Submission
No 72

THE MANAGEMENT AND OPERATIONS OF THE NSW AMBULANCE SERVICE

Organisation: Bundeena/ Maianbar Ambulance Action Group

Date received: 25/06/2008

Submission to NSW State Parliament

General Purpose Standing Committee No. 2 on the Management and Operations of the NSW Ambulance Service

from

Bundeena/ Maianbar Ambulance
Action Group

24 June 2008

Charts and Tables

Introduction

As a result of the situation in which on call officers living in Bundeena have found themselves, the Bundeena community has in recent months had some direct involvement with NSW Ambulance Service (AS) management.

While we appreciate that management is no doubt struggling with running a Service that is undermanned and underfunded, we found many existing policies, practices, and management actions in the areas of the Committee's terms of reference to be of concern. We note that the terms of reference include:

(a) management structure and staff responsibilities;

(b) staff recruitment, training and retention;

(c) staff occupational health and safety issues;

(d) operational health and safety issues;

(e) other related matters.

Background

For the last 15 years ambulance officers residing in Bundeena have been asked by the 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 area.

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

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 response time 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 which is frequently closed by flooding and accidents.[1]

Lack of AS management help in improving/ addressing present situation

Currently there are 3 ambulance officers residing in Bundeena who work at different ambulance stations and who until recently agreed to be on call between and 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 occasionally called to incidents further away.

Despite the officers being at different stations and therefore on different rosters, these officers have been left on their own and without any management assistance to coordinate their rosters and holidays to provide an on call service to the Bundeena/Maianbar/ Royal National Park area. 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, particularly when the rosters of any one of the three relevant stations are changed at the last moment, as often happens.

Local Officers' Workload

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.

The number of calls is increasing on the average by 20% per annum. 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).

The increase may partly be due to an aging population in Bundeena/ Maianbar, increases in numbers of visitors to/ traffic in the Royal National Park, and

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1 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).

increased calls to the Service as a whole (some of the call outs the officers receive are to places outside the Bundeena/ Maianbar/ RNP area).

Stresses on local officers

One of the officers is due to retire within two years. One has a wife who is terminally ill. One has three young children under ten.

For an ambulance officer to treat a person they know is quite unusual in metropolitan areas and is (rightly) considered to be emotionally stressful. Yet regularly these officers not only treat people they know, but see friends die in front of them.

A further cause of stress is that local residents will often bypass the proper method of calling the ambulance and turn up at an ambulance officer's home asking for help. It is very difficult for the officers to refuse to help residents in such a situation, even if they are not on call at the time.

Lack of vehicle support

It is normal for officers who are on call between shifts to each be provided with an ambulance to take home with them so that they can respond quickly when called. However in the case of the Bundeena officers, this has not been done.

There was formerly a dedicated ambulance which remained in Bundeena, but the situation was further complicated in May by a directive that the ambulance had to be returned to Engadine station at the end of any on call period.

Bearing in mind that they work out of different stations geographically far apart and on different rosters, having only one ambulance between three officers involved a considerable amount of coordination and additional driving and became virtually impossible once the ambulance had to be returned to Engadine, as the officers were spending much of their rest time in driving back and forth to Engadine.

A further issue is that a patient transport 4 wheel drive vehicle would greatly assist in emergency medical situations in the Royal National Park but is rarely available to these officers. Another possibility is a trail bike located in Bundeena to access Park accidents.

Lack of fatigue management

In May the officers withdrew their on call services because they could not cope with the organizational and fatigue problems arising from being on call without proper management organization or structural support – both in relation to lack of vehicles and lack of appropriate management resulting in unnecessary and excessive fatigue of officers.

