

Submission
No 164

THE MANAGEMENT AND OPERATIONS OF THE NSW AMBULANCE SERVICE

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THE VOICE OF THE PROFESSION

Australian Medical Association (NSW) Limited

15 July 2008

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

Australian Medical Association (NSW) welcomes the opportunity to make a submission on The Management and Operations of the NSW Ambulance Service. AMA (NSW) apologises for the delay in responding in writing to the Inquiry, but would like to submit the following comments for the Inquiry's consideration.

Terms of Reference

(a) Management Structure and Staff Responsibilities.

AMA (NSW) believes that the Ambulance service would benefit with an overhaul of current clinical protocols with respect to "out of town" jobs. One member gave the example:

"Binnaway is a town about 40km away from us, towards Dubbo. Dubbo is about 165km away. If a woman in labour in Binnaway calls an ambulance at 12 midday, an Ambulance arrives on scene about 1240. Ambulance protocol dictates that she is to be brought to Coonabarabran, where there is no obstetric service. They arrive here at about 1310 and by the time a triage is done and a doctor attends it is about 1340. The doctor has to then organize a transfer. Ambulance then picks up this woman again at about 1415 and gets to Dubbo about 1545. This all assumes things happen smoothly! Therefore from the time of the call to arrival at definitive care, about 4hrs elapses."

With improved protocols and a system that is more "flexible", not only would this improve the morale of the working ambulance officers, but the affected patient will achieve a better health outcome in the end.

(b) Staff Recruitment, Training and Retention

Staff recruitment, training and retention are major issues across all of the NSW health system. Our members in rural and regional NSW believe that a system whereby ambulance officers are rewarded for work in rural and regional towns needs to be implemented. Like all areas of health workforce, it is difficult to encourage these professionals to work in such areas.

AMA (NSW) understands that the skill levels of ambulance officers has improved dramatically and this is to be welcomed. However, as the better trained staff age, there appears to be a lack of career opportunities for younger potential officers in rural areas where they are forced to relocate in order to access the requisite training. This is further evidenced by a member in Rural NSW who states:

"Training is the other issue, as officers in small towns must leave their small towns in order to access paramedic training. This is discriminatory and unfair to rural communities. 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. I see this as a particularly urgent matter, as I have too often seen good young officers leave the area on this account."

(c) Staff Occupational health and Safety Issues

AMA (NSW) has some concerns for the health and safety issues of doctors, nurses, ambulance officers and police especially with regard to mental health patients. It appears that often mental health transfers can be a cause for concern, whereby all parties will try to avoid partaking in transfers for fear of safety. This puts the doctor in a position of a pleader, rather than in the position of a clinical decision maker. It appears that Emergency Departments have become the "dumping ground" for mental health, drug abuse and violent patients, endangering and distracting staff.

(d) Operation Health and Safety Issues

AMA (NSW) believes that the ambulance protocols need to be rectified in this regard, as it is not unusual for a patient to be taken to the closest Emergency department, even if the Ambulance Officers know the hospital does not have a doctor. The ambulance officers are just following protocol, and this is potentially endangering the life of the patient.

Another doctor gave the example:

"The approach to Protocols needs to be changed. Just one example is an obviously mildly sprained ankle in an elderly lady. She walked to her Club having twisted her ankle, had a couple of drinks and walked home at 11pm. As the ankle was still painful she rang the Ambulance and reported a pain score of 10 out of 10. They titrated in 10mg Morphine to stop her pain before transferring her to Hospital where of course we had to overnight her, not because of the sprained ankle but

because of the 10mg Morphine given by Ambulance Officers strictly following their Protocols"

(e) Any other related Matter

AMA (NSW) is concerned that the cities have an abundance of paramedics whilst small towns usually have minimal to none. In the cities, ambulance officers are rarely more than 10 minutes from high level Emergency Departments. Therefore the need for paramedics in such areas is less than in rural areas, where isolation, complexity and a lack of doctors in hospitals is generally the norm.

AMA (NSW) appreciates the opportunity to comment on the Management and Operations of the NSW Ambulance Service. If you require any more information please do not hesitate to contact Miranda Gilberg on (02) 9439 8822 or miranda@nswama.com.au

Yours sincerely,



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On behalf of Hospital Practice Committee