Submission
No 19

REVIEW OF THE IMPLEMENTATION OF THE RECOMMENDATIONS OF THE INQUIRY INTO THE MANAGEMENT AND OPERATIONS OF THE AMBULANCE SERVICE OF NSW

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Submission to NSW State Parliament

General Purpose Standing Committee No. 2
Review as to the implementation of its Inquiry into the Management and Operations of the NSW Ambulance Service

from

Dr Tamsin Clarke

Bundeena/ Maianbar Ambulance Action Group

19 January 2010

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Introduction

18 months on from when our Group made its original submission to the NSW Legislative Council's General Purpose Standing Committee No 2, there has been no improvement in the ambulance situation for Bundeena and Maianbar; indeed it could be argued that the situation is worse.

Committee's recommendation not adopted

The Committee's Recommendation 37 ('That the Ambulance Service of NSW provide a dedicated ambulance service in Bundeena, consisting of an ambulance station or a car stationed with 24 hour rostered cover') has not been adopted by the NSW Government.

Further concerns re operation of Ambulance Service

In addition, policies, practices, and actions of NSW Ambulance Service (AS) management in the areas of the Committee's terms of reference continue to be of concern both generally and to us as residents of this area.

1. Committee's recommendation not adopted

1.1 Our Submission

In March 2009 this Group met with Terry Clout, Chief Executive of South Eastern Sydney and Illawarra Area Health Service and Greg Rochford, Chief Executive Officer, Ambulance Service of NSW in the office of our local MP, Paul McLeay. We handed them a 50 page submission with our arguments as to why the Committee's Recommendation 37 should be adopted (copy annexed).

The response we subsequently received is basically that they had advised the NSW Government that the Bundeena/Maianbar/ RNP area will always statistically represent a very small proportion of the emergency medical cases in the Sydney metropolitan area and that any increase in funding for our area – as would be required to implement even the most minimal improvements - can therefore never be justified.

We asked Mr McLeay whether the NSW Government would accept this advice, given the fact that the isolation of the area by road means that patients are statistically at higher risk, because of the longer travel times. After all, the responsibilities of government and its duty of care to residents are not solely about benefits being allocated according to majority interests. If this were the case, no provision would ever be made for country areas. One example: the NSW Government still provides resources – irrespective of cost – to search for lost bushwalkers or rescue those injured in remote areas, despite the number of such persons being statistically minimal in comparison to other medical emergencies. Does it not do this because it perceives that to supply such services is the proper role of government, irrespective of cost? or does it only do it because of the likelihood of a public backlash if it were to withdraw these services?

There are many reasons why government would choose to spread the benefits of the ambulance system to areas such as the RNP/Bundeena/Maianbar, including the duty of care that the Government invokes by encouraging increased visits to this area (see par 1.5 below). However none of those reasons appear to have held weight with the NSW Government. The AS motto:

"Together we will be the world leader in Ambulance Services

Providing a shield of protection to our community"

is shown to be false for some areas.

1.2 Our Response to the NSW Government's statements

In the following paragraphs, Government statements appear in italics.

> *The Government has already addressed issues to ensure that Bundeena has proper and sustainable access to emergency care. The provision of ambulance services in Bundeena has already been assessed against the extent of ambulance coverage in the area and competing priorities across NSW.*

The present system whereby an ambulance can arrive within minutes to emergency medical situations in Bundeena, Maianbar and the Royal National Park, and have the patient to hospital well within an hour (rather than patients having to wait half an hour or more before an ambulance even arrives),

- is not sustainable because it depends upon overworking three officers who live locally
- does not involve a 24/7 immediate paramedic response. When there are not two local officers present in Bundeena and on call, Fire Brigade volunteers will be called out as 'first responders'. Their efforts are enormously appreciated by the local communities; however it is incorrect to say that they provide 'proper and sustainable access to emergency care' in a medical sense. They have first aid training but are not paramedics. Nor will they speed up the trip to hospital, except in one situation (discussed below).

Further, the concept that **the amount of funding for ambulance services in NSW is a fixed amount and that the** Bundeena/ Maianbar/ RNP area should **not** receive more funding in order to provide an adequate level of service is flawed for two reasons:

- the amount of any funding allocated to any government service in NSW is a political decision made on the basis of a number of factors. The decision to, for example, allocate billions to a light rail service to Rozelle is a decision to

spend money on that project in preference to others;

- it is quite inappropriate to say that money should be spent on 'competing priorities' when the existing level of service is not adequate.

The Ambulance Service has now put in place arrangements to ensure that the communities of Bundeena and Maianbar have access to 24 hour a day, seven days a week emergency care. This is supported by the on-call services of three Ambulance paramedics who live in the area, with a standard ambulance patient transport unit and a four wheel drive utility vehicle available.

The 'emergency care' of which the government speaks is not emergency medical care. Fire Brigade volunteer 'first responders' have first aid training and are not paramedics. To say that the local ambulance officers 'support' this 'emergency care' is a misstatement. These ambulance officers ARE the emergency medical service.

A community first responder scheme for Bundeena has already been established, consistent with services in similar communities. This is being provided in partnership with the NSW Fire Brigades in Bundeena and has been in place since August 2008. This will ensure that a sustainable long term service is provided to the community.

Community First Responders do not replace paramedics; they provide timely clinical intervention for patients while the nearest ambulance is dispatched to the scene. Ambulance resources are controlled centrally and resources are fluidly deployed to areas of greatest demand.

The phrase 'consistent with services in similar communities' is a misleading one. There are no other communities in metropolitan Sydney of which we are aware which - if the local ambulance officers are not in the area - necessarily suffer such a long response time as do Bundeena/ Maianbar/ RNP.

We're being treated like a country village hundreds of kilometres in the outback - and yet there are many country villages with smaller numbers of ambulance call outs (counting both non-emergency medical transport and emergency calls) which have their own ambulance stations (see Country Towns and Annexure 1 of

our most recent Submission of March 2009).

The existence of Fire Brigade volunteer 'first responders' does not ensure a sustainable long term service to the Bundeena and Maianbar communities in terms of emergency medical treatment, nor in terms of time to hospital (with one exception discussed below).

It is not accurate to say that Fire Brigade volunteer 'first responders' provide 'clinical intervention.' As mentioned, while they have first aid training they are not paramedics.

> *If the paramedic on call is responding as a single responder and a person requires transport, the Fire Brigade First Responders can drive an ambulance to the hospital, while the paramedic attends to caring for the person.*

This is the first time that the NSW Government has made this statement. The previous practice was that only ambulance officers were permitted to drive ambulances. While this new rule will assist in reducing the time to hospital for emergency medical emergencies in Bundeena/ Maianbar/ Royal National Park where there is only one local officer available on call, it will not assist if no local officers are within Bundeena and on call, which is often the case.

> *The Government has already addressed issues to ensure that Bundeena has proper and sustainable access to emergency care. The provision of ambulance services in Bundeena has already been assessed against the extent of ambulance coverage in the area and competing priorities across NSW.*

The provision of Fire Brigade volunteer 'first responders' as a default response to emergency medical situations in which an ambulance will need to come from outside the Bundeena/ Maianbar/ Royal National Park area is NOT a proper or appropriate level of emergency medical care. In addition, it is NOT sustainable because it depends on overworking a small number of officers who live locally.

It is all very well to say that other areas have competing priorities - which are given precedence by the NSW Government - if the basic level of service is adequate. IT IS NOT.

A rough analogy would be to say that because there are not many children at Bundeena school, only half the curriculum will be taught to them because there are more children in other school areas competing for teaching resources.

> *As with other areas, NSW Health will monitor the need for services changes in Bundeena and Maianbar.*

We have no faith in this statement, given the previous statements to the effect that money will always be spent where the majority of cases occur, irrespective of the life-endangering travel times for an 'out of area' ambulance to come to Bundeena/ Maianbar/ RNP.

> *Of note, there was no consensus within the Committee with regard to this recommendation and it was noted that 'endorsing the introduction of new individual ambulance stations in a geographic area without any analysis of the needs or current coverage is outside the terms of reference of this Committee" (p 223).*

We regret that the ALP members of the Committee were generally opposed to the recommendation.

Whether or not the recommendation was outside the terms of reference of the Committee is not relevant to the issue of whether or not the NSW Government acts on the recommendation. This Group has provided the NSW Government, Ambulance Service and South Eastern and Illawarra Area Health Service with substantial evidence that life-saving response times for persons suffering medical emergencies in Bundeena/ Maianbar/ RNP can only be met through an improved ambulance service based in this area.

1.3 Background

For the last 17 years ambulance officers residing in Bundeena have been asked by the Service to agree to be on call between shifts in order to provide (when they are not working their normal shifts) a rapid response to medical emergencies in the Bundeena/ Maianabar/ Royal National Park area.

They are still the ONLY emergency **medical** service in this area. Bundeena still has only a single part time GP and no out of hours emergency services.

The government has given short first aid courses to volunteer fire brigade officers who are called to the scene as 'first responders' when there is no local ambulance officer on call. Some of these 'first responders' might co-incidentally have medical training, but the great majority do not. Nor does it appear that they receive regular training updates. Unless in all situations the volunteer fire brigade officers who attend the medical emergency happen to work in the area of medicine as their main profession, this 'first responder' system will never be an adequate substitute for a 'first response' by fully trained and highly experienced ambulance officers who can not only treat the patient on the spot, but take them to hospital.

1.4 Isolated area with long response times

If they have the necessary vehicle located in Bundeena, on call officers can respond to a local incident within minutes and may be able to respond to an incident further afield (eg in the Royal National Park) inside the Ambulance Service's target of 16 minutes. They can generally have a patient to hospital within the 'golden hour' so long as the transport COMMENCES in Bundeena.

The alternative takes a minimum of 30 minutes ambulance response time - whether or not the fire brigade also arrives in the meantime as 'first responders' - and the time from the incident to hospital can easily be more than an hour – well outside Ambulance Service objectives, and posing serious risks to emergency patients.

The alternative to an ambulance trip which commences in Bundeena involves an ambulance coming into Bundeena/ Maianbar through the Royal National Park on a winding, badly surfaced road[1] which is frequently closed by flooding and accidents.[2]

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1 During the last 12 months the RTA has made several attempts at resurfacing parts of the road; however the work has generally been substandard, with the road becoming pitted again within weeks, and in any case is only partial.

2 The trip is 26 km from the highway to Bundeena and 31.5 km from Bundeena to the nearest hospital (at Sutherland) by the most direct route (via Audley weir) or 45.5 km from Bundeena to Sutherland Hospital by the second-most direct route (via Waterfall bridge).

1.5 Increase in road traffic, decrease in hazard reduction

After the 'Sea Cliff' bridge at Coalcliff was completed in December 2005, the NSW State Government subsequently commenced a tourism campaign to encourage tourists to take that road. As part of that campaign, the road through the Royal National Park from Sutherland to Stanwell Heights has been signposted as 'Grand Pacific Drive' and NSW State Government tourist brochures encourage drivers to drive through the RNP in order to reach the Sea Cliff bridge, instead of continuing along the highway to Waterfall or Helensburg before heading down to the coast.

While our Group has not been able to obtain definite figures on the increase in road traffic, anecdotal evidence is that traffic through the RNP has substantially increased since the new signposting, particularly on weekends and in holiday periods, substantially increasing the wear and tear on the inadequately surfaced road and, because of the influx of cars, motorbikes, and persons generally, increasing the likelihood of accidents/ medical emergencies in this area.

At the same time, the NSW Government has not acted in many years to ensure hazard reduction burnoffs in the Royal National Park, despite increasingly concerned requests from locals.

Effectively, the NSW Government continues to encourage people to come to an area which it is well aware is poorly served by ambulances and is highly fire-prone.

Instead of backing up its fire brigade services in this area with well resourced ambulance services, NSW Government divides local fire brigade resources between their traditional role and the role of medical response – thereby undermining both roles.

Obviously when local fire brigade services are called to a fire (whether locally or further afield) they will be unavailable to act as first responders – exactly at the time when ambulance services for fire-related injuries are highly likely to be needed.

2. Further concerns re operation of 000 Service/ Ambulance Service - General

2.1 Emergency calls where street address not available

The tragic case of David Iredale's death in December 2006 highlighted an uncaring attitude amongst persons taking emergency medical calls and an inability to 'think outside the square' when faced with an emergency occurring in a place without a street address. Despite the promises subsequently made on behalf of the AS that staff would be properly trained to act on calls to emergencies at places without a street address, incidents have recently occurred which showed that this training has not been carried out effectively, if at all.

Towards the end of May/beginning of June 2009, Bundeena resident Maya Verma had a car accident on McKell Avenue where it leads up to Waterfall from the Joan Holland bridge over the Hacking River. Some passers by called for an ambulance. Maya could hear them arguing with the responder who yet again was reluctant to take an emergency call without a street address.

The Daily Telegraph has reported similar continuing problems for residents of Deepwater Estate, Woronora River (another area within Mr McLeay's electorate).[3]

2.2 General problems with CAD systems and procedures

On 17th March 2009 representatives of our Group, together with Paul McLeay, visited the Redfern Computer Aided Dispatch Centre (CAD).

No information about road closures

We raised the point that if the road through the RNP is closed at Audley by flooding, then this is relevant to the issue of which is the 'nearest' ambulance to Bundeena/ Maianbar/ RNP.

At the time, neither the operator nor dispatch sections of CAD were given information about road closures etc which could affect the decision as to where the 'nearest' ambulance is located in relation to an emergency call.

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3 Gemma Jones, 'Deepwater Estate with no streets is a triple-0 black hole" 27 April 2009.

It was said that CAD relies upon local officers to be aware of local conditions. However this does not appear to be very realistic when ambulances are regularly sent from one side of Sydney to another.

We subsequently wrote to recommend that there be a CAD link to the RTA website about road closures, so that the CAD system shows potential road problems for all of Sydney, not just Audley.

The ambulance you get is not the nearest, but the one whose officers have had their lunch

We understand that this is no longer an issue because shift loadings are no longer awarded to ambulance officers who, by reason of their workload, have missed out on their lunch break. Our visit to CAD confirmed that the computer system at the time had a code to show dispatchers at a glance which ambulances contained officers who:

(1) were within an hour of their shift end; or

(2) had taken their meal break (and whose wages would therefore not incur any additional loadings).

