2021 (No. 34)

PARLIAMENTARY STANDING COMMITTEE OF PUBLIC ACCOUNTS

REVIEW OF AUDITOR-GENERAL'S REPORT

NO.1 OF 2016-17

AMBULANCE EMERGENCY SERVICES

MEMBERS OF THE COMMITTEE

LEGISLATIVE COUNCIL

Hon Ivan Dean MLC (Chair to 26 March 2021)

Hon Ruth Forrest MLC (Chair from 23 June 2021)

Hon Josh Willie MLC

Hon Meg Webb (from 22 June 2021)

HOUSE OF ASSEMBLY

Mr Shane Broad MP (from 24 August 2021)

Mr David O'Byrne MP (to 26 March 2021)

Ms Madeleine Ogilvie MP (from 22 June 2021)

Mr Nic Street MP

Mr John Tucker MP (to 26 March 2021)

Ms Rebecca White MP (22 June to 24 August 2021)

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CHARTER OF THE COMMITTEE

The Public Accounts Committee (the Committee) is a Joint Standing Committee of the Tasmanian Parliament constituted under the *Public Accounts Committee Act 1970.*

The Committee comprises six Members of Parliament, three Members drawn from the Legislative Council and three Members from the House of Assembly.

Under section 6 of the *Public Accounts Committee Act 1970* the Committee:

- must inquire into, consider and report to the Parliament on any matter referred to the Committee by either House relating to the management, administration or use of public sector finances; or the accounts of any public authority or other organisation controlled by the State or in which the State has an interest; and
- may inquire into, consider and report to the Parliament on any matter arising in connection with public sector finances that the Committee considers appropriate; and any matter referred to the Committee by the Auditor-General.

1. INTRODUCTION

1.1 The Auditor-General had undertaken a performance audit in order to form an opinion on the effectiveness and efficiency of Ambulance Tasmania's (AT's) provision of emergency and urgent responses.

1.2 The audit was limited to AT, which is organisationally part of the Department of Health and Human Services. The audit was conducted via assessing the processes in providing emergency and urgent responses, assessing outcomes from clinical interventions and treatments and assessing the efficiency of AT. The audit concentrated on the five-year period 1 July 2010 to 30 June 2015, with more recent data being used where available. The audit did not include an examination of ambulance turnaround time at hospitals.

1.3 The Auditor-General's Report stated:

Ambulance services are an integral part of the Tasmanian health system. They provide integrated pre-hospital emergency and medical care, health transport and medical retrieval services to the Tasmanian community. The effectiveness of emergency ambulance services directly impacts on patient outcomes. The timeliness and quality of clinical care administered by paramedics and ambulance officers and the speed with which a patient reaches hospital can affect a patient's chances of recovery. Accordingly, ambulance service performance is measured by response times, by how well paramedics follow clinical protocols and the results for patients.

To assess the effectiveness and efficiency of Ambulance Tasmania we examined its performance over the past five years and also compared it to ambulance services in other Australian states and territories. Our audit focused on ambulance responsiveness, particularly response times to Code 1 incidents (potentially time-critical emergencies where ambulance lights and sirens are used to reduce travel time). It also measured clinical outcomes, such as cardiac arrest survival, pain management, levels of patient satisfaction, and cost-effective measures, including the Ambulance Tasmania cost per capita and expenditure per emergency response.

1.4 The audit concluded that:

- AT had been reasonably effective in terms of response times with consistent response times over the past five years, despite a rise of 16 per cent in emergency responses over that period.
- Response times were slower than other jurisdictions, but this can be attributed to Tasmania's greater number of emergency responses per person and lower level of urbanisation.

- AT emergency services were reasonably cost effective compared with other jurisdictions in terms of cost per emergency response and cost per capita. There had also been a significant reduction in real cost per response over the past nine years.
- AT's strategic management processes had been generally effective. In particular, AT was trying to improve its performance through trialling a raft of innovative strategies, such as use of first intervention vehicles and its defibrillation program.
- On the other hand, it appeared that KPIs were not sufficiently well-defined, lacking in benchmarks or targets to be useful in driving efficiencies.

1.5 The conclusions of the audit resulted in nine recommendations, which are contained in Section 2, together with the Department's responses.

1.6 The Committee acknowledges the ongoing work being undertaken by AT in performance measures and reporting.

1.7 The Committee encourages AT to take a holistic approach to the overall evaluation of service delivery with a view to creating efficiencies and avoiding duplication of evaluation processes.

1.8 In addition to the Committee recommendations noted in chapter 4 of this Report, the Committee recommends:

1. AT proactively and publicly report performance data with a focus on patient outcomes including regional comparison data.

2. New approaches and/or practices undertaken by AT that seek to improve patient outcomes be evaluated to guide future service delivery and funding decisions.

2. SUMMARY OF RECOMMENDATIONS

2.1 The Committee recommends:

1. AT proactively and publicly report performance data with a focus on patient outcomes including regional comparison data.
2. New approaches and/or practices undertaken by AT that seek to improve patient outcomes be evaluated to guide future service delivery and funding decisions.
3. AT consider the public release of regional performance data.
4. AT report and compare clinical review findings across regions.
5. AT conduct a cost-benefit analysis to evaluate the effectiveness of measures such as the implementation of double branch stations, secondary triage services and the recruitment of additional staff.
6. AT investigate whether higher proportions of volunteers in rural and regional areas of the State is impacting on mobilisation times after the negative impact of the COVID-19 pandemic on volunteer numbers has stabilised.
7. AT evaluate the effectiveness of remedial actions taken related to response time outliers.
8. AT continue to monitor:
    a. the number of multiple responses; and
    b. the effectiveness of any measures implemented to reduce the unnecessary depletion of resources.
9. AT focus on patient outcome focussed KPI's and performance targets in the development of these measures.

3. CONDUCT OF THE REVIEW

3.1 On 24 March 2021, the Committee received a briefing from the Auditor-General and subsequently resolved of its own motion to undertake a follow-up review of the Report. The Committee's term of reference was to establish the extent to which the recommendations of the Auditor-General have been implemented and report to both Houses of Parliament.

3.2 Parliament was prorogued on 26 March 2021. The Public Accounts Committee was re-established on 22 June 2021 and the Committee resolved to continue work on the review.

3.3 On 24 June 2021 a questionnaire was sent to the Minister for Health. The purpose of the questionnaire was to determine the action taken by AT to implement the Auditor-General's recommendations.

3.4 The questionnaire asked the Department to provide a response to the Committee detailing action(s) taken to implement recommendations including:

1. Progress of implementation of each recommendation;
2. Any explanation for delay in implementation;
3. Rationale for not implementing/adopting recommendation if appropriate;
4. Any other relevant detail.

