



Government of **Western Australia**
Department of **Health**

St John Ambulance Inquiry

- Implementation of Recommendations

Completion Report to the Minister for Health
December 2010

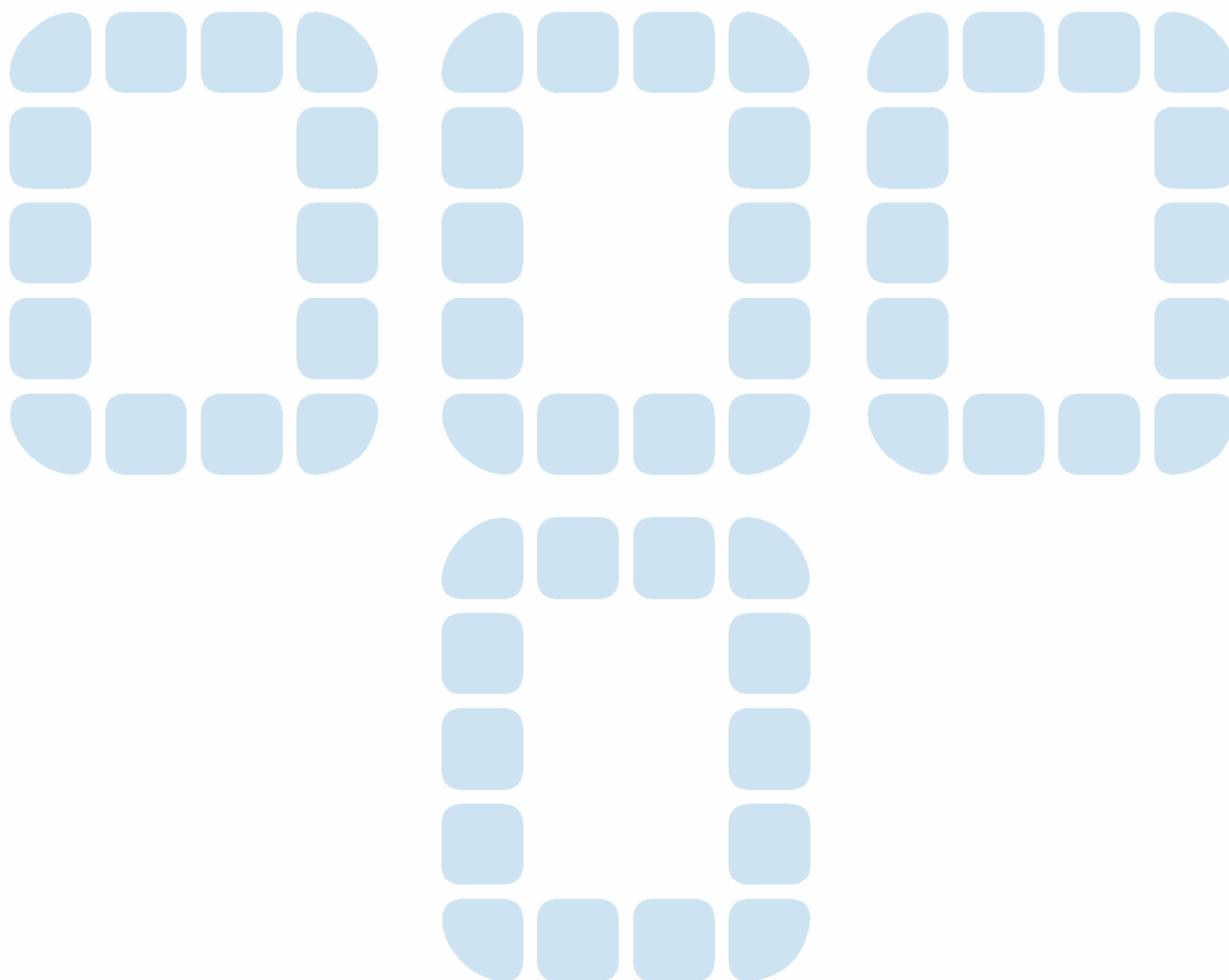


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FOREWORD

Hon. Dr K. D. Hames MLA
Deputy Premier of Western Australia
Minister for Health; Indigenous Affairs
Governor Stirling Tower
197 St George's Terrace
PERTH WA 6000

Dear Minister

The implementation period of the St John Ambulance (SJA) Inquiry has come to an end. The following summary explains what has been achieved pursuant to the recommendations of the Report.

The Government of Western Australia approved a significant increase of funds for SJA and this has allowed the major reforms of the Inquiry to be implemented. The Government's investment in SJA is well placed.

The Board of SJA, its Chief Executive Officer, Mr Tony Ahern, and the entire organisation have responded to the Inquiry Report and the implementation process in a very positive way. SJA has taken the lead on most issues and this State is fortunate in having such a dedicated and professional organisation running its ambulance service. Similarly the Union, and, in particular, the President of the Ambulance Union Committee, Mr John Thomas, have been constructive and diligent during the implementation process, and, at all times, have sought to improve patient outcomes. Finally, the Department of Health (DoH) has been well served in the process by Dr Simon Towler, Ms Cathy Campbell and the many other officers whose input is appreciated.