The final straw: one officer had worked a full 14 hour shift, plus a further 2 1\2 hours of overtime resulting from attending a road accident towards the end of his rostered shift. On his way home to Bundeena to rest from his work station at Rockdale (approximately one hour's journey), the Officer received an On-call job a 'possible heart attack' at Engadine (as there were no other ambulance vehicles available, becoming more common). The single officer was backed up by the 2nd On-call officer from Bundeena who had just completed a 14 hr shift. Following treatment, transport, hand over at hospital, restocking and refueling the officers returned home to Bundeena (20hrs of work). When the officers informed management from home that they were exhausted and would not be able to attend their next 14 hour shift (due to start in only a few hours) they were not meet with a sympathetic reception. It was clear from the PA meeting that instead of the AS personnel managing the situation with sympathy the officers were in fact reprimanded and dictated to.

What action the officers have taken

At this point the officers agreed that being on call was no longer viable and they would not be able to continue being on call. This community generally understands and supports their position.

What action the community has taken

The community first became aware of the conditions under which the local ambulance officers were providing their services to this area when the issue was discussed at a Bundeena Progress Association meeting earlier in the year.

BPA wrote to the Ambulance Service, with copies to relevant parties including State Government, to ask for a more appropriate structure to be implemented

which did not depend upon local officers sacrificing their rest and recreation time – to their detriment and to the detriment of patients.

It seemed to the community that the structure of the on call system may work well in small country towns where there are few emergency medical incidents during the day, but is entirely inappropriate in the context of this area because:

- the local officers are working full time within the general metropolitan area on their normal shifts and need to rest between shifts;
- the local officers have long travel times from their main stations to their homes;
- the local officers have the additional administrative burden of trying to organize shifts and vehicles 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. Because there is no ambulance station close by, local officers are much more likely to be called out than their equivalents in less remote locations, where rostered shifts from other stations are more likely to be able to cover any calls. . For example, we understand that there are On-call officers who get vehicles to drive to and from shifts in areas already covered by metropolitan Ambulance Stations (Engadine) and are rarely if ever called out between their rostered shifts.

Subsequently, this independent Ambulance Action Group was formed to pursue the issue. We wrote to the Ambulance Service with suggestions 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.

What responses the community and the officers have received from AS management

Basically, the message that this community has received from Ambulance Service management in responses to our Group's letters, in their attendance at last month's Bundeena Progress Association meeting, and in their comments on the Alan Jones show is that:

1. our area isn't justified in receiving any additional resources because the level of call outs is insufficiently high (ie we don't 'need' proper ambulance service coverage);
2. they are not interested in trialing our interim nor our long term solutions;
3. they are not interested in supporting the local officers with improved fatigue management/ resources, hearing their concerns, or finding a solution that works for everyone, but only in pressuring the officers into returning to being on call in exactly the same way as before, and not making any complaints publicly. There have even been suggestions that the local officers in being on call are not carrying out duties as Ambulance Service employees but are somehow 'moonlighting' or 'freelancing' as unsupported (and uninsured?) 'volunteers.' (This is definitely not the case given the 15 year history of this area only being supported by an on call system and given that requests/ acknowledgements of the officers being on call have been put in writing by Ambulance Service management in the past.)

Even the Ambulance Service management's unspoken actions give these messages. It was received badly by the community that several Ambulance Service management personnel turned up to the Bundeena Progress Association Meeting in two separate ambulances, thereby taking those ambulances out of the pool of vehicles available for on call use.

Is the 'First Responders' suggestion a solution?

The one proposal that Ambulance Service management have made is, in our view, not a solution at all. It is that the fire brigade service send its officers to medical emergencies in Bundeena/Maianbar/ the Royal National Park as 'first responders.' **The 200+ jobs do not go away; they will still need to be covered by the Ambulance Service (that is, by already overworked officers in AS Sydney South sector). This just adds another layer.**

What an ambulance service does

(1) It transports the patient quickly to hospital where they can be given skilled treatment/ intervention;

(2) Depending on the skill and expertise of the ambulance officers, some

diagnosis/ intervention can also be given at the scene.

