SA IS DYING FOR MORE AMBOS

Public Rally, Parliament House, April 1st 2021

Building resilience in SA Ambulance Service to deliver quality, safe services for all South Australians now and into the future.

October 2021
Ambulance Employees Association of South Australia

Public Rally, Adelaide, April 1st 2021

FROM THE SECRETARY

The South Australian Ambulance Service (SAAS) is deteriorating along with our health system more broadly. It is Government's responsibility to provide safe, quality and accessible health care, particularly so in times of emergency. The overwhelming evidence suggests the Marshall Liberal Government is failing South Australians in respect of this. There have been repeated stories of patients suffering, even dying, whilst waiting hours for an ambulance, and waiting hours on the ramp outside hospitals.

The Productivity Commission shows that SAAS response times are their worst on record, with the SA State Budget citing the performance for Priority 2, life-threatening cases, at a record-low 69%. These aren't just numbers on a page, they are our mothers, fathers and our children. They are suffering traumatic injuries, and medical emergencies and are failing to receive an ambulance in a safe time-frame that the Government itself has committed to.

SAAS is, with increasing frequency, declaring escalation statuses of Red and White, meaning that there are risks to patients due to resource shortages to meet demand. The SAAS CEO in Parliament stated that in August 2021 alone every second day was status Red. It is alarming that SAAS is now frequently reaching this level of incapacity, not in response to any unforeseen disaster, but just as a result of the day-to-day workload. How can any South Australian have peace of mind knowing their Ambulance Service cannot cope with normal workload?

At least two patients have passed away in the back of a ramped ambulance and there are active Coronial Inquests for patients who passed away while waiting for an ambulance to arrive.

Ramping statistics published for May, June & July 2021 show that ramping has reached record levels, despite the Marshall Govt repeatedly promising to resolve the problem. Ambulances were ramped for over 2,800 hours in May 2021 alone. Not only have they failed in their promise, but they have also failed to prevent it deteriorating in their entire term of office. Our elderly community members are over-represented on hospital ramps. These are our parents and our grandparents being left for hours on hard stretchers in pain with fractures, denied their dignity. Simplistic solutions like bigger Emergency Departments are already being overwhelmed. The Premier, Steven Marshall promised that we would see improvement after the expanded Flinders Medical Centre opened and yet we saw patients ramped in the back of ambulances for over 7-hours just days after the opening.

Many peak representative bodies, including the Australasian College for Emergency Medicine, have recognised that there needs to be an increase in the physical inpatient bed capacity of our public hospitals and not just a focus on Emergency Departments. Not enough has been done to resolve these critical public safety issues, despite Government claims of record investment into our health sector and claims of increased staffing numbers. Our health system and ambulance service remain in crisis and much more needs to be done.

Even without ramping there are substantial deficits in ambulance resourcing across South Australia. Ambulance funding needs to be increased both now and sustainably into the future.

Our members are often working 12-14 hours shifts without a single break and are suffering burnout and fatigue. Instead of resolving these significant issues the Marshall Liberal Government are seeking to strip our members conditions away.

I am deeply concerned for the safety of South Australians and for our members. This document highlights what measures are urgently needed to ensure a safe and sustainable ambulance service. I urge the Government to adopt the measure outlined in this document.

Leah Watkins
Secretary, Ambulance Employees Association

Public Rally, Parliament House April 2021

KEY RECOMMENDATIONS

This document makes the following 20 key recommendations. We urge current and future Governments to adopt these recommendations which are required to provide quality safe ambulance services for all South Australians.

Ambulance Service Funding

1. An independent review into SAAS funding should be commissioned with the aim of investigating a change to an activity-based funding model and reviewing the current fee structure and subscription scheme.

Ramping

2. The implementation of a mandatory 30-minute transfer of care policy.
3. The introduction of transfer wards at all major Adelaide Hospitals and the establishment of a statewide bed manager.
4. Expand funding for primary and community healthcare.
5. Expand sub-acute in-patient bed capacity across the health system, focusing on mental health and rehabilitation beds.
6. Adopt recommendations by the Australasian College for Emergency Medicine outlined in their position statements on Access Block & Ramping.

