

Supplementary
Submission
No 28a

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

Name: Suppressed
Date received: 27/06/2008

Partially Confidential

I wish to make a supplementary amendment to my submission (number 28).

What I would like to express is my dissatisfaction in the current dispatch system that the ASNSW uses, known as ProQ&A. From its inception many years ago it has been a large source of frustration for me and most "on road" paramedics as I find that more often than not it is incorrect in accurately identifying the chief complaint of the person requiring the assistance of the Ambulance. I have on countless occasions been at the sharp end of infuriated patients as they have to go through a painstaking list of questions that are essential to be answered for the system to identify the patient's problem. I understand that this multi million dollar system was commenced due to legalities as patient's conditions were misdiagnosed and the inappropriate resource was being dispatched however this is still continuing. I will outline the reasons why below.

The questions that are asked seem to be too specific and the patient does not answer the questions correctly. What this means is if the patient does not know the answer to the question that is asked by the call taker then the answer is defaulted to "yes" according to the ProQ&A script. This is where the incorrect categorisation comes in and sending an inappropriate resource to the job. How this affects service delivery is that when a car is sent to a job that has been incorrectly classified means that particular vehicle is unavailable to be dispatched to a more appropriate response. Countless times jobs get classified as a 1B as the caller has answered yes to questions they do not understand. Examples of these questions are.

Is the patient alert?

Is the patient clammy?

Is the patient breathing normally?

In most cases that I go to patients do not know what the term alert means let alone what clammy means or if they are breathing normally. What is breathing normally? Is it normal for the patient to be short of breath as they have had emphysema for years. The answer is yes however the system does not account for this.

My answer to the problem is to give the Dispatchers discretion. I believe they need to be able to read all the notes that are attached to the job and then make a decision on which resource they should send and not be dictated by a computer program that is out of date. What else that should occur is the ProQ&A system needs to be upgraded to align itself with the skill increase of QAO's. QAO's have significantly increased their skill set over recent years and the ProQ&A system has not been configured to accommodate the skill increase. At this point in time a person fitting, unconscious, fainting and headaches all require a "highest clinical skill" to attend however every Qualified Ambulance Officer has the skill and drug repertoire to accommodate this patient.

Also, abolishing the 2A category from the ProQ&A system needs to be done immediately. It is absolutely ridiculous that this particular job classification requires an Ambulance Officer of the highest clinical skill in the Ambulance Service to attend the job but is not urgent enough to be a "lights and siren" response. This is a contradiction and has been the butt of all jokes for Ambulance Officers for years.

My final point that I did not touch on in my initial submission is particular jobs that we attend such as violent domestics, assaults or any other job where there is a threat to ourselves, and these jobs can be generated from either the Ambulance Service or from the Police. What the current Operational protocol is for the particular Ambulance that has been assigned must go "lights and sirens" to the particular address to only "stand off" until Police attend. This means we are required to put ourselves and the public at risk by going to this job as an emergency response only to stop outside the house and wait for Police to arrive. Sounds simple? However, the period we can wait for the Police can be minutes to even hours. In the event were we are waiting for Police to attend we are a wasted resource. What needs to happen in these hostile situations where the Police must secure the scene prior to an Ambulance crew entering should be that an Ambulance is NOT responded until a Police car is on scene and has acknowledged that an Ambulance is required. Too many times we are called to assaults, domestics and the like by Police radio and we respond urgently only to sit on the side of the road for 20 mins awaiting a Police car to arrive only to be not required. This would reduce the OH&S risk and would also improve resource allocation.

Kind Regards,