We understand that ambulance allocation/ dispatch decisions were made in the light of such information. This may, as we said, no longer be a direct issue. However it does indicate the manner in which the AS has for years balanced cost against response time – a balance which is not likely to be to the benefit of the patient.

Is definite information more important than responding?

In November 2009 a road accident occurred outside the Sugar Loaf café on President Avenue, Kogarah, where a pedestrian was hit by a car in the middle of the road and thrown to the ground. The café owner immediately rang for an ambulance. He subsequently told me that in his view the operator took an inordinate amount of time in asking for details about the severity of the injury, which he was unable to supply, before agreeing to call an ambulance. Fortunately, in the meantime an off duty police officer on a motorbike had arrived and taken control of the situation, and when the ambulance was dispatched, it

arrived quickly. The officer then promptly escorted the ambulance to the nearby hospital. However, given that the point of discovering the severity of the injury is to obtain an indication of the urgency of the response (see par 3.3 below), there seems little purpose in dispatchers pedantically quizzing a caller who obviously has no further information to give them before sending an ambulance to a man lying in the middle of a major road. Perhaps the dispatcher should in such situations send the ambulance and THEN try to find out more details? Again, this reminds one of David Iredale's experiences.

3. Further concerns – Local area

3.1 Lack of AS management help in improving/ addressing present situation

For several years there have been only 3 ambulance officers residing in Bundeena who have agreed to be on call outside their rostered shifts. While the purpose of them being on call is principally to serve the Bundeena/Maianbar/ Royal National Park area, they are also called to incidents further away.

The aim is that at least two of them be on call in Bundeena at the same time, so that in the event of a medical emergency they may drive the patient to hospital. This can prove difficult for them to arrange as they operate out of different stations and on different rosters, particularly when the rosters of any one of the three relevant stations are changed at the last moment, as often happens.

3.2 Local Officers' Workload and stresses

As mentioned in this Group's original submission, the local officers regularly respond to calls during the time between their shifts and on their rostered days off. One of the officers is retiring shortly. One has recently lost his wife to cancer. One has young children.

These officers are already undertaking stressful jobs. Their leisure time is interrupted and restricted by them being on call. They lose sleep. They cannot socialize normally when they are on call.

3.3 Negative Management responses

Management responses have substantially increased the stresses on these local officers. Vehicles have been provided and then withdrawn. The officers have been told that fatigue management is their own affair. Most recently, when other ambulance officers living locally have offered to be on call so as to reduce the burden on the current on-call officers, **management has rejected their offers** – leaving the whole burden to continue to fall on the same officers who have born this additional stress year in and year out in order to support their local

community. Officers have been told to continue working at local emergencies despite their exhaustion.[4]

Suggestions from this Group for interim measures to assist the officers in providing an on call service and with suggestions for structural improvement in relation to improvement of shifts, including moving the officers to the one ambulance station, and back up of the officers, have all been rejected in favour of the fire brigade 'first responder' model which in our view does not provide an adequate or a medical solution.

3.3 Other CAD problems that affect us locally

Taking response times into account at Operator level

At our Group's visit to CAD we raised the point that a medical problem categorized by a CAD operator as, say, P1C, would not receive an appropriately prompt response from the Dispatch section at CAD if the medical problem were to be in Bundeena/ Maianbar/ RNP and no local officers were on call. The medical problem might receive a response time more in line with (for example) a P2B incident.

The June 2008 *Performance Review of the Ambulance Service of NSW* (the 'Review') noted that **the major difference resulting from the use of different response categories is "the time it took for an ambulance to arrive (p 50)."** That is, the effect of the Operator's categorization of a medical problem has a direct connection to the time of arrival of the ambulance. Surely this is an argument for either Operators or Dispatchers (or both) 'upgrading' the medical categorizations for incidents in Bundeena/ Maianbar/ RNP to take travel time into account. This is a point that we have had trouble getting across to AS management.

There is the related point that what starts off as (for example) a P1C incident may well escalate to (say) a P1B incident if the ambulance takes too long to arrive. While the person calling the ambulance might be able to ring again and update the Operator on the increased urgency of the incident, they might also be in a situation where they are unable to do this. Surely it would be best to take the

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4 See material in Schedule.

traveling time into account from the outset.

We asked if it would it lead to more timely medical treatment if Bundeena residents were informed by the CAD Operator whether or not there are local officers responding and whether or not the caller can expect to wait a minimum 30 minutes for an ambulance to come into the Park.

Identification of on call Bundeena ambulance as available for Bundeena/Maianbar/ RNP area

When ambulance officers are on call in Bundeena, this doesn't show up on the main computer screens that the dispatchers view.

That is, it does not show up on the map of the Sydney area showing rostered (but not on call) ambulances and call locations nor on the list of available ambulances (which does not show on call ambulances).

The information as to who is on call at Bundeena/Maianbar is on a separate sheet relating to manning levels at various stations. It may be that the sheet is available also on screen, although this was not clear. There is no reference on the sheet to the officers being on call for RNP.

We suggested that:

(1) the sheet (in both hard copy and on screen versions) should refer to the on call ambulance being for Bundeena, Maianbar **AND the RNP as well** in order to provide an 'aide memoire' for dispatchers. We make this suggestion because the local officers have mentioned several occasions, including Christmas Day 2008, where they were on call and would have been the 'nearest' ambulance but were not called out to RNP accidents.

(2) where there is an ambulance crew on call in Bundeena (ie 2 officers), the ambulance be manually logged in to the CAD system so it shows up on the screen, providing a visual reminder to the dispatchers. We were told that on call ambulances are not generally logged in to the CAD system as to do this would provide a misleading impression of available resources over the whole Sydney area. Presumably they are logged in only once they are 'activated.'

We submit that (a) even if the on call ambulance then shows up on the other CAD figures, this can be taken into account in compiling relevant statistics; or alternatively (b) it would be possible for a 'work around' to be added to the computer system so that the Bundeena on call ambulance does not show up on other CAD figures until that ambulance is 'activated', despite appearing on the dispatchers' screens as a visual reminder.

4. Conclusions

(1) The fact that the current unreasonable burden on local on call officers could be reduced by allowing additional officers to be on call and 'share the load' should be urgently addressed by AS management.

(2) Even if this is done, the State Government should still act to improve ambulance services to this area, which is not classified as remote or as an 'area of need'. However it is not an area that receives much government spending. The NSW Ambulance Service should provide a service that actually meets the needs of residents, including in remote locations, rather than blaming them for living where they do. What we are suggesting has similarities to the Ambulance Extended Care Paramedic program.[5] But this program still needs a home base from which to operate. And because of the crucial timing issues, that base needs to be in Bundeena. We repeat:

- Our situation is not unknown or that unusual. Better solutions for isolated/remote areas like ours which have seasonal influxes of additional visitors should have been in place for the last 15 years
- Country towns with comparable populations and call out rates in both Victoria and New South Wales often have their own ambulance stations with dedicated vehicles and personnel, even where there are other emergency medical services more closely available to those towns than we have in Bundeena.

(3) The manner in which 000 / CAD call staff respond to medical emergencies where the caller does not have full details of the medical problem and/or the exact location of the patient would appear from anecdotal evidence to still be inadequate and still need to be substantially improved.

(4) CAD procedures appear to be historically aimed at saving money more than at providing the quickest possible medical response.

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5 See Ambulance extended care paramedic systemhttp://www.health.nsw.gov.au/news/2007/20071023_00.html

SCHEDULE

Paul McLeay MP for Heathcote, Speech to Legislative Assembly, 29th August 2008 [emphasis added]

BUNDEENA-MAIANBAR AMBULANCE SERVICES

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Mr PAUL McLEAY (Heathcote) [12.31 p.m.]: I inform the House of the excellent work being done in the Bundeena community. Some of our local heroes are doing a wonderful job, and continue doing a wonderful job. There are three on-call ambulance officers in Bundeena—Phil, Brian and Simon—who service the Bundeena and Maianbar communities as well as offering assistance in call-outs to the Royal National Park, which as members know is the second oldest park in the world and has in excess of a million visitors per year.

The work that these gentlemen do is above and beyond what most people would see as their normal job. For them it is a vocation, not just a career. After finishing their normal shift they go home to a beautiful and tranquil part of the world and, by agreement, are on call to serve their community should they be needed. That has been the situation for about 15 years: Phil Mausley has been involved for the whole time, and Brian and Simon joined several years later. The treatment the men received from the ambulance service was brought to a head and the agreement broke down. In this unfortunate situation the community got together and a ginger group was formed. People organised in support of the ambulance officers. The Government was able to intervene and a resolution was reached: the three gentlemen involved are now back on duty providing an on-call service. We will continue to work with them to make the situation more sustainable.

Following the breakdown of the agreement **a website published misinformation about the situation**, and yesterday in the other place the Hon. John Ajaka put some misinformation on the record, which I want to clarify. **Contrary to other claims, services in Bundeena have improved.** Local paramedics are now on call in accordance with award requirements. They are rostered on call between their normal shifts. As a general rule, paramedics are

free from on-call duties on their rostered days off. **This has improved fatigue management for paramedics while maintaining on-call services in Bundeena, Maianbar and the national park**—for which they have received in excess of 200 calls per annum. Two paramedics may be rostered on call at the same time in Bundeena.

One of the issues raised related to the week of 18 August. **Two officers were on call to respond on six out of seven days, and only one paramedic was on call on one day out of seven.** An ambulance first responder program, in conjunction with New South Wales Fire Brigades, commenced operations in Bundeena on 9 August 2008. It operates 24 hours per day. The first responder program supports the on-call officers and has improved the service provided in Bundeena and Maianbar. If a single paramedic is on call the officer is supported by the 24-hour Bundeena first responder and is able to provide immediate emergency medical transport from Bundeena to hospital. Transport times to hospital have not doubled. **None of the paramedics on call worked 24.5 hours straight on the weekend as claimed.** There was a magnificent effort by one paramedic. After finishing a 14-hour shift he went home and several hours later, before he had had any sleep, was called out to a shocking accident involving a building collapse at Bundeena. He responded magnificently. He and Phil made a superhuman effort. Someone died whom many attending knew. I find it abhorrent that others have used the situation for political reasons.

On 14 August a triple-0 call was received. It was claimed that people had to wait a long time, but the citizens informed the triple-0 operator that there was no rush. The fire brigade, the first responder, arrived straightaway. The ambulance service made contact to check that everything was all right. The people involved were satisfied with the call time. The patient was transported by ambulance to hospital within the appropriate time frame relating to the person's medical condition.

Our Group's response:

Because no back up has been provided by the Ambulance Service when local officers are on their rostered days off, on call services in Bundeena have not been 'maintained' but have been reduced significantly.

Statistically, the week of 18 August cannot be representative. There are only 3 local officers who are able to be on call between shifts, and who are generally not on call on their rostered days off. It is impossible therefore to have full on call coverage (that is, two local paramedics on call at the same time 24 hours a day 7 days a week) every week. Nor is it possible to have anything approaching the same coverage as existed when 3 officers were on call both between shifts and also on their rostered days off. We calculate the reduction in coverage as being at least 38%.

To say that this arrangement amounts to 'maintaining' on-call services to the area is outrageous.

If there is no paramedic on call, whether or not the fire brigade 'first responders' attend, an ambulance must be called in from 'out of town,' more than doubling the paramedic response time that would otherwise apply and more than doubling the time for the patient to reach hospital.

On the basis of the heavily reduced 'on call' rosters, on our calculations it is currently the situation that a Bundeena/Maianbar resident has less than:

- a one in two chance of an ambulance response within 25 minutes, and
- a one in three chance of being transported to hospital within 25 minutes.

Local officers overworked

Our understanding of the events is as follows: the officer in question was working a normal rostered shift. The shift ran into overtime. By the time he left work he had worked 16 ½ hours. He returned to Bundeena. He did not go home. Following a prior request of the Fire Brigade, he went straight to the Fire Brigade station in Bundeena to teach first aid techniques to trainee 'First Responders.' He was there when the call came to assist vicitms of the local building collapse. He said he wouldn't attend because he was not on call and was fatigued. He

was then specifically requested by the Ambulance Service to attend, **despite his fatigue**. Even though other officers and supervisors also attended the scene, he was not told that he could leave until the officers generally left the scene. When we saw him, he looked completely exhausted. He asked us what time it was. It was about 6.30 pm. He told us that he had at that time effectively 'worked' 24 and a half hours straight.

Conclusion

Our experiences over the months since this issue was first raised with the State Government and the Ambulance Services have convinced us that, without a properly staffed local ambulance station, the Bundeena/Maianbar community does not and will not have an adequate ambulance service.

The present on-call ambulance service is not sustainable, being dependent as it is on the good will and availability of ambulance officers who happen to live within this community, and who – we understand - are not even being allowed to 'spread the load' with other volunteer ambulance officers who are willing to assist.

Annexure to

Submission to NSW State Parliament

General Purpose Standing Committee No. 2 Review as to the implementation of its Inquiry into the Management and Operations of the NSW Ambulance Service

from

Dr Tamsin Clarke

Bundeena/ Maianbar Ambulance Action Group

19 January 2010

copy of:

Submission to:

Terry Clout, Chief Executive of South Eastern Sydney and Illawarra Area Health Service

Greg Rochford, Chief Executive Officer, Ambulance Service of NSW

from

Bundeena/ Maianbar Ambulance Action Group

19 March 2009

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"Together we will be the world leader in Ambulance Services
Providing a shield of protection to our community"

"NO LOCAL AMBULANCE = OUR LIVES AT RISK!"

Introduction

Two villages are located on the south shore of a bay. To the north lie the waters of the bay, on every other side they are surrounded by approximately 40,000 acres[1] of bush with heavy fuel build up.

There are two separate roads to the villages, leading off the main north-south highway. One road heads north, the other south. They merge into a single access road which heads east to the sea and to the villages. The road branches off to the first village, and terminates at the second village as it reaches the sea.

The northern exit from the highway crosses a weir and is subject to closure from flooding. The road is slow and winding, in bad repair. There are only a couple of passing places along its whole length. There are frequent road accidents, often fatal - especially involving motor bikes.[2]

The northern road over the weir is the shortest route to the local hospital, being approximately 32km.

