

INQUIRY INTO EMERGENCY SERVICES AGENCIES

Name: Name suppressed

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Partially
Confidential

The complaints process used by NSW Ambulance Service treats paramedics with contempt.

NSWAS quite rightly accepts complaints about any paramedic however it has not “triage system” for complaints – other than identifying – that is – other than identifying what appear to be very serious allegations which are sent to the Serious Allegations Committee for review.

At least that is how it appears to be in the _____ area.

In many instances, the matter should be able to be dealt with if a manager (who is also a competent clinician) refers to the eMR (Electronic Medical Record) the paramedic generated after attending to the person and, if after reviewing the eMR an explanation can be given to the complainant that should be done. Sometimes a quick phone call to the attending paramedic/s may be needed to confirm a point or two and if that then resolves the matter an explanation should be given and the matter closed.

I am not saying a paper trail should not be created – I am just saying the middle manager should do his or her job and try to resolve the issue quickly – for the benefit of the complainant and with the least distress – for the benefit of the paramedics. Only where reference to the eMR is incapable of explaining the concerns should paramedics be contacted. Where contact is required, most times the matter should be able to be finalised with a phone call to the paramedics concerned. Only in complex and serious matters should a written request be made of paramedics and a written response required. Even then, phrases like *subject to investigation, under investigation or being investigated* should rarely if ever be used. Personally, I am convinced these phrases are used more to make the “investigating officer” feel important. The strongest term used in any written correspondence (unless perhaps if it is a matter which has gone to the Serious Allegations Group) should be *preliminary inquiry* but most times it would be more than appropriate to say things like –

Example 1: *“The patient or person x, who was at the scene – heard about the incident third hand because they were not on scene (strike out where not applicable) has raised a concern or concerns....”*

“Most of us find it distressful to have a complaint lodged against us, and most complaints can be resolved by way of explanation, so I am seeking your assistance in the hope that this is such an instance. I am asking you to provide a written response as the feedback includes a number of concerns, which I think would be more accurately covered by a written response”

“Our Complaint Policy requires us to close matters within xx days so to do so, I need your response by xx/xx/xxxx.

In the area I work, the _____ Region, nothing as nice as above happens. Every complaint (save for a few selected people) is treated as serious and requires paramedics to provide a written response. The issues in question are almost never identified – instead, we are given a copy of the complaint and asked to provide a full response covering all of the issues raised in the complaint.

We are not desk jockeys so writing a reply to a complaint is time consuming and has to be done between cases so it has to be written, sometimes over a period of days with breaks between sessions to attend cases. We are not writers, so we may lack the skills needed to put something sensitive or touchy in writing without hanging ourselves – and one is always more concerned about hanging oneself when it is written and may not be explained as well as hoped. Whereas one can say

things speaking face to face or on the phone and clarify points on the spot or if a matter is delicate one's tone of voice usually reflects that easily and the listener can get what is trying to be said.

Sometimes there are other issues behind a complaint and indeed give the complainant motive to complain. These can be very difficult to put into writing. For example it would be much easier to say in conversation:

Example 2: *Look boss, the patient's daughter was a real pain – she was disagreeing with everything we said and everything we intended doing. It got so bad I wanted to say to her – look lady – you called us because you thought your mum was sick and you didn't know what else to do. We are here now and we know what needs to be done and what's more, we are doing what you didn't know to do; so just leave us alone and lets us do our job.*

I didn't say that to her because while true and to the point – you guys would say I was rude and on top of that, I think she's a bit unstable. I reckon has some deep seated mental issues going on.

Few paramedics would feel comfortable putting those thoughts in writing even if, as reasoned clinicians, they can justify the comments by the cursory assessment they made of the daughter's mental status.

Example 3: Sometime people are just plain hard to get on with or have an unreasonably high sense of entitlement. A complaint can at times come across as well reasoned and sober – but most of us are going to be reluctant to put in simple written words *that the person who wrote it was a complete drunken arsehole on the scene*. That can be quickly and easily said on a face to face or phone discussion and after giving a few examples of the conduct the boss should be able to put things into perspective.

However if required to respond in writing most of us are going to find it time consuming and stressful while struggling to find the acceptable phrases and words to describe the complainant's behaviour while on scene. It would be much easier to communicate the truth in a phone call saying the guys was pissed as a nit and being the pain the arse, arsehole brain surgeon most drunks become once an ambulance arrives on scene.