Metropolitan Adelaide Ambulance Resourcing

7. An additional **8, 24/7 Paramedic ambulance crews are required for metropolitan Adelaide, requiring a further investment of 128 Paramedics** to ensure appropriate levels of Emergency Ambulances across Metropolitan Adelaide.
8. An additional **3, 24/7 Emergency Support Service (ESS) transfer ambulance crews are required for metropolitan Adelaide** to ensure the timely transfers of patients out of metropolitan Emergency Departments, which will reduce ramping, and would also assist in responding to lower acuity patients in the community, supporting emergency ambulance crews. This would require an **additional investment of 36 Ambulance Officers**.
9. The introduction of a maximum utilisation rate clause in the SAAS Award similar to that of nursing ratios to ensure sustainable and long-term ambulance coverage.

Regional South Australia Ambulance Resourcing

10. To safely resource regional South Australia an **additional 10, 24/7 Paramedic Ambulances and 7 Regional Medical Transfer Ambulances (RMTS) are required** to ensure safe levels of ambulance resourcing across regional South Australia. This will require an **additional investment of 142 Paramedics and 21 Ambulance Officers**.

Emergency Operations Centre (Triple Zero Communications Centre)

11. The urgent construction of a new fit-for-purpose EOC to replace the current 42 year old facility.
12. That a new centralised training facility be incorporated into a new EOC design.
13. Staffing within the EOC is increased by an additional investment of **23 ambulance communication personnel (EMDSO/EMDs)** to ensure safe and manageable workloads for Triple Zero call attendance and the coordination of statewide ambulance resources.

Rights & Conditions

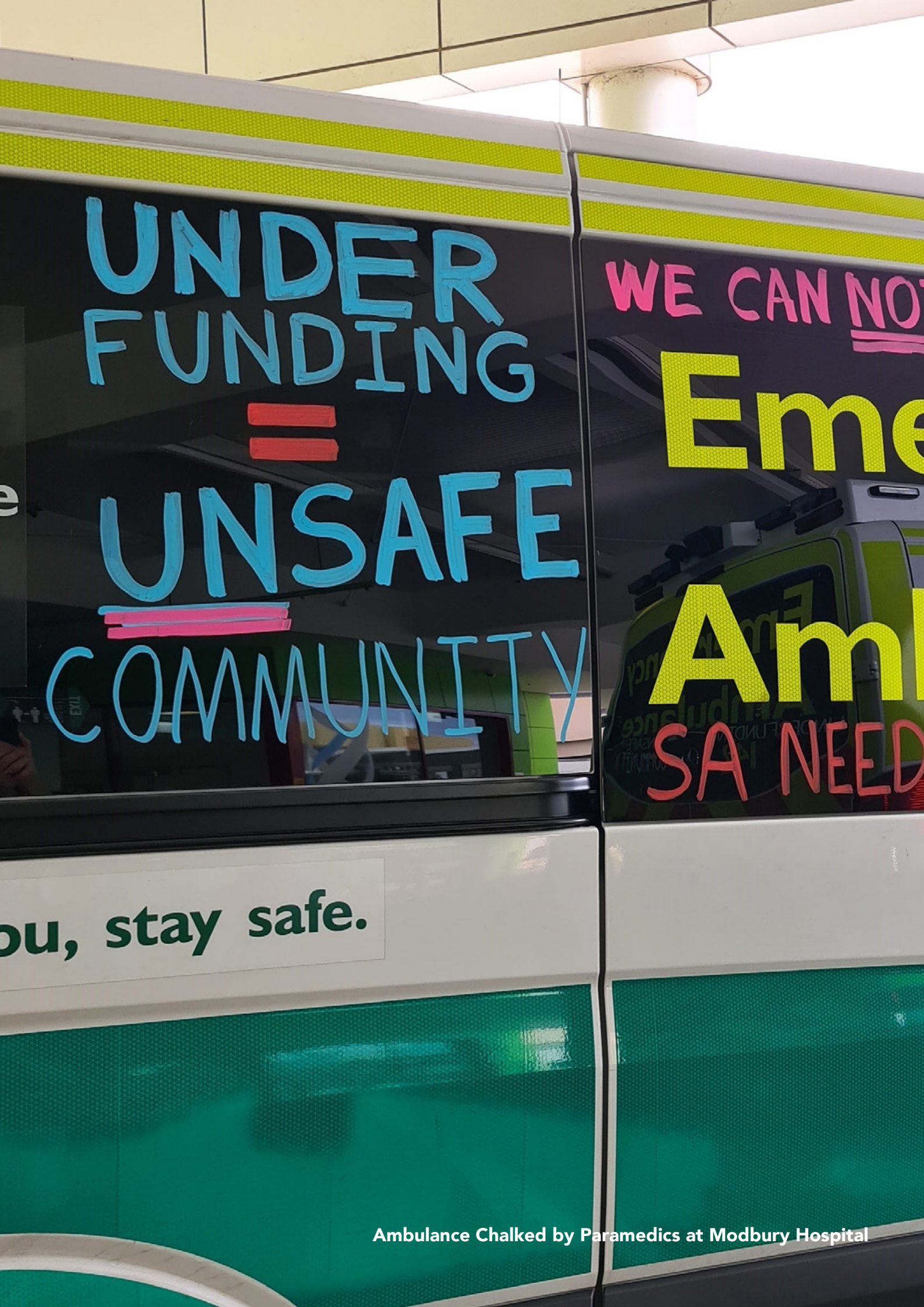
14. That presumptive PTSD and psychological illness legislation be brought before Parliament to ensure all front-line workers are automatically covered for these conditions and do not need to re-live the trauma to claim under the Return to Work program.
15. That Government negotiate a fair enterprise agreement for our members and ceases their agenda which; seeks to remove our members current conditions, to increase casualisation of the workforce and to not provide retrospective salary increases.
16. That as part of the current enterprise agreement equality is provided for members on parental leave and that transition to retirement strategies are implemented to ensure dignified retirement options are provided for our longest serving frontline members.