Both of these aspects are crucial but the saving of lives depends predominantly upon (1) ie speed of response to call and speed of transport to nearest hospital.

The fire brigade cannot carry out either of these functions. Legally, they are not allowed to transport patients to hospital.

The 'initiative'/ proposal does not represent a medical response and is uncacceptable. It doesn't deliver on either of the functions of an ambulance service described in (1) and (2) above.

(a) The fire brigade officers are 'first aiders.' They don't have any medical training – only first aid training. This means:

- they can't diagnose what is wrong
- they can't administer drugs or give injections
- they don't have the necessary equipment or drugs

PLUS the emergency services department is NOT planning to give them any additional training or resources to fulfill the first responder functions.

(b) the patient still needs to be transported quickly to hospital in an ambulance. This is crucial. The fire brigade first responders are not going to make that process any quicker.

(c) the fire brigade first responders are not bound by the same medical ethics as ambulance officers. Unclear if they have the same criminal record checks.

Fire brigade first responders have a viable place in central metropolitan areas (where it is only a few minutes to the nearest hospital). This is what already occurs in Melbourne. Fire brigade first responders are not appropriate in rural or remote areas.

What our researches have uncovered

(1) Our situation is not unknown or that unusual. Better solutions should have been in place for the last 15 years

The management failures which are becoming apparent through Ambulance Service's refusal to provide a proper ambulance service to Bundeena/ Maianbar/ the Royal National Park are of particular concern because our researches have now made clear to us that the 'Bundeena' situation 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: 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.

Comparisons – other places, other figures

We also note that 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.

Another point to bear in mind is that the call out rates for the Bundeena local officers do not represent all the ambulance responses nor all the emergency medical situations in the Bundeena/Maianbar/ Royal National Park area and are not directly comparable with call out rates for ambulance stations operating with rostered staff. The call out figures for the Bundeena local officers do not include:

- non-emergency patient transports, which represent a considerable number of call outs for rostered officers (the appropriateness of using trained intensive care ambulance officers for such work is a separate issue);
- people who drive themselves to hospital because of 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, particular in the case of chest pain cases);
- all call outs to Bundeena/Maianbar/ the Royal National Park which are answered by rostered officers from various stations rather than by the local on call officers (either because those officers are working elsewhere or because they are not on call at the time). The figures for these responses will need to be obtained from all the separate stations and collated. They are not available to us.

(2) Current Ambulance officer awards do not deal appropriately with the on call issues in Bundeena

While this is partly a matter for the relevant union, it is also something that the management of the Ambulance Service should be putting right. The award contemplates minimal call outs, perhaps in the context of a country setting with a low workload where the ambulance station is right next door to the ambulance officer's home. The award does not contemplate the situation where:

- the local officers are working full time within the general metropolitan area on their normal shifts and need to rest between shifts;
- the local officers have long travel times from their main stations to their homes;
- the local officers have the additional administrative burden of trying to organize shifts and vehicles 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.

(3) 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.

Nor is it consistent with NSW Health Department policies. The whole tone of the document is to 'blame the victim' and leave all management of fatigue to the officer. This contrasts with the Health Department policy, available on the internet, 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.

Summary

We summarise in the table on page 12 what our experiences to date have demonstrated to us about the failures of the NSW Ambulance Service.

Conclusion

1. We seek an immediate acceptance by AS management that the question of providing emergency ambulance services in Bundeena is entirely the responsibility of AS.
   i. The only service that was available to this area no longer exists because it became unworkable.
   ii. What is being 'offered' by the AS is substantially worse than the system that has been in place for 15 years.