Whilst the recommendations have been successfully achieved, there are outstanding projects which have commenced but require ongoing attention to bring them to finality. A process has been put in place to ensure this happens. This includes an ongoing strategic dialogue between DoH and SJA with oversight of these issues.

The Inquiry reported that all West Australians have an expectation that when they call an ambulance in an emergency, the ambulance will come quickly and get the patient to hospital safely and as soon as possible. The structure of SJA has been enhanced to ensure this happens. Whilst mistakes will always occur, the new processes will minimise adverse events and ensure SJA learns and continually improves.

Yours faithfully



Greg Joyce
Independent Reviewer
Western Australian

EXECUTIVE SUMMARY

In July 2009, the Minister for Health (MFH) announced that the State Government would conduct an independent Inquiry into the safety and quality of clinical practices at St John Ambulance Australia – WA Ambulance Service Inc. (SJA).

The Department of Health (DoH) completed a three month inquiry into the safety and quality of the SJA service in November 2009, and made 13 recommendations. This report provides a summary of progress against each of the recommendations.

A Steering Committee was established, chaired by the Director General, WA Health and overseen by an independent reviewer, to ensure the implementation of recommendations over a 12 month period. Five major working groups were established comprising the Operations Centre, Training, Clinical Governance, Country Services and Inter-Hospital Transport/Ramping. A sixth internal working group was established, the Finance Working Group, and was responsible for the preparation of a funding submission to the Department of Treasury and Finance (DTF).

Most importantly, the Government has strengthened ambulance services in WA with an additional \$88.65 million in the next three years. The funding boost will result in increased staffing numbers including paramedics, patient transport officers, communication officers and other necessary support staff. In total, the recruitment plan provides for 517 paramedics over the next three years. Expansion of current ambulance services will result in 25 new ambulances as well as 10 new ambulance centres across the metropolitan and country areas.

Substantial work has been undertaken to strengthen SJA's systems and processes and, as a result, each of the recommendations outlined in the Inquiry report has been successfully achieved.

The most contentious area among paramedics participating in the Inquiry centered on clinical governance. The Steering Committee oversighted the development and implementation of a new clinical governance framework including a robust system to report and investigate sentinel and adverse events. An all encompassing change management process is currently being rolled out across the organisation to ensure its success.

Significant inroads have been made in the delivery of country ambulance services and the assessment of WA's unique and largely volunteer model. As well as an increase in paramedic resources throughout the State, planning is underway to implement a new clinical coordination model, ensuring a superior level of emergency ambulance care for county patients.

DoH, through the Australian Health Workforce Ministerial Council (AHWMC) has pursued the entry of paramedics into the National Registration and Accreditation Scheme (NRAS). WA has agreed to lead this project with approval of the project plan and associated budget received from the Australian Health Ministers' Advisory Council (AHMAC) at its October 2010 meeting. This nine month project is anticipated to commence in early 2011, and will identify and assess the benefits of including paramedics in the NRAS, outline the requirements for entry and make recommendations on inclusion for consideration by AHMAC and AHWMC.

Significantly, DoH has bolstered the relationship with SJA to ensure a continuous strategic and managerial dialogue between both organisations. The new contract will, through key performance indicators, be constantly monitored and strategic initiatives reviewed.

In reporting on each achievement, the Inquiry team takes the opportunity to acknowledge all those individuals, both at DoH and SJA, who not only gave their time to this important initiative, but also willingly shared information and expertise. Their commitment and contribution to the delivery of ambulance services in WA is unrivalled and the achievements noted in this report are a direct result of their efforts and their input.

RECOMMENDATIONS AND KEY ACHIEVEMENTS

The SJA Inquiry into the safety and quality of the provision of emergency ambulance services in Western Australia made 13 recommendations. Each recommendation is listed below along with a statement of key achievements made during 2010.

The changes required for ambulance services in WA following the Inquiry required a formal process, strong leadership and close partnerships between DoH and SJA management, paramedics, operations centre staff and volunteers. To that end, a formal implementation team was established including an independent reviewer, representatives from DoH, SJA management and both the paramedic and volunteer workforces to oversee the implementation of all recommendations.

Substantial work has been undertaken to strengthen SJA's systems and processes with all changes communicated to employees. Throughout the Inquiry period, SJA released a number of bulletins to update not only employees, but also key stakeholders on their achievements, highlights and the way forward. SJA intend to continue with these useful and informative updates.

The contribution and participation of those involved in this initiative both at DoH and SJA is greatly appreciated, and the full cooperation of SJA during the course of this work is acknowledged.

Recommendation 1

Endorse the continuation of the existing service model, namely the provision of emergency ambulance services by an external provider.

Recommendation Achieved

This recommendation was undertaken by DoH.

A new contract between DoH and SJA for the provision of ambulance services from 2010/11 to 2012/13 was prepared following the announcement of the State budget and negotiations are currently being finalised. Ambulance services will receive funding of an additional \$88.65 million in the next three years to ensure the continuation and expansion of the existing ambulance service.

This new contract is the primary mechanism for ensuring regular review and compliance with the recommendations outlined in the Inquiry Report and the ongoing reform agenda.

Recommendation 2

Implement, as a matter of urgency, all recommendations (both general and specific) emanating from the Root Cause Analysis process.