Clinical Practice

17. Expand the Clinical Scope of Practice for Ambulance Officers and Paramedics through an evidence based process to provide South Australians better access to pre-hospital clinical care.
18. That an **additional 20 experienced Paramedic Positions** be funded to ensure appropriate clinical leadership and support across SAAS.

COVID Response

19. The Government commences rapid recruitment of sufficient Paramedic graduates to ensure SAAS have the capacity to meet the needs of our community with COVID and to reduce burn out and fatigue of frontline ambulance personnel.
20. That the recommendations contained in the expert OzSage report 'Maintaining Ambulance Service Capacity During COVID-19' be adopted.



Ambulance Chalked by Paramedics at Modbury Hospital

FUNDING

Currently SAAS funding is inadequate to meet the growing demand of pre-hospital healthcare services in South Australia. The only funding SAAS receives is provided by State Government Grants and does not automatically increase with activity. The Emergency Services Levy (ESL) does not provide any funding for frontline ambulance delivery. The current funding system does not provide a consistent funding stream upon which the ambulance service can affect workforce planning and structural resilience in order to meet demand for its services.

Government income is derived from an outdated subscription scheme, and through fee-for-transport and treatment provided, but this income is not reinvested into the Ambulance Service to increase ambulance resourcing. The funding is instead directed into general revenue for the State Government. Transport and Treatment fees charged by SAAS also require review as currently revenue obtained through this fee for service, for the transport of a patient to hospital, is much greater than treating at home or referring a patient to an alternative care pathway. This fee structure therefore embeds a perverse disincentive for the Government.

There are no activity-based funding arrangements for SAAS. As population growth occurs, and as pre-hospital healthcare demands increase, there is no automatic corresponding increase to ambulance service funding to meet the needs of South Australians. The current subscription scheme means that users who frequently utilise ambulance healthcare services, such as the elderly or those with complex medical conditions, subscribe; whilst those who are unlikely to utilise ambulance services do not.

An activity based funding model would enable SAAS to ensure both actual, and projected, activity is factored into workforce planning to ensure resources are recruited in advance of when they are needed in order to future proof the service. Funding should be provided by a levied system to cover the standing cost funding requirements of SAAS and the current subscription scheme should be modified in consideration of a supplementary user co-payment model.

Income generated by transport or treatment should be retained by SAAS which would take a step towards an activity-based funding model. This would enable SAAS and the Government to have a consistent and reliable funding stream for the provision of an appropriately planned, structured, and staffed ambulance service. This would be funded by all South Australians, all of whom may potentially be an end user of ambulance services. This could then be supplemented with a user co-payment which could then be insured against by the individual.

Recommendation

- An independent review into SAAS funding should be commissioned with the aim of investigating a change to an activity-based funding model and reviewing the current fee structure and subscription scheme.

