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JOINT STANDING COMMITTEE ON COMMUNITY DEVELOPMENT

REPORT

ON

AMBULANCE SERVICES IN TASMANIA

Report of the Joint Standing Committee on Community Development
Laid upon the Table of both Houses

Membership of the Committee

Hon. Lin Thorp, MLC (Chair)	Mr Graeme Sturges, MHA
Hon. Allison Ritchie, MLC	Mr Brenton Best, MHA
Hon. Jim Wilkinson, MLC	Mr Brett Whiteley, MHA
Hon. Kerry Finch, MLC	Mr Tim Morris, MHA

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TERMS OF REFERENCE

In accordance with the establishment and operating provisions of the Joint Standing Committee on Community Development on 26 June 2001 the Committee received a reference from the Legislative Council to inquire into the provision of ambulance services in Tasmania.

The Terms of Reference are as follows:

That the Joint Standing Committee on Community Development report upon provision of ambulance services in Tasmania, with particular reference to –

(1) Tasmanian Ambulance Service

(A) Administrative procedures and arrangements, including –
- (i) Structure of committees
- (ii) Internal review of cases
- (iii) Disciplinary procedures
- (iv) Assistance to non-government ambulance services
- (v) Policies and practices

(B) Operational services, including
- (i) Non-urgent transfer of patients
- (ii) Aero-medical services
- (iii) Contract services
- (iv) Rescue operations
- (v) Vehicle suitability and availability
- (vi) Communications systems

(C) Volunteer services

(2) Private Providers

FINDINGS AND RECOMMENDATIONS

1. The Committee found that Tasmanian Ambulance Service (TAS) provides an excellent service which is highly regarded both within the State and nationally.

   The 2003 national Ambulance Patient Satisfaction Survey confirms that TAS is providing the community with a service that meets their expectations. The survey shows that Tasmanians are more satisfied with their ambulance services than their counterparts in all other Australian jurisdictions.

2. The Committee found that inadequate funding of TAS in the 1990s seriously affected management structures, communications systems, vehicles and equipment, and volunteer training and support.

3. The Committee found that in recent years TAS has received a substantial injection of funds and currently boasts a renewed vehicle fleet, much improved support for volunteers, increased staff levels and upgraded communications and equipment.

4. The Committee sees the need for recurrent funding to ensure that the TAS vehicle fleet is not allowed to again degrade and compromise the Service. The Committee recommends that TAS engage expert transport industry advice to assist in the development of a strategic policy for a recurrent program of vehicle replacement.

5. The Committee found that a lack of consistency in the funding of volunteer ambulance units led to low morale and reduced incentive for new recruits. The Committee recommends a separate annual budget for volunteer ambulance services that meets their operating costs and allows for future planning.

6. The Committee acknowledges the progress made in recent years in addressing the training needs of volunteer ambulance officers and encourages further investment in this area to increase the number of specialist volunteer trainers to four, so that remote locations have better opportunities for training.

7. The Committee found that TAS quality assurance would be enhanced with the development of a clinical database. The ability to cross-reference ambulance patient details with hospital data on patient outcomes will greatly assist in the development of better work practices. The Committee therefore recommends that funding be provided to ensure the continued compilation of such a database.

8 The Committee found that demand for ambulance services is growing at an increasing rate and is currently at 7 per cent per annum. To meet this growth without compromising standards TAS funding will need to be increased. The Committee recommends the indexing of the TAS budget allocation to provide sufficient funds for immediate needs and allow for long-term strategic planning to address this problem.

9. The Committee found that Tasmania's decentralised population presented significant problems to TAS in providing high quality ambulance services to rural areas. The low frequency of use in remote regions means that ambulance resources cannot be used efficiently. Under these circumstances the strategic allocation of resources becomes increasingly important.

   The Committee notes that differences of opinion between TAS and the ambulance union in relation to resource allocation will create further difficulties in this area if they are not adequately addressed.

10. The Committee found that consultative processes and industrial relations within TAS are not optimal. This issue seems to be a long-running concern as it has been referred to in other inquiries and yet it persists. Previous attempts to resolve this issue with the creation of consultative committees within the Service do not seem to have met with much success.

    The Committee recommends that TAS engage an agreed independent industrial relations facilitator to establish suitable processes to assist all parties to attain a common understanding of the goals, priorities and models of service delivery relevant to TAS and its employees. The process should include a monitoring mechanism to ensure ongoing consensus on important issues.

11. The Committee found that the managerial and supervisory resources of TAS are low compared to other ambulance services and that this is a legacy of the deep cuts in management ranks in the early 1990s during a period of rationalisation. The Committee also found that the remuneration and entitlements of ambulance line-staff in 58 per cent of cases exceeds that of management. The Committee believes that TAS management salaries should be reviewed as part of a general review of the industry award to bring its provisions up-to-date with modern industrial practices.

CONDUCT OF THE INQUIRY

The Committee received the reference for this inquiry from the Legislative Council on 26 June 2001.

The Committee placed advertisements in the three major Tasmanian newspapers on Saturday 7 July 2001 seeking public submissions.

Fifteen written submissions were received. These included contributions from the Department of Health and Human Services, the Volunteer Ambulance Association, the Health and Community Services Union, academics, and salaried and volunteer ambulance officers.

The Committee met on 13 occasions to consider issues relating to ambulance services. Two of these meetings involved an inspection of Tasmanian Ambulance Service communications facilities and vehicles.

The Committee also travelled to Victoria where officers of the Victorian Metropolitan Ambulance Service and the Victorian Rural Ambulance Service provided briefings on Victorian ambulance operations as a basis for comparison.

The Committee took evidence from 33 witnesses, some of whom were recalled on several occasions due to the fragmented course of this inquiry.

Through the life of this inquiry the work of the Committee was disrupted by elections for both Houses of Parliament, the resignation of three members and the restructuring of the Committee to increase the membership from six to eight. This resulted in the replacement of all but one member of the original Committee, thus necessitating a fresh start to the inquiry at the beginning of this year.

AMBULANCE SERVICES IN TASMANIA

All ambulance services in Tasmania, whether public, private or volunteer operations, are regulated through the *Ambulance Service Act 1982*.

The Act provides for the establishment of an ambulance service to be called the Tasmanian Ambulance Service, which shall be under the control of the Director of Ambulance Services.

Section 37(1) of the Act prohibits persons from operating an ambulance service similar to the service provided by the Director without the written consent of the Director.

Any ambulance service operating with such consent is subject to conditions that the Director may impose.

Emergency Ambulance Services

There are several providers of emergency ambulance services in Tasmania which include:

- Tasmanian Ambulance Service (TAS) is the major provider of ambulance services across the State managing a network of urban and regional stations crewed by salaried and volunteer personnel. TAS also provides air ambulance services through contractual arrangements with the Royal Flying Doctor Service (fixed-wing) and Tasmania Police (helicopter).

- The Community and Rural Health Division of the Department of Health and Human Services manages ambulance services in Queenstown and Scottsdale which are attached to rural health facilities.

- In Oatlands local government has taken on the responsibility for the provision of ambulance services. The service is staffed and operated by the Oatlands Multi-purpose Centre. The service is funded through an ambulance levy imposed on ratepayers with the Community and Rural Health Division meeting any deficit.

Independent Volunteer Ambulance Services

- The Glamorgan Ambulance Service that provides ambulance services for the Bicheno, Swansea and Coles Bay area on the east coast is a community-funded volunteer service.
- St John Ambulance manages the Dodges Ferry service.*
- Red Cross manages the St Marys service.*

* At the conclusion of this inquiry the Red Cross and St John services had voluntarily relinquished control of their services to TAS. The Glamorgan Ambulance Service was due to follow suit in late November 2003.

Private Provider

- Ambulance Private provides a non-emergency routine stretcher transport service for private and public hospitals and provides ambulance cover at some lower risk sporting events.

Tasmanian Ambulance Service

Tasmanian Ambulance Service has enjoyed a national reputation for its high standard of service delivery. TAS provides the broadest coverage of paramedic level response of any State in Australia.

This position however was eroded during the 1990s as budgetary constraints limited the capacity of the service to plan and invest for future needs. These circumstances were compounded by the maintenance of a free ambulance policy and an increasing demand for ambulance services.

Evidence presented to the Committee suggests that in order to minimize the effect of the financial cuts on service delivery to the public, other areas of TAS became compromised during this period.

Areas such as management structures, training, the upgrading of communications, vehicle maintenance and replacement, equipment maintenance and replacement, volunteer training and support, had their funding reduced or deferred.

There have been several inquiries into various aspects of the Tasmanian Ambulance Service in recent times including:

- Fitzgerald / Shugg 1994 – Internal Case Review and Quality Assurance
- Targett 1999 – Review into Management and Supervisory Arrangements in TAS
- Galloway – Review of Workload of and Support Required by the Senior Officers Group.

The Terms of Reference before the Committee reflect much of the concern of the Targett inquiry, which focused on the governance of the Tasmanian Ambulance Service and the effectiveness of management structures, committee structure and internal consultative mechanisms.

All major recommendations of the Targett Review have been implemented, many prior to the conclusion of the inquiry.

The CEO of Tasmanian Ambulance Service informed the Committee that the challenges of the recent past, precipitated by the tight budgetary situation, were being addressed though major investment in vehicles, equipment and human resources.

RECENT INITIATIVES

Volunteer Ambulance Services

- Representation on key committees affording volunteers input in decisions that affect them.
- A survey of volunteers has been conducted to identify issues and priorities.
- $100 000 has been allocated to address uniform needs.
- Two specialist trainer positions have been created for volunteers, and a third is imminent.
- New educational packages have been developed in conjunction with Rural Victoria and South Australian Ambulance Services, including web-based training.

Communications

- $1.5 million upgrade of ambulance radio network in the past three years. Enhanced coverage provided through link with fire service network.
- Upgrade of computer aided dispatch system to include computerised version of medical priority dispatch system.

Ambulance Fleet

- $7.5 million has been spent in the past three years for the purchase of 72 new purpose-built vehicles, giving TAS the most modern ambulance fleet in Australia.
- A cyclical replacement plan is in place for the replacement of 15 vehicles per year.

Equipment

- $900 000 equipment upgrade.
- New cardiac monitors in every frontline ambulance.
- Semi-automatic defibrillators in every rural volunteer unit.
- Semi-automatic defibrillators in community placements (eg Tahune AirWalk, Port Arthur Historic Site and Cradle Mountain).

Human Resources

- In the past four years 27 salaried officer positions have been created to address staffing needs associated with the introduction of a 38-hour week, increased and the provision of specialist training personnel.
- In the same period volunteer numbers have increased from approximately 380 volunteers statewide to 530.
- In the past 18 months TAS has provided an unprecedented level of training including the training of 32 student ambulance officers, volunteer training, paramedic refresher training, road accident rescue training, helicopter and driver training.
- Executive position to assist senior management has been created.

Patient Satisfaction Survey

The positive impact of these reforms is demonstrated in the results of the 2003 patient satisfaction survey conducted across Tasmania.

The survey formed part of a national Convention of Ambulance Authorities effort to improve benchmarking on a number of indicators and to provide a measure of patient satisfaction comparable across jurisdictions.

In summary, the Tasmanian survey results indicated that 97 per cent of respondents were either ‘satisfied’ or ‘very satisfied’ with their experience with the Tasmanian Ambulance Service.

A similar survey conducted in 1999-2000 by the Australian Bureau of Statistics indicated that only 91.2 per cent of respondents were satisfied with their experience of the service.

SECTION 1 – TASMANIAN AMBULANCE SERVICE

PART A – ADMINISTRATIVE PROCEDURES AND ARRANGEMENTS

The Tasmanian Ambulance Service is part of the Hospitals and Ambulance Division of the Department of Health and Human Services (DHHS).

