

QUESTIONS ON NOTICE

Mr Allan Ross Loudfoot

Ms JENNY LEONG: I am not sure whether you oversight the concerns, complaints and challenges that happen around those current duress systems. Have you seen improvements in terms of the level of concerns paramedics have raised about the functionality of the duress systems since that refresh has taken place? Rather than anecdotally, **is there any evidence in terms of how much is reported about those functions versus how it has improved?**

Mr LOUDFOOT: Earlier, I informed you of all the testing regimes and the accuracy of those. These were shared with the statewide joint consultative committee - with all the industrial bodies. That is one of the mechanisms that allows this sort of feedback to come through, where any concerns are raised.

Ms JENNY LEONG: have you seen improvements and a reduction in complaints in comparison? Currently we have had the refresh in the regional areas but not in the metropolitan areas. Has there been a difference in terms of the response, the protection, the reduction in incidents because of the improvement to that communication technology?

Mr LOUDFOOT: I would need to take that question on notice because I am not readily aware of the finer detail within that. I can comment that any concerns that are received are investigated to determine the cause, because we want any evidence to be factual rather than anecdotal.

Answer

The IIMS online website provides a facility for any NSW Health/NSW Ambulance staff member to report any incident or near miss pertaining to the health of any staff (permanent or casual), visitor, volunteer or contractor. Notification of incidents in IIMS is governed by the Incident Management Policy PD 2014-004. The policy provides direction to health services regarding the management of both clinical and corporate incidents. It outlines a statewide system for managing clinical and corporate incidents in order for health practitioners, managers and staff to respond effectively to them. The key aims of the system are to ensure a consistent and coordinated approach to incident management including the identification, notification, investigation and analysis of incidents, resulting in appropriate action and allowing the lessons learned to be shared across the whole health system.

Following a search of the IIMS system, there were a number of IIMS incidents that contained the word "duress" from 1 January 2016 to date. An analysis showed the following;

- 15 were assessed as **not** a "duress" issue (many of these incidents related to the patients vital call not functioning, 1 training issue, 1 lost portable radio, 2 pressed duress in error)
- 3 incidents were discounted as they were repeats (i.e. there was more than one notifier of the same incident)

Identified duress issues:

- 6 incidents related to a **lack of radio coverage** rather than hardware or software problems, all in regional areas
 - 1 in January
 - 1 in March
 - 2 in November
 - 2 in December

Importantly, there were no recorded incidents in January and February of 2017.

Question on notice

Ms JENNY LEONG: Earlier you talked about the different mechanisms and different functionalities that exist. You mentioned the mobile or portable elements. Does every paramedic have on them a portable radio or device, or are there some instances where they would not have those available and there would just be one portable device per vehicle?

Mr LOUDFOOT: I do not have that information in front of me. We have purchased a significant number of hand portable devices. Mr Waterhouse would know the detail and the number purchased.

Mr WATERHOUSE: We are doing a terminal refresh over the next two financial years, including the current financial year. We are looking at replacing up to about 6,000 terminals in the workforce.

Ms JENNY LEONG: I guess what I am looking at is whether the current amount of portable terminals or devices allow every paramedic to have a duress system on them. Is that need currently met or is there a need for more?

Mr LOUDFOOT: **I will need to take the question on notice.** From my understanding, every vehicle has a hand portable. If an individual was by themselves they would have that hand portable. Every crew would have the ability to have that duress functionality.

Mr EDMOND ATALLA: is it your intention that every paramedic should have a portable?

Mr WATERHOUSE: That is the intention.

Mr LOUDFOOT: I am fairly comfortable that we have, but I would like to confirm that.

Ms JENNY LEONG: It would be good to have some detail around that.

Mr LOUDFOOT: Yes.

Answer

Due to unforeseen circumstances we cannot give a 100% guarantee that every on duty paramedic has a hand portable radio capable of duress. We can however, be confident that due to the number available there is a very strong possibility that they will indeed have one. We have approximately 1000 ambulance vehicles and if we then assume two persons on every vehicle, the maximum number of hand portables required would be 2000.

