliament.wa.gov.au/Parliament/commit.nsf/IuInquiryPublicSubmissions/9AC4E8A1A051836A482587720027F4B0/\\$file/30846147.pdf](https://www.parliament.wa.gov.au/Parliament/commit.nsf/IuInquiryPublicSubmissions/9AC4E8A1A051836A482587720027F4B0/$file/30846147.pdf)

This submission details UWU members' long held policy positions on the issues in the Inquiry's terms of reference and sets



out members' prevailing concerns with the private ownership model under which St John Ambulance WA operates.

Seven recommendations to the Inquiry were distilled from the responses of our members:

Recommendation 1: Bring the Western Australian paramedic service back into state hands.

Recommendation 2: That the Ambulance communication centre be brought back under the control of the State Government.

Recommendation 3: An evaluation of the ongoing efficacy of the ProQA triage system be undertaken.

Recommendation 4: St John be required to improve the systems and training for communications roles, to reduce the incidence of the miscategorising of patient calls and subsequent incorrect emergency ambulance dispatches.

Recommendation 5: At the least, the WA Government strengthen St John's reporting obligations in its contract with the State Government, in the areas of patient care, service delivery, and staff health and wellbeing. Reporting on associated KPIs should be made to the State Government on at least a quarterly basis and differentiate between performance in the metropolitan and country regions. All such reports should be made public, to enhance the transparency of this vital service.

Recommendation 6: St John be required to increase the number of full time

equivalent (FTE) roles for appropriately trained professional paramedic staff in the country region, to address the current shortfall, reduce pressure on the volunteer cohort, and improve service delivery outcomes in remote areas. St John must also permanently appoint the current postings that have been set up in certain regions.

Recommendation 7: In the area of staff health and wellbeing, an independently overseen annual staff survey should be undertaken, to track progress on key measures, and exit interviews – again preferably undertaken independent of the provider – should ask about the influence of mental health and wellbeing on the decision to leave.

United Workers members and officials have appeared twice before the Committee, to assist them with the Inquiry.

Given that the McGowan Labor Government has control of both houses of Parliament, it is a once in a lifetime opportunity to see some major and lasting reforms to the provision of ambulance services in Western Australia.

All submissions, transcripts of evidence and broadcast videos can be accessed here:

<https://www.parliament.wa.gov.au/parliament/commit.nsf/0/E928A0238B9758DA482586FD0017E23A?OpenDocument#Hearings>

The final report of the Committee is scheduled to be tabled in Parliament in March 2022.

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