



MEDIA RELEASE

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VIRTUAL TRIAGE A WIN, PRIVATISATION NOT SO MUCH

The state-wide extension of a virtual triage system trialled at the Northern Hospital announced by the Victorian Government today will help ease pressures occurring throughout the health system, the Ambulance Employees Australia - Victoria said today.

“The Northern Hospital trial helped divert 87 per cent of virtually assessed patients away from ambulance transport and EDs while addressing patients’ health concerns,” AEAU secretary Brett Adie said.

“The trial has been a win-win, helping patients with health issues while reducing the load on ambulance officers and emergency departments facing unprecedented pressure from a health system reeling from the omicron crisis.”

AEAV also welcomed continued funding of non-clinical patient transport services to ease the pressure on the overall health system, but expressed disappointment that the government is moving to privatise an area where Ambulance Victoria workers are doing an identical job.

“Throughout this pandemic the benefits of public ownership and direct control of health assets has been shown time and again, and non-clinical transport should be no different,” Mr Adie said.

“The additional funding will help get patients out of hospitals quicker and free up ambulances – which is a positive step - but we strongly suggest the government reconsider its proposal to give this service to a private operator.

“Ambulance Victoria already has a Clinic Transport Service that performs this function. If it is inadequate then the first priority should be to properly resource it, not handing out the role to a private company.”

Mr Adie also expressed dissatisfaction with current utilisation of surge workforce “drivers” without paramedic qualifications when there are potential drivers, including some in management roles within Ambulance Victoria, available with those qualifications.

“Whilst we understand the need for the continuation of the surge workforce we are disappointed that the government has not initiated some of the recommendations we put to them in December to minimise the harm this is causing to our frontline paramedics,” Mr Adie said.

“Our members are being burnt out at an unprecedented rate and the additional strain of working with unqualified ‘drivers’ is adding to this. We believe the government should prioritise the interventions we suggested before more careers are ruined.

“We have qualified paramedics sitting in offices or at home who could fill some of these Surge workforce shifts, and we have paramedic graduates with degrees going to low priority jobs whilst unqualified staff are supporting paramedics at heart attacks and car accidents.”

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