Recommendation Achieved

This recommendation was undertaken by the Operations Centre Working Group, chaired by Mr Len Fiori, Ambulance Service Director, SJA.

The investigation into the patient death incidents involved a comprehensive and methodical analysis of facts to identify root causes or contributing factors.

This recommendation covered practices in the operations centre and included;

- review of staffing levels in the operations centre;
- modification of the IT system to ensure a job card cannot be deleted from the system;
- review of shift work arrangements to ensure fatigue is considered; and
- ongoing training of operations centre staff.

The Inquiry found major inadequacies in the operations centre with a focus on operational requirements, rather than patient care. Improvements to staffing levels, training programs, performance management and the clinical governance system were recommended to improve the link between clinical policies and operations, resulting in benefits to patient care and clinical outcomes.

Each of these issues has been addressed within the new contract and achievements are detailed under Recommendation 3.

Recommendation 3

Improve the response capacity of the SJA communication centre through:

- Increased staffing levels of call takers and other key communication centre personnel;
- A staff performance management and development program with individual plans for all officers;
- A review of training and continuing education, specifically in relation to standards and guidelines for questioning callers, prioritisation, pre-arrival advice, and call card documentation;
- Examining the feasibility of splitting calls between '000' and other calls;
- Considering the geographical split between metropolitan and country regions;
- Requesting SJA to remedy the 'freezing' of the Computer Aided Dispatch (CAD) network immediately; and
- A quality audit of calls against specific standards and guidelines.

Recommendation Achieved

This recommendation was undertaken by the Operations Centre Working Group, chaired by Mr Len Fiori, Ambulance Service Director, SJA.

• **Recruitment**

SJA have committed to increase staffing levels in the operations centre by 25 full time equivalent (FTE) from 51 FTE in 2010/11 to 76 FTE by 2012/13.

Communication officer numbers will increase by 40 FTE over the five year period from 2009/10 to 2013/14. The additional 40 staff, after allowing for leave, will provide 8 additional staff in the operations centre over a 24 hour roster period.

Current staffing arrangements in the operations centre provide the following cover:

		Total Staff
7am to 7pm	Manager, Clinical Team Leader, Ambulance Network Coordinator (ANC) plus 7 Communication Officers	10
7am to 1am	Manager, ANC plus 5 Communication Officers	7
1am to 7am	Manager, ANC plus 4 Communications Officers	6
	TOTAL	23

With the inclusion of the additional 40 FTE, staffing numbers by June 2014 will be as follows:

		Total Staff
7am to 7pm	Manager, Clinical Team Leader, ANC plus 15 Communication Officers	18
7am to 1am	Manager, ANC plus 13 Communication Officers	15
1am to 7am	Manager, ANC plus 12 Communications Officers	14
	TOTAL	47

SJA have undertaken significant recruitment campaigns to ensure sufficient staffing levels of call takers and other key operations centre personnel. With the significant increase in staffing levels in the operations centre, there is greater opportunity for rest breaks, thus addressing the fatigue management issues.

Staff performance management and development programs have been developed and are now ready for implementation for all staff.

Exit interviews are being conducted and used to assist in addressing staff retention issues.

- **Training and Continuing Education**

A review of training and continuing education has been undertaken. A national benchmark survey on continuing education was undertaken in August 2010 by the Training Working Group. The results highlighted that SJA provide communication officers with a greater level of continuing education during work time than other jurisdictions.

The survey compared many facets of communication officer training across jurisdictions including levels of qualification, frequency and length of education sessions, mode of delivery, curriculum content and trainer competency.

- **Call Taking**

A number of key performance indicators have been agreed to ensure calls are answered within an appropriate timeframe. A quality audit of sample calls will be undertaken quarterly to ensure targets are met.

A dedicated communication officer has been assigned to coordinate calls from country regions. The centralisation of country callers will ensure consistency of clinical coordination.

The CAD network has been rectified and report mechanisms are now in place on the number and outcome of functionality tests. Issues experienced with freezing were rectified immediately and the IT system worked satisfactorily in 2010.

Call response times are expected to improve considerably with the increased capacity in the operations centre. This will have a direct impact on the speed in which a patient receives appropriate medical care.

The feasibility of splitting calls between triple zero and other calls has been examined. Whilst SJA is building staffing levels in the operations centre, they do not have the critical mass to undertake a split of calls, either between metropolitan and country regions or between triple zero and non-urgent calls. SJA has agreed to review this when capacity in the operations centre increases.

Plans are underway to conduct an audit of calls against the priority decision aid used in the operations centre.

SJA are also looking into the feasibility of triangulation. The issue of providing information from geographical positional locators in mobile phones for identifying the location of callers is the focus of a national working party which includes Telstra.

- **Key Milestones**

A comparison between where SJA was in 2009 in relation to selected milestones, compared with expectations and/or requirements for 2013 is listed below:

Milestone	2009	2013
Triple zero calls	155,000	255,000
Communication officers per day	16	40
Triple zero calls answered within 10 seconds (%)	63	85
Strategic focus	Operational	Patient Care
Priority Decision Aid	Decision support software	Structured call taking
Priority 3 calls transferred to <i>healthdirect</i> (%)	4.6	6
Staff performance and development plans	✘	✓
Dedicated country call taker	✘	✓
Quality Audit	✘	✓

Recommendation 4

Investigate further the feasibility of introducing structured call taking in the communication centre.