Worst of all – at least in the _____ Region, paramedic are treated with utter contempt when it comes to complaints. While we are always required to provide a written response to a complaint, we almost never get feedback as to the outcome and are never provided a written conclusion – unless that is, an adverse finding has been made against us.

The consequence of this is quite predictable. It is always distressing to be the subject of a complaint, not only because one has usually done their level best for the patient, but also one is concerned about the consequences of an adverse finding. By never concluding the matter NSWAS in the _____ at least – leaves its paramedics hanging on an outcome that never arrives – so we never get closure to the incident. I can tell you that compounds the already at times insurmountable difficulties we have dealing with the stress of the job.

If you make inquiries about categories of complaints used by NSWAS you will find the bulk of complaints are categorised as “paramedic attitude”. I submit this is usually inappropriate because

the perceived *attitude* is usually in response to an unrealistic expectation on the part of the person the paramedic is attending.

Pensioners and Health Care Card holders are entitled to free ambulance services and as a consequence happily call an ambulance even for relatively trivial incidents – completely unconcerned that they may be delaying response to a more seriously ill or injured person.

Oft times they call only to be taken to hospital because, for example, after seeing their doctor it was decided the person needs to be seen at hospital and probably admitted – not as an emergency admission – just because whatever the condition they have needs to be managed in hospital. Doctor has then given them a referral letter to hospital. They have then driven themselves home – walked inside – packed a bag and then called for an ambulance to take her to hospital and gives us the referral letter as proof she needs to go. They then get quite cranky when we explain that is inappropriate.

Other times they demand to be taken to a preferred hospital because they don't like the local hospital – this might mean they expect to be taken to a hospital 50 – 100 kilometres away despite there being no clinical need to take them so far.

Other times they call because of a trivial illness – nausea or vomiting and instead of going to the doctor or hospital they call an ambulance with the expectation we will fix them or if they go by ambulance they get seen sooner – which, unfortunately is usually true.

NSW Government should put a red signal on ambulance use. If an incident is not an emergency or there is no pressing medical necessity for calling an ambulance, a “pensioner” it should be noted in the billing section of our eMR and for perhaps the first and second occasion a letter sent to the user explaining that if it continues to occur they will be billed a minimum of \$100. If further breaches occur they will be billed the full fee.

Naturally a review system would be put in place with such a change so the user can object but the truth is, paramedics are not uncaring heartless people – we will only flag those cases where misuse is obvious and the person knows it or should know it or it occurs repeatedly.

I contend if one reviewed a batch of cases at random it would be readily seen that we do not in fact require more paramedics on the road – what needs to be done is reduce unwarranted demand by highlighting and reducing the unreasonable and unjustified sense of entitlement many who get free ambulance services have developed.

And NO it is not dangerous to do that – people DO KNOW when they are really sick and they DO KNOW when something is an emergency and when it is not. That is why we very rarely indeed get called to people who are not in a health fund and not covered by a Health Care Card unless it is genuinely an emergency. People who know they will have to pay ONLY call us when essential. People who don't have to pay call us at the drop of a hat – or at the drop of a pillow – as has occurred or to rub some Voltarin on the middle of his back because he can't quite reach – as has occurred.

RECOMMENDATION

1. *A triage system be implemented in which:*

- *Trivial complaints which can be explained by reason or reference to policy are resolved without reference to the paramedics;*
 - *Complaints which can be resolved by reviewing the eMR (with occasional confirmation of particular points being done by phone call) should be resolved without requiring paramedics to provide a written response;*
 - *Complaints which cannot be otherwise resolved should first be discussed by phone and only in complex matters should a written response be requested.*
 - *Where a written response is requested the issues should be discussed first by phone after which the paramedic should be advised a written response will be needed because the issues raised are so many or so complex but to wait for a written request to be sent before he or she starts.*
 - *The subsequent request for a written response should be made in writing and in the less threatening terms described at example 1 - not as occurs now in the where more threatening words like investigate etc are used.*
 - *The request should itemise the specific issues the paramedic needs to address – not as again is done in the , use blanket wording like; “Your response must address all the issues raised in the complaint.”*
2. The Government review the relevant legislation so that NSWAS can bill – to various degrees – Health Care Card holders when they call an ambulance where there is no true emergency or pressing medical necessity.