3.5 The questionnaire response was received on 9 July 2021 and is attached in Appendix 1.

3.6 The Committee resolved to call the Minister and Departmental staff to a public hearing in order to provide additional verbal evidence.

3.7 On 24 September 2021, the Committee heard from the Hon Jeremy Rockliff MP, Minister for Health, together with Kathrine Morgan-Wicks, Secretary Department of Health, Tony Lawler, Deputy Secretary Department of Health, Joe Acker, CEO Ambulance Tasmania and Michelle Searle, Department of Health.

3.8 This Report should be read in conjunction with the Auditor-General's full report, Hansard transcripts and the attached questionnaire responses.

4. DEPARTMENTAL RESPONSES

AUDIT CRITERIA 1

Was Ambulance Tasmania effective in terms of clinical outcomes?

Recommendation 1

Ambulance Tasmania collects data (aligned with ROGS data) to allow regular and meaningful comparison of clinical outcomes at the regional level, to better allocate resources and to rapidly identify problems.

Department response to Recommendation 1

AT continues to measure standard clinical outcomes used by the Report on Government Services (ROGS), including cardiac survival rates, pain reduction and patient satisfaction. AT data has provided consistent data in the three categories since 2015-16. Since the review was completed AT now completes annual reviews on ROGS data collected and monthly data reports, which align with ROGS reporting requirements.

These data reports are produced to inform the AT Executive Committee and relevant clinical and service delivery forums of factors that influence clinical outcomes.

At the public hearing, the Minister for Health made the following introductory remarks:

> *Statewide, demand for ambulance services also remained high with attendance at 7506 incidents in August, including 3445 or 45 per cent emergency incidents. The challenges of reducing long waits in the ED and ambulance ramping are complex and the Government has invested in a range of patient-centred initiatives to address these by establishing a statewide access and flow program reducing the need for people to attend ED to receive health care through partnering with the primary care sector to increase hours of access and urgent care; strengthening collaboration with the private hospitals, secondary triage; increasing our bed capacity so that people can be admitted from the emergency department to hospital care sooner; and providing more support to enable people to be discharged to their homes sooner, through expanding services in the community.*[1]

At the public hearing, AT Chief Executive Joe Acker provided the following additional information with respect to Recommendation 1:

[1] Transcript of evidence, 24 September 2021, Minister for Health, p.35

We report monthly on our performance of the ambulance service, based on the RoGS [Report on Government Services] *data but also on other indicators that help us manage our performance. We break that down by the region. For example, we have north, north west and south response times, call volumes, event volumes, multiple resourcing and all of that data available. In addition to the RoGS progress our clinical services group looks at clinical indicators by region to ensure we are being consistent across the state and addressing the regional issues.*

***CHAIR** - Do you report the regional breakdown of data publicly, or is that internal reporting?*

***Mr ACKER** - We do the regional breakdown internally. We don't report that through to RoGS, as RoGS is an aggregate reporting of the whole system.*

***CHAIR** - In terms of the meaningfulness of that data, has it identified particular issues in relation to any of the indicators and clinical outcomes of patients across the three different regions, or is it fairly consistent?*

***Mr ACKER** - That is a difficult question to answer, because a number of things have been identified prior to my time - and in addition, since I have been here for the last six months. Inconsistencies in clinical practice have been identified during these reviews, and also opportunities to improve performance.*

One example was the need, in the north-west, to add additional solo-response vehicles to improve response capabilities - particularly when the COVID-19 outbreak happened. Now, we have single paramedic critical response units in the north and north-west that help us improve our response times. That was identified through the regional reporting structures.

And

***CHAIR** - ... Is there anything else you could point to that has come from those findings?*

***Mr ACKER** - Yes. A recent one was complex, but I will try to paint the picture. Imagine a room, which is our State Operations Centre. Half of the desks are 000 emergency call-takers, with maybe five people per shift, for example. The other half are the dispatchers. We have a dispatcher for each region: north, north-west and south, and one for air medical. Through these monthly performance reports, we identified that our self-dispatch times were increasing. The time the 000 call was received to the time it was dispatched to ambulance was getting longer. We identified that this was a result of an increase in 000 calls.*

We are now processing about 275 of these 000 calls a day, which is about a 10 per cent increase this quarter over the same quarter last year. When a 000 call comes in, we try to answer it within 10 seconds. That is our performance target, and we do so 98 per cent of the time.

When all the call-takers are on the line, those calls go over to those three dispatch desks. But we found that the self-dispatcher was often taking 000 calls and wasn't able to dispatch the ambulance. Our immediate intervention there - particularly in the south, which has about 50 per cent of the state's call volume - was that we stopped having them answer 000 calls, and instead had the other people in the room do that. We were able to immediately impact the response times.[2]

Committee findings

1. Since the Auditor-General's review AT now completes annual reviews on ROGS data collected and provides monthly data reports, which align with ROGS reporting requirements.
2. AT regional performance data is collected internally and is not made public.
3. Regional reporting structures resulted in additional solo-response vehicles being mobilised to improve response times in the North and North-West.

Committee recommendation

3. AT consider the public release of regional performance data.

Recommendation 2

Regional summary reports of clinical reviews be standardised to facilitate review and comparison across regions.

Department response to Recommendation 2

AT Clinical Services conducts structured and planned clinical reviews of episodes of care across AT, as well as targeted cases as required.

Clinical reviews are undertaken using a comprehensive and formalised process that analyses paramedic practice and seeks to inform recommendations to improve practice and contribute to improved patient outcomes. Areas for improvement in clinical care are considered from individual clinical reviews and from monitoring of emerging trends.

Learnings from clinical reviews inform paramedic education through the centralised Education and Professional Development area and the Regional Training Units.

[2] Transcript of evidence, 24 September 2021, Joe Acker, pp.55-56

AT supports a process that facilitates dissemination of clinical review findings across the organisation to contribute to improvement of clinical care and patient outcomes, rather than to provide comparison across regions.

At the public hearing, Mr Acker added:

> *I do not know the thinking of the Auditor-General at the time, but since then we have created the Ambulance Tasmania clinical governance committee, which is under the direction of our Director of Clinical Services, and brings all the regions together. Clinical support officers and clinical support managers - including aeromedical and retrieval - meet on a monthly basis to discuss their findings from their independent audits. Each region and aeromedical do their audits, and they bring all those results together to identify if there are common issues to address.*
>
> *I would not suggest that it is necessarily a comparison of region to region, but more looking at trends across the state.*
>
> ***CHAIR** - So it is a more standardised approach, though.*
>
> ***Mr ACKER** - Exactly.*
>
> *...My understanding is that prior to my arrival, the regions operated very independently of each other. I think a result of this report was bringing it together as a monthly clinical governance committee.*
>
> *We do collect RoGS data, which are those indicators - cardiac arrest, pain management and patient satisfaction. We do that statewide, broken down by region.*
>
> *The clinical governance committee has also identified six strategic clinical priorities that we are implementing now and measuring into the future, by region - which will be cardiac arrests, cardiac conditions, airway management, trauma management, mental health patients - particularly those who have sedation involved - and patient assessment standards. These were identified through the clinical quality reviews.*[3]

Committee findings

4. AT has established a clinical governance committee that meets monthly and brings all regions together.
5. Rather than providing comparison across regions, AT has implemented a process to facilitate dissemination of clinical review findings across the organisation with the aim of improving clinical care and patient outcomes.