Recommendation Achieved

This recommendation was undertaken by the Operations Centre Working Group, chaired by Mr Len Fiori, Ambulance Service Director, SJA.

During the Inquiry period, a number of different views were raised regarding the use of structured call taking. Significant research assessing the feasibility of structured call taking was undertaken.

A trial of ProQA, a structured call taking system, was implemented in August 2010. ProQA is based on the Medical Priority Dispatch System and provides a standardised format for carrying out the practice of priority dispatching. ProQA guides the communication officer through the process of collecting vital information from the caller, obtaining the patient's status, choosing an appropriate dispatch level and instructing the caller with medically approved protocols until the ambulance arrives at the scene.

The new system was tested alongside the current CAD system. The trial of ProQA was successful with the new program going live in September 2010. ProQA is currently being rolled out within the ambulance service and will continue to run alongside the CAD system with the new program anticipated to be fully functional within 6-12 months.

Recommendation 5

Invest in ambulance service infrastructure—both staff and capital—to ensure an appropriately responsive and sustainable service.

Recommendation Achieved

This recommendation was undertaken by the internal DoH Finance Working Group, Chaired by Mr Wayne Salvage, A/Chief Executive Officer, WA Country Health Service (WACHS). This group prepared a funding submission to DTF and was informed by a business case submitted by SJA.

SJA has, to date, provided the least costly ambulance service in Australia. The Inquiry found that, with increased population growth and increased demand negatively impacting on response times, funding arrangements are required to take into account the demand and delivery pressures experienced by this critical care service.

In the 2010/11 State Budget, the State Government strengthened ambulance services in WA with an additional \$88.65 million in the next three years.

The Steering Committee recognised that the funding model for ambulance services needed further attention. SJA are preparing an activity based funding model to reflect the true costs of ambulance and patient transport services. Interstate ambulance services have also indicated a willingness to develop a model that enables true cost comparisons between states. In addition, the concept of an emergency services type levy was raised during the Inquiry. Further work will be undertaken by SJA and DoH on this particular public policy issue.

- **Key Milestones**

A comparison between where SJA was in 2009, in relation to selected milestones, compared with expectations and/or requirements for 2013 is listed below:

Milestone	2009	2013
Ambulances/Patient transport vehicles – Metro	99	124
Metropolitan Paramedics	405	517
Ambulance standby capacity (%)	36.8	50
P1 calls responded to within 15 minutes (%)	87.6	90
P2 calls responded to within 25 minutes (%)	85.7	89
P3 calls responded to within 60 minutes (%)	77.2	85
Inter-hospital patient transfers (IHPT)	25,000	NA
• Officers	45	87

Recommendation 6

Ambulance needs in country areas to be the subject of further assessment.

Recommendation Achieved

This recommendation was undertaken by the Country Services Working Group, chaired by Mr Jeff Moffet (prior to September 2010) and Mr Wayne Salvage, A/CEO WACHS.

In 2009, the Inquiry found that country areas utilised a largely volunteer model and as a result, had unique needs. Changes in demand and population growth had stretched the country system to its capacity. Each country region required closer scrutiny with the development of an appropriate service delivery model.

- **Country Ambulance Service Model**

A new country ambulance service model has been established and incorporated as part of the new SJA contract. The service has moved to a regionalisation model and includes the introduction of community paramedics in sub-centres with high activity and increased paramedic resources throughout the State. The model for the 2010/11 period has been agreed and is currently being implemented by SJA.

Paramedic numbers will increase by 21FTE by 2012/13 as follows:

Year 1	2009/10	0
Year 2	2010/11	7
Year 3	2011/12	7
Year 4	2012/13	7
	TOTAL	21

Placement regions for country paramedics in 2010/11 include Albany, Broome, Port Hedland and Kalgoorlie, with future sites yet to be determined.

Community paramedic numbers will increase by 17FTE by 2012/13 as follows:

Year 1	2009/10	1
Year 2	2010/11	8
Year 3	2011/12	4
Year 4	2012/13	4
	TOTAL	17

Community paramedics are currently in place in Kununurra, Newman and Karratha. Placement regions for 2010/11 include Wyndham, Wickham, Carnarvon, Esperance, Katanning, Narrogin and Merredin with future sites yet to be determined.

- **Clinical Coordination**

Planning is underway to implement the clinically coordinated patient transfer model for WA. The model has been endorsed by the State Health Executive Forum and WACHS have prepared a draft job description form for the new Medical Director position that will lead the implementation of the model.

Funding has been made available through the SJA contract to fund the establishment of the new model over a 12 month period. Ongoing funding to deliver the model will need to be sourced.

- **Community Paramedic Role**

As part of improvements to the country ambulance service, the community paramedic role will be rolled out across the state over the next 3 years. Feedback

on the pilot of the community paramedic role has been presented to the Country Services Working Group, which highlighted the positive outcomes these positions have had on ambulance services in Kununurra and Newman.

- **SJA Volunteers**

Volunteers have been invited to provide feedback on the current SJA service through various sources, including:

- Regional seminars;
- SJA sub-centre conference (August 2010); and
- SJA Inquiry 2009 submissions.