As such the policies and practices of DHHS and those of the State Service more generally define much of the administrative structure of TAS.

In recent years TAS has experienced greater integration with DHHS as reforms to improve efficiencies within the Department have necessitated the centralisation of support services.

Functions such as payroll and human resource management, information technology, strategic asset management and higher level budget and financial management, previously managed within TAS, are now managed by DHHS Corporate Services.

This initiative benefits the Service in two ways - administrative complexity is reduced and appropriately skilled staff deliver support services.

Ambulance services operated by the Community and Rural Health Division of the DHHS conform to the same policies and practices.

Other than some criticism in respect to centralisation of human resources, the broad management structure of the Department received little comment in evidence before the Committee.

The majority of complaints centre on internal management structures and the lack of funding to enable them to function effectively.

Structure of Committees

As part of the Hospitals and Ambulance Division of the Department of Health and Human Services, TAS is in broad terms governed by the Director and the Executive Committee of the Division.

Below this level of management are several internal committees reflecting the various operational areas of TAS.

TAS is divided into four operational sectors: the Northern region, the North-west region, the Southern region and the communications centre.

These areas are collectively managed by the Senior Officers Group, which is comprised of the CEO and the managers from each area.

A number of management committees within the Service report to the Senior Officers Group. These include the Fleet Management Committee, the Operational Management Group, the Safety Committee and the Equipment Review Committee.

Other significant committees within the TAS management structure are the industrial consultative committees and special purpose committees.

The industrial consultative committees operate on two levels: there is a central Ambulance Consultative Committee and individual consultative committees within each region and within the communications centre.

Special committees are constituted as needed to address specific issues such as uniform, rosters and other day-to-day issues.

Evidence presented suggests there are some concerns in respect to the effectiveness of these committees and the manner in which they operate.

A former TAS paramedic provided the Committee with an insight about how TAS committees operate:

> In the past we had a second OIC [officer-in-charge] … [he] was a man that had a lot of skill about him and he used to keep committees under control and see that they were structured right and operated right. There [was an] … equipment committee, uniform committee, training committee, vehicle … they are the main ones that I was on, and training as per staff and volunteers. Once that gentleman left … that position was never filled so from then on the committees didn't have a head, a leader there to keep control and direction of them and they got haphazard. Some of them didn't function correctly and equipment was purchased that was inferior. It was just bedlam, to the extent that it created a lot of morale problems and people would just walk away. Go and get their wages only and just be there. We weren't utilising the quality that was there that could have been utilised, it was actually wasted.[1]

A major concern in earlier submissions relates to the effect that reduced funding had on the operation of the committees and the Service as a whole.

The removal of a significant layer of middle management in the early 1990s seriously impacted on the ability of the committees to operate. Line staff subsequently delegated to these committees could not fulfil their responsibilities as they were not given adequate time off-line to participate. Evidence suggests that these circumstances led to a dysfunctional organisation with low staff morale.

A branch station officer described the prevailing circumstances of management during this period as -

[1] Transcript 4/12/2001 p. 52

> …too few in management attempting to do too much, under paid, under resourced, resulting in indecision, being reactive rather than proactive and with no time for appropriate forward planning.[2]

A former superintendent highlighted the demoralising effect on management and staff brought about by a lack of resources:

> Many times solutions are clearly identified but inadequate funding is provided to implement them or funding is funnelled from one area of acute need to another. The important radio upgrade was placed on hold to fund the maintenance of fleet when both were critical needs and staff were frustrated with both – thinking management had not identified the needs … When funds are tight staff question whether management is doing its job … They … cannot comprehend that fundamental needs like radio, fleet and infection control have to wait for funding.[3]

The Health and Community Services Union (HACSU) expressed concern over the management of Tasmanian Ambulance Service:

> [There is] a crisis in management, in that there are simply not enough managers employed within the Tasmania Ambulance Service to cope with the administration of the Service.
> The harsh redundancy program and subsequent vacancy control program the service experienced since 1991 saw the loss of 50% of staff at the level of Supervisor.
> … It is difficult to find staff who even have an understanding of the basic industrial issues … [4]

The Committee is mindful that significant changes have occurred during the period of this inquiry and that many of these issues are no longer current as the TAS budgetary situation has been significantly bolstered in recent years.

However concern over TAS management practices were not limited to funding issues. Some submissions blamed the style of management and organisational culture for TAS administrative failings.

A former supervisor with TAS informed the Committee that –

> The workload … placed on the upper management group has been unreasonable and many of the deficiencies in the service could be reasonably attributed to this. However whilst that may be true for many of the problems others are based on personalities.[5]

HACSU also expressed concern at the management practices employed by TAS in relation to the operation of committees.

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[2] Submission No. 2 p. 2
[3] Submission No. 5 p. 5
[4] Submission No. 11 p. 3
[5] Submission No. 9 p. 2

> [Staff involvement in committee work is] largely unfunded, staff invariably need to attend meetings on their days off. This is difficult when staff are working shift work, particularly night shift. … It can be understood that initially officers may be keen to be involved but after a while the system cannot be sustained.
>
> … a common theme with regard to decision-making processes within the Service is that management appear either unable or unauthorised to draw matters to conclusion. This occurs even after a committee has worked on a project for some time and has reached the point where the CEO should make a decision. The major reason we see that progression is not made is because the CEO appears to become engrossed in political outcomes and overly cautious of fallout from his decisions. Fallout inevitably occurs because decisions are not made.
> … All of this has led to a management structure which appears to be indecisive, inactive and lacking ability to attract funds for essential capital items.[6]

Submissions from former ambulance officers also supported the view that management practices within TAS were ineffective.

> [The Senior Officers Group] was dysfunctional … It was ridiculed by staff due to a lack or perceived lack of decisions and actions. The open hostility amongst some of its members allowed staff the opportunity to pit senior staff against each other. The lack of unity has hurt the Service. [The Senior Officers Group] worked in a veil of secrecy and little feedback was forthcoming to staff.[7]

Mr Grant Lennox, Chief Executive Officer, Tasmanian Ambulance Service, refuted these allegations and told the Committee that his record and the high standing of TAS vindicate his approach.

> My answer to you is if they looked at what I have achieved and this team has achieved since I came here, if they looked at any part of the State, in Hobart there are four brand new stations, two of which are brand new services … We have acted strategically to keep our stations in the right locations. We have added 47 staff to the Ambulance Service since I have been CEO and that is 47 out of a complement of 190. We have maintained our response standards … the public has most confidence and is most satisfied with the ambulance service in Tasmania compared to any other State.[8]

[6] Submission No. 11 p. 4
[7] Submission No. 9 p. 3
[8] Transcript 24/9/2003 p. 4

> We [the Senior Officers Group] do not have infighting; we have an absolutely common agreement about what our priorities are and how to get there.[9]
>
> … We have a plan … That is published and 98 per cent implemented. Under that plan that is where we got some money to upgrade our fleet, upgrade our radio communications. In that plan is to upgrade the helicopter. That has been done. In that plan is to strengthen recruitment and retaining of volunteers … [10]
>
> We had absolutely serious problems. We had problems where vehicles were breaking down going to emergencies, we had problems with the radio system and they were frustrated, and to be quite frank, we were frustrated. But once those big-ticket issues [were fixed] and we bought new equipment for every vehicle in the State … we noticed that the staff did not have a lot of concerns … [11]

The Committee recognises that TAS is currently in a strong position with much improved communications systems, vehicle fleet, staffing levels and equipment.

The Committee is also cognisant of the fact that these developments have followed a period of unprecedented financial investment in the Service.

The Committee believes that effective planning and management must be maintained to ensure that the Service is not simply in crisis management but moving forward.

The Committee feels that an important part of this process is the maintenance of clear lines of communication between management and staff.

The Targett Review in 1999 applauded the establishment of consultative committees within TAS on the recommendation of the Deputy President of the Tasmanian Industrial Commission and noted that –

> While it is difficult to ascertain through the Review, the degree to which consultation or communication has or has not occurred in the past, it is the responsibility of management to deal with perceptions as perceptions can become reality and, as a consequence, significantly inhibit the effective operation of the Service and the co-operation of staff to a continual improvement in the efficiency and effectiveness of the organisation
> … we strongly urge management to maximise the opportunity presented by [the establishment of the consultative committees] for not only enhanced consultations with staff, but a means by which effective communications processes can occur for imparting decisions that have been taken.[12]

[9] Transcript 24/9/2003 p. 7
[10] Transcript 24/9/2003 p. 8
[11] Transcript 24/9/2003 p. 11
[12] Document No. 17 p. 7

Internal Review of Cases

The internal review of cases is an important part of quality assurance in the delivery of ambulance services.

In 1994 the Shugg / Fitzgerald Review found that the informal internal case review procedures followed by TAS were inadequate and lacked focus.

> Lack of a structured audit program resulted in random and haphazard case review … The audit process became reactive and negative, rather than proactively providing (predominately) positive feedback. Whilst some individual cases were subject to intense scrutiny, (often with disciplinary action as a result) large numbers of cases were not audited or reviewed at all … It is now seen by many officers as a tool employed by management for disciplinary purposes, rather than a welcome means of providing feedback on clinical practice and patient outcome.
>
> … When Clinical Audit does occur, it is performed by Clinical Instructors. Many of the Clinical Instructors are of similar rank and experience to the officers whose clinical skills they are reviewing. The outcome is often seen to be one of subjective opinion … There is little formal and independent medical expertise involved in the audit process.[13]

The reviewers also noted that the case record sheets used within TAS were poorly suited for audit and data collection.

Submissions received at the commencement of this inquiry in 2001 indicated that whilst the recommendations of the 1994 review were largely in place financial constraints limited the capacity of the service to maintain efficient review procedures.

> The current system for review of cases seems adequate however as with much of the service the staff responsible for the review are usually either over committed with other functions and the positions are either vacant or in an acting capacity resulting in a backlog.[14]
>
> The internal review of cases varies from region to region partly due to the different training structures in each region. However, in all regions there is a degree of outside involvement in the review of cases utilising the Ambulance Service Medical Officer and some additional input from the hospitals including informal feedback about cases to Ambulance Practitioners and Clinical Instructors.[15]

[13] Document No.18 p. 19
[14] Submission No. 2 p. 2
[15] Submission No. 5 p. 9

Evidence presented to the Committee more recently suggests that the current situation is much improved.

Increases in staff numbers have allowed clinical officers sufficient time away from operational duties to allow for a more systematic and timely approach to internal review.

The appointment of Ambulance Service Medical Officers (ASMO) to each region has provided an additional resource for the review of cases with objective, independent clinical expertise.

Clinical audits are conducted on:

- road trauma cases;
- all rescues;
- all cases involving the practice of intubation;
- all helicopter cases;
- all cases involving morphine use;
- all representations of cases originally deemed as 'transport not required'.

There are also random audits of individual career staff across all levels from students to paramedics and clinical instructors.

Tasmanian Ambulance Service CEO confirmed that the key recommendations of the Shugg / Fitzgerald report have been implemented.

> … the key ones were to have an independence in the clinical review process which is achieved by the Clinical Council [with the appointment of sessional] Ambulance Service Medical Officers. There was an issue that we delayed in implementing for a while with the clinical instructors having some off-road time to perform that function. They did not recommend extra staffing but the Government gave us extra staffing …
>
> Clinical audit – we needed to strengthen our communications – there was a concern that a couple of our communications officers were deficient in their skills and training; that has been addressed and all the systems in communications have been dramatically upgraded … [16]

In addition to these measures the Committee was informed that the Tasmanian Ambulance Clinical Council has a specific legislated quality assurance role to review cases. These reviews may extend beyond internal cases to include those of other independent ambulance service providers.

