

Submission
No 206

**THE MANAGEMENT AND OPERATIONS OF THE NSW
AMBULANCE SERVICE**

Organisation: Probity Consultants International

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The Hon Robyn Parker MLC
Committee Chair
The Management and Operations
of the NSW Ambulance Service
Parliament House
Macquarie Street
SYDNEY NSW 2000

Dear Ms Parker

I would like to submit a number of comments for the Inquiry's consideration.

By way of introduction, my background includes many years experience as a senior management consultant advisor for a wide range of public and private sector organisations in Hong Kong and Australia including Hospitals, Health Authorities and Emergency Services. My consultancy practice currently focuses on management system reviews and risk management especially in the areas of corporate governance, behavioural ethics and cultural change.

As a Senior Consultant to the Queensland Crime and Misconduct Commission I have had an intimate involvement with many public sector agencies dealing with the questions of official misconduct, bullying, harassment and conflict of interest. In addition I developed or was the principal author of many of the CMC's best practice guidelines including the 2005 publication *Fraud and corruption control: guidelines for best practice*, which is now the general reference standard used by the Queensland public sector.

Recently I had occasion to do an in-depth commissioned study of Emergency Medical Services (EMS) in Australia which raised the level of my concern about the provision of these services on several fronts including the disparate funding arrangements, fragmentation, equity and accessibility, variability of operational metrics, the disconnect of EMS from the health care environment in different jurisdictions, the absence of Commonwealth (or Medicare) involvement, the poor internal recognition and respect shown EMS by other health care professionals, the lack of national paramedic regulation and educational accreditation, staffing and recruitment problems, the absence of open and transparent complaint and enquiry mechanisms and the lack of independent accreditation of the service providers to nationally mandated performance standards.

I have therefore closely followed the development of events associated with the current Inquiry in New South Wales. Significantly, as an active member of the community who may have occasion to use Emergency Medical Services anywhere in Australia during my travels, I want these services to meet nationally accredited best practice standards of care regardless of the location.

Although I could make many points about the characteristics of EMS and paramedic practice I will restrict my comments to the following few observations and recommendations

Bullying and harassment symptoms

While there is abundant evidence of bullying and harassment within the NSW service my comparative studies across many organisations indicate that such behaviour is only perpetuated within a system that allows it to occur. I therefore reject the notion (advanced by some) that the NSW events are the outcome of a few bad managers.

More directly, I submit that these patterns of behaviour are the end results or symptoms of a system where there is scant respect shown for the critical role of the paramedic and the absolutely vital part they play in out of hospital care. The reasons are several but stem to a great degree from the historical and volunteer development of EMS in Australia out of essentially first aid and transport services and a lack of understanding of the clinical dimensions of modern paramedic practice.

Additional resources through funding and more staff may well be needed to address urgent servicing requirements, but until there is a climate of ethical behaviour and mutual respect within the service and its relationship with other components of the health care system, there will always be the potential for unseemly behaviour (or what should be more properly described as unprofessional behaviour and misconduct).

Medical practitioners have at times contributed to and exacerbated the situation, but the AMA in their submission to the Inquiry recognises that the paramedic of today is a vital part of the continuum of health care. They note:

"Many young officers end up leaving small towns simply to improve their career path. If paramedic training was more accessible and level 5 positions were made available in small towns, we would have a much more vibrant ambulance service in rural areas. Towns that frequently have no doctor are ideal for level 5 officers, with their advanced skills being potentially life saving in many clinical scenarios."

Recognising the symptoms of bullying and harassment is the first step in correcting the unhealthy organisation climate in most organisations. Quite often the root causes are found in job/position descriptions, employment contracts and performance management systems. In simple terms where:

- people do not have clearly defined roles
- effective performance management systems are not practiced
- there is fear
- there is a lack of stakeholder engagement both for management or complaints
- open, transparent communication is not practiced
- elements of Taylorism or simplistic output measures exist,

there is a greater propensity for workplace bullying to be raised as a symptom.

The endemic nature of workplace harassment within the healthcare sector is not confined to NSW but has been recognised internationally and efforts made to overcome it. I draw the attention of the Inquiry to the following excellent article emanating from the Joint Commission, the leading accrediting body for health-care organizations in the United States.

<http://www.jointcommission.org/AboutUs/FactSheets/jointcommissionfacts.htm>
http://www.jointcommission.org/SentinelEvents/SentinelEventAlert/sea_40.htm

To indicate the impact on organisational culture, I also reference the following related commentary:

<http://www.globalethics.org/newsline/2008/07/28/health-care-bullies/>

Regardless of what has gone before, the important thing now is to redress the present parlous situation. I suggest that when looking for suitable responses to the underlying problems in the NSW system an holistic approach be taken and that the proposals of the Joint Commission (above) be considered in developing effective solutions.

