Submission
No 121

THE MANAGEMENT AND OPERATIONS OF THE NSW AMBULANCE SERVICE

Name: Mr Ian Stewart

Position: Chair, Greater Southern Area Health Advisory Council

Date received: 26/06/2008

Thankyou for considering our submission.

The following are the points we wish to make:

1. Co-location of Ambulance Service within Public Hospitals
    - This is of particular application to rural areas where hospital and ambulance staff numbers are critically short. Co-location would allow teamwork to develop, with both staffs working together.
    - Communication between hospital and ambulance staffs would be enhanced and fewer risks to critically ill patients would arise with the communication improvement
2. Separation of routine transport duties from emergency response duties
    - At small stations with low staff numbers, the response to emergency calls may be delayed if the crew is out on a routine transport matter. Transport for routine matters needs to be completely separate from the emergency service.
3. Training and education
    - Introductory training programs, like all in the health area, are in constant need of evaluation and upgrading.
    - There must be a robust set plan of ongoing education for all officers with certificated recognition of progress
    - Education for emergency procedures needs to be conducted in concert with other health worker , such as emergency and intensive care department nurses
4. Ambulance Service management culture
    - Anecdotal evidence suggests
        i. i. Poor relationships between management and field officers. Decline in recruitment may be due to this, in part.
        ii. ii. The system of placement and consideration of officers' preferences needs to be fair and open
    - While there is considerable interest in strengthening the corporate relationship between the NSW Ambulance Service and NSW Health, there is a danger that the processes of management of emergency response occasions may get submerged in a large bureaucracy, thus slowing down the introduction of necessary changes and improvements. This side of the Ambulance service needs to retain significant autonomy.
5. Work conditions
    - Many ambulance stations, especially in rural areas, are in a poor state of repair. Co-location with the local public hospital would mean that the ambulance station area would be subject to hospital rebuilding and maintenance standards.
    - Relations between staff and management, as mentioned above, appear to be poor and in need of improvement.
    - Ambulance officers are now-a-days much more subject to verbal and physical abuse. This, coupled with the already stressful nature of their job, particularly in emergency response matters, means that they are much more likely to suffer personal, psychiatric and marital disruption. This needs urgent attention if staff numbers are to be improved and the currently trained staff are to be retained.
    - There should be instituted a means for the ambulance system to weed out "ambulance abusers" who take up valuable time with trivial calls.
    - The transporting of seriously mentally ill patients needs improving, together with the relationship between and differential responsibilities of the police and the ambulance service.
    - The role of ambulance staff in the problem of "hospital by-pass" needs addressing.
6. Communication
    - The emergency response communication system needs very robust oversight to avoid mistakes on any and every occasion. A recent example was where two cars were instructed to attend a three-car accident at a certain street in a rural town. When they arrived there was no accident. It was then discovered that the accident was in a distant town with the same name as that of the street to which the cars were instructed to go.
    - In distant locations, doctors often have to manage acute cases while waiting for the ambulance to arrive. In these cases it is essential that these doctors have access to

skilled advice during this stressful waiting time. A system of electronic communication to support this would be a good idea.

Ian Stewart
Chair, Greater Southern Area AHAC