[16] Transcript 13/5/2003 p.13

The Clinical Council has legislated protection for its quality assurance role in keeping with quality assurance committees in public hospitals nationally. This affords immunity to ambulance officers who may have contributed to a negative patient outcome, so that systemic weaknesses can be identified and protocols developed to avoid re-occurrences.

An aspect of reform to the internal review procedures that has not been fully implemented is the collection of clinical data relating to patient outcomes. Whilst new case report forms have been introduced to allow for better clinical data capture, a lack of funding for the computerising of clinical records of patients limits the utility of the information being collected.

A database of clinical records would be a valuable research tool in evaluating the efficacy of methods employed in dealing with various patient categories.

Disciplinary Procedures

Tasmanian Ambulance Service officers and ambulance officers employed by Community and Rural Health are subject to the provisions of the *State Service Act 2000*.

The Act provides for disciplinary procedures for breaches of the code of conduct and inability to perform duties.

The Committee was informed that no TAS employee has been subjected to serious disciplinary procedure since 1994.

In 1994 an ambulance officer was dismissed on the grounds of clinical deficiencies.

Evidence presented to the Committee by a former TAS supervisor suggests that disciplinary issues reported to senior management were not always followed through.

> As a supervisor I along with Clinical Instructors investigated matters ranging from clinical to operational issues. Reports would be submitted with recommendations and then when the affected parties started squealing, Union became involved and senior management would drop the matter like a hot potato.[17]

The Health an Community Services Union submission questions the ability of TAS managers to deal with disciplinary matters.

> The Tasmanian Ambulance Service deals with disciplinary matters in an ad hoc manner. In a number of cases those employees charged with investigating complaints are not trained in investigation processes, do not understand the basic principles of natural justice nor procedural fairness … In the investigation of complaints, managers often confuse their role of that of an investigator and an adjudicator and are clearly not conversant with disciplinary / grievance procedures outlined in relevant legislation.[18]

The Director of Paramedic Sciences, Victoria University, submits that disciplinary procedures for ambulance officers should include external review in conjunction with the internal process.

> Internal disciplinary procedures should follow the discipline procedures recommended in the State Service Act. Professional discipline for claims of misconduct needs to be investigated by an independent body such as a paramedic registration board.[19]

[17] Submission No. 9 p. 4
[18] Submission No. 11 p. 4 -5
[19] Submission No. 7 p. 3

Assistance to Non-government Ambulance Services

At the commencement of this inquiry several non-government ambulance services provided volunteer emergency coverage in some rural or remote communities.

- St John Ambulance provided an ambulance service for Dodges Ferry staffed by St John volunteers.

- The Red Cross provided a service at St Marys staffed by volunteers.

- The Glamorgan Ambulance Service is an independent community-based volunteer service, which has operated on the east coast for the past 30 years, servicing the townships of Swansea, Bicheno and Coles Bay.

- The Oatlands Ambulance Service is operated by the Southern Midlands Council in conjunction with the Community and Rural Health Division of DHHS and is staffed by employees of the Oatlands Multi-purpose Centre.

The Tasmanian Ambulance Service provides support to these services in the form of training, infrastructure support, vehicles and equipment.

Recent evidence presented by the CEO of TAS indicates that the St John Ambulance Service volunteers at Dodges Ferry asked TAS to assume responsibility for the Service.

Similarly after thirty years of service at St Marys the Red Cross transferred control of its operations to TAS.

The CEO also indicated that by the end of November 2003 the Glamorgan Volunteer Ambulance Service will be giving TAS control of all its services on the east coast.

Policies and Practices

In general terms the Tasmanian Ambulance Service is subject to the same policy and practice context in its administrative procedures and arrangements as those governing the State Service as a whole. All such procedures are conducted in keeping with the *State Service Act 2000*.

The Department of Health and Human Services may direct agencies to follow particular procedures, but all financial management and audit policies applicable across government must be adhered to.

In its submission to this inquiry the Health and Community Services Union criticised the working relationship between the Tasmanian Ambulance Service and the Department of Health and Human Services on the basis of inconsistent application of administrative policies.

The Union suggested that TAS is not effectively integrated into the Department, to the detriment of TAS personnel.

> It would appear that often major departmental policies are implemented in the Tasmanian Ambulance Service without any consultation with the Ambulance Service. This has led to confusion with regard to the implementation and application of the policy. A recent example is the implementation of family friendly/flexible work practices policy (a policy supported by HACSU). In this case, the Ambulance Service was not aware of the policy until some time after its introduction. Situations such as these have led to the view that the Ambulance Service has not been fully integrated or accepted as a legitimate section of the Department of Health and Human Services.[20]

The CEO of Tasmanian Ambulance Service refuted the assertion of the union that the Ambulance Service was not well integrated with the Department of Health and Human Services and stated that –

> Unquestionably Tasmania has the highest level of integration between ambulance and health services of all states and territories. In three jurisdictions (Queensland, South Australia and Australian Capital Territory) ambulance is part of emergency service departments or bureaux. In two jurisdictions (Northern Territory and Western Australia) services are operated by St John Ambulance outside of government but with funding connections to health. In Victoria there are two separate stand-alone ambulance authorities (rural and metropolitan) and New South Wales also has a stand-alone ambulance authority under the health umbrella.

[20] Submission No. 11 p.5

> In Tasmania the ambulance service is part of the Hospitals and Ambulance Service, managed alongside the state's major receiving hospitals with corporate services - payroll, personnel, industrial relations, finance, assets management, IT, OH&S - and other divisional support services provided by the department corporately rather than stand-alone ambulance support services. In addition the Service has regional Ambulance Service Medical Officers who are conjoint appointments with the major hospitals … [21]

An area of concern raised in a submission from a branch station officer is the apparent inconsistent manner in which TAS applies policies and practices.

The submission uses the example of recognition of prior learning in relation to new recruits.

> … there does appear to be some discrepancies in relation to application [of policy]. For example, recognition of prior learning (RPL) to new applicants and their employment status as to salary. In the latest intake of student ambulance officers some have been recognised as student ambulance officer 3rd year, [they] have partly completed a university degree for pre hospital care [and they] have minimal clinical experience. In contrast qualified registered nurses who have worked in an emergency department for a number of years, [and] have a university degree, have been employed as 2nd year students and some have needed to complete in total the ambulance officer training[22].

The submission also raised concerns in relation to the recognition of qualification of ambulance officers from other jurisdictions seeking employment with TAS.

The Committee recognises that TAS is strong in comparison with other jurisdiction in respect to staff training and qualifications, with 67 per cent of ambulance officers having paramedic qualifications. [23] This high standard must be protected with rigorous and consistent application of appropriate standards to all new recruits.

The CEO of TAS informed the Committee that –

> The Service's Clinical Practice and Education Unit has just successfully gone through an independent compliance audit against the new AQTF quality assurance standards for registered training authorities … A strong emphasis is placed on ensuring competency of all staff through the service's upgraded Clinical Officer/ Clinical Support Officer system

[21] Document No. 11. p. 5-6
[22] Submission No. 2 p. 3
[23] Document No. 11 p. 4

> which now allows for real time case audits and reviews which are a critical feature of the paramedic accreditation program.[24]

The Committee is confident that these measures will ensure that all TAS employees and prospective employees are selected in accordance with merit.

[24] Document No. 11 p.4-5

SECTION 1 – TASMANIAN AMBULANCE SERVICE

PART B – OPERATIONAL SERVICES

Non-urgent Transfer of Patients

Since July 2000 the Tasmanian Ambulance Service has operated a separate service for non-urgent patient transfers in southern Tasmania.

The Patient Transport Service (PTS) provides transport for stable patients who need to be moved between medical facilities for treatment or require stretcher transport to and from hospital from nursing homes or doctor's surgeries.

The PTS is co-located with TAS and currently operates during normal business hours. It is staffed by two specially appointed Patient Transport Officers using non-emergency ambulance vehicles. TAS provides weekend and after-hours coverage using emergency crews and ambulances. Non-urgent cases are queued and dealt with when sufficient resources are available so that emergency response capacity is not compromised.

Non-urgent patient transport services have operated in the north and north-west regions of the State for more than a decade, provided by the Department of Health and Human Services through regional public hospitals.

Evidence before the Committee suggests that the patient transfer service in southern Tasmania emerged from a need to maximise the utility of emergency ambulance resources in a climate of increasing demand for the service.

The CEO of Tasmanian Ambulance Service told the Committee:

> With every ambulance service in Australia the emergency ambulance crews do non-urgent work and as an ambulance service your challenge is to make sure that when you are allocating resources you don't compromise your emergency response capacity … the development of the patient transport services in the north and north-west protected our service in its emergency response capacity because they were taking lower-level patient needs. In the south we didn't have [such a service] but we set one up. [25]

The Committee also heard that prior to the establishment of the PTS the Tasmanian Ambulance Service had experienced difficulties with staff fatigue and issues relating to emergency response times. These issues precipitated a Department of Health and Human Services review of routine patient transport services in southern Tasmania, resulting in the recommendation to establish the PTS.

[25] Transcript 2/9/2003 p.7

Consequently the TAS case load has been alleviated and occupational health and safety issues arising from the previous circumstances have been mitigated.

The Committee received some evidence questioning the effectiveness of the Patient Transport Service and the need for TAS to operate such a service.

The Director of Paramedic Sciences, Victoria University, made the following observations:

> Non-urgent patient transfer seems to be an un-regulated ad hoc mix of services that are operated by the Department of Health and Human Services, TAS (Hobart), hospitals and a private operator. The non-urgent transport service is not centrally controlled. The present system seems inefficient and questionable in quality.
>
> The qualification of "drivers" is unclear and does not seem to be standardised or formalised. Apart from Hobart, the system … does not seem to have developed around the provision of patient care. In many instances patients are transported by a sole "driver" resulting in the patient being left alone in the back of the ambulance. At times transport services may use a doctor and/or nurse as an escort. This is an expensive system that takes the doctor and/or nurse away from hospital inpatients and places the doctor and/or nurse in a position where they are unfamiliar and not trained to practise.
>
> Interstate … the crewing of these ambulances consists of a Patient Transport Officer who acts as driver and paramedic assistant …. Public and private systems have their advantages … The key question that needs to be asked, "is non-urgent patient transport a core function of an ambulance service?"[26]

The Committee was informed that TAS non-urgent patient transport was managed in accord with TAS operations. The southern PTS is managed from Launceston by the manager of the northern PTS, utilising the TAS computer-aided dispatch system to allocate tasks and coordinate movements between the services.

In keeping with government policy the PTS does not charge public hospitals for its services, as they are part of the same department.

Fees are levied on patient transfers for private hospitals and when dealing with insurance-related cases.

The pricing structure for PTS services is formulated to reflect the total costs of the service including cost attributions for taxes and other charges that would be incurred by private providers offering a similar service. This practice conforms to national competition policy and provides a 'level playing field' for all competitors.

[26] Submission No. 7 p. 5.

Aero-medical Services

The Department of Health and Human Services provides TAS with access to aero-medical resources though contractual arrangements with the Royal Flying Doctor Service (RFDS) for fixed-wing air ambulance services and RotaLift and Tasmania Police for the use of the State's rescue helicopter.

The fixed-wing air ambulance service operates from Launceston. The Royal Flying Doctor Service provides pilots and TAS provides paramedics that have undertaken special university-based training in Melbourne. TAS has approximately ten paramedics qualified as flight paramedics.

TAS allocates these officers to air ambulance duties on a separate roster. The roster operates on a 24-hour basis with one paramedic covering the day shift and another on night shift.