When the weir is flooded or the road otherwise closed the southern route to the highway must be taken. By this route, the distance from the furthest village to the local hospital is approximately 45 km.[3] During April 2009, the shortest route to the hospital will be closed between 9am and 3pm on many days for roadworks.[4]

The approximate population of the smaller village is 500, the larger is 2,000[5].

There is no public transport to the villages. A private ferry service runs across the bay hourly to the furthest village from 6am to 7pm on weekdays and between 9am and either 6 or 7 pm on weekends (depending on the season). When seas are high the ferry cannot run. A 'shopping' bus takes those without cars out to the nearest suburban shops twice a week. There are no taxis in the villages.

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1 16,000 hectares (160 km^2) being approximately 62 sq miles. By our calculations, this is an area equivalent to that within a 7km radius from the CBD, covering the centre of Sydney from Willoughby to Hunters Hill, Summer Hill, the Airport and Vaucluse.

2 One source puts the bike accidents at 125 over the last 5 years, another at eight deaths in 10 years and 60 accidents in 2007 alone (Gareth Bethell, 'Finally some action in national Park', *St George and Sutherland Leader*, 9 July 2008)

3 See Annexure 4 – Local Facts and Figures

4 Road signage in RNP confirmed by personal statement from Paul McLeay 17 March 2009; not currently shown on RTA website at time of writing.

5 2006 Census - Bundeena: 1,926 and Maianbar: 523

There is one local village doctor who works during the day but does not, except in exceptional cases, provide emergency after hours services. The villages have long had trouble attracting and retaining doctors. Single doctors tend to 'burn out'.

Unfortunately, the villages have had difficulty in achieving designation as medical 'areas of need' (which would entitle them to Commonwealth funding and a wider pool of doctors).

Approximately 4 million visitors a year[6] come to the bush surrounding the villages which is a National Park and to the beaches accessed through the Park and the villages. A National Park camping site operates in one of the villages and attracts many summer visitors. During summer holidays both villages are full of visitors. The State Government has recently designated part of the road to the villages as the 'Grand Pacific Drive', since when the number of users of that road/ visitors to the area surrounding the villages is said to have 'doubled' – and the road surface has declined still further.

The villages have always been short of government funding and have lacked infrastructure. The sewer system was only put on about 5 years ago.

The village residents and visitors to the Park rely for emergency medical services upon three local village residents who are also ambulance officers. One has a wife ill with cancer, one is due for retirement, one has small children. If no local officer is on call, it takes an absolute minimum of 30 minutes for an ambulance to arrive from 'out of town' to the villages or nearby beaches. Unless there is an ambulance presence in the villages, the 'golden hour' to hospital can easily be exceeded for village residents/park visitors, putting their lives in danger.

Until out of town ambulance help arrives, arrangements have been made for fire brigade officers to attend medical emergencies as so-called 'first responders'. It is now proposed that fire brigade officers also be authorized to administer certain drugs. The Health Services Union opposes this step.

Many other places in NSW with much smaller populations and smaller numbers of visitors have dedicated ambulance stations /services.

The villages we consider here, on the other hand, have all the disadvantages of a rural area without government recognition of, or compensation for, that situation.

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6 See Annexure 4 – Local Facts and Figures

They remain without appropriate ambulance services, even though they are part of metropolitan Sydney.

The 'Bundeena' situation described above is not unique or particularly unusual, but a recognized problem of remote areas which should be addressed by the Ambulance Service taking an integrated approach with other medical services – with special grants or funding if necessary.[7] This was confirmed by the NSW Legislative Council in its Parliamentary Report on the NSW Ambulance Service.

Parliamentary Report

The Legislative Council's report on the NSW Ambulance Service was published on 20 October 2008 reads:

> 8.103 This community of 2,500 residents is clearly disadvantaged. We believe that an ambulance service in Bundeena is required to provide necessary medical emergency services to the area.

Recommendation 37

That the Ambulance Service of NSW provide a dedicated ambulance service in Bundeena, consisting of an ambulance station or a car stationed with 24 hour rostered cover.

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[7] see the review of the literature in Associate Professor Peter F. O'Meara, *Models of Ambulance Service Delivery for Rural Victoria*, Ph D thesis, UNSW, 2002 which is available online at http://www.library.unsw.edu.au/~thesis/adt-NUN/uploads/approved/adt-NUN20030401.152156/public/02whole.pdf. As O'Meara says (p 72):

> "important environmental factors which affect the ... performance of rural ambulance services throughout Australia include the population drift to larger centres, an **ageing population**, economic stagnation, some degree **of isolation from other health services**, and the withdrawal of complementary medical and health services from many country areas..... **Some rural areas without the necessary infrastructure, such as hospitals and medical practitioners, also have to cope with seasonal influxes of additional visitors**, either for seasonal work or for recreation"

Interpretation

Distances

There will be some small variations in distances cited in this paper, depending on which mapping system is used. We have generally used Google maps.

Times

Most mapping systems tend to over-report travel time. The times given in this paper are generally shorter than those shown on Google maps or other systems and are based on local experience.

Ambulance presence

In this paper we call the ability to commence the trip to hospital from Bundeena/ Maianbar/ Royal National Park an 'ambulance presence'. We deal later with the particular forms of ambulance presence that could be implemented.

Summary

1. **Need for local ambulance presence:** Because of their isolation, distance by road, lack of alternative forms of transport and lack of after hours emergency services, Bundeena, Maianbar and the surrounding Royal National Park area need an ambulance presence if any reasonable level of emergency transport to definitive care is to be provided by State Government.

   A local ambulance presence is justified because of:

   (1) the number of emergency call outs (not counting non-emergency ambulance/ hospital transport and not counting patients driving themselves),

   (2) the fact that the number of emergency call outs to the area is increasing at a rate of approximately 20% per annum,

   (3) the fact that State Government encourages millions of tourists and locals to visit the Royal National Park each year along a badly-kept road which is regularly the site of motor cycle and car accidents and is often flooded in winter (see the recent 'Grand Pacific Drive' signage which encourages drivers to drive through the RNP rather than along the highway between Sutherland and Wollongong, substantially increasing visitor numbers) but has no disaster plan for the RNP area,

for a nuclear emergency at Lucas Heights, nor for a plane crash on the southern Sydney Airport flight paths,

coupled with:

(4) the unusually long time it takes for an ambulance to reach an emergency in the Bundeena/Maianbar area in the first place, in comparison with other Sydney suburbs, if it has to come from outside Bundeena/Maianbar; and

(5) the unusually long time to reach a hospital by road from the Bundeena/Maianbar area once the ambulance has attended the emergency.

Both these times are further extended if the road through Audley is closed by flooding, as regularly happens.

Present situation not satisfactory: The lives of residents and visitors to this area are being put at risk by the present piecemeal 'on call' ambulance/first responders arrangement which is not sustainable and does not provide appropriate transport to hospital nor medical coverage 24/7.

2. **Comparisons (Need):** Other places have such a service: Many villages and towns in NSW with all or any of:
   a. smaller populations
   b. smaller visitor numbers
   c. smaller number of medical emergencies
   d. shorter distances to hospital /response times
   e. better medical services

   have fully staffed ambulance stations.

3. **Why the first responders plan is not a solution:**
   a. it does not provide a medical response (lack of training, experience, skills)
   b. it does not provide a transport response – first responders cannot transport without an ambulance/ ambulance officer

4. **Costs** of our recommendations would be minimal and savings would be made in other areas.

5. **Government has a duty** to provide satisfactory emergency medical service and its failure to do so is becoming an election issue.

6. **Recommendations:**

- Rostered officers work their rostered shifts out of Bundeena during the day

- Rostered officers agree to live locally and be on call in the evenings. Need at least 2 living locally (Bundeena or Maianbar)
- where there is insufficient rostered shift coverage owing to holidays, training etc, a permanent officer be brought into Bundeena from another station to cover that shift (as occurs with the Bundeena fire brigade)
- single 4 wheel drive ambulance capable of transporting a patient is required
- officers share premises with existing Rural Fire Services station and later, when it is built, take up premises in the new integrated services building.

We need a manned 24 hour local ambulance service in Bundeena/ Maianbar – perhaps sharing premises with Bundeena fire station.

Nothing else will achieve the target response time – or anything like it.

We are working hard to come up with solutions that can be implemented quickly, easily, and comparatively cheaply. We are not asking for the construction of new buildings, but for a sustainable emergency response service to our area.

1. When does an area need its own ambulance presence?

1.1 Definitions

This document is concerned with ambulance services not only to the villages of Bundeena and Maianbar but also to the surrounding Royal National Park. References in this document to the 'relevant area' are to the villages of Bundeena and Maianbar and the surrounding Royal National Park.

1.2 Key indicators

When we compare the Royal National Park/Bundeena/ Maianbar area response times and call outs with those of other places in NSW, it seems to us that there is ample evidence that a permanent ambulance presence in Bundeena is needed.

The key indicators for the need for an ambulance presence would seem to include:

1. average number (and severity) of medical emergencies in the area
2. distance to nearest hospital
3. distance from nearest ambulance station
4. effect of distance, access and road quality upon response times and time to hospital
5. availability of alternate transport
6. other medical services available
7. whether the alternative (current) system is sustainable
8. whether the present system meets response and time to definitive care needs.

1.3 Regional characteristics

Although part of metropolitan Sydney, the villages of Bundeena and Maianbar and the surrounding Royal National Park have a number of regional /semi-rural characteristics which put residents at greater risk in medical emergency situations and which require innovative government solutions.

The characteristics are:

- isolated/ difficult access – parts of the road are often closed by flooding, road accidents, and fire (including for several days in 1994)
- no alternative transport other than private cars: no taxis; 'public' transport only by hourly ferry to Cronulla and only during the day – subject to weather conditions

- distance by road from ambulance stations into the area increases initial response times beyond acceptable limits
- distance by road from the villages to the nearest local hospital at Sutherland increases time from the area to hospital /definitive care beyond acceptable limits
- no after hours medical assistance with which ambulance services can be integrated
- many areas in the Park without reception for mobiles and radios, which can seriously hamper emergency medical responses
- area is not well known to emergency call centres / it is difficult to explain the position of accidents within the Royal National Park without caller and recipient both having access to GPS coordinates, there often being (especially with road accidents) no nearby cross roads or geographic features that are easily identifiable.

1.4 Average number (and severity) of medical emergencies in the area – the missing figures

1.4.1 Call out figures represent a small part of the area workload

Call out figures for the Bundeena local officers (which were an average of approximately 16 per month in 2007[8]) represent only a fraction of actual medical emergencies/ ambulance responses in the Bundeena/Maianbar/ RNP area (ie the area that would be serviced by a local ambulance presence) because the call out figures for the Bundeena local officers do not include:

(a) responses to medical emergencies in the area by rostered officers from other ambulance stations either:
  (i) when there are no local officers on call at the time, whether because they are working on roster elsewhere, or are on a RDO;[9] or
  (ii) CAD fails to call them out even though they are designated as on call;[10]

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8 See Annexure 5 – Call outs to local officers 1994 - 2007

9 The figures for these responses will need to be obtained from all the separate stations and collated. They are not available to us. These figures are particularly relevant for 2008 when between 1 and 3 of the officers withdrew on call services for various periods, in some cases amounting to several months.

10 It is noted that the spreadsheet showing staffing levels at CAD describes the on call officers as Bundeena/Maianbar and does not refer to the Royal National Park, and that the CAD screens do not display on call ambulance vehicles. A dispatcher might easily forget that

(Where local officers are aware of such incidents, these are included in the 'missed calls' row of the table at Annexure 5).

(b) non-emergency patient transport, which is not generally done by local on call officers. It is important to note that non-emergency patient transports are generally included in 'workload' figures for ambulance stations (see Annexure 1 – Examples of NSW Ambulance Stations with less than 8 Staff Servicing Towns of comparable size/ smaller) preventing a direct comparison between the 'on call' call out figures for Bundeena/ Maianabar/ Royal National Park, and workload figures for other ambulance stations;

Nor do the figures reflect situations where patients drive themselves or are driven by friends or relatives to hospital or in extreme cases take the ferry to Cronulla because of lack of knowledge of local services (eg visitors to RNP) or concern at ambulance response times to Bundeena if the local officers are out working their normal rosters (we have surveyed the local area and believe this to be a sizeable figure, particularly in the case of chest pain cases).[11] That is, if there were a stable ambulance presence in Bundeena, the workload would be likely to increase as residents gained faith in their ability to access ambulance services.

1.4.2 Are official figures for the relevant area underreported?

In addition, official figures for actual medical emergencies in the Bundeena/ Maianbar/ RNP area are likely to be underreported because of the manner in which the emergencies are classified:

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there is an ambulance available in Bundeena which is only discoverable from the staffing sheet, given that dispatchers would generally look at the screen that shows ambulance location and the screen that lists all available ambulances (information from personal visit, 17 March 2009). For example, one local officer stayed in Bundeena on Christmas Day to be on call, missing out on his family's Christmas dinner with relatives out of the area. He came by chance upon another ambulance crew in the Royal National Park who told him that they had been called out twice to accidents in the RNP – but yet no contact had been made with that officer by CAD, even though he was on call: personal communication to Tamsin Clarke from local officer Simon Bedwell, March 2009.

11 Hospital figures for St George and Sutherland Hospitals for the year to July 2008 show that the percentage of non-ambulance admissions from the suburbs of Bundeena and Maianbar is about average for Sutherland area. However one would have expected a lower percentage given distance to the hospitals – it's easier for someone to drive to hospital from Kirrawee than from Bundeena. This statistic implies that people are being forced to drive or be driven because of lack of ambulance services – backed up by anecdotal evidence.

(a) responses within the RNP can be classified as relating to Engadine or Heathcote, depending where in the Park the emergency occurs. Internet searches for descriptions of accidents in the Park show that media outlets often tag Park accidents as relating to Heathcote - postcode 2233, not 2230 (Bundeena/Maianbar/ Cronulla postcode)[12]; and

(b) where more than one ambulance attends an incident, as is often the case with motor bike and car accidents in the Royal National Park, the incident is not necessarily recorded as an incident dealt with by each ambulance.[13]

Hospital figures do not assist in establishing the 'missing figures' as patients are classified by home postcode. They therefore only show the medical emergencies relating to Bundeena and Maianbar full time residents and do not show the medical emergencies which occur in those villages or the RNP to visitors/ travelers/weekenders who give a different home postcode.