It was agreed by the Country Services Working Group that they have gained valuable information from volunteers to address some of the key issues in country areas. As a result of the new regionalisation model, it is anticipated various service improvements will be achieved, resulting in concomitant improvements for volunteers. It was agreed that further consultation be undertaken with volunteers in 12 – 18 months, once the new model is well established.

- **Inter-Hospital Patient Transfers (IHPT)**

Considerable work has been undertaken to ensure the improvement of IHPT. These achievements are detailed under recommendation 12.

- **Key Milestones**

Milestones	2009	2013
Regionalisation model	x	✓
Clinically coordinated patient transfer model	x	✓
Community paramedic model	2	21
Career paramedics	53	74
Calls responded to within 15 minutes (sub-centres with paid staff) (%)	x	89
Country support staff and trainers	x	8
Country sub-centres	115	115

Recommendation 7

Expand the existing continuing education program to enable all paramedics, transport officers and volunteers to have their skills updated.

Recommendation Achieved

This recommendation was addressed by the Training Working Group, chaired by Ms Debbie Jackson, Director Human Resources, SJA.

Training and ongoing development of staff are important elements that underpin the SJA workforce. While clinical practices are continually advancing, the Inquiry revealed that refresher training was not up to date with many officers not receiving refresher training for up to two years.

Advances have been made to expand the existing continuing education program. Early in the implementation phase, SJA addressed delays in refresher training with all officers receiving overdue refresher training by mid 2010. All continuing education sessions scheduled in 2010 will be completed by the end of the calendar year as planned.

A national benchmark survey on continuing education programs was undertaken by SJA in August 2010. The aim of this survey was to compare the existing SJA continuing education programs to other jurisdictions, as well as identify any shortcomings.

On-line benchmarking surveys were prepared for paramedics, transport officers, communication officers and volunteers and compared frequency and length of education sessions, trainer competency, mode of delivery, session content and performance assessment.

The final survey results demonstrate that SJA provides an equal or greater level of continuing education during work time as other jurisdictions for both paramedics and transport officers. With regards to communication officers and volunteers, a greater level of continuing education is provided during work time than other jurisdictions.

SJA has demonstrated an ongoing commitment to education and training and auditing mechanisms have been established to ensure refresher training remains current for all employees, including volunteers. Volunteers provide services to 41% of country cases and there is a requirement for SJA to demonstrate the percentage of volunteers trained in each of the next three years.

Recommendation 8

SJA develop and implement clinical governance structures and processes that align with the Strategic Plan for Safety and Quality in Healthcare 2008–2013 and the WA Clinical Governance Framework.

Recommendation Achieved

This recommendation was addressed by the Clinical Governance Working Group, chaired by Dr Simon Towler, Chief Medical Officer, DoH.

The most contentious area among paramedics participating in the Inquiry centered on clinical governance. Clinical governance forms the cornerstone of SJA's operations. The process of developing a robust clinical governance structure is critical and requires the full engagement of paramedics.

A new clinical governance structure has been developed in line with the clinical governance mechanisms used by DoH and other Australian Ambulance Services. The implementation of the new clinical governance structure is now in the consolidation phase and will be fully functional by the end of 2010.

- **Recruitment**

Two key positions have been established to support the new clinical governance framework:

- Manager, Clinical Governance
- Director, Clinical Services

- **Committees and Forums**

SJA has replaced the single medical director model with a number of committees to support the clinical governance framework.

The Medical Policy Committee provides expert advice on clinical care undertaken by the ambulance service. Paramedics are represented on this group.

The Clinical Governance Operational Group ensures the implementation and maintenance of an effective clinical governance framework.

Clinical Reference Forums have been introduced allowing SJA staff to discuss clinical practice issues and learn from the outcomes of sentinel and adverse events.

- **Processes and Activities**

A number of new processes have been implemented to support the clinical governance framework:

- Monitoring of routine clinical indicators;
- Clinical audits of patient care records are undertaken by clinical team leaders with a target of reviewing 2 record sets per officer per month;
- Conducting in-field clinical audits to measure and report real time clinical performance;
- Targeted clinical audits where a specific clinical condition, skill, protocol or medication is reviewed;
- A system for developing and reviewing clinical practice guidelines which is more consistent with the recommended practice of the National Health and Medical Research Council; and
- A process for facilitating, approving and monitoring clinical research.

SJA is committed to ensuring all staff are informed of the new clinical governance structure and processes and understand the importance of initiating cultural change.

Recommendation 9

SJA notify and report sentinel events to DoH's Director Office of Safety and Quality in Healthcare.

Recommendation Achieved

This recommendation was addressed by the Clinical Governance Working Group, chaired by Dr Simon Towler, Chief Medical Officer, DoH.

Review of rare adverse events that lead to serious patient harm or death and are caused by the delivery of healthcare form part of a continuous improvement

approach to safety and quality both in patient care, as well as in health service systems. While SJA previously had an internal clinical incidents review system, it did not have sentinel events investigated or have a robust reporting mechanism to an external clinical review group.

A system for managing and investigating clinical incidents and sentinel events has been developed and implemented. This process has been developed in conjunction with DoH and meets standards set by the Office of Safety and Quality in Healthcare.