In cases involving critical patients a specialist anaesthetics registrar or emergency care specialist is provided by the Launceston General Hospital to provide in-flight patient care.

The fixed-wing air ambulance deals with approximately 850 cases per annum, transferring patients from remote regions such as King and Flinders islands and the east and west coasts to hospital and transferring patients between hospitals.

Approximately 50 cases per year involve the transfer of patients interstate for super-specialist care. Such cases usually involve spinal injuries or complex neonatal conditions.

The ambulance helicopter is based in Hobart and is used in a variety of roles including search and rescue, road accident retrieval, wilderness rescue and marine rescue. Many of these areas are the responsibility of Tasmania Police and as such the police pay for many of the costs associated with the operation of the rescue helicopter.

The paramedics involved in helicopter rescue require specialist training including wilderness survival and training in winching down to patients and preparing them for rescue.

TAS provides a paramedic as part of the helicopter crew on all call-outs, whether it is a medical emergency or a search and rescue operation.

Besides the costs involved in providing paramedics to crew the rescue helicopter TAS incurs cost for the use of the helicopter when medical evacuations are conducted in areas accessible to road ambulance.

Communications officers make the determination whether or not to dispatch the helicopter on the basis of timing of response and the appropriateness of the response in accordance with clinically-based protocols.

For example, it would be clinically inappropriate to send a helicopter to retrieve patients with certain conditions because the helicopter is not pressurised and may be detrimental to the condition of the patient.

The introduction of a twin-engine helicopter with night-flying capability has considerably increased its utilisation, with approximately 90 cases being dealt with last year.

The fixed-wing and rotary air ambulances serve different needs and are not interchangeable. The fixed-wing aircraft flies at twice the speed of the helicopter and has a much greater range. The helicopter could not be used for interstate transfers or for servicing the Bass Strait islands.

Dr Bell of the TAS Clinical Council told the Committee that a helicopter could be dangerous to patients in some circumstances:

> … you cannot look after a patient in a helicopter. It is too noisy, too small, too confined and it is a very dangerous place to put anyone who is seriously ill. So if you have a short distance flight for a helicopter to pick a patient up and get back to hospital then that is a use for it. If you have an inter-hospital transfer of a patient on a ventilator you are much safer in a plane and therefore the helicopter has a very limited role in medical retrieval.[27]

The air ambulance service is free of charge to patients except for those covered by motor accident and workers compensation insurance.

[27] Transcript 13/5/2003 p. 13-14

Contract Services

Tasmanian Ambulance Service is contracted to provide safety cover at various sporting and public events.

Generally such contracts are related to high risk sporting activities such as motorcycle racing, car racing and horseracing.

Many such events operate under a police permit system that stipulates a particular level of ambulance cover.

The pricing of TAS contract services has been revised in recent years to reflect full cost attribution in keeping with national competition policy.

Charges for ambulance services under these contracts will vary in accordance with the level of service provided. Contracts for higher risk sporting events requiring paramedics in attendance will attract a greater fee than those requiring ambulance officer or volunteer ambulance officer cover.

Whilst St John Ambulance and Ambulance Private may be seen as competitors for contracts, the Committee was informed that TAS does not compete for such work.

Most TAS contract work arises from the need for paramedic level care at higher risk events.

In order not to compromise its primary function TAS, with the agreement of the union, executes all contract work with staff working on an overtime basis.

Contracts involving TAS volunteer ambulance officers are priced to include a salary component to ensure that Ambulance Private is not disadvantaged in competing for such contracts.

Rescue Operations

Tasmanian Ambulance Service plays a significant role in search and rescue operations in conjunction with other emergency services. Whilst TAS does not have management authority in any particular category of rescue operation, it has the designated primary response role for road accident rescue, rail accident rescue and domestic and industrial rescue.

The Tasmanian Ambulance Service is the only ambulance service in Australia providing a rescue response.

The Committee heard that while this is a source of pride for TAS ambulance staff the rescue role poses significant challenges to the Service. The high cost of specialist equipment and costs involved in training and maintaining specialist staff is out of proportion to the small number of rescue cases the Service is required to attend.

The Tasmanian Ambulance Service CEO indicated that –

> We have four rescue trucks and they are in Hobart, Launceston, Burnie and Devonport. Between the four of them they do about 67 cases a year. Every rescue officer receives a 10 per cent pay rise for having a rescue qualification and they average less than one rescue each per annum.[28]

State Emergency Service volunteers provide road accident rescue on behalf of TAS in rural and remote regions of the State.

Tasmanian Ambulance Service also provides support to Tasmania Police and the Tasmania Fire Service in conducting rescue operations within their areas of responsibility, such as wilderness search and rescue, flood rescue, high angle rescue on structures and mine rescue.

Submissions received at the commencement of this inquiry in 2001 were generally silent on this aspect of TAS operations.

Two contributors did however raise concerns in respect to the funding difficulties experienced by TAS at that time, and questioned whether TAS could maintain its rescue role without compromising its primary function.

A submission from the Director of Paramedic Science, Victoria University, noted that –

> Tasmania is unusual to other ambulance services in Australia as the ambulance service conducts rescue. In most states the Fire Brigade conducts rescue services. The emphasis of an ambulance service should be on the provision of patient care. … experience seems to indicate that often ambulance crews are split to form the rescue team and patients may receive

[28] Transcript 2/9/2003 p. 15

> treatment from the lowest level ambulance officer. If this is the case, then ambulance paramedics should not be performing rescue. … Once again the question is "what is the core business of an ambulance service?"[29]

A former TAS paramedic noted the resource implications for the Service in providing rescue operations:

> The Tasmanian Ambulance Service has difficulty staffing its current operations … [and] does not have good numbers of staff to respond to the rescue service without compromise to its patient care and transport role. The Tasmanian Ambulance Service should develop a system with the Fire Service to share the vehicle rescue function.[30]

The Committee heard that road accident rescue operations presented a significant challenge to the Service in terms of resource allocation. A positive development however in recent years is the decline in road rescue cases due to the introduction of road safety measures such as speed cameras and drink-driving testing.

[29] Submission No. 7 p. 6
[30] Submission No. 5 p. 11

Vehicle Suitability and Availability

The Tasmanian Ambulance Service operates a fleet of approximately 102 ambulance vehicles. At the commencement of this inquiry in 2001 TAS had received 72 new vehicles as part of a three-year program to replace its ageing fleet.

The Tasmanian Ambulance Service CEO indicated that TAS currently has the most modern ambulance fleet in Australia.

Prior to this period however serious funding shortages had allowed only an ad hoc approach to fleet replacement which in turn had led to serious maintenance issues.

> … we were having significant problems because of the age of the fleet and a higher potential for breakdown and, as such, our maintenance costs were going through the roof … This program has replaced … 72 vehicles in the last three years. I think in the four years prior to that we had replaced only 20 vehicles. During 1998 there was actually no vehicles replaced in the service at all.[31]

The CEO of TAS indicated that TAS has moved strategically away from the Ford truck platform and is now utilising purpose-built Mercedes ambulance vehicles.

> The [Mercedes vehicles] are running incredibly well maintenance-wise, fuel efficiency and suitability for purpose. All the ambulance services in Australia have gone to them and what we don't know is whether they keep performing this exceptionally well for 150 000, 200 000 or 250 000 km. Our view is that a vehicle is more likely to do fewer miles in Tasmania than in other States and that is because of our terrain …[32]

The use of Mercedes vehicles will provide considerable dividends, as these vehicles are more suited to their function, are more fuel efficient and significantly less expensive to fit out.

> These vehicles are approximately $80 000 per unit less than the previous vehicles … because they are modular … which means in the event of equipment change or some speciality that we need to do, we don't have a complete vehicle change to upgrade it … Also, because the fibreglass isn't exposed to the weather and fatigue issues that you normally associate with external components of the vehicle, it means that we will be able to get almost double the life out of interiors before a refit. The design of these vehicles is that when their serviceable life is up we only change the actual modular units

[31] Transcript 4/12/2001 p.5
[32] Transcript 2/9/2003 p. 12

> inside them … we sell off the shell and we [put] the interior into another vehicle …[33]

In further explaining the suitability of the new ambulance vehicles the CEO also indicated that TAS has a strategic rotation system to maximise the utility of its fleet.

New vehicles are placed at busy stations (usually outer urban) that have high case loads and need to cover longer distances. As a vehicle ages it is moved to rural areas with low case loads, where longer distances may be involved but call-outs occur less frequently. Prior to retirement, vehicles are placed in urban stations where they can easily access additional maintenance and if a breakdown occurs there is sufficient backup not to compromise patient care.

Comments received in public submissions in relation to the ambulance fleet were supportive of the new acquisitions but concern remained in respect to future funding for the ongoing replacement of the fleet.

A branch station officer told the Committee that –

> The introduction of the new vehicles should alleviate the crisis that did exist with the ambulance service fleet. However if a stable vehicle replacement program is not in place the same problem will occur. The first programs to be dropped when funds are cut are the vehicle and equipment replacement programs which eventually lead to crisis management. [34]

A former Divisional Director of Hospitals and Ambulance Services made similar comments:

> Although the vehicle and equipment issue has been the subject of major capital investment in recent years, it is inevitable that the cycle will repeat unless there is a properly funded long term program of equipment and vehicle replacement and upgrade.[35]

While welcoming the introduction of new ambulance vehicles to the fleet the ambulance union criticised TAS for not ensuring that recurrent funding was in place to ensure a continual renewal program. Union representative Mr Berry said:

> … we asked what plan was in place for recurrent funding and the answer was noncommittal. … Vehicles per annum that need to be replaced are going to be somewhere about … 15 vehicles per year, so you are looking at about $1.5 million to turn the vehicles over on a regular basis and retire them out. … we have a good fleet at the moment but we are not sure the recurrent funding is in place with ongoing budgets to make sure that we don't go back to where we were three or four

[33] Transcript 4/12/2001 p.6
[34] Submission No. 2 p. 4
[35] Submission No. 13 p. 2

> years ago, where the breakdowns were compromising patient care. [36]

TAS management told the Committee that replacement plans for the vehicle fleet were in place.

> … we do 2 million kilometres per annum so we need vehicles replaced every year. Those bids are before government. … Our aim is to move vehicles so that we get the optimums on age and life expectancy of that particular vehicle. … In the past what we were trying to do was get every vehicle to come together. The problem with that is that you end up with a huge number of vehicles that are all worn out and it is a major issue for everybody because it is a huge impost on government. Our aim is to try to get a balance in this whole process so that we actually have a staggered ratio of replacements and the aim would be somewhere around about 15 to 16 vehicles per year. … We have bids lodged now so in the forward estimates every part of the health system, every part of government goes through and prioritises and looks at their needs so we have put forward our cyclical vehicle replacement needs. They go through a process eventually to the budget sub-committee of Cabinet.[37]

It is apparent to the Committee from this evidence that the replacement of the ambulance fleet is not assured through the process described and therefore any planning that TAS has in place to address the renewal of the fleet cannot be viewed with any certainty of outcome.

Dr Brand, Director of Hospitals and Ambulance Services Division, also indicated that more certainty is required in the planning process to avoid the mistakes of the past.

> I think that one area that needs to be looked at in the future … is that it is important to have regular planning in terms of funding for replacement of the fleet otherwise if you leave it too long you end up with a huge amount of funding that is required in a one-off and so replacing it on a regular basis as we put forward … is an important component of any fleet.[38]

The Committee recognises the importance of the regular replacement of the ambulance fleet and believes that the current model of funding is an inadequate system to ensure the efficient performance of the Service.

The Committee believes that a strategic plan should be developed to put to Government supporting a recurrent allocation for vehicle replacement. This would provide more certainty in the overall management of TAS and more effective use of resources.