The number of call outs attended by local officers is, for the above reasons, the base/ absolute minimum figure[14] This figure was approximately 16 per month in 2007, which are the latest complete figures available.[15]

The number of calls to which the on call officers responded in 2007 in addition to working their full normal shifts (plus overtime) was 190. They are aware of an additional 20 calls to which they were unable to respond. This information is shown in the attached tables and charts.

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12 Ambulance call outs from landlines are displayed to Telstra's emergency line (and presumably also to the Ambulance Call Centre) by postcode, and can be recorded under that postcode even if the caller rings off and gives no location information – in which case an ambulance is sent to that phone number's billing address. Call outs from mobiles are displayed by billing address, irrespective of the location of the call. Call outs from within the RNP will always be by mobile, not landline, making the location of an incident less easy to pinpoint if the caller fails to give a location/ stay on the line/ give accurate information.

13 For example, the official station profile for Baradine states that: "Baradine is a three officer station. ... There would be an average of twenty five cases accredited to Baradine per month. This number does not always reflect the true number of cases attended by Baradine officers or cases transported from Baradine. Cases are transported from Baradine to other health facilities by officers from other stations. The officers from Baradine are often called to assist other stations with cases and are often sent to "stand by" at other locations with any cases completed being accredited to other stations."

14 see Annexures 5, 6, 7 and 8.

15 The 2008 figures are incomplete because of the several months during which some or all of the local officers withdrew their agreement to be on call.

1.4.3 Estimated missing figures

A reasonable and conservative estimate for the 'missing figures' for the responses described in paragraphs (a) and (b) of clause 1.4.1 would appear to be 7 attendances per month for non-emergency transport and 7 attendances per month from out of area ambulances, bringing the total workload per month to a conservative figure of 30 responses per month, or 360 per annum. This is directly comparable with many places in NSW that have equivalent or smaller populations (see Annexure 1 – Examples of NSW Ambulance Stations with less than 8 Staff Servicing Towns of comparable size/smaller). Note, in Annexure 8 the table of 'missing figures' uses even more conservative estimates.

The number of calls to local on call officers increased on the average by 20% per annum over the period 1994 to 2007 (see Annexure 5). The attached tables and charts relating to known call outs are based on diaries of all call outs kept by the officers since 1994 (with names and identifying information removed).

It would seem a safe assumption that the overall ambulance workload in the Bundeena/ Maianbar/ RNP area is increasing at the same rate.

1.5 Distance to nearest hospital

Bundeena to Sutherland Hospital via Audley: 31.2 km (see Annexure 13).

Bundeena to Sutherland Hospital via Waterfall (necessary to go this way on the several days per year when the weir at Audley is closed because of flooding): 44.8 - 45.5 km, depending on the mapping system used (see Annexure 14).

1.6 Distance from nearest ambulance station

Engadine ambulance station to Bundeena: 27.4 km (see Annexures 11 and 12). Caringbah ambulance station to Bundeena: 31.2 km (this is close to Sutherland Hospital: see Annexures 13 and 14).

1.7 Effect of distance, access and road quality upon ambulance response times and time to hospital

Approximate ambulance response/transport times to Bundeena and Maianbar, allowing 10 minutes for attending patient, 34 minutes transit time from Caringbah and Engadine Stations and to Sutherland Hospital, and 45 minutes transit time from Rockdale Station, are:

- Ambulance from Caringbah Ambulance Station to Bundeena/Maianbar – assess, initiate treatment and return to hospital 1 hr 18 mins if weir open
- Ambulance from Engadine Ambulance Station to Bundeena/Maianbar – – assess, initiate treatment and return to hospital 1 hr 18 mins if weir open

- Ambulance from Rockdale Ambulance Station to Bundeena/Maianbar – – assess, initiate treatment and return to hospital 1 hr 29 mins if weir open
- Ambulance having arrived at Bundeena/Maianbar calls out helicopter from Bankstown - add another 45 minutes to times above.[16]

NB: In all of the situations above it is assumed that moving the patient from the site of emergency to the ambulance does not require a complex extraction which would further extend the time until definitive treatment could be available.

1.8 Availability of alternate transport

There is no alternative transport other than private cars: no taxis; 'public' transport is only by hourly ferry to Cronulla and only during the day – subject to weather conditions. One woman wrote to our group to tell us that when she had a medical emergency, there being no ambulance available and not knowing anyone who could drive her, she waited until the next morning and caught the 6am ferry to take herself to hospital.

1.9 Medical services available

The local on call officers are generally the ONLY emergency medical service in this area. Bundeena currently has a single part time GP and no out of hours emergency services.

The 'first responders' initiative as it is applied in Bundeena and Maianbar involves the fire brigade being called at the same time as the ambulance where there are not two on call ambulance officers available in Bundeena at the time of the emergency. The fire brigade attends the patient and waits with them until the 'out of town' ambulance arrives.

To call the fire brigade attendances 'first responders' is a misnomer which implies that they effect a medical response. Their response is no more a medical one than would be the response of any other volunteer with minimal first aid training. Their *presence* may be a result of a medical emergency but it is in no way an appropriate or meaningful *'response'*.

In other States, the term 'first responder' is used for people with a reasonable level of first aid training (in Queensland, senior first aid certificate plus 4 weeks 'responder' training, ongoing refreshers.) This is not the situation for Bundeena/ Maianbar where 4 hours first aid training is the norm.

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[16] Since the closure of Prince Henry Hospital, a helicopter must come from Bankstown with a doctor on board. To leave Bankstown it must queue for the runway with all other aircraft. This substantially increases the time for a helicopter to respond.

1.10 Whether the current system is sustainable

For the last 15 years ambulance officers residing in Bundeena, who work out of ambulance stations as far away as the city, have been asked by the Ambulance Service to agree to be on call between shifts and on their days off in order to provide (when they are not working their normal shifts) a rapid response to medical emergencies in the Bundeena/ Maianabar/ Royal National Park (RNP) area. Currently three officers have agreed to be on call.

They have also on occasion been asked to stay in the Bundeena area during a shift. This has occurred at times of maximum visitor numbers to the Bundeena/ RNP area.

There are many problems with this situation, which is basically unsustainable:

- there are few of these officers living locally;
- one is about to retire, another has a very sick wife, the third, a young family;
- they can't keep up the workload. It's not just the call outs, it's the locals knocking on their door for help. How can they refuse?
- unlike other 'on call' officers near major ambulance stations, who are not regularly called out, they frequently attend to incidents in their free time/sleep time - with approximately 200 on call responses pa in the last few years, over and above their normal full (and very busy) 'out of town' shifts;
- unlike rural 'on call' officers, the local on call officers
    - are working full time within the general metropolitan area on their normal shifts and need to rest between shifts;
    - have long travel times from their main stations to their homes;
    - have the additional administrative burden of trying to organize on call shifts for themselves between 3 different stations;
    - the level of call outs the local officers are receiving from the Bundeena/Maianbar/ RNP area is so high as to impose a real fatigue management issue.
- their on call work does not appear to be taken into account sufficiently in managing their shifts - raising serious OH & S issues for both them and their patients[17]. **Ambulance Service policy appears to be variable as to**

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17 Current Ambulance Service Fatigue Management policies are inconsistent with NSW Health Department policies and with Occupational Health and Safety legislative requirements. Similarly, the Ambulance Service Fatigue Management Policy does not contemplate call out situations of the type that the Bundeena local officers face.

The whole tone of the document is to leave all management of fatigue to the officer concerned. This contrasts with the Health Department policy, available on the internet,

whether or not local officers can/should be on call during rostered days off;

- often they attend to injuries or even deaths of people they know - adding further psychological stress;
- even where the officers agree to be on call, this does not give the Bundeena/Maianbar/RNP area 24/7 coverage

Local ambulance officers have sacrificed themselves and family life to provide the present level of coverage and continue to do so.

1.11 Whether the present system meets response and 'time to definitive care' needs

1.11.1 What are acceptable *medical* response times?

"Statistics show that reaching a patient in under five minutes doubles their chances of survival ...".[18]

Ambulance response time is the time from when a 000 call is received at an ambulance operations centre and when the **ambulance** arrives at the location to treat the sick or injured patient.[19]

"Australian ambulance services generally publicize a response time standard of 'within 10 minutes' on high priority emergency calls".[20]

The NSW Ambulance Service performance indicator is of 9.25 -16.96 [21] minutes to respond to a potentially life threatening case ie maximum recommended response

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which emphasizes the need for management to supervise rosters, leave etc and take a proactive role in preventing fatigue from occurring in the first place.

Also of concern is the concept that there are several different levels of fatigue management, in one of which the fatigued officer is still forced to remain on call and respond to calls, no matter how fatigued they might be (if he or she has not notified their office in sufficient time for rosters to be rearranged well in advance). Again, while this might work in a country town with few daytime or overnight medical emergencies, it does not work in the context of the numerous competing pressures on local officers in Bundeena. In the context of Bundeena, where on call response may require driving a patient quickly to hospital on a dangerous and winding road – a trip that will take at least 30 minutes at normal speed – this is not only dangerous for the officers but for their patients.

While we are not Employment lawyers, it seems to us highly likely that the Ambulance Service Fatigue Management Policy is not only inconsistent with Occupational Health and Safety legislative requirements, but possibly illegal.

18 Health and Safety Union Hunter President Peter Rumball, *Sydney Morning Herald*, 9 March 2008

19 http://www.health.nsw.gov.au/hospitals/performance/perfresp.asp

20 http://www.health.nsw.gov.au/hospitals/performance/perfresp.asp

21 NSW **Ambulance Service** Annual Report 2006/07 at http://www.ambulance.nsw.gov.au/docs/ar2007.pdf on 9/6/08

time is 16 minutes[22]. That is impossible in the relevant area without a local ambulance presence.

1.11.2 What are acceptable 'time to definitive care' times?

The Ambulance Service of NSW does not give a target figure for 'time to definitive care.' On the basis of a 16 minute response time, presumably the target figure would be within the 'golden hour.'

> *There is a golden hour between life and death.*
> *If you are critically injured, you have less than 60 minutes to survive.*
> *You might not die right then; it might be three days later or two weeks later.*
> *But something has happened in your body that is irreparable.*[23]

In reality, even in some of the major population centres that standard is only met approximately 50 percent of the time. Ongoing monitoring suggests that compliance is slowly improving.[24]

While the golden hour is a trauma treatment concept, two emergency medical conditions have well-documented time-critical treatment considerations: stroke and myocardial infarction (heart attack). In the case of stroke, there is a window of three hours within which the benefit of clot-busting drugs outweighs the risk of major bleeding. In the case of a heart attack, rapid stabilization of fatal arrhythmias can prevent sudden cardiac death. In addition, there is a direct relationship between time-to-treatment and the success of reperfusion (restoration of blood flow to the heart), including a time dependent reduction in the mortality and morbidity.

1.11.3 Are these times met for Bundeena/Maianbar/ RNP?

Does the first responder scheme involve a medical response?

While fire brigade officers in their capacity as 'first responders' may arrive on the scene within 10-15 minutes of a request for assistance being received from Central Ambulance Dispatch (CAD) they generally have minimal medical training and can do very little if anything in the way of medical intervention until ambulance officers arrive.

Long response times not prioritized by CAD

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22 Shadow Health Minister Jillian Skinner's office points out that the State averages have been steadily downgraded (the aim used to be under 10 minutes, and not more than 20 minutes in a rural area) and are measured only on 50th and 90th percentiles of performance.

23 *R. Adams Cowley,* http://en.wikipedia.org/wiki/Emergency_medical_services_in_Australia#cite_note-9

24 http://en.wikipedia.org/wiki/Emergency_medical_services_in_Australia#cite_note-10

One issue that emerged at the talk given by senior Ambulance Service staff to Bundeena's Progress Association meeting of 27 May 2008, and confirmed by our visit to CAD on 17 March 2009, is that the priority given to your emergency by CAD Operations when you call 000 does not necessarily take into account the time taken for the ambulance to reach you, of which the operations section is likely to be unaware.[25]

So what started out as a non-life threatening emergency - and would have continued to be so if the ambulance had arrived in a 'normal' timeframe - can escalate to a much more serious situation if the ambulance takes a long time to arrive.

Extended communications involving first responders

The extended communications required to obtain ambulance assistance into the RNP area (in the absence of a local on call ambulance officer attending) further add to the possible ambulance response time:

1. Patient rings 000
2. 000 (Telstra) contacts ambulance CAD
3. CAD Operations centre takes medical details and passes information to CAD dispatch centre as to level of response needed
4. CAD dispatch centre calls out 'nearest' ambulance[26]
5. CAD dispatch centre calls Metro fire service centre
6. Fire service centre calls Bundeena Fire Station contact
7. Bundeena fire station contact calls at least 4 first responders
8. First responders put on uniforms and transport themselves to Bundeena Fire station
9. Fire truck goes to patient
10. Then (depending on the level of training) all wait for an ambulance (or 2) to arrive.

First responders in the Bundeena/ Maianbar/RNP area do not reduce the time it takes for a patient to receive rational and definitive treatment. Acknowledging that timing is crucial to saving lives.

(1) Are target medical response times met?

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25 At present, the CAD computer dispatch system does not take into account road closures as shown on the RTA website, relying instead on local ambulance knowledge: information from 17 March 2009 visit to CAD. This could be a problem when the most local ambulance is not available and an ambulance crew comes from another area.

26 What amounts to the 'nearest' ambulance can be a matter of opinion depending upon a number of factors.

In comparison with State averages, the time taken for an ambulance to come to Bundeena/ Maianbar/ RNP from the nearest available station which has a free ambulance - whether Menai, Engadine, Caringbah, or even further afield - is of serious concern – see Annexure 10 – Response times comparison.