   What is needed is recognition that a **new structure is required** that enhances the service to the area and improves upon the previous piecemeal approach with its many disadvantages for both officers and patients.
2. We seek a formal recognition by the AS that a satisfactory emergency service for Bundeena in accordance with metropolitan standards (which should be applied) can only be carried out by through:
   i. a formal rostering of ambulance staff by the AS management to provide a 24/7 service that doesn't depend upon call outs of local officers between shifts and in down time; and
   ii. the permanent stationing of ambulance resources based in Bundeena so that the response can COMMENCE in Bundeena. This is the only way in which satisfactory response times can be achieved.
3. If AS management is unwilling to take these measures, we seek a gazetted State Governmental Directive that they do so.
4. We also seek a recognition by AS and all levels of Government that the solution to Bundeena's problems requires specific allocation of funding and resources.

There are doubtless a number of other solutions that go far beyond the ambit of this submission or our Group's expertise. Solutions needs open minds, and people to listen and think about new structures. Ultimately this is not just about politics, but about people's lives.

Please let us know if you would like to see any of the other documents referred to in this submission or if we can be of any further assistance.

Summary: what our experiences have revealed to the Bundeena/ Maianbar Community about the Ambulance Service (AS)

Problem/ Issue	Management issue?	OH &S issue?	staff retention affected?	patients/ community affected?
AS Fatigue Management policy forces officers to make on call responses even when officers are fatigued (and AS practice reflects this policy)	✓	✓	✓	✓
AS Fatigue Management policy forces ownership of fatigue management onto officers without management assistance/ logistical support/ solutions (and AS practice reflects this policy)	✓	✓	✓	✓
Bad personnel management (no support to officers in terms of logistics, pastoral care, willingness to listen to problems, willingness to find solutions. Bullying, pressure and silencing.)	✓	✓	✓	✓
Bad approach to community relations including obvious window dressing in order to pretend that a solution has been found to community needs and concerns	✓		✓	✓
Refusal to be proactive in solving existing problems or to consider new approaches in order to solve existing problems	✓	✓	✓	✓

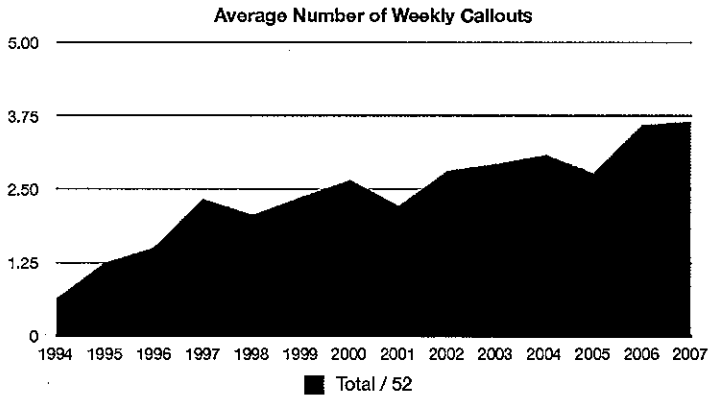
Average Number of Call Outs to Bundeena local on-call Ambulance Officers (not including missed calls)

	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

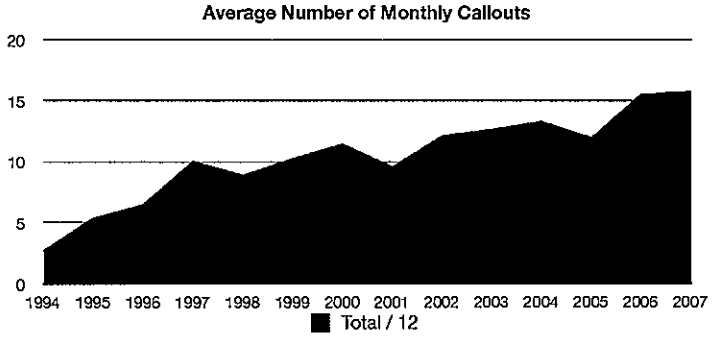
	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Total / 52	0.63	1.25	1.50	2.33	2.06	2.37	2.65	2.21	2.81	2.92	3.08	2.77	3.60	3.65