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[36] Transcript 24/6/2003 p. 8
[37] Transcript 2/9/2003 p. 13
[38] Transcript 4/12/2001 p. 9

Communications Systems

The Committee was informed that approximately $1.5 million has been spent in the past three years to upgrade and modernise the TAS communications systems.

The Tasmanian Ambulance Service has entered into a strategic partnership with the Tasmania Fire Service to combine resources to establish a radio and communications network with the capacity to eliminate 'black spot' regions across the State where a lack of radio reception has hindered the work of both services.

The Committee heard from TAS senior officers that –

> Communications was an area where we were seriously deficient a few years back. We had a radio system that was periodically failing and the biggest deficiency was that it was a system with outdated technology and we didn't have spare parts to necessarily fix some of the components of it. We have spent about $1.5 million on various communications systems upgrades in about the last three years from the radio system upgrade where it is linked to the Fire Service and now we have coverage that is better than the Fire Service because we have … all of their network plus some add-ons from our previous network. We have introduced paging dispatch … we have upgraded the CAD system … and we are in the final stages of going to the computerised version of the medical priority dispatch system. [39]

The new technologies introduced to enhance the ambulance communication system include:

- a paging system;
- new computer-aided dispatch system;
- radio system upgrade;
- advanced medical priority dispatch system.

The paging system connects individual ambulance officers with the communications centre via personal pagers. The pagers are linked to the communications centre computers so that communications officers can, at the stroke of a key, dispatch ambulance crews to a case, having provided the location and basic details while still dealing with the emergency call. Not having to make a separate call to dispatch the ambulance crew means that response capacity is greatly enhanced. Additional information can be communicated to the crew as they proceed to the case.

The new computer-aided dispatch system has an integrated mapping system with every town and every street in Tasmania cross-referenced and grid referenced. The system matches the location of the case and the nearest ambulance to ensure the most efficient response.

[39] Transcript 2/9/2003 p. 10-11

The new TAS radio network shares the Tasmania Fire Service radio infrastructure which means a significantly improved coverage in both rural and urban areas. The addition of ten radio bases in regional areas and eight base stations in the greater urban areas will help eliminate 'black spot' zones in communications and increase efficiency.

The advanced medical priority dispatch system is a medical diagnostic software package that is considered world-best practice, and is designed to give a rapid and accurate classification of a case.

Currently the communications officers dealing with emergency calls use a manual card system that has lists of questions, symptoms and responses for the communications officer to put to the caller and thus elicit the problem and give appropriate advice.

The advanced medical priority dispatch system is similar in that it has a set of protocols to help the call-takers in determining the status of the patient and provides instructions on the most appropriate response. The advantage of the computerised system however is that it is integrated with the other components of the ambulance dispatch system and is interactive so that the most appropriate resources are directed to the case.

Detailed instructions can be given to the caller so that first aid can be administered prior to the arrival of the ambulance.

The system is designed to ensure that the dispatch decisions are made in accordance with a predetermined standard and has the capacity to monitor the performance of users to ensure better adherence to the standards.

The Tasmanian Ambulance Service receives approximately 40 000[40] requests for ambulance assistance a year, but many of these cases do not require an ambulance. The computerised dispatch system and medical priority software ensure that an appropriate response is made without compromising the emergency response of the Service.

[40] Submission No. 12 p. 29

SECTION 1 – TASMANIAN AMBULANCE SERVICE

PART C – VOLUNTEER SERVICES

Tasmania's small and widely dispersed population makes the provision of ambulance services in Tasmania difficult.

Regional areas with low populations generally have low utilisation rates of ambulance services and greater distances are involved in accessing medical facilities. Under these circumstances it is not possible to achieve the economies of scale that would offset the high costs involved in providing ambulance services.

For this reason it would not be feasible for the Tasmanian Ambulance Service to provide a statewide emergency response without the support of volunteer ambulance units to service rural and remote regions of the State.

The Tasmanian Ambulance Service Strategic Plan 2000-2005 acknowledges the importance of volunteer ambulance officers:

> Tasmania is fortunate to have a highly skilled ambulance workforce that is committed to providing high quality services to the community. The viability of the ambulance service in rural communities hinges on the strength and commitment of the hundreds of volunteers who provide unpaid assistance in terms of time, service and skills …[41]

Presently there are approximately 530 volunteer ambulance officers (VAOs) working within the TAS network around Tasmania.

The Committee was informed that TAS operates 20 ambulance units that are wholly staffed by volunteer ambulance officers and 13 units that utilise a combination of volunteer and salaried ambulance officers.

Evidence presented at the commencement of this inquiry indicated that volunteer ambulance services operated by TAS lacked sufficient funding and support in the areas of training, uniforms and communications systems.

Ms Diane Coon, President, Volunteer Ambulance Officers Association of Tasmania (VAOAT) told the Committee that the shortcomings in funding and support to volunteer ambulance units could not be addressed without adequate and assured funding of TAS:

> … it seems to us that there is just not enough money to run ambulance services properly and the people who suffer most for that are those … at the end of the distribution line, so that's largely volunteers.[42]

[41] Document No. 7(5) p. 3
[42] Transcript 4/12/2001 p. 69

> … Currently we get little dribs and drabs and I do not think that is a strategic way to manage any process. … that is because the Ambulance Service is so critically under-funded.
>
> "The [Tasmanian] Ambulance Service is the only one in the country that doesn't charge for their service, … it means that the Ambulance Service always has to fight harder for its funding because there is no levy or charge. That means that in the whole process, we are always behind the 'eightball'. I run my own business and I know that good management is about setting forward budgets. It is much harder if you don't know how much money you're going to get at any stage.[43]

In 2001 a study was undertaken by the University of Tasmania Department of Rural Health in collaboration with Tasmanian Ambulance Service and the Volunteer Ambulance Association to develop strategies to improve recruitment, retention, training and support for volunteer ambulance officers in Tasmania.

The 'More than a Band-aid' project surveyed volunteer ambulance officers and conducted focus groups to identify both the issues of major concern to volunteers and strategies for their resolution.

The most significant areas of concern for volunteer ambulance officers identified in the survey were:

- the need for more training;
- access to effective communications systems;
- adequate uniforms that meet OH&S requirements;
- clinical debriefing and professional counselling services;
- adequate support, particularly for those volunteers in remote regions.

Training

The study found that volunteer ambulance officers in remote units were receiving very spasmodic training support from Tasmanian Ambulance Service, despite having a greater need due to their isolation.

A submission from the King Island Volunteer Ambulance group emphasised this point noting that –

> Due to our isolation we have been advocating to TAS over the years that training and equipment to King Island Volunteers should be the very best they can provide. Sadly this is not the case. Over the years TAS training to the Island has deteriorated to the point where we have only had one TAS training session in twelve months. … The King Island case load is small … therefore we need good training from TAS to keep our skills level high. It should be bimonthly. …

[43] Transcript 2/9/2003 p. 2

> Recruiting Volunteer Ambulance Officers in rural areas is becoming increasingly difficult through a lack of training / support from TAS.[44]

Whilst volunteers attached to ambulance units with salaried paramedics had greater opportunities for training, a reliance on operational staff to provide such training often led to fragmented tuition, as instructors would be called out on an emergency at any time. The use of paramedics without training accreditation was also of concern, as training standards would vary and produce difficulties in applying reaccreditation programs.

Communications

Reliable communications systems were of concern to VAOs as radio and mobile phone coverage in many rural areas of Tasmania is problematic. VAOs reported having to use public phone boxes to communicate with the ambulance communications centre in areas of poor radio reception. VAOs felt that under such circumstances patient safety may be jeopardised if further directions were needed en route to an emergency or advice was needed in dealing with a seriously ill patient.

VAOs also expressed concern about communication within the Service which should provide effective feedback to volunteers on issues of concern.

The report noted that –

> … the organisations appeared to have poor response and feedback systems to VAO concerns and issues … TAS has grievance mechanisms in place, but many VAO were unaware of these and other policies and entitlements. … Management response to communication varied and … individuals might meet with a prompt response or have a long and frustrating process to be given a reply. Lack of response, vague replies or contradictory replies were frequent complaints though others reported having no difficulty with contacting management. It was perceived by some that quick communication from management occurred only if there was a negative feedback or reprimand.[45]

Uniforms

Volunteer ambulance officers surveyed in the study generally agreed that there was lack of adequate provision of uniforms and that this posed an occupational health and safety hazard. VAOs were issued with only one overall each, which forced them to wear clothing that may be soiled with blood etc from one job to another. The provision of protective clothing such as wet weather gear was also inadequate, as only two sets were made available to each volunteer ambulance unit.

Female volunteer ambulance officers found the one-piece overall inappropriate and recommended that a two-piece uniform be made available.

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[44] Submission No. 4 p. 1
[45] Submission No. 6(c) p. 26

Support

The Volunteer Ambulance Officer Association of Tasmania estimates that volunteer ambulance officers save the Tasmanian Government $6 million per annum.[46] The association felt that this contribution was undervalued and that volunteers did not receive enough recognition.

Volunteer ambulance officers expected support in the following areas:

- representation in the decision-making process so that their interests were considered in organisational planning;
- critical incident stress debriefing and counselling;
- work-related expenses to be reimbursed in a timely manner; and
- feedback on performance to maintain confidence and consistency.

The VAO survey found that –

> It is becoming clear that volunteers must have reciprocation if they are to continue giving freely of their time and labour. The exchange relationship hinges on providing volunteers with 'the things that motivate them'. In Tasmania, the *Anti-Discrimination Act 1998* mandates that VAO must not be discriminated against as, despite their unpaid status, they are still entitled to an employee status. This means that employers must provide them with adequate training, uniforms, and organisational assistance to do the job … The current VAO situation needs to be addressed, as limited support of VAO is affecting morale and therefore recruitment and retention.[47]

These sentiments are echoed in a submission received from a former Director of the Hospital and Ambulance Services Division of DHHS who emphasised the need for appropriate support to maintain the volunteer ambulance units on which TAS is so reliant. He notes that –

> … general reduction in volunteerism in the community and the heavy demands on ambulance personnel compound the difficulty of sustaining this model. Diminishing populations in rural settings exacerbate these difficulties.
>
> To counter this, resources need to be provided at a level which ensures that volunteers feel valued and adequately supported. That does not necessarily mean payment for services although it is difficult to justify non-payment for ambulance volunteers when these are made to volunteers of other emergency services. It is, however, important that their training, kitting, equipment and vehicles are provided at appropriate and assured levels. That has been impossible within the budget available to TAS.[48]

[46] Submission No. 6(c) p. 5
[47] Submission No. 6(c) p. 32
[48] Submission No. 13 p.2

The 'More than a Band-aid' research project and the consequential strategies for addressing the problems of volunteer ambulance officers has been adopted as a national strategic planning framework for recruitment, retention and training of volunteer ambulance officers.

In recognition of this in 2001 Tasmanian Ambulance Service received an award from the National Health and Medical Research Council for excellence in volunteer management.

Recent evidence presented to the Committee suggests that the current circumstances of volunteer ambulance officers are much improved in comparison with the situation at the commencement of this inquiry.

Mr Grant Lennox, CEO, Tasmanian Ambulance Service acknowledged that the needs of volunteers had been neglected in the past:

> We were not giving them sufficient resource support from training to reimbursement of expenses to uniform, so we've strengthened all those … We developed a strategic plan where the president of the union and the president of the volunteers were part of the development of that plan … We have also substantially upgraded the emergency medical equipment right across the State from the latest in cardiac monitors to equipping every volunteer ambulance with a semi-automatic defibrillator and putting in place new stretchers and resuscitation equipment.[49]

> We have upgraded volunteer training. Some of our past methods of training don't meet modern standards … in the past some of the people who have delivered the training didn't hold [training accreditation] they were a trained paramedic but they weren't a trained trainer. We never had any positions whatsoever that were [specifically for] volunteer training but we now have two permanent full-time positions … [and] our target is to get to three.[50]

A strategic approach to the training needs of volunteers has resulted in a higher priority being given to wholly volunteer units, especially those in remote locations.