An ambulance coming from the nearest stations – Engadine or Caringbah – into Bundeena/ Maianbar/ RNP would take approximately 30-35 minutes so long as the shortest route is not closed by flooding or accident.

To achieve the NSW target response time - or anything like it - requires an ambulance presence in Bundeena.

Unless there is a local ambulance vehicle and available local officers, the opportunity to achieve the target response time is compromised by the 30 - 35 minute journey on a dangerous road through the Royal National Park from the Engadine or Caringbah ambulance station[27].

(2) Is the golden hour to definitive care met?

Times to definitive care when an ambulance must come into the relevant area from outside the RNP are at the limit of the target of one hour when an ambulance comes from the nearest station, and are well outside this figure when there is no ambulance available at the nearest station, or when a helicopter is also called out, or when the shortest road across the weir is closed by flooding or accident (both of which often occur) – in which case the length of the trip and time taken is almost doubled. The road is windy and dangerous and does not permit the ambulance to drive at emergency speeds.

1.11.4 'First responders' do not solve transport or medical issues

The discussion in this paragraph of the role and abilities of first responders does not apply to medically trained first responders who work in medical fields on a regular basis and regularly upgrade/ exercise their medical skills.

There are two main functions of an ambulance service:

(1) transport the patient quickly to hospital for skilled treatment/ intervention (**transport function**)

(2) give some diagnosis/ intervention at the scene (**medical function**) – which may include assessment as to whether helicopter is required.

Both of these aspects are crucial but the saving of lives depends predominantly upon the **transport function** ie both speed of initial response to call and speed of transport to nearest hospital.

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[27] It is of course possible that the ambulance may have to come from further afield. The reference to 20-30 minutes is to the journey through the Park only.

(1) Transport function

The fire brigade cannot generally carry out the transport function. Fire trucks are not equipped to transport patients to hospital. The fire brigade 'first responders' do not make the transport process any quicker. **They only add an additional intermediate layer of servicing**. The attendance by skilled ambulance officers and the drive to hospital still have to occur.

A fire brigade officer may not drive an ambulance unless accompanied by an ambulance officer. In exceptional situations, a fire brigade officer might be asked to drive an ambulance. However this will not be possible unless there is an ambulance already situated in Bundeena ie at least one local on call officer in Bundeena at the time of the emergency. Nor is it a skill that fire brigade officers have more than any other volunteer with a driving licence.

(2) Medical function

The fire brigade officers cannot provide a substantially better medical response than any other member of the public as (generally) they do not have the necessary skills.

(a) Inability to assess and treat

Generally fire brigade officers are at best 'first aiders.' They don't have any medical training – only minimal first aid training. This means they cannot assess and give immediate treatment to people with a medical emergency or severe trauma that requires complex interventions (cannulation, IV drugs, splinting, spinal assessment etc). While like all fire officers they can use a defibrillator they are unable to then administer the necessary drugs and advanced life support measures that will sustain life.

The proposal to allow fire brigade officers to administer low level pain killers – which is being queried by the HSU - will not substantially change this situation.

Nor are they able to accurately assess whether a helicopter is required. This assessment can only be made by a trained medical officer. This assessment must therefore also wait for the arrival of an ambulance from out of area if necessary, if the CAD Operations unit has not already made that decision.

(b) Lack of skills and lack of practice

Even if they are given some basic medical training, 'first responders' need to be practicing the relevant skills constantly in order to become proficient and not to forget those skills. This will not occur when they are not working full time as medical responders – unlike the situation with ambulance officers who are both fully trained and who use their skills daily.

First responder training might be a cost-effective way to extend the reach of the emergency medical system to people who do not otherwise work in the medical field, but (a) this raises the question of why fire brigade officers should be trained in first aid purely for a 'first responder' function, when that money could better be spent on improving ambulance presence in the Bundeena/ Maianbar/ RNP area and (b) is not a substitute for the provision of emergency medical services on a daily basis by those who are trained and employed to provide that service.

What would have happened if local fire brigade officers had moved Nicholas Kopjar? He could have been paralysed for life. Fire brigade officers do not have the experience or diagnostic skills to know what to do.

Even St Johns Ambulance personnel are sued for inappropriate medical treatment (see Annexure 3 – Actions for incorrect medical treatment). How much more likely is it that the fire brigade will be sued? To quote the solicitor from Slater and Gordon who is acting for the plaintiff in the St Johns Ambulance Case mentioned in Annexure 3:

> *"If people are going to provide first aid it's important they don't step beyond their capabilities in circumstances where it might make matters worse."*

(c) Eligibility

Entry into the ambulance profession involves a rigorous selection process, including psychometric testing and criminal record checks. No such selection process operates in regard to first responders.

(d) Professional standards and ethics

The fire brigade first responders are not bound by the same medical ethics as ambulance officers.

(3) Availability during fires

Presumably first responder fire brigade volunteers will not be available during fires, which is exactly when medical emergencies may well occur.

(4) Inappropriateness of spending funding on training fire brigade officers to fill the roles of ambulance officers

We argue that, given State Government's limited budget, it is inappropriate to spend additional funds training fire brigade officers in medical treatment. While it would be wonderful for a wide range of groups to have better medical training, in this context it is more appropriate to spend that money in ensuring that highly trained ambulance officers respond quicker, to obviate the need for 'first responders.'

Conclusion

Fire brigade 'first responders' have a viable place in central city areas (where it is only a few minutes to the nearest hospital). This is what already occurs in Melbourne. They are not an appropriate or acceptable substitute for ambulance presence in Bundeena and Maianbar. They do not have medical or transport abilities. They are 'Claytons responders.' We note that the HSU comments that this area is the first suburb in metropolitan Sydney to have a 'first responders' scheme.

2. Comparative need

Many villages and towns in NSW (see Annexure 1 - Examples of NSW Ambulance Stations with less than 8 Staff Servicing Towns of comparable size/ smaller) and other parts of Australia with all or any of:

- smaller resident populations
- smaller tourist numbers
- smaller ambulance workloads, and
- shorter distances to hospital /response times

than this area often have their own ambulance stations with dedicated vehicles and personnel, even in situations where there are other emergency medical services more closely available to those towns than we have in Bundeena/ Maianbar/ RNP.

Another interesting comparison is Menai. In 1992 Menai was a growing area. But the representations for an ambulance station there were not on the basis of population alone, but of isolation and distance (this was before the Woronora Bridge was built). It is also interesting to see what interim solution was recommended (we do not know if it was adopted, but certainly Menai gained their ambulance station). To quote a speech from Christopher Downy, Member for Sutherland, in the Legislative Assembly on 27th March 1992[28]:

> Residents of Menai in the Sutherland electorate are concerned about ambulance facilities in the area. .... Although Menai is self-contained it is relatively isolated from the rest of the Sutherland shire. ... There is an obvious need for ambulance facilities in this solely residential area. Sutherland shire presently has an ambulance station at Sutherland hospital and one at Engadine. Backup services are provided from Helensburgh, Rockdale, Hurstville and Bankstown. The stations located in the shire at Caringbah and Engadine provide the full range of ambulance services, including rescue services. ... Engadine is approximately 12 kilometres from Menai. Caringbah is in the eastern part of the shire and about 12 to 13 kilometres from Menai.

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[28] Downy Speech available at:
http://www.parliament.nsw.gov.au/prod/PARLMENT/hansArt.nsf/V3Key/LA19920327026

> I believe, and Menai residents believe, that 12 kilometres is a substantial distance for ambulances to travel in the event of an emergency. ...
>
> Sutherland Shire Council wrote to me recently with a good suggestion: while the Ambulance Service is trying to obtain a suitable permanent site in the area an ambulance with crew could be located at the fire station at Menai. This would enable a 24-hour service to be provided in Menai straight away.

When we visited CAD on 17 March 2009 we were told that our situation was just like Mt Victoria (the speaker probably meant Mt Wilson) or Bundanoon. It is not.

While distances to nearest ambulance station and hospital are comparable,

(1) the population of Mt Wilson is about one twelfth of that of Bundeena/Maianbar and the population of Mt Victoria is about one third, therefore number of emergency incidents are likely to be substantially less,

(2) the road between Bundanoon and the nearest ambulance station/ hospital is flat and straight, not windy and liable to closure, and there are a number of alternate routes, unlike the Bundeena situation.

	Population	*Distance from/to nearest ambulance station/ hospital*
Mt Wilson	218	43 K to Katoomba
Mt Victoria	828	17.5 to Katoomba
Bundanoon	2,035	27 km to Bowral
Bundeena/Maianbar	2,500	31.2 km to Caringbah

The implication was: you choose to live in a 'remote' place, you must bear the risks involved. We do not accept that argument because we are not classified as remote or as an 'area of need' for the purpose of any additional government benefits.

This is not an area that gets a disproportionate amount of money spent on it. There are very few services/ little infrastructure in Bundeena or Maianbar. The roads are terrible. There is only a part time doctor. There are no medical emergency services. This should not be about 'blaming the victims' but about the NSW Ambulance Service providing / managing a service that actually meets the

needs of residents.

We are living in a suburb of metropolitan Sydney. We pay taxes like anyone else. We should not have to take risks with our lives and the lives of our children because of inadequate services. If there is any area in which State funding should be spent it is in saving lives.

What we are suggesting has similarities to the Ambulance Extended Care Paramedic program.[29] But this program still needs a home base from which to operate. And because of the crucial timing issues, that base needs to be in Bundeena.

3. Government duty of care

A government has a duty of care to its citizens. In Australian society, that duty is generally regarded as including the provision of a satisfactory minimum of health services, including emergency medical services. However in NSW, ambulance service numbers have not increased in line with population growth.

In the immediate area with which we are concerned, the response and 'time to definitive care' standards for the Bundeena/Maianbar/ RNP area are dangerously long and represent a failure by the NSW government to provide an adequate standard of emergency medical services to local residents and visitors.

A government also has a duty to take responsibility for the consequences of its own actions.

In the case of the Bundeena/Maianbar/ RNP area, State Government entities have:

- encouraged higher visitor numbers to the area, without providing improved emergency medical services; and
- refused to implement fuel reduction burn offs, thereby increasing the likely impact of bush fires in the area.

In the last eighteen months NPWS has greatly increased its tourist operation in Bonnie Vale, building new toilet blocks and extending the camping site.

In addition, about 6 months ago the State Government introduced a campaign, with accompanying road signage, to encourage those driving to Wollongong or further south from Sydney to take the 'Great Pacific Drive' which is the new name for the road through the Royal National Park to Stanwell Tops and further south. This has led to a 20% increase in paying RNP visitors[30], and appears to have led to at least that same increase, if not more, in non-paying RNP visitors (that is,

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29 See Ambulance extended care paramedic systemhttp://www.health.nsw.gov.au/news/2007/20071023_00.html

30 Statement from Paul McLeay to Ambulance Action Group 17 March 2009.

vehicles driving through the RNP or going directly to Bundeena which do not therefore pay the toll for Park use and are not included in visitor figures).[31]

Unfortunately however, no-one has thought about the consequences of encouraging more people to come to Bundeena and to use the road though the Royal National Park when the medical response time in the case of an accident or emergency can be so long, and there is no evacuation plan for residents, let alone transient visitors.

Were there to be a serious bushfire in the area, potentially thousands of tourists could be cut off in Bundeena with:

- no evacuation plan,
- no catering plan,
- no after hours medical services, and no certain Ambulance and paramedic service.

The appointed "first responders" in Bundeena would presumably be unavailable to attend medical emergencies because they would be attending the fires.

The lack of an ambulance station in Bundeena indeed attests to the lack of any appropriate disaster plan either for the unlikely event of a nuclear emergency at Lucas Heights, or for the event of a plane crash on the airport approaches. Bundeena is the only practical location for an emergency response covering much of the southern flight path to the two North /South runways (into which currently all air traffic is directed, the east west runway being currently under repair). It is unacceptable that this area is placed in such a situation.

4. The solution

Transport to hospital within the 'golden hour' can only be achieved by ambulances and ambulance officers being stationed in Bundeena so that the trip to hospital **commences** from Bundeena, not from 30km or further away into Bundeena/Maianbar / Royal National Park and then back out again.

If they have the necessary vehicle located in Bundeena, on call officers can respond to a local incident within minutes and may be able to respond to an incident further afield (eg in the Royal National Park) inside the Ambulance Service's target of 16 minutes. They can generally have a patient to hospital within the 'golden hour' so long as the transport COMMENCES in Bundeena.

The alternative takes a minimum of 30 minutes response time and the time from the incident to hospital (transit time in either direction plus attendance time at the

[31] This group has been told by a NPWS officer that since the road through the RNP became designated and signposted as 'Great Pacific Drive', numbers of park visitors have 'doubled' (personal communication to Ray Singleton from RNP office, NPWS 13 January 2009).

incident) can easily be more than an hour – well outside Ambulance Service objectives, and posing serious risks to emergency patients.

The alternative to an ambulance trip which commences in Bundeena involves an ambulance coming into Bundeena/ Maianbar through the Royal National Park on a winding, badly surfaced road which is frequently closed by flooding and accidents.[32]

This solution also improves the minimum service level/resources for surrounding ambulance stations such as Engadine, Caringbah and Hurstville, which waste much travel time in sending ambulances to the Bundeena/Maianbar/ RNP area. If there were a full time ambulance presence in the relevant area, it would free up ambulances at those other stations to attend more emergency responses.

Given that there is a charge for most ambulance call outs, this would also free those other stations to respond to more calls and earn more revenue, instead of spending a disproportionate amount of time in travelling to and from the Bundeena/ Maianbar/ RNP area.

5. Recommendations

5.1 New system

- Rostered officers work their rostered shifts out of Bundeena during the day
- Rostered officers agree to live locally and be on call in the evenings. Need at least 2 living locally (Bundeena or Maianbar)
- where there is insufficient rostered shift coverage owing to holidays, training etc, a permanent officer be brought into Bundeena from another station to cover that shift (as occurs with the Bundeena fire brigade)
- single 4 wheel drive ambulance capable of patient transport required
- officers share premises with existing Rural Fire Services station and later, when it is built, take up premises in the new integrated services building (space has been allocated, we understand from Paul McLeay). Other options are a demountable building or the lease of a local residence.