Ambulance ramping
Royal Adelaide Hospital November 2018

RAMPING

Ramping significantly impacts the ability of SAAS to respond to patients in the community in a timely manner. Ramping occurs when an Emergency Department (ED) is at capacity and unable to accept an ambulance patient, thus preventing the ambulance from off-loading their patient and responding to Triple Zero calls in the community. Elderly and mental health patients are over-represented with one in three mental health patients ramped. In May 2021 ramping across our metropolitan hospitals hit the highest levels in the state's history with ambulances ramped for over 2,800 hours. This represents over seven 12-hour ambulance crews every day, unavailable to respond to emergencies. The following are solutions to ease ramping.

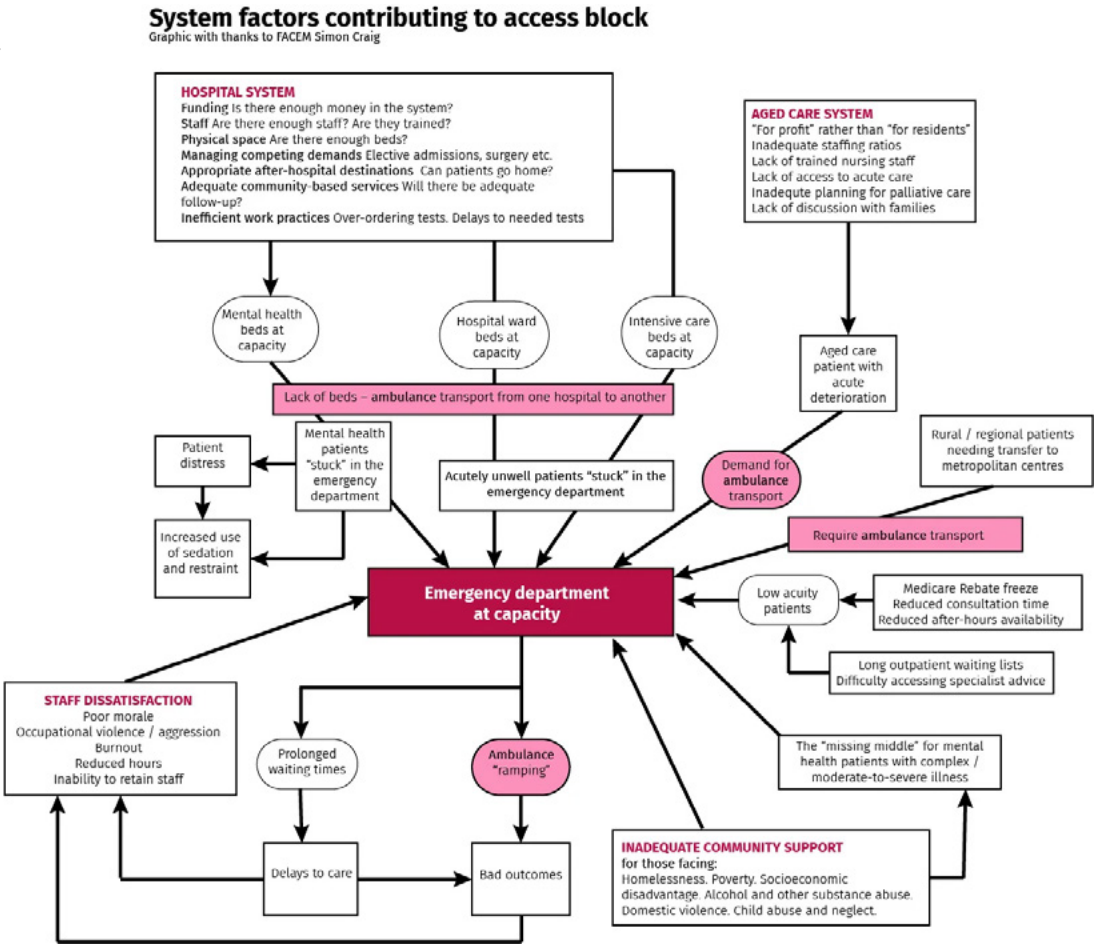
Mandated 30-minute transfer of care policy

This policy would ensure that after 30-minutes of an ambulance arriving at a hospital the transfer of care for that patient is mandated to occur. This policy requires collaboration between SAAS and SA Health to ensure appropriate staffing, overflow areas at EDs and the development of joint procedures. The release of an ambulance from a ramp allows Paramedics to respond to uncovered emergencies in the community. This timeframe is supported by the Australasian College for Emergency Medicine (ACEM) Position Statement on Ambulance Ramping which states that; "*within 30 minutes of arriving an ED, 100% of patients should have their handover completed*". It is the view of the ACEM that ramping (delayed transfer of care beyond 30 minutes, per the SA Health Service Level Agreement) "*should not be allowed to occur. Where it does, it is an indicator of health system dysfunction that compromises patient care and increases the risk of adverse health outcomes*". Current policies and procedures within SA Health are demonstrably inadequate at mitigating this practice.