[3] Transcript of evidence, 24 September 2021, Joe Acker, p.57

6. The clinical governance committee has six strategic clinical priorities that were identified through clinical quality reviews. These are being implemented and measured by region.

7. No explanation was provided as to why regional comparisons of AT clinical review findings are not conducted.

Committee recommendation

4. AT report and compare clinical review findings across regions.

AUDIT CRITERIA 2

Was Ambulance Tasmania effective in terms of response times?

Recommendation 3

AT develop strategies to improve response times to those of other jurisdictions and undertake cost benefit analysis of those strategies before deciding on implementation.

Recommendation 4

AT investigate whether the additional resources in the North and North West regions were effective in reducing average response times.

Department response to Recommendations 3 & 4

Ambulance services across Australia operate under difference service delivery models. Due to this reason it is difficult to make direct comparisons between services based on RoGS data.

AT manages service delivery targets in an environment of increasing demand for more ambulance services as the population continues to grow and age. While no formal cost benefit analysis in regard to strategies to improve response times has been undertaken, AT has identified a number of issues impacting on response times. These issues included resourcing in the State Operations Centre, on-road paramedic capacity in urban areas and paramedic representation in rural and remote areas.

Following a review by an independent consultant, in 2018 the Government invested in additional resources for the State Operations Centre to ensure there was an appropriate level of staff to respond to the call volumes being handled.

In 2018-19, the Government also provided funding for an additional 42 paramedics in rural and remote locations. This funding was provided over four years and at 31 May 2021, 30 of the 42 positions were operational.

There is some evidence that response times have decreased in rural and remote communities that previously did not have a paramedic presence or have moved to a Double Branch Station model, where a paramedic is rostered on in the day and at night. However overall, it is considered that despite increased resourcing, the increase in demand for services has negated any decrease in response times.

At the public hearing, the Minister advised:

... we have committed to investing in 48 additional paramedics across the state. We hope to have those out in the next two years. We will review service demand after that time, which will also inform further investment. However, we are expecting rural and regional areas to benefit - Sheffield, Dodges Ferry, Campbell Town, New Norfolk, St Helens, west coast, north-east, Swansea, Miena and Bruny Island. We spoke at length about the secondary triage program, which aims to improve the integration connectivity of Ambulance Tasmania with other health and social service providers to appropriately divert patients away from emergency ambulance response when their medical care could be better met by another provider.

And

State-wide demand reflected in the dashboard released today shows demand for the ambulance service remained very high, with attendance at 7506 incidents to August 2021. There was a median response time of 14.5 minutes, which is below the high that we had in March this year of 15 minutes. That is a positive direction, albeit further improvement to go. We are continuing to roll-out the secondary triage in which trained paramedics and nurses provide clinical advice to 000 callers and connecting them with other health services, where appropriate, so they can receive their care.

Demand has increased by 9.6 per cent in the last financial year, with the total number of ambulance call-outs of 102 986 compared to 93 165 the previous year.

Mr Acker added the following information:

The issue of response time is very complex. One of the two biggest challenges right now is the increase in demand. As the minister said, year-to-year we are increasing significantly and in quarter-to-quarter. This last quarter was a 10 per cent increase over the last quarter. The other significant impact is off-load delay and ramping at the hospitals. When the ambulances are at hospitals with patients they are not able to respond in the normal matrix that we would have. Our leadership team needs to be very nimble to maintain response times.

The first thing we need to do is to identify which patients are most urgent. That is work that is happening now. Our clinical services team is looking at the almost 2000 different call-types that a 000 operator would take, to compare to Queensland and Victoria matrixes to identify the most critical of those to make sure that we are getting an ambulance to the most acute patients.

... the secondary triage is really starting to happen. Since it started on 22 February we have done about 1 700 triages of 000 calls. Almost 700 of those did not get an ambulance. That means there were 700 ambulances available to go to the high-acuity calls.

***Mr WILLIE** - The first sentence in the answer is:*

Ambulance services across Australia operate under different service delivery models. Due to this reason, it is difficult to make direct comparisons between services based on RoGS data -

There are agreed measurements. Isn't that the point? If other jurisdictions have different service delivery models that are more efficient?

***Mr ACKER** - The indicators are exactly the same and report the same indicators but the design of the systems is quite different. Ambulance Tasmania uses a lot of volunteers, about 450 volunteers across the state, which means that our service delivery reflects the time that volunteers are able to respond. Because we are a statewide service with a lot less density than places like Victoria and New South Wales, our response times are different from what it would be for Sydney or Melbourne.*

***Mr WILLIE** - But their regional areas would be in a similar situation in Tasmania?*

***Mr ACKER** - Some of those states also use volunteers and they would have some of the similar impacts.*[4]

In response to questions taken on notice at the public hearing, the Minister subsequently provided data on statewide ambulance and emergency responses and times. These are provided in Appendix 2, Figures 7, 8 and 9.

Committee findings

8. AT has implemented strategies to improve response times, including a commitment to 42 additional paramedics, but state the increase in demand has negated the benefits.
9. AT has implemented a secondary triage to provide clinical advice to 000 callers and refer them to appropriate services.
10. Whilst no formal cost-benefit analysis has been conducted, AT has identified a number of issues that impact on response times.

Committee recommendation

5. AT conduct a cost-benefit analysis to evaluate the effectiveness of measures such as the implementation of double branch stations, secondary triage services and the recruitment of additional staff.

[4] Transcript of evidence, 24 September 2021, Minister for Health, Joe Acker, pp.58-60

Recommendation 5

AT investigate whether higher proportions of volunteers were impacting on mobilisation times in the North.

Department response to Recommendation 5

Over the last five years, AT has been supported by approximately 500 Volunteer Ambulance Officers, who work in communities across Tasmania.

The COVID-19 pandemic has impacted on the availability of volunteers in many rural and remote areas across the State, due to the age and health status of a number of volunteers placing them in a vulnerable population category. The decrease in volunteer numbers has necessitated that more urban/metropolitan services have been required to operate outside of their primary response areas either as a primary or back-up response to rural and remote communities.

AT ensures a fluid deployment model occurs to support and assist clinically and also to ensure resources are available to the community should incidents occur.