The Tasmanian Ambulance Service has provided funding for the development of volunteer training material including web-based training resources.

All ambulance stations across the State have been provided with computers and internet access. This will enhance the ability of volunteers to communicate with the rest of the Service and provide more opportunity for training.

[49] Transcript 13/5/2003 p. 3
[50] Transcript 13/5/2003 p. 9

The issue of uniforms was addressed with an additional $100 000 being provided to allow for the introduction of two-piece uniforms for female volunteers and other related needs.

In her most recent submission Ms Coon representing VAOAT acknowledged the efforts of the Tasmanian Ambulance Service to improve conditions for VAOs.

> I have been involved in the voluntary association since 1996 … in the first year the meetings were involved with issues such as 'our ambulances are broken, our uniforms are no good, our radios don't work and we don't seem to get any money'. None of those questions even come up any more so they have been nailed by the Ambulance Service.[51]

However the lack of certainty in respect to future funding and support remains an issue of concern to VAOAT.

> The real issue for us that has changed but still needs to be improved is training … The Ambulance Service … has found some budget so there are now two people employed in volunteer training – and we know there should be four. … What we desperately need, still, is a budget to enable us to properly support volunteer training.
>
> … One of the ongoing issues is that the people in remote areas such as King and Flinders islands, Bruny Island and to a lesser extent places like Mienna and Maydena – are very much left out … The bitter irony is that they're the people who are called upon for the hardest work … they don't do many jobs and when they do them, lives are far more dependent on these people.[52]

The Committee recognises the success of the approach taken by TAS in relation to volunteer issues and its empowering effect on VAOs by allowing them to develop their own strategies to address their problems. However this model is only sustainable if funding can be assured in the long term.

In accord with this assessment Ms Coon noted that –

> I believe the Ambulance Service has been fairly clever and strategic about trying to make use of staff but ultimately words have to be backed up with money. [53]

Tasmanian Ambulance Service CEO acknowledged the difficulties that the Service has faced in recent times in meeting the needs of volunteers, but assured the Committee that –

[51] Transcript 2/9/2003 p. 4
[52] Transcript 2/9/2003 p. 3
[53] Transcript 2/9/2003 p. 3

> There is a challenge to keep up with volunteer training and the Service regards expansion in this area of training as its highest priority.[54]

The Committee recognises that TAS has responded to the concerns of volunteer ambulance officers in a comprehensive and positive manner and that current strategies and planning will strengthen recruitment and retention. The success of recent practices in relation to volunteers is evident in the increased number of volunteers. At the commencement of this inquiry there were approximately 400 volunteer ambulance officers within TAS, and currently there are 530 volunteers.

The main finding of the Committee in relation to volunteer ambulance officers is that recruitment, retention rates and morale of volunteers are closely linked to adequate training, support and effective kitting of crews. This of course requires consistency in funding. The Committee also believes that appropriate systems for recognition of service are equally important in maintaining the morale of volunteer ambulance officers.

[54] Document No. 11 p. 5

SECTION 2 – PRIVATE PROVIDERS

Ambulance Private Pty Ltd is the only private for profit ambulance operator in Tasmania.

Ambulance Private is licensed in accordance with the provisions of the *Ambulance Service Act 1982* to provide transport for non-urgent stable patients and safety coverage at some low risk sporting events.

The Committee was informed that the licence conditions under which Ambulance Private operates explicitly exclude the provision of emergency ambulance services.

In the southern region of the State the transport of non-urgent stable patients prior to the establishment of Ambulance Private was dependent on the emergency ambulance service. Due to the priority of emergency cases, non-urgent cases would be queued until a vehicle was free to respond. The delays inherent in such a system provided the opportunity for a private operator to establish a dedicated non-urgent patient transfer service.

With the establishment of the TAS Patient Transport Service (PTS) in 2000 the private operator claimed to be unfairly treated by the competition as public hospitals were not charged a service fee.

The Committee was informed that fees were not applied to public hospitals for the use of PTS as the service is part of the same division of DHHS and it would create accounting anomalies if the department were to pay itself for services.

The Committee understands that the PTS was established to address the increased of TAS by freeing emergency ambulance vehicles from non-urgent work to attend to high priority cases and is in keeping with practices long established in the rest of the State.

The PTS in the southern region operates from Monday to Friday during normal business hours. After-hours public hospitals rely on TAS emergency ambulances to transport non-urgent stable patients. If excessive delays are experienced public hospitals have the option of engaging Ambulance Private and paying for the service.

Mr David Watson, operator of Ambulance Private, alleged that the TAS Patient Transport Service created unfair competition, as the real costs of operating the service were not reflected in its price structure and thus contravened national competition policy.

He told the Committee that –

> They came up with a fixed figure and said their patient transport service in the south cost them $160 000 … We argued strongly and said, ‘Look, we know that it’s actually $249 000 that we’re aware of and it could go way, way past that but we know of the $249 000’.

> Unfortunately they've gone ahead and issued their prices out on $160 00, which has the effect of putting us very close to a marginal enterprise.[55]

The CEO of Tasmanian Ambulance Service informed the Committee that –

> The pricing of the patient transport service is under the national competition policy so the private operator isn't disadvantaged. Our southern patient transport service is priced under a full-cost attribution model where we look at the actual cost of running the service, which moves just under 3000 people a year. It has gone up by 56 per cent over the last two years. It is about $110 000 in cash cost to government and we pushed the budget of that up to about $170 000 by allocating costs to it that aren't spent to add notional costs to put ourselves on a line ball with the private operator. It has proportions of my salary, John Ramsay's salary as head of Health, overlays for payroll processing and so on, but it also allocates profit and tax we don't pay. The Auditor-General has been right through that pricing system to see that it is fair and reasonable. He did a complete audit on the basis of complaints from the private operator, which he finished earlier this year, and he adjusted our budget by $243 over a year – so we were not disadvantaging the private operator.[56]

The Committee is satisfied that the Tasmanian Ambulance Service is operating the southern Patient Transport Service in accordance with national competition policy and that the non-payment of fees for services to public hospitals is appropriate in the circumstances as it conforms with government policy.

[55] Transcript 4/12/2001 p. 43
[56] Transcript 2/9/2003 p. 6

SECTION 3 – ALLOCATION OF RESOURCES

The Committee received evidence on a number of issues relating to the allocation of resources. Some of these issues have been discussed in preceding chapters, including the need for appropriate funding for ambulance vehicles, communications systems and training.

Other issues raised in connection with resource allocation include:

- a funding model for assured budget outcomes;
- the location and status of stations; and
- growth in demand for ambulance services.

Funding Model

The Tasmanian Ambulance Service is predominantly funded by the State Government through direct funding to the Department of Health and Human Services.

TAS also benefits from some indirect funding from the Government through the provision of services such as:

- pilots and aircraft for the air ambulance service through government contracts;
- specialist hospital staff for in-flight patient care; and
- hospital-based non-urgent transport in the north of the State.

Other sources of funding include: fees charged to private hospitals for the transfer of non-urgent stable patients; fees charged to compensable bodies such as the Motor Accident Insurance Board or workers compensation insurers; and fees charged to beneficiaries of the Department of Veterans' Affairs.

It is government policy that all other users of TAS receive the service free of charge.

Tasmania is unique in this respect, as all other jurisdictions in Australia require most users of ambulance services to contribute to the cost of the service.

In the evidence presented to the Committee it is clear that much of the turmoil experienced in the ambulance service in Tasmania in recent years was due to the inadequate funding of the Service. A lack of funds prevented the timely replacement of obsolete vehicles and equipment and limited the amount of training and support the Service could provide to salaried and volunteer staff.

The TAS Strategic Plan 2000 – 2005 lists a number of desired outcomes such as:

- a workforce that is appropriately staffed and skilled to ensure the safe, efficient and effective provision of high quality, sustainable services;
- ambulance vehicles and equipment that are effectively organised and maintained; and

- effective communications systems to command and control all ambulance resources which are linked to the provision of clinical and operational information.

The plan recognises that these and other strategic initiatives cannot come to fruition nor be sustained if the funding is not certain.

> Implementation of all these strategies will require significant additional funding … Achievement of desired outcomes within the time frame will depend on availability of funds … Implementation of the plan will require continued involvement of stakeholders and clear accountability for achieving desired performance. [57]

The CEO of TAS told the Committee that the Service faced difficulties in maintaining standards in an environment of continuing growth in demand for ambulance services and uncertainty in the level of funding into the future.

> … a key challenge we have is to maintain that resource base. We cannot afford to have our fleet be ageing and unreliable. The public have a clear expectation that when they call for an ambulance we are able to go there in a vehicle that is safe and reliable. We have a key issue to deal with: the issue is about growth in ambulance demand, and that growth is not unique to Tasmania. Every State and Territory has an issue with ambulance demand. We are looking at some issues nationally and some of the factors that influence demand are obvious, such as an ageing population … some of the other features are the decline in bulk billing, which means a lot of people will call an ambulance rather than go to a doctor where they pay, and 24-hour access to GPs. But there are other issues that are all linked to demand. The only State that is not experiencing a strong growth in demand is Western Australia. In Western Australia the only thing that is different is that they also pay to be in an insurance scheme and then pay again when they call an ambulance; that co-payment was brought in by the insurance company. That is the only State where demand is not experiencing strong growth. We are all averaging about 7 per cent growth in demand a year, so we have some challenges in coping with that demand. [58]

In a written submission received at the commencement of this inquiry the Volunteer Ambulance Officers Association noted its frustration at the lack of funding for volunteers and recommended that an ambulance levy be considered as a means of providing surety for the TAS budget so that it can adequately resource its operations.

[57] Document No. 7(5) p. 7
[58] Transcript 13/5/2003 p. 5

> Volunteers are undoubtedly cheaper to use than salaried staff, but they do require some funding to enable them to perform their duties, and the lack of a dedicated budget to support volunteers is demoralising and dis-empowering
>
> … [A] hot topic at all meetings of ambulance volunteers is why the Service is so impoverished, especially when compared to the Tasmanian Fire Service or interstate ambulance authorities. Lack of a levy or other source of independent income has required the Tasmanian Ambulance Service – salaried and volunteer staff alike – to perform greater and greater volumes of more and more sophisticated work – with potentially greater levels of responsibility and legal liability … with fewer and fewer resources. Ambulance case loads are increasing at a time when per capita funding is staying static or decreasing. … It is the policy of the Volunteer Ambulance Officers Association of Tasmania that a levy or charge on the public – similar to that in practice in most other Australian states – be instituted as soon as possible, and that the funds gained be applied directly to Tasmanian Ambulance Service budgets.[59]

The Committee recognises that TAS has received substantial financial support in recent years that has helped to address many of its shortcomings. However long-term strategic planning requires certainty in funding and to meet the challenge of increasing demand for ambulance services a predictable and indexed funding regime must be provided.

[59] Submission No. 6 p. 4

Location of Ambulance Stations

In evidence presented to the Committee the location and staffing of ambulance stations was identified as a matter of concern to both the Ambulance Service and the ambulance union (HACSU).

The disagreement between the union and TAS about the criteria for the allocation of resources also revealed an underlying problem of communication within the Service.

The union allege that TAS has not developed a strategic model to deal with staffing issues and station location.