Sentinel and adverse events reported by SJA will be incorporated into the annual WA Sentinel Event Report. SJA also has a representative on the Peak Incident Review Committee which oversees sentinel event occurring in WA Health.

A Qualified Privilege Committee, including representation from the Health Consumer Council has been established to support the new clinical governance framework. This committee is designed to encourage health professionals to conduct quality improvement activities and investigate the causes and contributing factors of clinical incidents by protecting certain information from disclosure and protecting clinicians.

SJA has developed an electronic tracking system to follow the progress of sentinel and adverse events. This tracking system provides staff with details of reported events, as permitted by the qualified privilege arrangements, including how event recommendations have been addressed. The new reporting processes have been communicated to all SJA staff and a robust change management process is currently being rolled out.

Recommendation 10

DoH pursues, through the Australian Health Workforce Ministerial Council, the national registration of paramedics.

Recommendation Achieved

This recommendation was addressed by the Clinical Governance Working Group, chaired by Dr Simon Towler, Chief Medical Officer, DoH.

The Australian Health Ministers' Conference (AHMC) at its February 2010 meeting noted the proposal to include paramedics into the National Registration and Accreditation Scheme (NRAS). AHMC agreed to refer the proposal to the Australian Health Practitioners Regulation Agency for advice and to the Health Workforce Principal Committee (HWPC) to provide specific advice on the inclusion of paramedics in the NRAS prior to July 2014

HWPC has identified this as a priority action in the 2010-11 work program.

WA Health has agreed to lead the project on the inclusion of paramedics into the NRAS prior to July 2014. A draft project plan has been considered and approved by HWPC members with funding of \$100,000 identified within the HWPC budget for this project. Budget approval was provided by the Australia Health Ministers' Advisory Council (AHMAC) at its meeting on 29 October 2010.

DoH will develop a proposal that details an effective model for the inclusion of paramedics into the NRAS. This project is anticipated to commence in early 2011 and will be completed within a 9-12 month timeframe.

The scope of the feasibility study and advice is to:

- Identify and assess the benefits of including paramedics in the NRAS:
- Describe the requirements for including paramedics in the NRAS: and
- Make recommendations on the inclusion of paramedics in the NRAS prior to July 2014 for the consideration of AHMAC and the Australian Health Workforce Ministerial Council.

Recommendation 11

Strengthen the capacity of the complaints system including a statement of principles, establishment of a helpline and online complaints registration.

Recommendation Achieved

This recommendation was addressed by the Clinical Governance Working Group, chaired by Dr Simon Towler, Chief Medical Officer, DoH.

At the time of the Inquiry, the SJA complaints system was not readily accessible to clients. Patients and clients using SJA emergency ambulance services should be encouraged to articulate their concerns and SJA should look for ways to improve pre-hospital healthcare provision.

A complaint management system has been developed and implemented in accordance with the Australian Standard on Complaints Handling. Complaints are logged electronically, assigned to an officer for investigation with regular communication maintained with the complainant throughout the process.

A set of complaint principles has been developed and the SJA website has been updated to include a more comprehensive consumer complaints mechanism. The SJA website now has a link to the complaints system on the homepage. This link is easily accessible and links to contact details including a monitored email account and a helpline number. The revised website has been reviewed by a representative of the Health Consumers' Council.

SJA has also engaged Area Health Services to ensure appropriate clinical investigation of complaints that involve post paramedic care.

Recommendation 12

During the implementation phase, further work to be undertaken in the following areas:

- Alternatives to Emergency Department attendance
Strengthen the role played by *healthdirect* in the management of non-urgent Priority 3 calls.
- Helicopter service
Review the tasking process to ensure that this resource is properly utilised.
Examine in more detail the proposal of CareFlight to provide a critical care helicopter service to the Southwest Region.
- Legislation
Pursue the implementation of State legislation to control the operations of the existing ambulance service.
- Inter-Hospital Patient Transport (IHPT)
Examine the separation of IHPT tasking from the emergency tasking process.
Examine opportunities to streamline the current IHPT processes.
Examine the possibility of a computerised IHPT tasking function.

Recommendation Achieved

- **Alternatives to Emergency Department attendance**

In an attempt to increase the number of appropriate Priority 3 calls referred to *healthdirect* for secondary triage, a *healthdirect* Australia registered nurse is now based at the SJA head office in Belmont as part of a six month trial which commenced on 29 September 2010.

- **Helicopter Service**

A review of medical retrievals undertaken by the State emergency rescue helicopter service is currently being undertaken with key stakeholders. In particular, the review is examining the tasking process to ensure that the helicopter is properly utilised.

Recommendations will be made to the Minister for Health by the end of December 2010.

- **Legislation**

A scoping paper has been developed, outlining several options for the development of ambulance services legislation in WA. An internal working group has been convened to make recommendations to the Minister for Health on the recommended option. Upon agreement, planning is anticipated to commence early in 2011.

- **Inter-Hospital Patient Transport (IHPT)**

In addition to ambulance services, SJA also provides patient transport services. SJA's patient transport officers handle uncomplicated and routine patient transfers, which occur during the day and usually between health facilities.