At the public hearing, Mr Acker and the Minister advised:

> ***Mr ACKER*** *- The number of volunteers changes regularly. We constantly recruit volunteers. We have dedicated teams across the state doing that with a dedicated per cent in each region and a manager centrally that oversee the recruitment and retention of volunteers. COVID-19 reduced our numbers. The demographic of our volunteers is older, many of who had medical comorbidity so they were not able to respond. At the beginning of COVID-19 and even now, we have lost a number of those previous volunteers.*
>
> *Regarding the impact volunteers have on service delivery, as the minister indicated when we move a station from a single branch to a double branch, a single branch has a paramedic that is on the station for four days supported by volunteers who often come from home. A double branch has two paramedics, one working the day shift and one working night shift, supported by volunteers who largely stay at the stations. That response time improves. As the response indicates, where we have increased funding to stations to move them from single to double branch, we see an improved response time in those communities, particularly the north and the north west where we have made those changes.*
>
> ***Mr ROCKLIFF*** *- We are providing $50 000 in funding to the Volunteer Ambulance Officers Association of Tasmania which is working with Ambulance Tasmania on a memorandum of understanding focusing on the key areas for our volunteers, including attraction, retention, training and support.*
>
> ***Mr WILLIE*** *- How is the decision made about single branches and double branches? Is it just the capacity of the volunteers in the area?*

Mr ACKER *- It is very scientific. We have engaged a consultant company called Operational Research and Health from the UK. It does a five-year retrospective review of our call data and the severity of the calls looking at each community. It then predicts for us where we will need to move from a single to a double branch based on the demographics and the health of the patients in that community. We recently did the five-year review. Once we get the census figures next year we will do the 10-year predication so we can look at where we need stations and at which stations we need to change the service delivery, whether it's from a single to a double branch or from a double branch to a career station. Some stations are only volunteers so they may need to become single branch stations. That is the work done by our performance team.*[5]

Committee findings

11. AT did not provide evidence of any investigation into whether higher proportions of volunteers were impacting mobilisation times in the North of the State.

12. AT noted the COVID-19 pandemic has negatively impacted the availability of volunteers.

13. The consulting company, Operational Research and Health conduct five-yearly retrospective reviews of AT call and severity of calls data, providing predictions around the need for expansion of ambulance services in each community.

Committee recommendation

6. AT investigate whether higher proportions of volunteers in rural and regional areas of the State is impacting on mobilisation times after the negative impact of the COVID-19 pandemic on volunteer numbers has stabilised.

[5] Transcript of evidence, 24 September 2021, Minister for Health, Joe Acker, pp.60-61

AUDIT CRITERIA 3:

Were Ambulance Tasmania's emergency services cost effective?

Recommendation 6

AT reinforce the requirement to record factors contributing to response time outliers and the remedial action undertaken to address the contributing factors.

Department response to Recommendation 6

Emergency ambulance response times are the primary reporting measures for AT and as such command a high degree of operational and organisational investigation and review. The State Operations Centre is responsible for all incoming Triple Zero emergency calls, oversight of statewide logistics, coordination and dispatch of ambulances and related resources.

Triple Zero calls are triaged through a scripted process called the Medical Patient Dispatch System which utilises a series of questions determined by an algorithm. This will determine the acuity of the patient and provides the call-taker with a priority rating for urgency of an emergency ambulance response.

AT has a number of mechanisms in place to oversight emergency ambulance response times on daily basis. The Regional Managers, State Operations Centre Duty Manager and Regional Duty Managers have carriage of day-by-day oversight of operations. Their role is to facilitate emergency ambulance responses, with the Regions and the State Operations Centre working together to identify resources in readiness for deployment. This requires working closely with Tasmania Health Service facilities to enable release of ambulance vehicles and crews to ensure an emergency ambulance response can be immediately dispatched, as required.

Weekly operational oversight meetings consider emergency response time performance, with surge and other exceptional impacts on performance subject to additional and timely review.

Delayed dispatch responses are also reported though the Safety Reporting and Learning System, which provides a reporting and investigation mechanism for safety events and hazards. Delayed responses are referred to Regional and State Operation Centre managers to consider cause, identification of mitigation actions and recommended actions.

The Safety Reporting and Learning System Oversight Committee meets every six weeks to consider all reports, including delayed responses. The Committee identifies trends and exceptional cases for address, as agreed.

At the public hearing, Mr Acker provided the following additional comments:

> *The first thing is in our State Operations Centre, which is our dispatch centre. If there is a long response time, the duty manager puts it into our SRLA system. The SRLA system tracks these and we monitor them on a daily basis for trends.*
>
> *The second thing is the duty managers, who are the 24-hour operational supervisors, also monitor for these, and identify what mitigating strategies they implemented.*
>
> *The third thing is that every single day, our executive team and I get a report of our long response times. That is, any P0, who are our most critical patients, and P1, our next urgent critical patients. If the response time was greater than eight minutes, I get a report every morning. That report is broken down by every portion of the response time: the call answer time, the call dispatch time, the shoe time -the time it takes for the paramedics to respond - and the response time.*
>
> *...Then we look through that for trends. We use those reports to identify trends or severe outliers.*
>
> *Lately, a lot of the outliers have been long response times where the ambulances have come in from communities outside of the capital city, in the hospital handing over patients, and then they have to respond from the RHH to New Norfolk or other places.*
>
> ***CHAIR** - You are confident we are not seeing these outliers not considered? It is almost an automatic process here?*
>
> ***Mr ACKER** - I am confident.*[6]

Committee finding

14. AT have a number of processes in place to consider and address response time outliers:
    a) AT holds weekly operational oversight meetings that consider emergency response time performance, with surge and other exceptional impacts on performance.
    b) AT's Regional and State Operation Centre managers consider cause, identification of mitigation and recommended actions related to delayed dispatch responses.

[6] Transcript of evidence, 24 September 2021, Joe Acker, p.61

c) AT's Safety Reporting and Learning System Oversight Committee considers all reports, including delayed responses and identify trends and exceptional cases.

d) AT duty managers record all long response times in the Safety Reporting and Learning System (SRLA) system which tracks and monitors these daily for trends and identifies what mitigating strategies are implemented.

e) All response times greater than 8 minutes are reported daily to the AT CEO.

15. Whilst one example of a contributing factors was provided to the Committee, no specific remedial actions taken to address response time outliers were reported to the Committee.

Committee recommendation

7. AT evaluate the effectiveness of remedial actions taken related to response time outliers.

Recommendation 7

Ambulance Tasmania regularly reviews its emergency and urgent determinants methodology to ensure that it continues to be best practice and in accordance with requirements of the National Academy of Emergency Medical Dispatch.