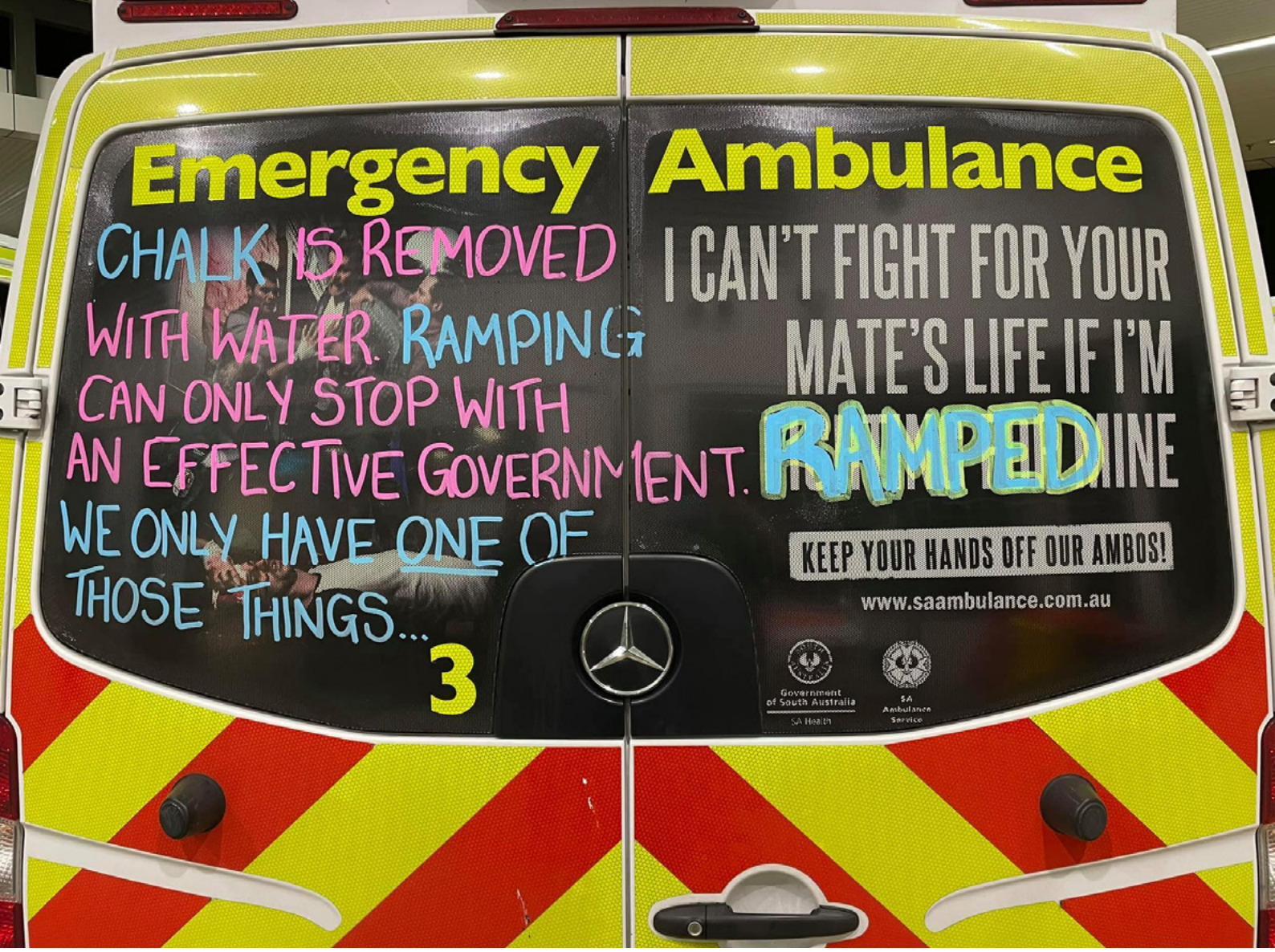
Increase sub-acute bed capacity

There are many factors that impact ramping which are well articulated by the ACEM's Position Paper on Access Block.