5.2 New system will be sustainable

The new system will be sustainable because:

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[32] The trip is 26 km from the highway to Bundeena and 31.5 km from Bundeena to the nearest hospital (at Sutherland) by the most direct route (via Audley weir) or approximately 44.8 - 45.5 km from Bundeena to Sutherland Hospital by the second-most direct route (via Waterfall bridge).

- the local officers will not be working full time within the general metropolitan area on their normal shifts but will be based in Bundeena and have less need for rest between shifts than under present arrangements;
- the local officers will not have long travel times from their main stations to their homes;
- the local officers will not have the additional administrative burden of trying to organize shifts and vehicles between 3 different stations.

6. Costs/ Savings

If the recommendations mentioned in the previous paragraphs were implemented, there would be considerable cost savings, and arguably no cost increases.

	Present situation	Recommended situation
Unchanged costs		
Annual wage for 3 local officers[33]	✓	✓
on call allowance for 2 local officers at any one time	✓	✓
First responder on call allowances	✓	✓
First responder training costs	✓	✓
Capital costs for housing rostered officers in Bundeena	no station costs	share fire brigade building (only minor upgrade necessary) and subsequently utlilise the new integrated services building or take over old fire brigade building
Helicopter costs ($3,850 per hour) where assessment of need for helicopter is made by attending ambulance officers	✓	✓
Costs that are likely to decrease		

[33] However, it must be noted that their services would be lost to the various stations at which they presently work. Only if it were intended to replace the officers with additional officers at those stations would this involve a direct extra cost to the Ambulance Service of NSW.

	Present situation	Recommended situation
First responder call out fees (being a minimum per call out of: $25 per person x 4 persons x 4 hrs = $400)	often required when local officers out working rostered shifts and ambulance must come from out of the area	occasions where first responders are required are likely to decrease as rostered shifts will be within the area
Fire truck running costs	✓	likely to decrease as occasions for first responder call outs decrease
Cost of bringing in permanent fire brigade officer from out of the area when first responders are away responding to medical emergencies	✓	
Helicopter costs ($3,850 per hour) where assessed to be necessary by CAD on basis of unavailability of appropriate level of ambulance crew (no change where assessment made by attending ambulance officers)	may be more often required when local officers are out of the relevant area working rostered shifts	occasions where helicopter is required are likely to decrease when ambulance officers on rostered shifts are within the area
Costs of bringing ambulances from Engadine, Menai, Caringbah to Bundeena/ Maianbar/ RNP area *(NB a saving in travel time for those other ambulance stations, freeing them for other responses)*	often required when local officers out working rostered shifts and ambulance must come from out of the area	occasions where out of area ambuances are required are likely to decrease as rostered shifts will be within the area, freeing ambulances from surrounding stations to attend to more emergencies, thus increasing their revenue
Costs that may increase[34]		ambulance (preferably 4WD which can transport a patient) required to be permanently located in Bundeena
		additional permanent officer may occasionally be required to undertake a rostered shift in Bundeena

[34] As per above; this would only be an additional cost if the officer would not otherwise have worked a shift at that time or is replaced by someone else who would not otherwise have done that work.

8. Funding

8.1 At State level

The provision of government services inevitably involves making choices about how the government budget is spent. We note that a recent edition of our local newspaper (March 10, 2009) contained an advertisement from the NSW government confirming that it is proposing to spend the following sums in the Sutherland/ South Sydney area:

(a) $50,000 to remove graffiti;
(b) $100,000 for new cycle ways;
(c) $4,600,000 to install traffic lights and turning lanes at the intersection of Heathcote Rd and New Illawarra highway.

Only the third of these is in any way a life-saving measure. Again, the choices being made here by government are becoming an election issue.

Funding could come from:

- better allocation of money from within the existing budget (see above);
- the increased RNP fees which commenced over the past 6 months with the signage of the road through the RNP as 'Grand Pacific Drive.'

8.2 At Ambulance Service level

Funding could come from the considerable savings made to the Ambulance Service in transferring emergency rescue services to the Department of Emergency Services.

9. Conclusion – an election issue

The failure of State Government to respond to residents' valid emergency health care needs in the Bundeena/ Maianbar/ RNP area is fast becoming a major electoral issue. The BundeenaInfo website[35] latest Poll reads as follows:

Ambulance Services Poll 2□□
Fill out our survey and let us know what you think about ambulance services for Bundeena Maianbar

Will ambulance services in Bundeena Maianbar be a voting factor for you in the next State election?

O Yes

35 bundeenainfo.com

O No

Which party do you think would provide better ambulance services in Bundeena Maianbar?

O Labor
O Liberal
O Won't make a difference which party is in power

On behalf of the Bundeena and Maianbar communities, and on behalf of the millions of visitors to the Royal National Park, we ask the State Government, the NSW Ambulance Service, and the South Eastern Sydney and Illawarra Area Health Service to act on our recommendations.

Annexure 1 – Examples Of NSW Ambulance Stations With Less Than 8 Staff Servicing Towns of Comparable Size/Smaller (than Bundeena/ Maianbar/ RNP)

Name of Town with ambulance station	Town population (approx*)	Ambulance Staff	Rosters	Cases (generally including non emergency transport)
Ardlethan	400	3 officers	no details but officers required to be on call	Approx 15 (not clear if this includes non emergency)
Ashford	500	1 Station Officer and 1 Ambulance Officer	no details	approx 30 which include casualty, medical/surgical, day treatment and convalescent cases
Baradine	900	1 Station Officer and 2 Ambulance Officers	no details but officers required to be on call	25 +
Batlow	1,348	1 Station Officer and 2 Ambulance Officers	Day shift (0800-1600) 'On call'. Nil night shift.	approx 20
Berrigan	1,000	1 Station Officer and 2 Ambulance Officers	28 Day roster consisting three lines with each officer rotating through each line. With 8 hour shifts of 0900 to 1700 hours.	25-30, both Casualty and Medical and Surgical, including transfers to Albury and Shepparton Base Hospitals and back-up case assistance to Jerilderie and Finley branches
Bingara	1,350	1 Station Officer and 3 Ambulance Officers	no details	approx 20 – 30 including casualty calls, medical transfers mainly to Tamworth and daily treatment to Inverell
Bombala	1,500	1 Station Officer and 1 Ambulance Officer	0900 - 1700 or 0800 - 1600 9 days straight - 4 off / 10 days straight - 5 off	approx 15 - 30

Name of Town with ambulance station	Town population (approx*)	Ambulance Staff	Rosters	Cases (generally including non emergency transport)
			On-call at night	
Boorowa	1,300	4 Officers	0800–1600 day shift with on-call at night based in Queanbeyan Rotating 4 line roster	approx 30
Bundeena, Maianbar, RNP	2,000 plus millions of visitors pa	N/A	N/A	approx 30 of which 16 are casualty calls attended by local on call officers, + est. 7 casualty calls attended by other ambulances and est 7 non emergency transport
Hillston	1,350	1 Station Officer and 2 Ambulance Officers	Rotating 3 line roster with 0800-1600hr shifts with every 3rd weekend off duty with a five day break. On call at night.	approx 20-30
Kangaroo Valley	1,300 (incl surrounding)			
Lockhart	950	1 Station Officer and 2 Ambulance Officers	Day shifts – nights "on call". Rostered on for 7 nights per fortnight.	Approx 27 cases per month. Many days without cases ie greater than 50%. Call outs average 8-10 a month
Merriwa	1,300	1 Officer	8-hour shift, 6-8 days on then 4-5 off, with a relief requirement usually met by Muswellbrook Station. There is on-call at night	19, of which 10-12 are casualties, the remainder day treatments and medicals
Mungindi	500 - 600	4 Officers	0900 – 1700 and 0700 – 1500. Each Officer is required to work	15 - 40

Name of Town with ambulance station	Town population (approx*)	Ambulance Staff	Rosters	Cases (generally including non emergency transport)
			fourteen (14) nights on-call per 28 day period. When on-call the Officer must remain in the local area.	
Murrurundi	1,000	2 permanent Officers	Rotating 4 week roster with an 8 hour day shift, and on-call 14 nights per roster.	average 15, of which 10 are casualties + 2 x transfers to Tamworth (90kms North) per month. The Helicopter is used 2-3 X pa with back up being provided by Scone and occasionally Quirindi.
Nyngan	2,500	1 Station Officer and 3 Ambulance Officers	Day shift with 2 x officers on each day and on call after hours.	approx 30. Ambulance transfers to Dubbo with Hospital providing sister escort form a major part of the workload.
Tottenham	600	1 Station Officer and 1 honorary ambulance officer	8 Hour shifts working 0900-1700 9 days on / 5 days off – rotating basis 10 days on / 4 days off – rotating basis	20 to 30
Urbenville	200	1 Station Officer and 3 Ambulance Officers	work for five or six days with on-call and then 3-4 days off. Generally there are two Officers on duty every day with at least two Officers on-call between Urbenville and Bonalbo at night	30 to 40 cases which include casualties, medical/surgical and the occasional day treatment

Name of Town with ambulance station	Town population (approx*)	Ambulance Staff	Rosters	Cases (generally including non emergency transport)
Warialda	1,300	4 Officers	3 line rotating roster plus 1 relief line. Internal relief and occasional relief (shared) at other stations. 2 Officers on call most nights.	approx 30 of which approx 10 are non-emergency (369 for 2006 of which 234 were casualty)

Annexure 2 – Possible disastrous effects of inappropriate medical treatment

From http://stgeorge.yourguide.com.au/news/local/news/general/emergencies-highlight-need-for-service/1262953.aspx

Emergencies highlight need for service

BY MURRAY TREMBATH, The Leader, 4/09/2008

A FATAL building site accident and the case of a 10-year-old boy who fractured his neck on a trampoline have helped reignite the row over ambulance services at Bundeena and Maianbar.

About 100 residents met at the weekend to condemn the State Government's so-called "resolution" of the problem, and to push for an ambulance station for the area.

Under the new system, three ambulance officers who live locally take turns to be on call between shifts, but not on their rostered days off. Often, only one officer is on call at a time.

Residents claim the call cover has been greatly reduced, with long periods when there is no officer on call at all.

Daniel Kopjar told the meeting it was good luck an ambulance officer was on call after his son Nicholas fractured his C1 vertebrae in a trampoline fall. "Nicholas heard a crack when he landed on the back of his head while doing a backflip," Mr Kopjar said this week. "An ambulance came in five minutes, which was a big relief, and they arranged a rescue helicopter. "But the ambulance officer told me if it was a week later, there would have been no one on call.

"There should be a full-time ambulance station in Bundeena, or at least two officers on call at all times. "If there was no ambulance available I might have driven Nicholas to the hospital and he could have been paralysed for life."

Ambulance Action Group spokeswoman Tamsin Clarke said the building site collapse, in which two people were buried in concrete, had also exposed the deficiency in the new arrangements.

"The ambulance officer called to that accident had come home after working a 16 1/2 hour shift and had then given a training course in his own time to fire brigade officers," she said.

"By the time he finished, he had been going 24 1/2 hours".

Opposition health spokeswoman Jillian Skinner, who attended the meeting with MLC John Ajaka and Sutherland Shire Councillor Kevin Schreiber, said she had heard "many harrowing stories, all highlighting the importance of having a locally based ambulance service".

"The situation as it stands is not acceptable, and I will continue to fight hand-in-hand with the community and my parliamentary colleagues for the provision of a locally based ambulance service in Bundeena-Maianbar," she said.

Annexure 3 – Actions for incorrect medical treatment

From: http://www.news.com.au/story/0,27574,25081373-1248,00.html

Queensland woman sues Lorne surf carnival over volunteer first aid; says it was assault

By Fiona Hudson, The Courier-Mail, February 20, 2009 12:01am

A QUEENSLAND woman given emergency first aid by St John Ambulance officers while visiting Victoria is suing and says her treatment was unlawful assault. Brodie Cambourne, 34, alleges volunteer medics permanently damaged her shoulder when they rushed to assist her at a Lorne surf carnival. Queenslander Ms Cambourne has launched legal action in Victoria's County Court seeking compensation, *The Courier-Mail* reports.

Surf Life Saving Australia and the Lorne Surf Life Saving Club are named as co-defendants in the lawsuit. The writ claims treatment administered by the unnamed first-aid officers constituted "unlawful assault and battery".

She alleges the St John Ambulance staff were negligent in causing or permitting injury to her during treatment. Ms Cambourne claims to have suffered permanent shoulder damage, ongoing pain and discomfort, a loss of motion and nervous shock.

The qualified exercise physiologist is understood to have needed several operations. Her solicitor, Barrie Woollacott, of Slater & Gordon, said yesterday the case was unusual and raised an interesting principle. "If people are going to provide first aid it's important they don't step beyond their capabilities in circumstances where it might make matters worse," he said.

The incident allegedly took place during Rescue 06 - the world lifesaving championships held at Lorne in February 2006.

Ms Cambourne was representing Australia in several events, including surf ski races and a beach relay. She claims to have dislocated her shoulder during one of the events and alleges the St John Ambulance volunteers who tried to help made the injury worse.

Annexure 4 – Local Facts and Figures

How far are Bundeena and Maianbar by road?

- Bundeena to Sutherland Train station by road via Audley: 26 km
- Bundeena to Sutherland Hospital via Audley: 31.5 km
- Bundeena to Sutherland Hospital via Waterfall (necessary to go this way on the several days per year when the weir at Audley is closed because of flooding): 44.8-45.5 km

How many people visit the Royal National Park (in which Bundeena and Maianbar are situated) every year?

According to a speech by local MP Paul McLeay (reported in Hansard, 14 May 2004 on the occasion of the Park's 125th anniversary) - over 2.5 million in 2004. However, (a) in 1990 the figure was reported as 3 million, and (b) this is likely to be an under-estimate both for 2004 and for 2008 (see below).

Does this include motorists, motor bike riders and cyclists who use the roads through the park and also need ambulance assistance from time to time?

No, because if a person is traveling through the Park, or to Bundeena/ Maianbar, and not stopping in the Park, they do not need to pay a Park toll and are not counted in the figures for Park visitors.

Thus visitors/ workmen traveling or delivering to Bundeena/ Maianbar who do not stop *en route* do not need to pay a Park toll, and are not counted in the figures for Park visitors.