The Inquiry noted a 32% increase in IHPT from 19,467 transfers in 2007/08 to 25,663 in 2008/09. This substantial increase raised concerns that IHPT negatively impacts upon the provision of emergency ambulance services, notably in terms of availability of emergency resources.

Significant work has been undertaken by the IHPT/Ramping Working Group as well as an internal DoH Working Group.

A patient pathway of the current IHPT framework has been developed for the metropolitan and country areas.

The internal DoH Working Group includes representation from DoH and Area Health Services, and will address the following key areas:

- Fees and charges by SJA for IHPT
- Review of IHPT data to determine current utilisation
 - Data has been obtained from Swan Districts Hospital that provides an example of the type of data that is accessible
 - Data is being sourced through TOPAS and other health records systems
 - A request will be made to SJA to obtain specific data on IHPT
 - Once data is collected, an analysis will be undertaken to determine utilisation

Recommendation 13

Establish an implementation team, led by an independent chairperson, to oversee the implementation of all recommendations and report to the Minister for Health in 6 and 12 months.

Recommendation Achieved

The SJA Steering Committee was formed to oversee the implementation of the review recommendations. This Committee was chaired by the Director General, and included an independent reviewer, senior DoH representatives, members of the SJA management team as well as a paramedic representative. (Refer to Appendix 1 for full membership details).

It was important to include appropriate SJA staff on each committee, particularly paramedics, and the Ambulance Union Committee assisted by determining the most suitable representatives to support the implementation process.

Attendance at each meeting was excellent, reflecting the commitment by paramedics, SJA staff and management and DoH to achieve the recommendations and improve the quality of services at SJA.

Mr Greg Joyce, Independent Reviewer also attended the working group meetings as well as providing support to the Director General at each meeting of the Steering Committee.

Five major Working Groups were established to undertake the work required to meet each of the Inquiry recommendations as follows:

- Operations Centre Working Group;
- Clinical Governance Working Group;
- Training Working Group;
- Inter-Hospital Patient Transfer / Ramping Working Group; and
- Country Services Working Group.

An additional internal DoH working group was also formed to discuss issues regarding finance and infrastructure.

STRATEGIC ENGAGEMENT ON AMBULANCE SERVICES

With the completion of the implementation period and the cessation of the Steering Committee's Working Groups, two formal committees have been established to manage ambulance issues in WA going forward. The new governance arrangements will take over from the mechanisms introduced following the Inquiry.

The WA Ambulance Standing Committee will set the strategic direction and priorities for the provision of ambulance services. This group will also facilitate communication between SJA and DoH and ensure a strategic focus and the seamless integration of ambulance services into the health system (see Appendix 7 for membership details).

The SJA Contract Management and Compliance Standing Committee has been established to ensure appropriate management, and compliance with the contractual obligations (see Appendix 8 for membership details).

While the recommendations have been successfully achieved, there are a number of projects which have commenced but require ongoing attention to bring them to finality. These projects which are briefly described elsewhere in this report include:

- Clinical coordination (page 12);
- Inter-Hospital Patient Transfers (page 18);
- Legislation (page 18);
- National Registration and Accreditation of Paramedics (page 16);
- Activity Based Funding Model (page 10); and
- Innovative approaches to ramping and diversion (page 18).

APPENDIX 1: STEERING COMMITTEE – MEMBERSHIP

Mr Kim Snowball, Director General (Chair), WA Health

Mr Tony Ahern, Chief Executive Officer, St John Ambulance

Dr Simon Towler, Chief Medical Officer, Department of Health

Mr Greg Joyce, Independent Advisor

Mr Wayne Salvage, A/Chief Executive Officer, WA Country Health Service
(prior to September 2010, Mr Jeff Moffet, former A/Chief Executive Officer, WA Country Health Service)

Mr John Thomas, Senior Paramedic, St John Ambulance (Employee Representative)

Ms Janice Shields, A/Director Statewide Contracting, Department of Health

Ms Cathy Campbell, Executive Officer, Department of Health

Co-opted Members

Dr Audrey Koay, Senior Clinical Advisor, Office of the Chief Medical Officer

APPENDIX 2: CLINICAL GOVERNANCE WORKING GROUP – MEMBERSHIP

Dr Simon Towler, Chief Medical Officer (Chair), Department of Health

Ms Cathy Campbell, Executive Officer, Department of Health

Mr Joe Cuthbertson, Clinical Team Leader, St John Ambulance

Mr Len Fiori, Ambulance Service Director, St John Ambulance

Mr David Ford, Paramedic, St John Ambulance

Prof Ian Jacobs, Director Clinical Governance, St John Ambulance

Mr Greg Joyce, Independent Reviewer

Ms Lisa McKell, Operational Team Leader, St John Ambulance

Mr Brian Stafford, Health Consumer Representative

Dr John van der Post, Manager Clinical Governance, St John Ambulance

Co-opted Members

Ms Donna Collins, Executive Assistant, St John Ambulance

Dr Audrey Koay, Senior Clinical Advisor, Office of the Chief Medical Officer

Ms Kate Lenton, Program Officer, Department of Health

APPENDIX 3: COUNTRY WORKING GROUP – MEMBERSHIP

Mr Wayne Salvage, A/Chief Executive Officer (Chair), WA Country Health Service
(prior to September 2010, Mr Jeff Moffet, former A/Chief Executive Officer, WA Country Health Service)