Department response to Recommendation 7

AT has in place mechanisms for the review of emergency and urgent dispatch methodology, and these operate in accordance with the requirements of the National Academy of Medical Dispatch.

The Ambulance Tasmania Medical Dispatch Review Committee meets monthly and monitors all aspects of Medical Priority dispatch within AT. The Committee undertakes and reviews cases, and assesses compliance with the requirements of the National Academy of Medical Dispatch, as required.

A working group meets bi-monthly to review dispatch determinants, in-line with a review schedule, as agreed by the Medical Dispatch Review Committee. Recommendations for change are referred up to the Medical Dispatch Review Committee. Following consideration, the Medical Dispatch Review Committee may refer recommendations to the Ambulance Tasmania Clinical Governance Committee, which may relate to training accreditation, compliance issues, client complaints and Safety Reporting and Learning System outcomes.

AT updates the determinants and dispatch grid with the use of the available data and support and education that the International Academies of Emergency Dispatch provides. The International Academies of Emergency Dispatch provides tools to encourage continuous improvement and operational excellence to provide an approach to public safety dispatching that's rooted in evidence-based science.

The Director, Medical Services is the responsible authority for authorising any changes to the discharge grid and other related matters.

At the public hearing, Mr Acker added the following:

> *As the response indicates, we created a governance committee called the medical dispatch review committee. They meet on a regular basis and review the calls that we are evaluating. As I mentioned earlier, this committee has started a review of the Queensland and Victoria response models, to compare them to Tasmania. Both Victoria and Queensland have recently invested significantly into updating theirs, based on the evidence of those systems. We are going to compare them to ours, instead of reinventing the wheel, and identify best practice.*
>
> *Through this process as well, this is the same committee that identified the low acuity calls that are being looked at by our secondary triage clinicians. That is an important job. It is not only identifying the most critical patients in our system, but also those callers we can refer to other health resources, instead of sending an ambulance.*
>
> *This committee is very active, very important. It has a physician as well as our dispatch representatives and paramedic clinicians evaluating those calls.*[7]

Committee finding

16. AT stated their Medical Dispatch Review Committee monitors and reviews cases and assessment of compliance in accordance with the requirements of the National Academy of Medical Dispatch as recommended by the Auditor-General.

17. An AT working group reviews dispatch determinants with recommendations for change referred to the Medical Dispatch Review Committee.

18. Recommendations made to the AT Medical Dispatch Review Committee may be referred to the AT Clinical Governance Committee.

[7] Transcript of evidence, 24 September 2021, Joe Acker, p.62

Recommendation 8

Ambulance Tasmania investigate why the level of multiple responses had increased.

Department response to Recommendation 8

AT dispatches multiple resources to complex events to clinically support and assist other paramedics and/or volunteer ambulance officers. There are a number of different factors that contribute to a multi-response dispatch, which can include: involvement of multiple patients, the nature of the emergency and the clinical skills required to assist in treating the patient/s, and provision of clinical back-up from a paramedic with a higher skill set, such as an intensive care paramedic or a paramedic, who is going to assist a volunteer ambulance officer or single responder.

The dynamic nature of emergency ambulance services may result in the dispatch of multiple responses to an emergency or urgent case, to ensure the nearest and most appropriate response reaches the case in the most timely manner. This may result in deployment and then redeployment of an emergency ambulance response.

Since the review, AT has continued to experience high levels of multi-response dispatch to cases. Examination of cases indicates that the deployment approach is reflective primarily of skillset requirements in response to patient acuity and complexity of medical conditions. It is also noted that the demand for services has also continued to increase putting increased pressure on the number of available resources and how they are most appropriately deployed.

At the public hearing, Mr Acker added:

> *This is another complicated situation. Multiple vehicle responses come from a variety of reasons and the organisation is constantly looking at opportunities to be more efficient, but also effective. In many cases a multiple vehicle resource response is highly effective and highly efficient.*
>
> *For example, we don't just have one type of paramedic in the state. We have extended care paramedics who provide primary care. We have intensive care paramedics who provide intensive care skills. We have critical care paramedics and physicians who are critical consultants who respond to cases. So, when we identify patients who can benefit from a different resource, we will send that resource as well. So, we send always a closest resource for higher priority calls, and then we will supplement that by another resource that can better manage those patient conditions.*

Where we are putting a lot of investment in, is looking at our clinical response category to ensure we are sending only the appropriate resources and not over depleting our resources. So that is happening as a part of our call review.[8]

Committee finding

19. AT stated multiple vehicle responses have been considered as part of an AT review.

20. AT stated significant investment has been made assessing clinical response categories to ensure only the appropriate resources are sent to a call and resources are not depleted.

21. An examination of cases indicated the deployment approach taken by AT is reflective primarily of skillset requirements in response to patient acuity and complexity of medical conditions.

Committee recommendation

8. AT continue to monitor:

   a) the number of multiple responses; and
   b) the effectiveness of any measures implemented to reduce the unnecessary depletion of resources.

[8] Transcript of evidence, 24 September 2021, Joe Acker, pp.62-63

AUDIT CRITERIA 4

Were Ambulance Tasmania's strategic management processes effective?

Recommendation 9

AT outline what KPIs are measured and provide targets or benchmarks to define what is good or poor performance.

Department response to Recommendation 9

AT measures its performance using key performance indicators, as identified in the Department of Health Budget Chapter, and targets are set against the performance indicators. They include:

- Ambulance Responses (statewide);
- Public Satisfaction with the Ambulance Service;
- Response Times (statewide and by region);
- Expenditure per person.

The progression of AT strategy and planning documents will facilitate the further development of appropriate KPIs and performance targets for the organisation as a whole and individual regions and business units.

At the public hearing, Mr Acker added:

> *This is a really exciting opportunity to share a vision for the future. We have talked about secondary triage. Instead of reporting what we have done traditionally in the ambulance service which is response time and cardiac arrest, we are looking at whether we can do different for lower acute patients as well as the mental health patients. So, we have an investment in our mental health co-response team starting at Christmas time this year. We hope that the outcome and measures from that will be that we can deal with our mental health patients in the community more efficiently than we have in the past and also prevent them from going to the emergency department and instead finding other more appropriate services.*
>
> *The other important one is providing more definitive care in the community. That is with our extended care paramedics being able to take care of patients in their homes without transporting them. The next one that is really exciting is our regular paramedics. We have implemented pre-hospital thrombolysis, which is for a patient with a heart attack. The paramedics will administer the clot-busting drugs in their home instead of the delay that it sometimes takes to get them to the hospital or to the cath lab and so far, we introduced this this month, and we have already had two cases that were very successful.*

The paramedics monitor the patient directly and are in direct consultation with a physician. It is a clinical partnership and the paramedics take on the responsibility for treating the patient in consultation with the physician. Again the outcomes here are much improved cardiac function because the delays in care are significantly reduced. We are really excited about some of these definitive care approaches that Ambulance is taking now, in addition to the response times and getting patients to the hospital quickly.[9]

Committee findings

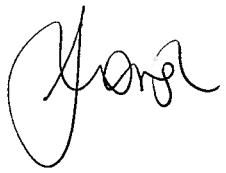
22. AT report and set targets on KPI's as reported in the Department of Health Budget Chapter related to:
    - Ambulance Responses (statewide);
    - Public Satisfaction with the Ambulance Service;
    - Response Times (statewide and by region);
    - Expenditure per person.