Please find below the summary of existing and predicted hand portable numbers (approx);

- Existing Hand Portable radio numbers - 2200
- The future forecast is approximately 2850 Hand Portable radios.

Question on notice

Mr DAMIEN TUDEHOPE: Where there has been a critical incident and potentially an ambulance officer has been the subject of an incidence of violence, what is the process for reviewing that incident?

Mr LOUDFOOT: If there was that type of incident, it would be recorded in our Serious Incident Management System [SIMS]. The incident is then reviewed by the managers and assigned a risk score. It is then appropriately addressed depending upon what score it is given. My colleague here, Mr Dutton, and the service delivery staff are generally required to investigate these matters. Depending upon the severity, briefs are provided to the Ministry of Health and the matter is addressed accordingly.

Mr DAMIEN TUDEHOPE: At a stab, how many reviews have been held?

Mr LOUDFOOT: Reported to police - I have not got the figures with me but it was reported last time at approximately 140, I think.

Mr DAMIEN TUDEHOPE: Incidents?

Mr LOUDFOOT: Where prosecutions were undertaken and briefs provided. **I will take the question on notice.** We do have a fairly comprehensive breakdown of all the various types of assaults and location of assaults and action taken.

Answer

From 1 January 2016 to 31 December 2016, 165 cases of assaults on paramedics (physical, verbal abuse, or threatened) have been reported to NSW Police.

Request

Mr DAMIEN TUDEHOPE: If you were going to make any recommendations to reduce that number of assaults or incidents, what would you be suggesting?

Mr LOUDFOOT: As you are probably aware, I am the chair of the Occupational Violence Prevention Strategic Advisory Group for NSW Ambulance. The report from this group has just been presented to the Chief Executive and the Executive Leadership Team, and endorsed by that group.

Mr DAMIEN TUDEHOPE: **Can the Committee have a copy of that report?**

Mr LOUDFOOT: If you request it, you certainly can. The report contains 29 recommendations. The intention of NSW Ambulance is to move now into the implementation phase. We will be having an expression of interest for a project manager to undertake the implementation of the main recommendations within the actual report.

Answer

See attached report.

Question on notice

The CHAIR: e Committee has heard evidence that the NSW Ambulance process for flagging the addresses of violent patients is long and drawn out and that it may not be effective in preventing violence. Do you have any comments to make about that, or could any improvements be made to make it more effective?

Mr LOUDFOOT: Flagging relates to a residence rather than to a potentially violent individual. Should that individual change their place of residence, unfortunately the flag would, potentially, apply to an innocent individual. We have to take a reasonably cautious approach to imposing flags.

The CHAIR: How do I get a flag? Must I commit two or more assaults? Is there a benchmark?

Mr LOUDFOOT: There are various reasons for applying a flag. Sometimes the flag is applied for a very good reason. The system notifies staff of pre-existing medical conditions and individuals in our palliative care programs. That is the positive aspect of the process. The slightly less positive aspect relates to potential violence. That flagging occurs when paramedics have experienced first-hand, potential or actual violence. It is placed in the system and reviewed after a period of time.

The CHAIR: Is the process long and drawn out?

Ms JENNY LEONG: How do you do the flagging?

Mr LOUDFOOT: I am fairly certain that it is not very long and drawn out. **I will take that question on notice.** I think it is relatively simple in terms of providing an address.

The CHAIR: Who makes that decision? Is it the local station manager, or is it passed down the line? Who can push the button and determined that an address is flagged?

Mr LOUDFOOT: **I will take that question on notice.** I am not sure who would authorise it. However, a backend technical person adds it into the computer-aided dispatch system.

Answer

There is a standard operating policy regarding procedure for issuing a caution note, medical note and /or access note.

1. Operational staff identify the need to create a caution note.
2. An interim manual process allows the creation of a caution note to occur within a short time period of time **(hours)**.
3. On notification of a request to create a caution note our System Support Unit staff are expected to have it entered into our Computer Aided Dispatch system within **2 business days**.

Allan Ross Loudfoot

Executive Director Clinical Services

2/3/2017