HACSU representative, Mr Tim Jacobson, told the Committee that -

> There isn't a policy in place that states at what point you review a station in terms of its staffing needs or you review a particular community in terms of their needs around the provision of ambulance services – that is, what case load do you need to have in a community to require an ambulance service? When should that ambulance station be a branch station, a double-branch station etc? The majority of the discussions that we have with the ambulance service around the establishment of ambulance services in some areas, for instance Sorell, are based on pressure that comes through from our members about the amount of cases that they attend in those particular areas.[60]

HACSU pointed to the TAS Strategic Plan 2000-2005 that calls for a needs assessment of ambulance services in all areas to assist in allocation and distribution of ambulance resources. The union claims that this has not yet been undertaken and that consequently the Service is mismanaged.

Mr Jacobson told the Committee that -

> There has not been any significant action in our view in relation to the implementation of a model to determine the allocation and distribution of ambulance services. …
> A recommendation by the State Industrial Commission, following the dispute in relation to the establishment of the Sorell Ambulance Station … makes reference to … [the] fact that the Sorell dispute itself was almost certainly in his words 'a manifestation of a range of other issues across the Service all of which need to be constructively addressed. To address this issue there shall be a joint management union working group known as the resource allocation group … [the] following specific matters will be the subject of consideration: definition of service delivery models, including a needs assessment for all areas of the State, examining factors such as

[60] Transcript 13/5/2003 p. 21

> population served, ambulance case load and strategic location … Recruitment and retention of staff with particular emphasis on rural paramedic positions …[and] relief arrangements for rural paramedics'. [61]

The union contends that while they were willing to participate in resolving resource allocation issues through consultation the resource allocation group failed because of the failure of management to follow through and implement solutions.

> The Ambulance Service set up a committee … There was a mountain of information that was provided to us – statistics and so on, in terms of case load. Our position was that what we needed to do was basically have a look at it on a scientific basis, not a partisan basis, not on the basis of whether we felt something or the Ambulance Service had a gut feeling about something else or what the community thought. We set up a process where there would be some analysis of what the needs were in terms of where the resources go. Then, once that is conducted, that we sit down and talk about the implications of that. There has been resistance to that and in fact, as a result of the resistance, that committee just ceased to meet … [When] that committee took off, we thought [it was] an excellent opportunity for us to sit down and look at the forward development of the Ambulance Service and the community. A number of issues were discussed in that committee, particularly around some of the benchmarks that have been established through the Tasmania Together process. … for instance, having appropriate schools … for paramedics in those regional areas … and having paramedics in particular branch stations. We talked about a staff rotation policy. But we actually got to the point where we were almost at lift-off and it died. [62]

The CEO of TAS refuted the union allegations and provided the Committee with a detailed account of the consultations that were undertaken and the information that was provided to the union, including information on:

- ambulance case load by station;
- planning parameters;
- historical patterns of service delivery;
- statistics for all stations, population, visitor numbers etc;
- projections of expected future ambulance workforce turnover including age profiles;
- survey of TAS personnel dealing with rural paramedic staffing and station preferences;
- service priorities for future resource allocations, subject to government funding allocations.

[61] Transcript 25/8/2003 p. 2-3
[62] Transcript 24/6/2003 p. 4

He told the Committee that -

> …we gave HACSU [information] on resource allocation to start discussions and we talked about models internationally and nationally. We gave HACSU the case load of every station in the State. We gave them the population for all the towns. We gave them as much information as was readily at our disposal and we told them where we thought the gaps were. We told them the threshold of when we thought … we would move from a branch station to a double branch when there were 1 500 cases per annum. … What I have done is said to them, 'These are the gaps, these are our priorities,' and when we had that debate … they did not have an answer. They never came back to us. … Basically, I think in the industrial argy-bargy one of the issues for the union was that they wanted to cease the discussions because we were saying to them, 'Our problem is you guys do not want to work in the country towns.'[63]

The CEO explained to the Committee that TAS was working to a plan and resources were being strategically applied, whilst the union had not put forward any alternate position.

> We have a very clear idea on where we put resources. We have budget bids in the system and some of them have not been successful, but we have got very clear direction on where we want to go. That has closed off a process. … They [HACSU] chose to close it off because we were on topics that may not have been of benefit to some of their directions and that was us having strategies to ensure that rural Tasmania kept getting paramedics when they needed them.[64]

The CEO explained that the staffing issues in relation to rural stations were complex. Paramedics were needed in remote areas as they have the skills and the confidence to work alone but low case loads tend to demoralise such highly trained people and consequently rural stations tend to have a high turnover of paramedics. These issues also tend to limit interest in relief work at rural stations.

Allocating human resources to address these problems becomes difficult when staff are not willing to relocate to country areas.

> The Service identified a need for all paramedics to work specific periods in rural stations to ensure capacity to sustain current services – noting that each rural paramedic station has a minimum relief requirement of 9 weeks leave per officer, or 18 weeks per station, just to cover annual leave and accrued days off under the 38 hour week agreement.

[63] Transcript 24/9/2003 p. 2, p. 4
[64] Transcript 24/9/2003 p. 9

> Despite being requested to do so HACSU has never put forward any position of its own with regard to resource allocation … The key dilemma for HACSU is that its members do not generally desire to work in rural areas and wish to be trained to paramedic level and remain in major urban areas, where paramedic numbers are sufficient. This is a key issue facing the Service into the future and it has demonstrated that to HACSU by staff survey results.[65]

Mr Lennox also told the Committee that –

> … we have just gone through a period of advertising New Norfolk and not a single paramedic applied to work at New Norfolk. We had a whole range of vacancies – Smithton, Scamander, George Town – … we had filled a lot of those jobs from either interstate or next level down below paramedic.[66]

The union also criticised TAS on the perceived lack of forward planing in relation to future staffing problems.

Mr Jacobson told the Committee that -

> The Ambulance Service operates in a reactionary mode but even in terms of the recruitment of student ambulance officers the only snapshot that is taken is really a gut feeling of what we need right now and what the foreseeable need will be in the next 12 months or two years – up to three years because of the training. Now invariably positions become vacant and that causes a problem … You cannot just fill a position in a roster, it has to be filled. You can't run a crew out of an area without the crew running and the crew needs to be there. The service has been established, the base for minimum staffing levels are there right now and if we fall below that someone has to work from that particular catchment area and the only way that that can happen is through the use of overtime. There is an extraordinary and unacceptable amount of overtime in the Ambulance Service.[67]

Planning to address the ageing of the ambulance work force is an issue of concern for the union:

> The demographics in terms of staffing resources are not dissimilar to that that exists for nurses and allied health professionals … who work in the Tasmanian public sector and we know we have an ageing work force. We have significant concerns about how that is being planned for and we know

[65] Document No.11 p. 10
[66] Transcript 2/9/2003 p. 20
[67] Transcript 24/6/2003 p.3

> that there is planning going into nursing work force planning … The difference with the Ambulance Service as opposed to … nursing is that there is not a significant pool, even a pool at all … who you can draw from … if there is a vacancy.[68]

The CEO of TAS again refuted the unions assessment and told the Committee that:

> We have [a] relief pool but the relief pools are in Hobart, Launceston, Burnie and Devonport and the staff do not want to go to rural areas …
> [The union] want to see a model whereby when the case load gets to this, the staffing model becomes that. The staffing models all exist and essentially we have about five staffing models. At the top end we have two-person salaried crews with a paramedic on board. Just below them we have got two-person salaried crews with an ambulance officer on board and those are the crewing models for Hobart, Launceston, Burnie and Devonport. We have three stations where we have a paramedic on duty 24 hours a day backed up by volunteers and that is the staffing model of the mid-range stations of Kingston, Bridgewater and Ulverstone. We have 11 stations staffed with a paramedic on duty on day and on call at night, supported by a volunteer. Those stations are Huonville, New Norfolk, Campbell Town, Scamander, George Town, Beaconsfield, Deloraine, Smithton, Wynyard, and Zeehan and then we have wholly volunteer stations and we have four hospital-based ambulances where nursing staff do the care and we train them to … volunteer standard …[69]

The impasse between the union and TAS on the issue of a resource allocation and staffing model seems to stem from a divergent view on the applicability of a linear model for resource allocation, where actions are triggered when chosen criteria exceed a predetermined threshold.

The union favours such a model as it sees this as proactive management of resource allocation issues. The establishment of ambulance stations and their staffing status would be automatically determined by criteria such as case load or population size.

TAS does not see this as a feasible model as it ignores the many variables in Tasmania that impinge upon the capacity of TAS to provide ambulance services across the State.

Tasmania's small and widely dispersed population means that 'one-size-fits-all' solutions are not equally applicable across the State. Many rural and remote locations have limited health care resources, significant distances and travel times are involved, and populations may only peak briefly at certain times of the year.

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[68] Transcript 25/8/2003 p. 5
[69] Transcript 2/9/2003 p. 21-22

Currently TAS employs a 'hub and spoke' strategy to maximise paramedic cover across the State and provide high level support to rural areas where utilisation rates are low and it would not be viable to provide a full paramedic service. In regions such as the east coast paramedics are strategically placed to move up and down the coast providing backup for volunteer units in the surrounding area.

In urban areas TAS has established new stations and relocated existing stations in response to demographic change. In this way TAS can ensure that response times are maintained by strategically placing stations in close proximity to client groups.

While the Committee recognises the importance of flexibility in the placement of ambulance resources in Tasmania the Committee believes that this alone cannot ensure an effective and efficient service.

The Committee believes that TAS must combine flexibility with long-term planning to provide strategic solutions to problems such as the growing demand for ambulance service.

Growth in Demand

Growth in demand for ambulance services is the most significant challenge facing TAS into the future.

It is the experience of most jurisdictions that factors such as the ageing of the population, increasing litigation against health practitioners (which encourages more frequent hospitalisation for simple procedures) and reduced access to general practitioners for a significant section of the community will accelerate the growth in demand for ambulance services.

TAS recognises growth in demand as a serious challenge and the CEO informed the Committee that:

> [Increasing demand] … is the most important question in ambulance service delivery in Australia. … one of the biggest dilemmas for ambulance is [that] every change in the system impacts on us … The aged are the biggest users of ambulance services, so [we have a] demographic time bomb – but every health system reform impacts on ambulance demand. So whether it is less doctors bulk billing [this] means more people coming to ambulance to get to hospital and emergency department to get free treatment. Deinstitutionalising people with mental illness, intellectual disability. There are more people out in the community who when they have an acute episode the ambulance are the ones going there.
>
> … In aged care, the threat and the fear of medical negligence, they are not doing enough for an elderly person, they call us and then we take them to hospital. We do not think … Australia, not just Tasmania, can sustain the growth in demand [70]

HACSU commented on the need for forward planning and recognised the impact increasing demand was having on the Service.

> We know for a fact in the Government's own documents that there was an increase in case load last year. There is going to be an increase in case load this year and there are not additional staffing resources put in to deal with that. I do not think that is going to change over time, so the pressure on the Ambulance Service is going to grow. Our view and that of our members is that we need to be proactive in terms of looking at that, and engaging in those discussions around those areas is certainly something that we would welcome.[71]

[70] Transcript 24/9/2003 p. 15
[71] Transcript 25/8/2003 p. 19

The CEO further explained the complexity of the situation noting that many of the changes in the health system impacting on ambulance services are funded on a national basis or through Commonwealth / State agreements. Under such arrangements ambulance funding is not considered as ambulance services are a State responsibility.

He notes that –

> … growth in demand is an enormous challenge, not [just] for this State Government, it is for every State government and [ambulance services] are not on the … national agenda. That is not being political, we are just not at the table.
>
> … we are missing out on the impacts from [changes to] health insurance, aged care, mental health, general practice, rural health service delivery. … Every health reform impacts on ambulance so that the more high-cost technologies, the more they are centralised … and the public expectation is that there are helicopters [etc so growth in demand is becoming] … the most serious issue facing ambulance.[72]

The Committee recognises the challenges confronting TAS in continuing to provide a high standard of ambulance services in the face of growing demand.