Ms Cathy Campbell, Executive Officer, Department of Health

Mr Len Fiori, Ambulance Service Director, St John Ambulance

Mr Paul Gray, Country Ambulance Services Manager, St John Ambulance

Mr Ken Hart, Country Based Paramedic

Dr Felicity Jefferies, Director Medical Services, WA Country Health Service

Mr Greg Joyce, Independent Reviewer

Mr Brian Keding, Active SJA Volunteer

Mr Tim Shackleton, Chief Executive Officer, Royal Flying Doctors Service

Co-opted Members

Ms Martine Carroll, Program Manager, WA County Health Service

Mr Justin Fonte, Program Manager Regionalisation, St John Ambulance

Mr Gavin Healy, Director Aviation, Royal Flying Doctor Service

Ms Kathryn Kerry, Program Manager, WA County Health Service

Ms Stacey Mansfield, Senior Program Officer, Department of Health

Dr Tim Williams, A/Medical Director, WA Country Health Service

APPENDIX 4: INTER-HOSPITAL PATIENT TRANSFERS / RAMPING WORKING GROUP – MEMBERSHIP

Dr Simon Towler, Chief Medical Officer (Chair), Department of Health

Dr Shirley Bowen, A/Executive Director Fremantle Hospital

Ms Cathy Campbell, Executive Officer, Department of Health

Mr Len Fiori, Ambulance Service Director, St John Ambulance

Mr Justin Ingrey, Paramedic Representative, St John Ambulance

Mr Greg Joyce, Independent Reviewer

Dr Paul Mark, A /Executive Director Royal Perth Hospital, Area Director Medical Service, South Metropolitan Area Health Service

Ms Janice Shields, Director Statewide Contracting, Department of Health

Mr Anthony Smith, Finance Director, St John Ambulance

Mr Julian Smith, Operations Centre Manager, St John Ambulance

Co-opted Members

Ms Geraldine Carlton, Executive Director, South Metropolitan Area Health Service

Dr Audrey Koay, Senior Clinical Advisor, Office of the Chief Medical Officer

Ms Stacey Mansfield, Senior Program Officer, Department of Health

APPENDIX 5: OPERATIONS CENTRE WORKING GROUP – MEMBERSHIP

Mr Len Fiori, Ambulance Service Director (Chair), St John Ambulance

Mr Robbie Bates, Operations Centre Training Officer, St John Ambulance

Mr Rudi Brits, Clinical Team Leader / Paramedic, St John Ambulance

Ms Cathy Campbell, Executive Officer, Department of Health

Mr Greg Joyce, Independent Reviewer

Mr Ashley Morris, Technical Services Director, St John Ambulance

Mr Peter Ridge, Operations Centre Officer, St John Ambulance

Mr Julian Smith, Operations Centre Manager, St John Ambulance

Mr Austin Whiteside, Manager State Ambulance Operations, St John Ambulance

Co-opted Members

Ms Stacey Mansfield, Senior Program Officer, Department of Health

Mr Jamey Srdarov, Project Officer, Department of Health

APPENDIX 6: TRAINING WORKING GROUP – MEMBERSHIP

Ms Debbie Jackson, Director Human Resources, St John Ambulance

Ms Cathy Campbell, Executive Officer, Department of Health

Ms Leanne Dale, Manager Volunteer Ambulance Studies, St John Ambulance

Mr Brett Laing, Manager Career Ambulance Studies, St John Ambulance

Mr Greg Joyce, Independent Reviewer

Ms Debbie Stachan, Communications Officer, St John Ambulance

Mr Andy Symons, Manager Paramedical Studies, St John Ambulance

Ms Pam Tennant, Active Volunteer, St John Ambulance

Mr Lee Waller, On-road Paramedic, St John Ambulance

Ms Deborah Walley, Manager Ambulance Centre, St John Ambulance

Co-opted Members

Mr Len Fiori, Ambulance Service Manager, St John Ambulance

Ms Kate Lenton, Program Officer, Department of Health

Dr Simon Towler, Chief Medical Officer, Department of Health

APPENDIX 7: WA AMBULANCE STANDING COMMITTEE - MEMBERSHIP

Department of Health Representatives

Director General (Chair)

Chief Medical Officer

Director, Health Finance or nominee (Director, Statewide Contracting)

Chief Executive Officer, North Metropolitan Area Health Service or nominee

Chief Executive Officer, South Metropolitan Area Health Service or nominee

Chief Executive Officer, WA Country Health Service or nominee

St John's Ambulance representatives

Chief Executive Officer

Ambulance Service Director

Finance & Administration Director

APPENDIX 8: SJA CONTRACT MANAGEMENT AND COMPLIANCE STANDING COMMITTEE - MEMBERSHIP

Director, Health Finance (Chair), Department of Health

Director, Statewide Contracting, Department of Health

Manager Contract Governance, Statewide Contracting, Department of Health

Senior Portfolio Officer, Statewide Contracting, Department of Health

Contract Manager, WA Country Health Service

Area Director, Medical Services, North Metropolitan Area Health Service and South Metropolitan Area Health Service (alternating)