More recent estimates would suggest a figure of approximately 4 million for people using/ traveling through the RNP is more realistic.

This group has been told by a NPWS officer that since the road through the RNP became designated and signposted as 'Great Pacific Drive', numbers of park visitors have 'doubled' (personal communication to Ray Singleton from RNP office, NPWS 13 January 2009)

Annexure 5 - Call outs to local officers 1994 – 2007

CALL OUTS TO BUNDEENA LOCAL ON-CALL AMBULANCE OFFICERS BY YEAR
(taken from their work diaries which include names and addresses of calls outs)

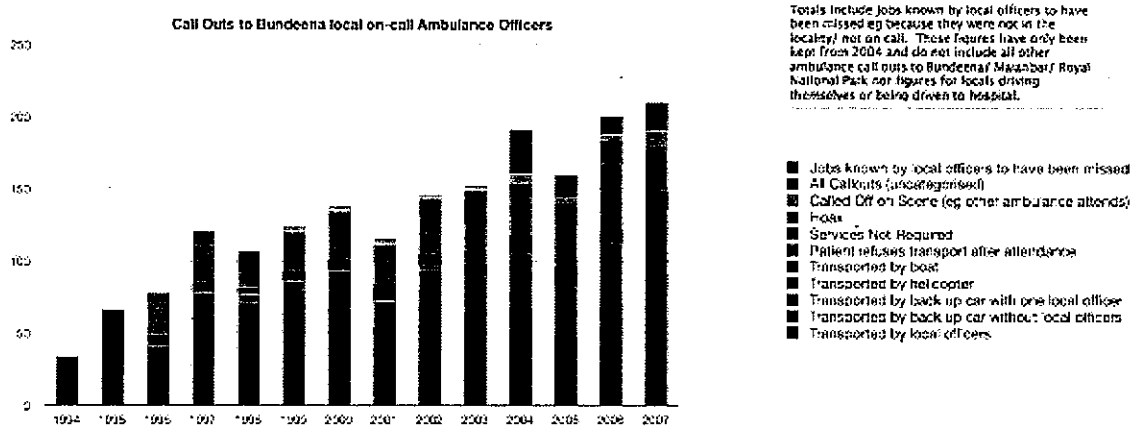
This figures in this table INCLUDE some call outs to places outside Bundeena / Maianbar/ Royal National Park and
DO NOT INCLUDE
(1) normal rostered shift responses to BMV BNP from all Metropolitan Ambulance Stations (eg non emergency patient transport)
(2) many residents/ BNP visitors who drive to Forestall or even take the ferry rather than wait for an ambulance

Includes Refused, SNR, Hoax and Called Off on Scene

eg police call ambulance to domestic dispute but ambulance turns out not to be required

Transport by one local officer only. In these early stages, the OOO call centre did not always refer local cases to local on-call officers

	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Transported by local officers			30	60	54	63	65	52	79	67	66	45	63	80
Transported by back up car without local officers			11	13	17	17	27	19	14	27	35	37	43	46
Transported by back up car with one local officer			1		6	6	1	1	4					
Transported by helicopter			3	7	4	4	8	6	8	9	12	13	9	12
Transported by boat								2						
Patient refuses transport after attendance			23	26	11	12	23	17	20	23	26	30	27	32
Services Not Required			7	9	13	15	9	9	10	23	15	15	15	
Hoax				1	2	1	2	2	3	1				
Called Off on Scene (eg other ambulance attends)						3	3	4	2	5	7	4	4	15
All Callouts (uncategorised)	33	55												
Jobs known by local officers to have been missed											31	15	13	20
Total	33	55	76	137	107	123	138	113	146	162	191	159	206	210



Totals include jobs known by local officers to have been missed eg because they were not in the locality/ not on call. These figures have only been kept from 2004 and do not include all other ambulance call outs to Bundeena/ Maianbar/ Royal National Park nor figures for locals driving themselves or being driven to hospital.

- Jobs known by local officers to have been missed
- All Callouts (uncategorised)
- Called Off on Scene (eg other ambulance attends)
- Hoax
- Services Not Required
- Patient refuses transport after attendance
- Transported by boat
- Transported by helicopter
- Transported by back up car with one local officer
- Transported by back up car without local officers
- Transported by local officers

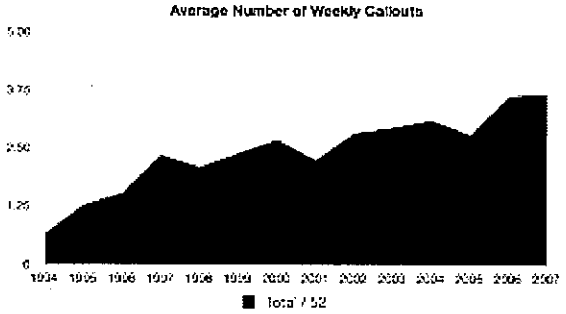
Annexure 6 - Average weekly and monthly call outs excluding known 'missed' calls 1994 – 2007

Average Number of Call Outs to Bundaberg local on-call Ambulance Officers (not including missed calls)

	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Total per annum	33	65	78	121	107	123	138	115	146	152	160	144	187	190

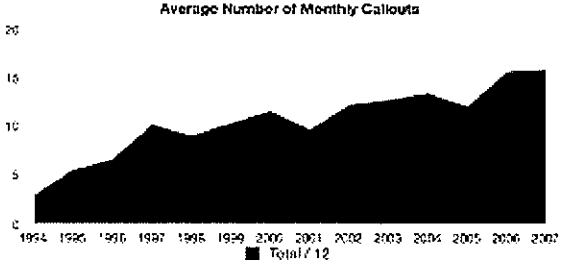
(1) Weekly Average

	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Total / 52	0.63	1.25	1.50	2.33	2.06	2.37	2.65	2.21	2.81	2.92	3.08	2.77	3.60	3.65



(2) Monthly Average

	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Total / 12	2.75	5.42	6.50	10.08	8.92	10.25	11.50	9.58	12.17	12.67	13.33	12.00	15.58	15.83



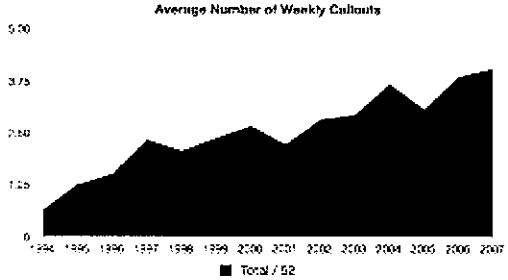
Annexure 7 - Average weekly and monthly call outs including known 'missed' calls 1994 – 2007

Average Number of Call Outs to Bundeena local on-call Ambulance Officers (including missed calls)

	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Total per annum	33	65	78	121	107	123	128	115	146	152	187	169	200	210

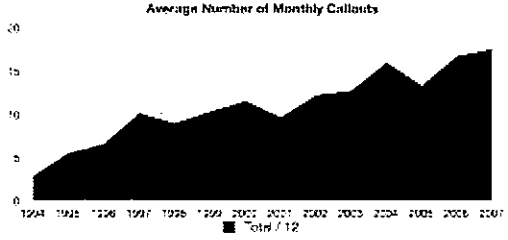
(1) Weekly Average

	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Total / 52	0.63	1.25	1.50	2.33	2.06	2.37	2.46	2.21	2.81	2.92	3.60	3.25	3.85	4.04



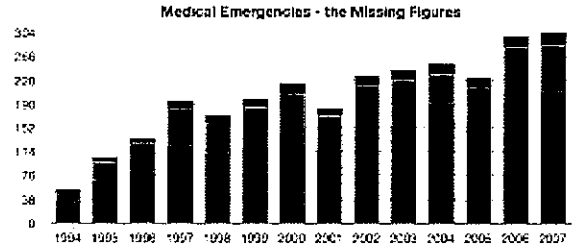
(2) Monthly Average

	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Total / 12	2.75	5.42	6.50	10.08	8.92	10.25	10.67	9.58	12.17	12.67	15.58	14.08	16.67	17.50



Annexure 8 - The 'missing figures' (see par 1.4.3 – these figures are even more conservative)

BUNDEENA/ MAIANBAR/ ROYAL NATIONAL PARK MEDICAL EMERGENCIES
TOTAL CALLS - THE MISSING FIGURES



- Attended by on call officers
- Attended by Ambulance Service stations during regular shifts
- Jobs known by local officers to be attended by other stations
- Residents or park visitors found own transport to hospital emergency departments

Totals in this line do not include jobs known to have been missed (see next line)

	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Attended by on call officers	33	65	76	121	107	120	136	135	149	152	168	184	187	190
Jobs known by local officers to be attended by other stations											31	15	13	20
Attended by Ambulance Service stations during regular shifts	14.5	32.5	42	60.5	53.5	61.5	69	67.5	73	76	49	57	80.5	76
Residents or park visitors found own transport to hospital emergency departments	3.3	6.5	7.8	12.1	10.7	12.3	13.8	11.5	14.6	15.2	16	14.4	18.7	19

(Figures unknown because local officers were not on call owing to attending rostered duties elsewhere

(Figures unknown - conservative estimate is 50% of number attended by on call officers, less jobs attended by other stations)

(Figures unknown - conservative estimate is 10% of number attended by on call officers)

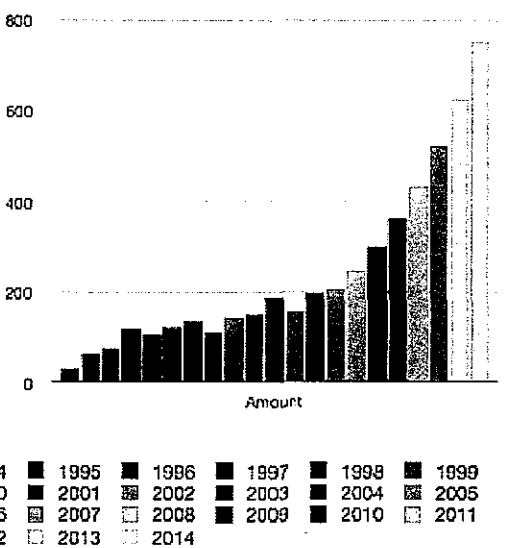
The above chart and table relate to EMERGENCY call outs only. Total Ambulance Call outs to Bundeena/Maianbar/ Royal National Park would include non-emergency patient transport. No estimate for these figures has been included. This must be borne in mind when comparing Bundeena/Maianbar/ Royal National Park call out rates with call out rates for other rural/ remote areas, as those other rates WILL include non emergency patient transports.

Annexure 9 - Average rate of increase 1994 - 2007 and Projections to 2014

PROJECTED INCREASE IN CALL OUTS TO BUNDEENA LOCAL OFFICERS
BASED ON AVERAGE RATE OF INCREASE FROM 1994 TO 2007 INCLUSIVE

	Totals	Rate of increase	Average rate of increase	Projected increase
1994	33			
1995	65	96.97	20.15	
1996	78	20.00		
1997	121	55.13		
1998	107	-11.57		
1999	123	14.95		
2000	138	12.20		
2001	115	-16.67		
2002	146	26.96		
2003	152	4.11		
2004	191	25.66		
2005	159	-16.75		
2006	200	25.79		
2007	210	5.00		
2008				252.31
2009				303.15
2010				364.29
2011				437.69
2012				525.81
2013				631.76
2014				759.06

	Amount
1994	33.00
1995	65.00
1996	78.00
1997	121.00
1998	107.00
1999	123.00
2000	138.00
2001	115.00
2002	146.00
2003	152.00
2004	191.00
2005	159.00
2006	200.00
2007	210.00
2008	252.31
2009	303.15
2010	364.29
2011	437.69
2012	525.81
2013	631.76
2014	759.06

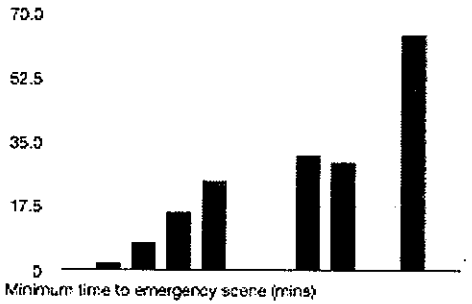


Annexure 10 - Response times comparison (see also par 1.7 which has longer time estimates)

COMPARISON OF MINIMUM AMBULANCE RESPONSE TIMES TO BUNDEENA WITH OTHER RESPONSE GOALS/ BEST PRACTICES

	Minimum time to emergency scene (mins)	Minimum time from call out to hospital (mins)
Local on call response from Bundeena	2	32
Emergency Medical System Goals (O'Meara)	8	30
Objectives NSW Ambulance Service	16	
Time taken if Ambulance to come from outside Bundeena	25	65
	Not known	

Chart 1



Peter F. O'Meara, *Models of Ambulance Service Delivery for Rural Victoria*, Ph D thesis, UNSW, 2002 (p 66):
The goals of an Emergency Medical Services system should be:

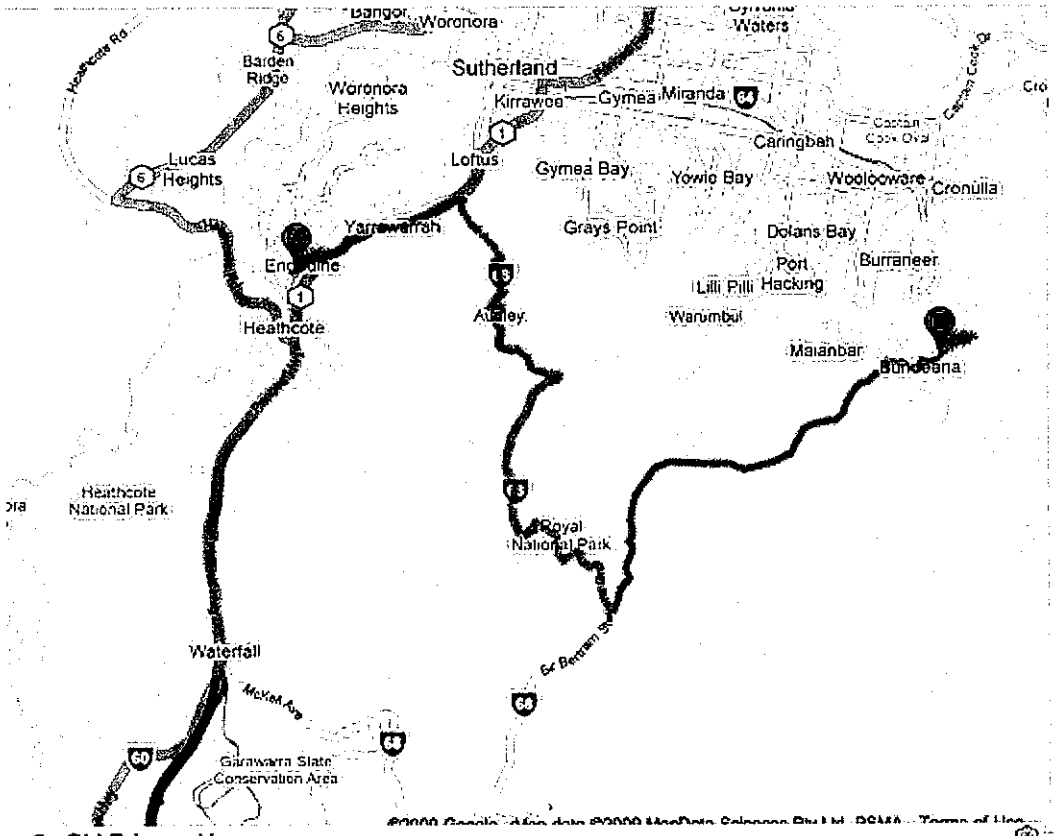
1. Basic life support [eg Fire Brigade] within four minutes;
2. Advanced life support [Ambulance] within eight minutes; and
3. Arrival at a definitive trauma facility within an hour, preferably one half-hour of the original injury.

