

Hamish Wallace

Dear Committee,

My name is Hamish Wallace and I have been working as an Intensive Care Paramedic in the Northern region for the last 24 years. I have been working for the last four years as the Operational Supervisor and my primary role is to provide overall direction and supervision of Ambulance operations. Currently with the off-load delays, bed block and ramping I have not been able to perform the core functions of my job. It has got to the point where I have had to take extended leave as my bucket has not overflowed but the bottom has completely fallen out. I need less ramping stress so I can deal with Ambulance operations. I too have seen people die on the ramp and I have instructed a crew to return a patient to a nursing home as they were dying in the Airlock.

To give some examples (some can be difficult to discuss) I not only order the toilet paper as a senior manager, but I must attend critical incidents which includes the deaths of children. This happened very recently. I also have first responded to the death of an infant in the early hours of the morning as my primary crews were ramped at the hospital. My function is to support my staff, but I am taking on more and more responsibility for managing the off-load delays at the LGH. I want to provide care and support to our community in the uncontrolled environment. I want to support my staff with difficult cases in the field, but I cannot. Their health and wellbeing is important to me and I can tell you from front line observations it is deteriorating.

During my time I have seen the Ambulance service create avenues to keep patients out of Hospital. Examples include, Secondary triage, Community Paramedics, Extended Care Paramedics, PACER programmes and the introduction of Pre-hospital thrombolysis. I believe more needs to be invested into these areas. Perhaps the Ambulance service can form greater connections and partnerships with other Ambulance service and use their clinical interventions, programmes and research.

We need to look outside the square. There is investment going into digital technology and we need to get on board with this. Please look at the Victorian Virtual Emergency Department. It is a bedside emergency department. www.vved.org.au. This could be used for nursing home patients, and patients in isolated areas of the State. The urgent care clinics opening around the state need to stay open later. Closing at 2000 is not helpful. If this is difficult (staffing again probably) Friday, Saturday and Sunday could they could stay open until 2200?

There was a new Inter hospital transfer policy introduced but non acute patients are still being transferred to the LGH from the Northwest in middle of the night when everybody knows there is ramping at the hospital. This policy has not helped, and I can tell you we cannot transfer any patients to the RHH without a bed being available. We also continue to be triaged at the same location as the general population and Paramedics must get in line and wait to be triaged along with the community. Surely, we can fix this with a dedicated triage nurse.

I believe the staff at the Hospital are trying so hard but are exhausted, fatigued and feel completely overwhelmed. They are our colleagues, and they get squeezed from the wards and constant patients arriving via Ambulance. They help me and continue I continue to help them but are they being supported? The biggest issue is bed block. I don't have the answers, but maybe other hospitals have better systems or structures in place. The hospital's escalation is driven by ramping. However, this escalation and sense of urgency only occurs when there is ramping. In my role I have to follow Ambulance Tasmania's Escalation Policy (ATEP) and when I engaged with the Hospital the answer is always bed coming up or no beds. This does not fix the off load delays. Internal escalation needs to occur well before ramping commences.

This is only a small example of day-to-day front-line issues. I would be happy to present to any Parliamentary enquiry to outline my day-to-day responsibilities and the issues that off load delays and ramping has had to my role to in providing overall direction and supervision of Ambulance Operations within Northern Tasmania. I do hope the changes happen because it is a difficult job in the first place let alone with ramping.

Kind regards,

Hamish Wallace