23. AT stated further development of appropriate KPIs and performance targets will be undertaken as part of strategy and planning.

24. AT is undertaking work to focus on improved outcomes for mental health and lower acuity patients including greater utilisation of extended care paramedics in the community to achieve better patient outcomes.

Committee recommendation

9. AT focus on patient outcome focussed KPI's and performance targets in the development of these measures.



Hon Ruth Forrest MLC
Chair

24 November 2021

[9] Transcript of evidence, 24 September 2021, Joe Acker, pp.63-64

APPENDIX 1

Deputy Premier
Minister for Health
Minister for Mental Health and Wellbeing
Minister for Community Services and Development
Minister for Advanced Manufacturing and Defence Industries

Tasmanian Government

Level 10 15 Murray Street HOBART TAS 7000 Australia
GPO Box 123 HOBART TAS 7001 Australia
Ph: +61 3 6165 7754
Email: Jeremy.Rockliff@dpac.tas.gov.au

Hon Ruth Forrest MLC
Chair
Parliamentary Standing Committee of Public Accounts
Parliament House
HOBART TAS 7000

Dear Ms Forrest

Thank you for your correspondence of 24 June 202, regarding the Parliamentary Standing Committee of Public Accounts review of the Report of the Auditor-General No.1 of 2016-17: Ambulance Emergency Services.

I have enclosed a report which outlines the work which has been undertaken towards implementing the recommendations from the Auditor-General Report.

Thank you once for the opportunity to provide the Parliamentary Standing Committee of Public Accounts information on this matter.

Yours sincerely

Jeremy Rockliff MP
Deputy Premier
Minister for Health

Action Taken to Implement Report Recommendations

General Comments

Ambulance Tasmania's primary service delivery objective is to provide optimal clinical outcomes for patients who contact Ambulance Tasmania via Triple Zero and who are assessed as requiring an emergency ambulance response.

Emergency response times are one of the main performance measures for ambulance services throughout Australia and internationally. The standard used by most of Australian jurisdictions is to respond to 90 percent of priority one (life-threatening) calls within 15 minutes.

The Tasmanian Government has made significant investments into Ambulance Tasmania in response to the increase in demand, and to ensure Ambulance Tasmania can respond to those Tasmanians who require urgent medical assistance.

In 2018, the Government announced the recruitment of 42 new paramedics for regional areas of Tasmania, aimed at improving ambulance responsiveness across the State and supporting existing paramedics. As at the end of May 2021, 30 of these positions have been made operational, following consultation with Ambulance Tasmania. An Aeromedical Helicopter Service has also been established, with helipads installed at all of the State's major hospitals to decrease the amount of time it takes to get patients to the care they require.

Research suggests that not every call received by Ambulance Tasmania requires a paramedic-led emergency response. The Government has also committed $13.8 million over six years to establish a secondary triage service, which is anticipated to assess thousands of calls per annum and link patients to alternate service providers, providing more care and health advice for the community. Secondary triage is ensuring patients receive the most appropriate care, but it also means ambulances and paramedics are reserved for genuine emergency situations and patients are not inappropriately transported to emergency departments.

During the recent State Election, the Tasmanian Government has committed to recruiting 48 new paramedics over the next two years, building on the recruitment drive already underway. Once these paramedics are in place, the Government will commission a review of ambulance service demand, the outcomes of which will be used to help guide future investment.

The Tasmanian Government is also investing in initiatives designed to increase access to health care services in the community, rather than relying on our ambulances and hospitals. This not only assists with hospital waiting time pressures but more importantly may assist Tasmanians with their recovery time. For example, the Community Rapid Response Service has been established across the State and operates as a hospital avoidance service, providing treatment for people in the community with an acute illness, injury or suffering from an exacerbation of a pre-existing condition, who would otherwise require a period of hospitalisation.

Further support is also being provided to Primary Health care providers such as General Practitioners to offer after-hours services to the community. This is part of the Tasmanian Government's plan to ensure Tasmanians are getting the right care at the right place in the right time, and our ambulances and paramedics are available for medical emergencies.

Audit Criteria 1:

Was Ambulance Tasmania effective in terms of clinical outcomes? (Recommendations 1 to 2)

1. Ambulance Tasmania collects data (aligned with ROGS data) to allow regular and meaningful comparison of clinical outcomes at the regional level, to better allocate resources and to rapidly identify problems

Ambulance Tasmania continues to measure standard clinical outcomes used by the Report on Government Services (ROGS), including cardiac survival rates, pain reduction and patient satisfaction. Ambulance Tasmania data has provided consistent data in the three categories since 2015-16. Since the review was completed Ambulance Tasmania now completes annual reviews on ROGS data collected and monthly data reports, which align with ROGS reporting requirements.

These data reports are produced to inform the Ambulance Tasmania Executive Committee and relevant clinical and service delivery forums of factors that influence clinical outcomes.

2. Regional summary reports of clinical reviews be standardised to facilitate review and comparison across regions

Ambulance Tasmania Clinical Services conducts structured and planned clinical reviews of episodes of care across Ambulance Tasmania, as well as targeted cases as required.

Clinical reviews are undertaken using a comprehensive and formalised process that analyses paramedic practice and seeks to inform recommendations to improve practice and contribute to improved patient outcomes. Areas for improvement in clinical care are considered from individual clinical reviews and from monitoring of emerging trends.

Learnings from clinical reviews inform paramedic education through the centralised Education and Professional Development area and the Regional Training Units.

Ambulance Tasmania supports a process that facilitates dissemination of clinical review findings across the organisation to contribute to improvement of clinical care and patient outcomes, rather than to provide comparison across regions.

Audit Criteria 2:

Was Ambulance Tasmania effective in terms of response times? (Recommendations 3 to 5)

3. **Ambulance Tasmania develop strategies to improve response times to those of other jurisdictions and undertake cost benefit analysis of those strategies before deciding on implementation.**
4. **Ambulance Tasmania investigate whether the additional resources in the North and North West regions were effective in reducing average response times**

Ambulance services across Australia operate under difference service delivery models. Due to this reason it is difficult to make direct comparisons between services based on ROGS data.