Totals do not include jobs known to have been missed



(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



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

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

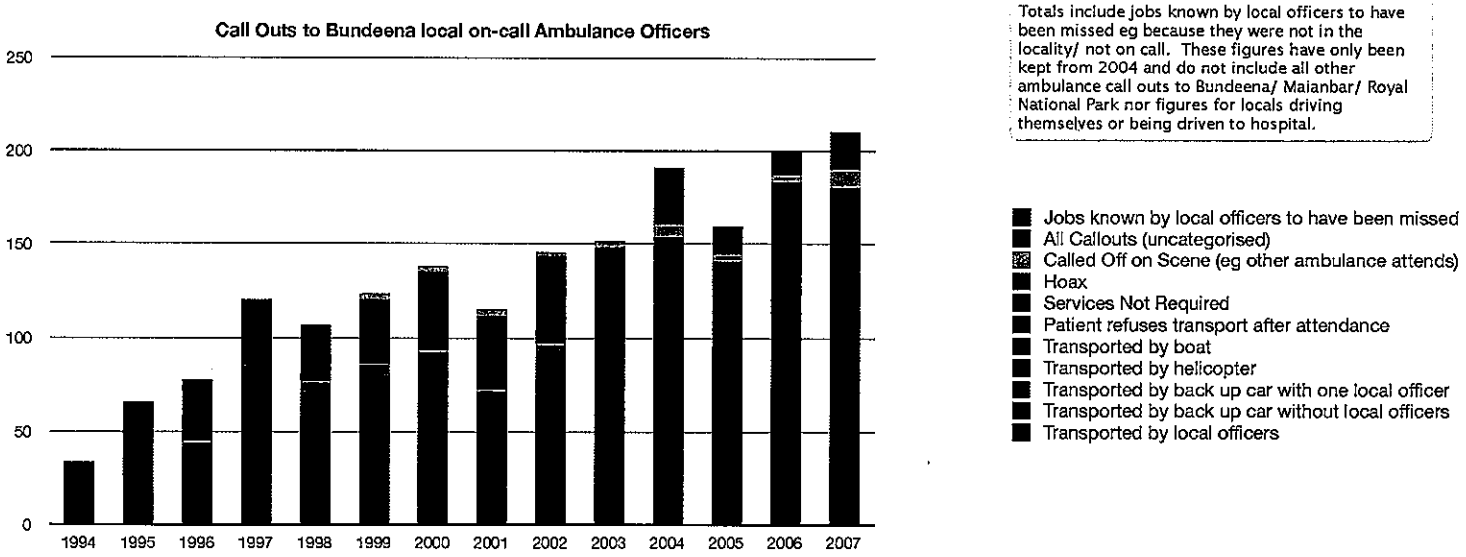
Includes Refused, SNR, Hoax and Called Off on Scene

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 000 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	62	66	45	69	90
Transported by back up car without local officers			11	18	17	17	27	19	14	27	39	37	43	46
Transported by back up car with one local officer			4		6	6	1	1	4					
Transported by helicopter			3	7	4	6	8	8	8	8	12	13	9	12
Transported by boat								3						
Patient refuses transport after attendance			23	26	11	12	23	17	26	28	26	30	47	32
Services Not Required			7	9	13	13	9	9	10	23	10	15	15	
Hoax				1	2	3	2	2	3	1				
Called Off on Scene (eg other ambulance attends)						3	3	4	2	3	7	4	4	10
All Callouts (uncategorised)	33	65												
Jobs known by local officers to have been missed											31	15	13	20
Total	33	65	78	121	107	123	138	115	146	152	191	159	200	210