- Local on call response from Bundeena
- Emergency Medical System Goals (O'Meara)
- Objectives NSW Ambulance Service
- Time taken if Ambulance to come from outside Bundeena

Annexure 11 – Route to Bundeena from Engadine Ambulance Station – shortest route

Google
Maps Australia

To see all the details that are visible on the screen, use the "Print" link next to the map



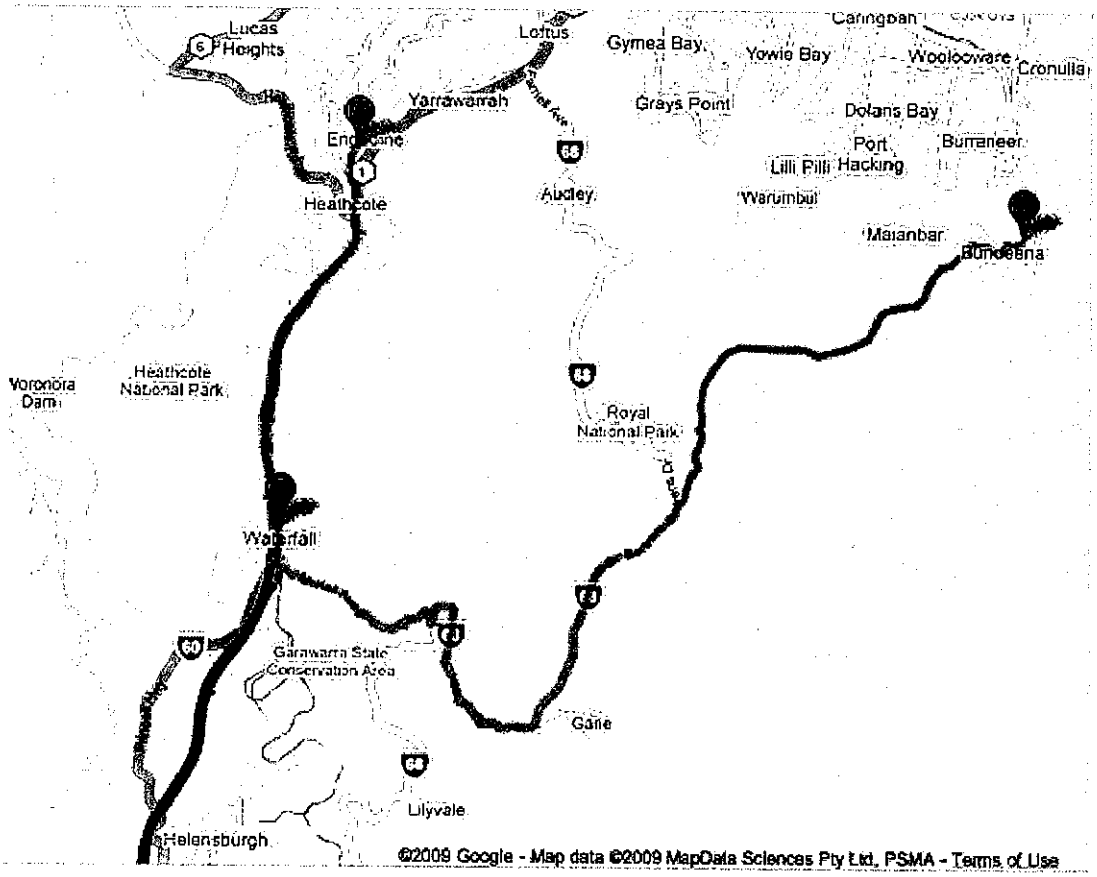
Old Princes Hwy
Engadine NSW 2233

27.4 km – about **43 mins**

1. Head **northeast** on **Old Princes Hwy** toward **Geebung Ln**		0.8 km
2. Turn **left** at **Princes Hwy**		3.2 km
3. Slight **right** at **Farnell Ave**		41 m
4. Turn **right** to stay on **Farnell Ave**		1.5 km
5. Continue on **Sir Bertram Stevens Dr**		11.5 km
6. Turn **left** at **Bundeena Dr**		9.3 km
7. Turn **right** to stay on **Bundeena Dr**		0.3 km
8. Turn **left** at **Liverpool St**		25 m

Annexure 12 - Route to Bundeena from Engadine Ambulance Station – route during flooding at Audley

Google
Maps Australia



Driving directions to Loftus St, Bundeena NSW 2230

33.5 km – about **48 mins**

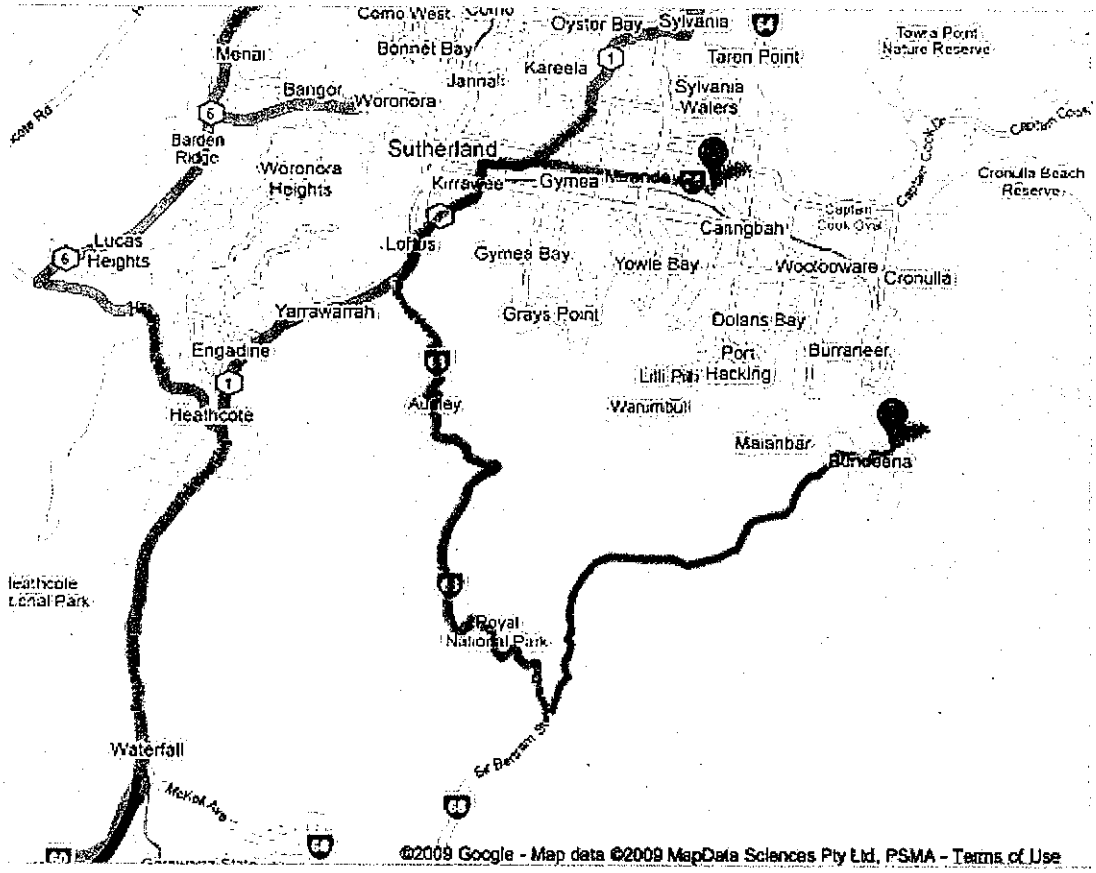
Old Princes Hwy
Engadine NSW 2233

1. Head **southeast** on **Old Princes Hwy** toward **Banksia Ave**	1.0 km
2. Slight **right** at **Princes Hwy**	7.1 km
3. Take the exit toward **McKell Ave**	0.2 km
4. Turn **left** at **McKell Ave**	56 m
	8.3 km – about 12 mins

Waterfall NSW

Annexure 13 – Route to Bundeena from Sutherland Hospital – shortest route

Google
Maps Australia



Driving directions to Loftus St, Bundeena NSW 2230

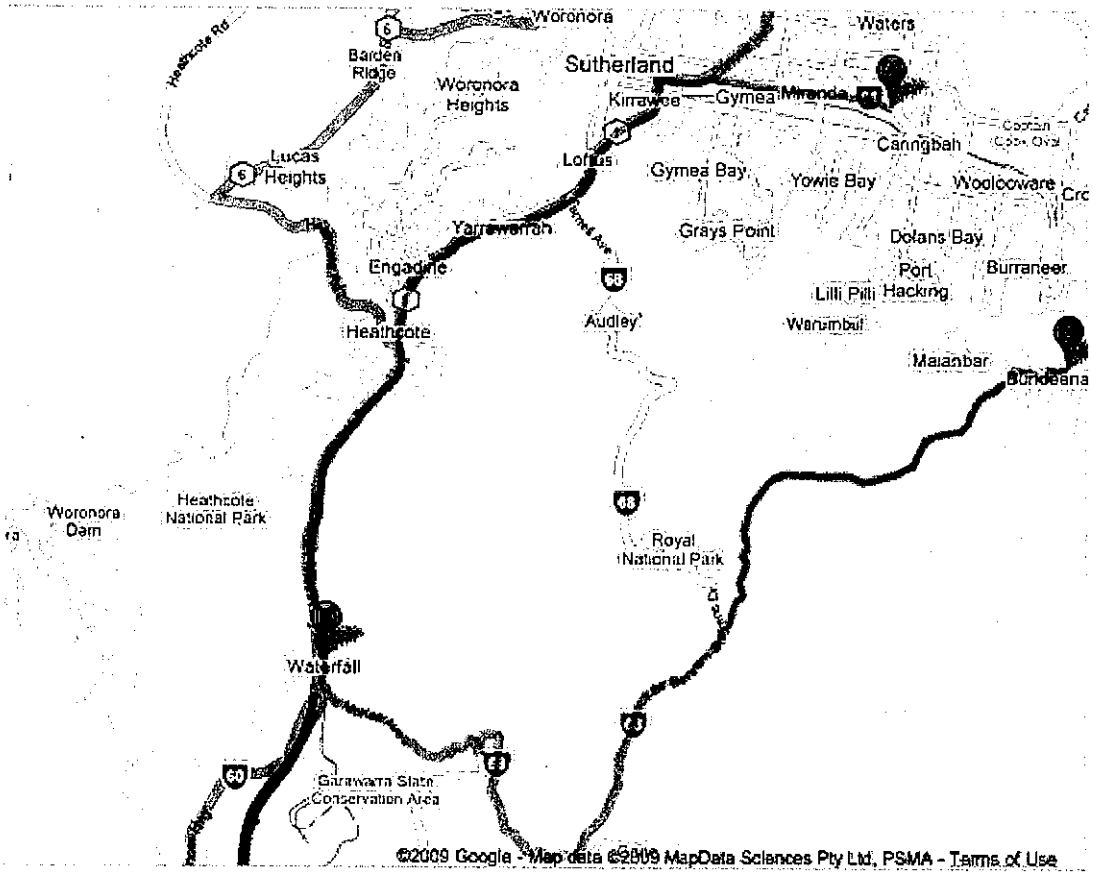
31.2 km – about **48 mins**

Sutherland Hospital
430 Kingsway
Caringbah, NSW 2229
(02) 9540 7111

1.	Head **northwest** on **Kingsway** toward **Carrington Ave**	3.7 km
2.	Slight **left** at **Princes Hwy**	4.0 km
3.	Slight **left** at **Farnell Ave**	1.5 km
4.	Continue on **Sir Bertram Stevens Dr**	11.5 km
5.	Turn **left** at **Bundeena Dr**	9.3 km
6.	Turn **right** to stay on **Bundeena Dr**	0.3 km
7.	Turn **left** at **Liverpool St**	25 m

Annexure 14 - Route to Bundeena from Sutherland Hospital – route during flooding at Audley

Google Maps Australia



Driving directions to Loftus St, Bundeena NSW 2230

44.8 km – about **1 hour 2 mins**

Sutherland Hospital
430 Kingsway
Caringbah, NSW 2229
(02) 9540 7111

1.	Head **northwest** on **Kingsway** toward **Carrington Ave**	3.7 km
2.	Slight **left** at **Princes Hwy**	15.7 km
3.	Take the exit toward **McKell Ave**	0.2 km
4.	Turn **left** at **McKell Ave**	56 m

19.6 km – about 25 mins