Ambulance Tasmania manages service delivery targets in an environment of increasing demand for more ambulance services as the population continues to grow and age. While no formal cost benefit analysis in regard strategies to improve response times has been undertaken, Ambulance Tasmania has identified a number of issues impacting on response times. These issues included resourcing in the State Operations Centre, on-road paramedic capacity in urban areas and paramedic representation in rural and remote areas.

Following a review by an independent consultant, in 2018 the Government invested in additional resources for the State Operations Centre to ensure there was an appropriate level of staff to respond to the call volumes being handled.

In 2018-19, the Government also provided funding for an additional 42 paramedics in rural and remote locations. This funding was provided over four years and at 31 May 2021, 30 of the 42 positions were operational.

There is some evidence that response times have decreased in rural and remote communities that previously did not have a paramedic presence or have moved to a Double Branch Station model, where a paramedic is rostered on in the day and at night. However overall, it is considered that despite increased resourcing, the increase in demand for services has negated any decrease in response times.

5. **Ambulance Tasmania investigate whether higher proportions of volunteers were impacting on mobilisation times in the North.**

Over the last five years, Ambulance Tasmania has been supported by approximately 500 Volunteer Ambulance Officers, who work in communities across Tasmania.

The COVID-19 pandemic has impacted on the availability of volunteers in many rural and remote areas across the State, due to the age and health status of a number of volunteers placing them in a vulnerable population category. The decrease in volunteer numbers has necessitated that more urban/metropolitan services have been required to operate outside of their primary response areas either as a primary or back-up response to rural and remote communities.

Ambulance Tasmania ensures a fluid deployment model occurs to support and assist clinically and also to ensure resources are available to the community should incidents occur.

Audit Criteria 3:

Were Ambulance Tasmania's services cost effective? (Recommendations 6 to 8)

6. Ambulance Tasmania reinforce the requirement to record factors contributing to response time outliners and the remedial action undertaken to address the contributing factors.

Emergency ambulance response times are the primary reporting measures for Ambulance Tasmania and as such command a high degree of operational and organisational investigation and review. The State Operations Centre is responsible for all incoming Triple Zero emergency calls, oversight of statewide logistics, coordination and dispatch of ambulances and related resources.

Triple Zero calls are triage through a scripted process called the Medical Patient Dispatch System which utilises a series of questions determined by an algorithm. This will determine the acuity of the patient and provides the call-taker with a priority rating for urgency of an emergency ambulance response.

Ambulance Tasmania has a number of mechanisms in place to oversight emergency ambulance response times on daily basis. The Regional Managers, State Operations Centre Duty Manager and Regional Duty Managers have carriage of day-by-day oversight of operations. Their role is to facilitate emergency ambulance responses, with the Regions and the State Operations Centre working together to identify resources in readiness for deployment. This requires working closely with Tasmania Health Service facilities to enable release of ambulance vehicles and crews to ensure an emergency ambulance response can be immediately dispatched, as required.

Weekly operational oversight meetings consider emergency response time performance, with surge and other exceptional impacts on performance subject to additional and timely review.

Delayed dispatch responses are also reported though the Safety Reporting and Learning System, which provides a reporting and investigation mechanism for safety events and hazards. Delayed responses are referred to Regional and State Operation Centre managers to consider cause, identification of mitigation actions and recommended actions.

The Safety Reporting and Learning System Oversight Committee meets every six weeks to consider all reports, including delayed responses. The Committee identifies trends and exceptional cases for address, as agreed.

7. Ambulance Tasmania regularly review its emergency and urgent determinants methodology to ensure that it continues to the best practice and in accordance with requirements of the National Academy of Emergency Medical Dispatch.

Ambulance Tasmania has in place mechanisms for the review of emergency and urgent dispatch methodology, and these operate in accordance with the requirements of the National Academy of Medical Dispatch.

The Ambulance Tasmania Medical Dispatch Review Committee meets monthly and monitors all aspects of Medical Priority dispatch within Ambulance Tasmania. The Committee undertakes and reviews cases, and assesses compliance with the requirements of the National Academy of Medical Dispatch, as required.

A working group meets bi-monthly to review dispatch determinants, in-line with a review schedule, as agreed by the Medical Dispatch Review Committee. Recommendations for change are referred up to the Medical Dispatch Review Committee. Following consideration, the Medical Dispatch Review Committee

may refer recommendations to the Ambulance Tasmania Clinical Governance Committee, which may relate to training accreditation, compliance issues, client complaints and Safety Reporting and Learning System outcomes.

Ambulance Tasmania updates the determinants and dispatch grid with the use of the available data and support and education that the International Academies of Emergency Dispatch provides. The International Academies of Emergency Dispatch provides tools to encourage continuous improvement and operational excellence to provide an approach to public safety dispatching that's rooted in evidence-based science.

The Director, Medical Services is the responsible authority for authorising any changes to the discharge grid and other related matters.

8. Ambulance Tasmania investigate why the level of multiple responses had increased.

Ambulance Tasmania dispatches multiple resources to complex events to clinically support and assist other paramedics and/or volunteer ambulance officers. There are a number of different factors that contribute to a multi-response dispatch, which can be include: involvement of multiple patients, the nature of the emergency and the clinical skills required to assist in treating the patient/s, and provision of clinical back-up from a paramedic with a higher skill set, such as an intensive care paramedic or a paramedic, who is going to assist a volunteer ambulance officer or single responder.

The dynamic nature of emergency ambulance services may result in the dispatch of multiple responses to an emergency or urgent case, to ensure the nearest and most appropriate response reaches the case in the most timely manner. This may result in deployment and then redeployment of an emergency ambulance response.

Since the review, Ambulance Tasmania has continued to experience high levels of multi-response dispatch to cases. Examination of cases indicates that the deployment approach is reflective primarily of skillset requirements in response to patient acuity and complexity of medical conditions. It is also noted that the demand for services has also continued to increase putting increased pressure on the number of available resources and how they are most appropriately deployed.

Audit Criteria 4:

Were Ambulance Tasmania's strategic management processes effective? (Recommendations 9)

9. Ambulance Tasmania outline what KPIs are measured and provide targets or benchmarks to define what is good or poor performance.

Ambulance Tasmania measures its performance using key performance indicators, as identified in the Department of Health Budget Chapter, and targets are set against the performance indicators. They include:

- Ambulance Responses (statewide)
- Public Satisfaction with the Ambulance Service
- Response Times (statewide and by region)
- Expenditure per person.

The progression of Ambulance Tasmania strategy and planning documents will facilitate the further development of appropriate KPIs and performance targets for the organisation as a whole and individual regions and business units.