The Committee also recognises that many of the factors contributing to the increase in demand for services cannot be directly influenced by TAS and that a partnership approach between TAS and Government will be vital in finding solutions to these problems.

The management and allocation of resources becomes increasingly important in an environment of change. The Committee sees the need for management and staff to work together cooperatively following a well-developed strategic plan.

[72] Transcript 24/9/2003 p. 16

SECTION 4 – PATIENT SATISFACTION SURVEY

The 2003 Tasmanian Ambulance Service Patient Satisfaction Survey was undertaken as part of a national patient research project to improve benchmarking for service delivery standards and to provide an overall picture of patient satisfaction with ambulance services across Australia.

The survey was developed by the national Convention of Ambulance Authorities and ambulance services in all States and Territories participated in the project. Using the same set of questions, each jurisdiction surveyed a random sample of 1 500 patients who had recently used ambulance services.

TAS mailed questionnaires to a random sample of patients across Tasmania who had used ambulance services in January or February 2003. A relatively high response rate of 50 per cent was achieved.

All categories of ambulance stations (rural/volunteer, branch stations and urban units) were included in the sample. Similarly all categories of patients were included, from urgent emergency cases to non-urgent. The sample also included some case types where the patients had died.

The survey asked patients to evaluate various aspects of the Service such as:

- ambulance response time;
- assistance provided by the ambulance call-taker;
- the care given by the ambulance officers;
- the level of satisfaction with the treatment given by ambulance officers; and
- the quality of the ride in the ambulance.

The results of the survey indicate that overall satisfaction with TAS was high, with 97 per cent of respondents indicating that they were ‘very satisfied’ or ‘satisfied’ with their experience with the Service.

In responding to the question of overall satisfaction 75.65 per cent of respondents indicated they were ‘very satisfied’ with the service they received whilst 20.99 per cent stated that they were ‘satisfied’.

Dissatisfied patients made up 0.57 per cent of those surveyed and all indicated that they were ‘very dissatisfied’.

The remainder consisted of 1.28 per cent in the ‘neither satisfied or dissatisfied’ category and 1.56 per cent in the ‘don’t know’ category.

These results support the findings of a similar survey conducted in 2002 that surveyed 551 patients. It is important to note that the 2003 survey provides a more reliable result as it has a sufficiently large sample size to negate distortions caused by statistical error.

A comparison of survey results on a national level showed that patient satisfaction with ambulance services is very high. All states performed equally but Tasmania out-performed the other States on the question of 'overall satisfaction'.

The Committee recognises this result as a significant achievement for the Tasmanian Ambulance Service and a tribute to the dedication of ambulance officers across the State.

Parliament House, Hobart
4 December 2003

Hon. L. E. Thorp
Chairperson.

APPENDIX 1
SUBMISSIONS RECEIVED AND TAKEN INTO EVIDENCE

1. C. Wellard - email address: cwellard1@bigpond.com
   Project Officer, University Department of Rural Health
   Locked Bag 1 - 372, Hobart 7000
   Submission received by email: 13 July, 2001

2. Robert James Holton, Branch Station Officer, Northern Region,
   Tasmanian Ambulance Service, Beaconsfield Branch.
   Email address: holtonbob@hotkey.net.au
   Submission dated 27 July, 2001

3. Mr. Milton Long, President, Glamorgan Ambulance Service Inc.,
   PO Box 82, Swansea 7190
   Submission received 2 August, 2001

4. Mr. Robert Jordan, King Island Volunteer Ambulance Co-ordinator
   PO Box 106, Currie, King Island 7256
   Submission received 3 August, 2001

5. Mr. David Curtis, Rescue Paramedic, Tasmanian Ambulance Service
   Email address: dave.curtis@bigpond.com
   Submission received by email: 6 August, 2001

6. Ms. Dianne Coon, President, Volunteer Ambulance Officers Association
   of Tasmania Incorporated, (including copy of 'Asking Volunteers' Report)
   PO Box 131, Strahan 7468
   Submission received by email: 6 August, 2001

7. Mr. Andrew McDonell, Director, Paramedic Sciences, Victoria University,
   PO Box 14428, Melbourne City MC 8001
   Submission received by email: 3 August, 2001

8. Mr. Alex Branch, President, Dunalley Volunteer Ambulance Association Inc.,
   16 Bay Street, Dunalley 7177
   Submission dated 5 August, 2001

9. Mr. Geoffrey Becker, PO Box 33, Somerset 7322
   Submission received by email: 8 August, 2001

10. Mr. David Watson, Ambulance Private Pty. Ltd.,
    PO Box 53, Battery Point 7004
    Submission received by email: 9 August, 2001

11. Mr. Tim Jacobson, Assistant State Secretary,
    Health and Community Services Union,
    71 Elphin Road, Launceston 7250
    Submission dated 13 August, 2001

12. Mr. John Ramsay, Secretary, Department of Health and Human Services, 34 Davey Street, Hobart 7000: GPO Box 125B, Hobart 7001
Submission dated 14 August, 2001

13. Dr. Jon Mulligan, Director of Medical Services, Bunbury Health Service, PO Box 301, Bunbury, Western Australia 6231
Submission dated 13 August, 2001

14. Mr. Phil Spehr, 388 Acton Road, Acton Park 7170
Submission dated 1 August, 2001

15. Mr. Ian (Snow) Nielsen, 73 Brittons Road, Smithton 7330
Submission received 27 August, 2001

APPENDIX 2
DOCUMENTS RECEIVED AND TAKEN INTO EVIDENCE

1. Booklet - Emergency Services in Australia and New Zealand
   Problems and Prospects for Volunteer Ambulance Officers.

2. Tasmanian Ambulance Service - Patient Satisfaction Survey 2002:
   Summary of Results. Prepared by: Megan Hill, Divisional Support
   Unit, Hospitals and Ambulance Service.

3. CONFIDENTIAL DOCUMENT

4. (1) Overview - Department of Human Services, Victoria

   (2) Metropolitan Ambulance Service Annual Report 2001-2002

   (3) 'Strategic Plan 2002-2005'

   (4) 'Workload Forecasts 2002-2003 to 2005-2006
   Strategic Planning February 2003'.

   (5) 'AAV Rotary and Fixed Wing Dispatch' –
   32 criteria for helicopter response.

5. Tasmanian Ambulance Service: Patient Satisfaction Survey 2003
   Summary of Results. Compiled by: Jane Wood, Divisional Support
   Hospitals and Ambulance Service. Department of Health and Human Services.

6. CONFIDENTIAL DOCUMENT

7. Documents received from Grant Lennox, Chief Executive Officer,
   Tasmanian Ambulance Service.

   (1) Helicopter Tasking and issues related to transport modality.

   (2) Tasmanian Medical Emergency Services Plan for Rural and Remote Areas
   University Department of Rural Health, Tasmania
   Department of Health and Human Services - April 1999

   (3) Asking Volunteers! More than a Band-Aid - Strategies to assist retention,
   recruitment, training and support.

   (4) Tasmania Medical Emergency Services Plan for Rural and Remote Areas
   Department of Health and Human Services - February 1999

   (5) Ambulance Services in Tasmania. Strategic Plan 2000-2005: March 2000
   Department of Health and Human Services

   (6) "The cost and effectiveness of helicopter emergency ambulance services.

Information for purchasers in England and Wales"
Jon Nicholl, Helen Snooks, John Brazier
Medical Care Research Unit,
SCHARR, Sheffield Centre for Health and Related Research, University of Sheffield, UK

8. 'Rural Ambulance Victoria 2003', which outlines the structure and scope of operations of the Rural Ambulance Service in Victoria.

9. Correspondence dated 25 August, 2003 from the Chief Executive Officer, Tasmanian Ambulance Service regarding ambulance revenue foregone linked to MAIB not accepting accounts.

10. Correspondence dated 24 June, 2003 from Mr Wolfgang Rechbeger, Assistant Superintendent Northern Region, Tasmanian Ambulance Service regarding HACSU participation in the development of TAS strategic plan 2000-2005.

11. Document outlining the TAS Senior Officers Group response to evidence presented by HACSU.

12. Documents received from the Department of Human Services (incorporating: Health, Aged Care, Housing and Community Services), 555 Collins Street, Melbourne 3000, relating to matters discussed in relation to the Metropolitan Ambulance Service and Rural Ambulance Victoria at hearings in Victoria in August, 2003

13. CONFIDENTIAL DOCUMENT.

14. HACSU Tasmanian Ambulance Service Award: No. 1 of 2000 (Consolidated: No. 1 of 2001: Award variation - nominated public sector awards - State Service Accumulated Leave Scheme - Operative 1 January 2001.

15. Industrial Relations Act 1984: Application for Filing of Industrial Agreement Section 55 (2) 5 July 2001 Regulation 16(1).

16. Tasmanian Industrial Commission, Industrial Relations Act 1984, s.29 application for hearing of industrial dispute. Minister Administering the State Service Act 2000 and Health Services Union of Australia, Tasmania No. 1 Branch, Hobart, 22 October, 2002.

17. Review into Management and Supervisory Arrangements within Tasmanian Ambulance Service: by Mr Paul Targett, May 1999.

18. Review of the Tasmanian Ambulance Service: Conducted by: Mark C. Fitzgerald and David M. Shugg: May - June, 1994.

19. Tasmanian Ambulance Service - Review of Workload of and Support Required by the Senior Officers Group: September, 2000: Francine Galloway, HR Consultant, Human Resource Services, DHHS.

APPENDIX 3

WITNESSES

Dr Anne Brand, Deputy Secretary Department of Health and Human Services, Director Hospitals and Ambulance Services

Mr Grant Lennox, Chief Executive Officer, Tasmanian Ambulance Service

Mr Ted Preshaw, Superintendent Southern Region, Tasmanian Ambulance Service

Dr Tony Bell, Tasmanian Ambulance Service Clinical Council

Mr Gary O'Keefe, Superintendent Support Services, Tasmanian Ambulance Service

Mr Peter Berry, Acting President, Health and Community Services Union, Ambulance Employee Sub-branch

Mr Noel Dalwood, Superintendent, Clinical Practice and Education, Tasmanian Ambulance Service

Mr Brendan Smith, Assistant Superintendent State Communications, Tasmanian Ambulance Service

Mr Wolfgang Rechberger, Assistant Superintendent Northern Region, Tasmanian Ambulance Service

Mr Paul Templar, Superintendent Northwest Region, Tasmanian Ambulance Service

Mr Tim Jacobson, Health and Community Services Union

Mr Peter Hampton, Ambulance Paramedic, Former President, Health and Community Services Union, Ambulance Employee Sub-branch

Mr Tom Kleyn, Senior Industrial Officer, Health and Community Services Union

Ms Dianne Coon, Public Relations Officer, Volunteer Ambulance Association (former President)

Mr Trevor Sutherland, Manager Ambulance Unit, Department of Human Services, Victoria

Mr Dough Kimberly, Chief Executive Officer, Rural Ambulance Victoria

Mr Mark Van Zuylekom, Director Corporate Services, Rural Ambulance Victoria

Mr Steven Gough, Director Operational Services, Rural Ambulance Victoria

Mr Tony Walker, Manager Clinical and Educational Services, Rural Ambulance Victoria

Ms Linda Slucki, Senior Program Manager, Ambulance and Acute Programs, Department of Human Services, Victoria

Mr Trevor Sutherland, Manager Ambulance Unit, Department of Human Services, Victoria