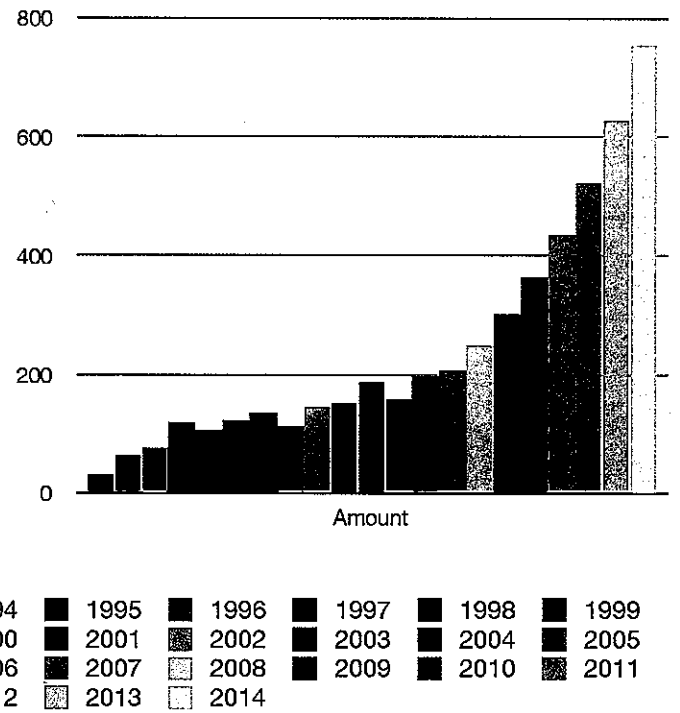
Totals include jobs known by local officers to have been missed eg because they were not in the locality/ not on call. These figures have only been kept from 2004 and do not include all other ambulance call outs to Bundeena/ Maianbar/ Royal National Park nor figures for locals driving themselves or being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



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				364.23
2011				437.63
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	364.23
2011	437.63
2012	525.81
2013	631.76
2014	759.06

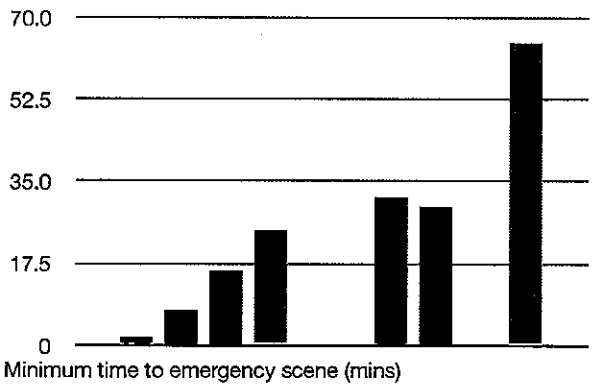


COMPARISON OF MINIMUM AMBULANCE RESPONSE TIMES TO BUNDEENA WITH OTHER RESPONSE GOALS/BEST PRACTICES

	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

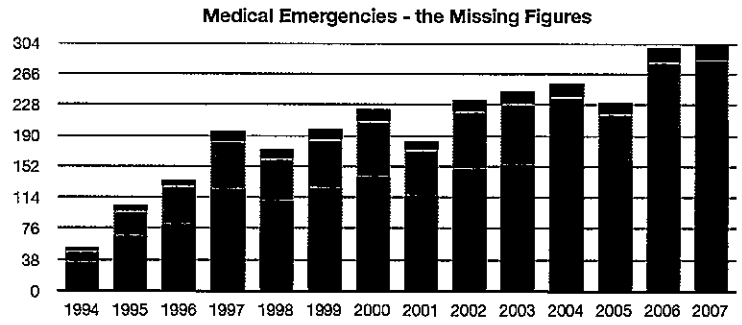


Peter F. O'Meara, *Models of Ambulance Service Delivery for Rural Victoria*, Ph D thesis, UNSW, 2002 (p 66):
The goals of an Emergency Medical Services system should be:

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

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	78	121	107	123	138	115	146	152	160	144	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	16.5	32.5	49	60.5	53.5	61.5	69	57.5	73	76	49	57	80.5	75
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

ie 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.