Deputy Premier
Minister for Health
Minister for Mental Health and Wellbeing
Minister for Community Services and Development
Minister for Advanced Manufacturing and Defence Industries

Tasmanian Government

Level 10 15 Murray Street HOBART TAS 7000 Australia
GPO Box 123 HOBART TAS 7001 Australia
Ph: +61 3 6165 7754
Email: Jeremy.Rockliff@dpac.tas.gov.au

28 October 2021

Hon Ruth Forrest MLC
Chair
Parliamentary Standing Committee of Public Accounts

Dear Ms Forrest

Following my appearance in front of the Parliamentary Standing Committee of Public Accounts on Friday 24 September 2021, please find attached updated data as requested by the Committee.

I am advised that since the Auditor General's Reports were published, there have been various changes in counting rules for some of the data. This means the data presented in some of the tables attached is not comparable with previous years.

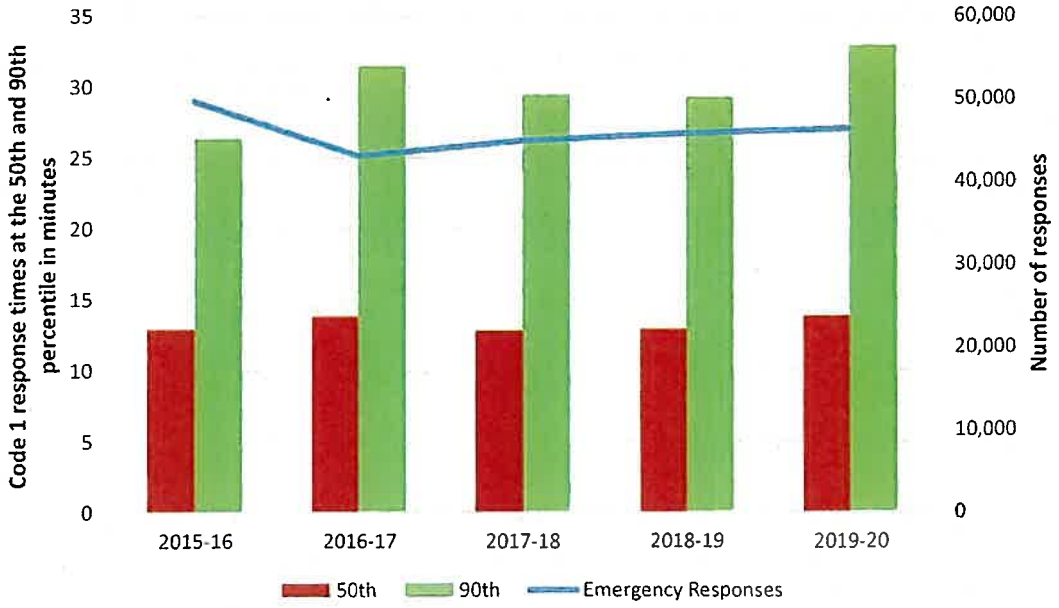
I thank the Committee for the opportunity to present to you and look forward to the findings of your Inquiry.

Yours sincerely

Jeremy Rockliff MP
Deputy Premier
Minister for Health

Attachment 2 – Data update Auditor-General's Report No. 1 of 2016-17: *Ambulance Emergency Services*

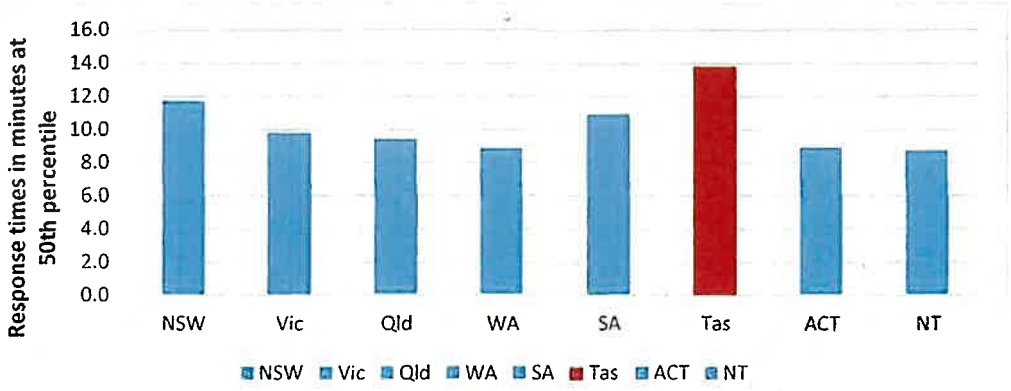
Figure 7: Statewide ambulance emergency responses and times at the 50th and 90th percentile over time



Source: AT and RoGS 2021

- Demand for Ambulance Services has continued to increase, which can have an influence on response times. Ambulance offload delay at Tasmanian Health Service Emergency Departments, as well as geographic and environmental factors, crew configuration and complexity of cases can also impact response times.

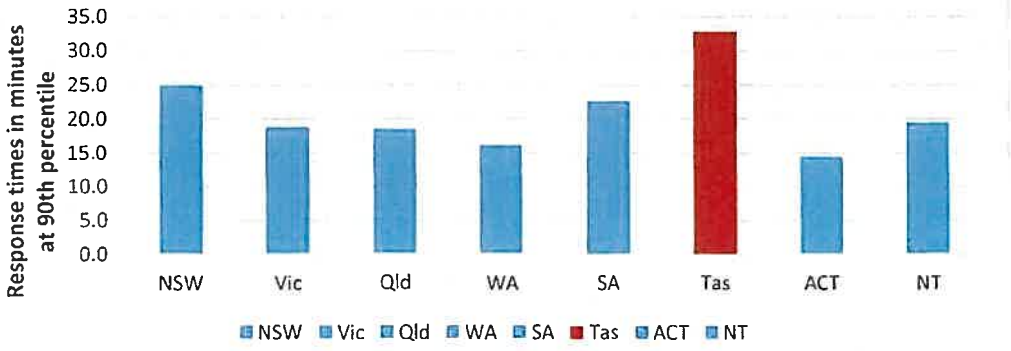
Figure 8: State-wide response times at 50th percentile across jurisdictions 2019-20



Source: RoGS 2021

- As discussed during the hearing, Ambulance services across Australia operate under different service delivery models so how response times are measured varies. For this reason, it is not possible to accurately make direct comparisons between services based on ROGS data.

Figure 9: State-wide response times at 90th percentile across jurisdictions 2019-20



Source: RoGS 2021

- As discussed during the hearing, Ambulance services across Australia operate under different service delivery models so how response times are measured varies. For this reason, it is not possible to accurately make direct comparisons between services based on ROGS data.

Figure 10: Response times and mobilisation times by region 2020-21

- The Department of Health has not been able to replicate the method undertaken by the Auditor-General to provide this measure.

Figure 11: Mobilisation time vs. proportion of volunteers by region

- The Department of Health has not been able to replicate the method undertaken by the Auditor-General to provide this measure.