Funding, governance and regulatory regimes

Community perceptions of EMS as an essential component of the health care system are at odds with the level of recognition previously afforded by the Commonwealth in its funding arrangements and health policies. In health care terms, and when viewed on the basis of their contribution to public health and safety, equity and accessibility, EMS should be funded on a national basis as part of the health care agenda.

EMS providers (public and private) should be operated as licensed enterprises with well qualified staff having clear career options and held to account in the same way as other health care practitioners and service providers.

The principles under which EMS are funded, managed and their performance assessed should conform to the 15 underlying principles of health care prepared by the National Health and Hospitals Reform Commission.¹ A national focus is needed for the development and implementation of EMS arrangements that are integrated with national health care policy based on the principles of equity and universal access and with essential base funding support from the Commonwealth as part of health care policy.

To bring Australian EMS practices into the current millennium a fundamental rethink of its purpose, functions, governance and regulatory systems needs to be undertaken. The time is long gone for patchwork and bolt-on solutions or simply throwing more money at a system that remains essentially unchanged.

When it comes to quality issues for example, it is disconcerting to note that Queensland has a Health Quality and Complaints Commission (HQCC)² that purports to be responsible for the oversight of quality activities in all public and private health services. It is also responsible for addressing complaints from any person associated with health service delivery, in a quality improvement context. According to the HQCC, its jurisdiction includes

¹ <http://www.nhhrc.org.au/internet/nhhrc/publishing.nsf/Content/principles-1pHHRC>

² <http://www.hqcc.qld.gov.au/home/default.asp>

- the oversight of quality activities, including complaints handling, in all public and private health services in Queensland.
- Health services within the HQCC's jurisdiction therefore include hospitals, doctors, registered health professionals (e.g. psychologists, dentists), alternative health practitioners, nursing homes and others.

However, the HQCC bypasses the Queensland Ambulance Service because that (service) is not perceived to be a health service, but an emergency service under the Emergency Services Minister.

Similar jurisdictional, scope of practice and regulatory anomalies abound within EMS across Australia (including NSW) and the absence of a truly independent oversight and regulatory regime for EMS providers and paramedics is one of the key issues that the Inquiry should address.

Among the recommendations that I advance for consideration by the Inquiry are:

1. Formal adoption of the health care principles envisaged by the NHHRC (or equivalent) as the basis on which to shape the NSW policies for health care that will complement the National Health care agenda
2. Recognition of the role and funding of EMS as an integral component of long term State and national health care strategies. In addition, urgent discussions should be initiated between the various levels of government with a view to extending the reach of the Australian Health Care Agreements to include out of hospital services (with the particular inclusion of EMS).
3. Adoption of nationally accepted and consistent performance benchmarks and other metrics that take account of all aspects of health care based on both service and patient outcomes that will enable effective measurement of the relative contributions and cost effectiveness of EMS to the health and well-being of the community. These measures should be consistent with the performance principles adopted by the NHHRC for the monitoring of other health care services.
4. Formal recognition of clinical paramedic practice as a distinct professional field of allied health practice with the definition and protection of the title of paramedic used to describe a professional person whose education, training and skills enable them to deliver a range of out of hospital emergency procedures and medical care, and who complies with strict practice guidelines and a code of ethics.
5. Adoption of a formal national regulatory regime for paramedics based on a national perspective with professional regulation applied universally across the profession and encompassing public and other providers. It is recommended that any paramedic regulatory program operate under the COAG model for the regulation of health professionals.
6. Initiation of formal discussions with the Australian Health Workforce Advisory Council and other State and Commonwealth bodies (under COAG umbrella) to ensure appropriate national regulatory arrangements are put in place that facilitate the national regulation of paramedic practitioners and formal recognition of their role in contributing to seamless multidisciplinary health care.

7. Adoption of the principle that all EMS providers in Australia operate under a national licensing system that incorporates regular accreditation under nationally benchmarked service standards together with independent and transparent complaint management and resolution mechanisms. There should be a separate process for service complaints with mandated reporting and sharing of complaint and outcomes data to prevent blame shifting and to identify systemic problems as distinct from professional practitioner competence issues.
8. Adoption of the principle that any service or practitioner complaint scheme incorporate community and practitioner membership. The scheme must comply with the normally accepted principles of fair and open enquiry, natural justice and transparency, with the outcomes of any enquiries subject to mandated reporting and sharing of data in a manner sufficient to adequately inform all EMS providers and the public.

I appreciate the opportunity to bring these matters to the attention of the Inquiry and I am prepared to have my submission placed in the public record. Should you wish I would be prepared to provide further information and more detailed observations upon request.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Ray Bange'.

Ray Bange FAIM
Principal, Probity Consultants International