A major factor in ramping is insufficient bed capacity across the state's health system preventing the flow of patients throughout a hospital. It is the AEA's contention that expanding EDs will not resolve ramping or access block, and most recently has proven not to be the resolution to ramping at Flinders Medical Centre. A major investment into sub-acute bed capacity across the system is needed, including additional rehabilitation, mental health and disability beds.



Factors that contribute to access block - ACEM



"RAMPING (verb.)
A Barbaric (preventable) practice that denies community members an Emergency Ambulance.
See also: unsafe, dangerous, catastrophic."
- Ash, Paramedic & AEA member

RAMPING CONTINUED

Primary & Community Healthcare

Most patients who present to an ED require the specialised healthcare services provided there and, whilst alternative pathways and ED avoidance strategies should be implemented, there is currently an under-investment in preventative primary healthcare, especially in aged and disability care. Appropriate funding for aged care support services would ensure that patients at Residential Aged Care Facilities (RACF's) are able to be treated and managed within their own facilities. Underinvestment in Drug and Alcohol Services, and community mental health programs, further increases the utilisation by these patients on hospital-based services. Funding for the homeless and social housing also provides better healthcare opportunities for these vulnerable community members.

Transfer Wards

A common problem that Ambulance Officers face, when transferring patients out of major hospitals, is a delay in collecting patients from hospital wards. Currently, in most metropolitan hospitals in Adelaide, when a patient is ready to be discharged and requires ambulance transport (e.g. to a RACF or to a disability facility) they remain in their ward waiting for a transfer ambulance to arrive. As this is not an urgent ambulance attendance, these transfers can be significantly delayed by many hours. During this time the bed is unable to be utilised by a patient awaiting admission from the ED.

Further delays occur when an ambulance arrives and the patient is not ready to be discharged, despite being booked by the hospital in advance. Delays with medication dispensation by pharmacy, or discharge paperwork yet to be completed, can all contribute to delays in the patient's discharge leading to the ward bed remaining occupied and not being able to receive the next patient.

Another major factor contributing to ramping is patient transfers from regional and peri-urban hospitals to major metropolitan hospitals. Commonly these transfers occur without a ward bed ready for the patient and they are frequently ramped until a ward bed becomes available. These patients seldom require the services of an Emergency Department, as they have been assessed and stabilised at their local regional hospital prior to transfer. They further exacerbate ramping and prevent finite ambulance resources from being able to attend other patients in the community.

These delays can be alleviated by dedicated 'transfer wards' in each major hospital that have nursing, pharmacy, and ambulance personnel in situ. These wards provide an entry point for incoming inter-hospital transfers, as well as a holding ward for all pending discharges awaiting ambulance transfer. This ensures that patients, who have been transferred from a regional center awaiting a bed, are not spending time in an ED, or on a hospital ramp, tying up an ambulance resource. Beds in hospital wards would also be freed-up to admit patients from the ED as the discharged patient would wait in the transfer ward for the ambulance to arrive. Such a system would provide significant efficiencies for hospitals and the ambulance service, as well as providing much needed improvements to patient flow throughout the hospital.

State-wide Bed Manager

A state-wide centralised 'bed manager' that has operational oversight and control of all state-wide transfers into our major hospitals should be appointed centrally so that no patient is transferred to a major hospital without a pre-arranged bed.

Recommendation:

- The implementation of a mandatory 30-minute transfer of care policy.
- The introduction of transfer wards at all at all major Adelaide Hospitals and the establishment of a statewide bed manager.
- Expand funding for primary and community healthcare.
- Expand sub-acute in-patient bed capacity across the health system, focusing on mental health and rehabilitation beds.
- Adopt recommendations by ACEM outlined in their position statements on Access Block & Ramping.

Caiti, AEA Representative & Emergency Medical Dispatcher
AEA Special General Meeting, Entertainment Centre March 2021

METRO ADELAIDE AMBULANCE RESOURCING

In the Adelaide Metropolitan region and in major regional centers ambulance resourcing and workload are measured, both within Australia and internationally, through a utilisation rate metric. These are a measure of ambulance availability and are internationally recognised as a method of monitoring ambulance activity for the purpose of ensuring that the average maximum emergency crew utilisation rate does not exceed 55%. This ensures that there are enough emergency resources available at any given time to meet the demand on the ambulance service. Utilisation rates represent the average percentage an ambulance service is occupied by taskings (i.e. from dispatch of a case to clearing of a case), with the remaining percentage available for incoming emergency cases.

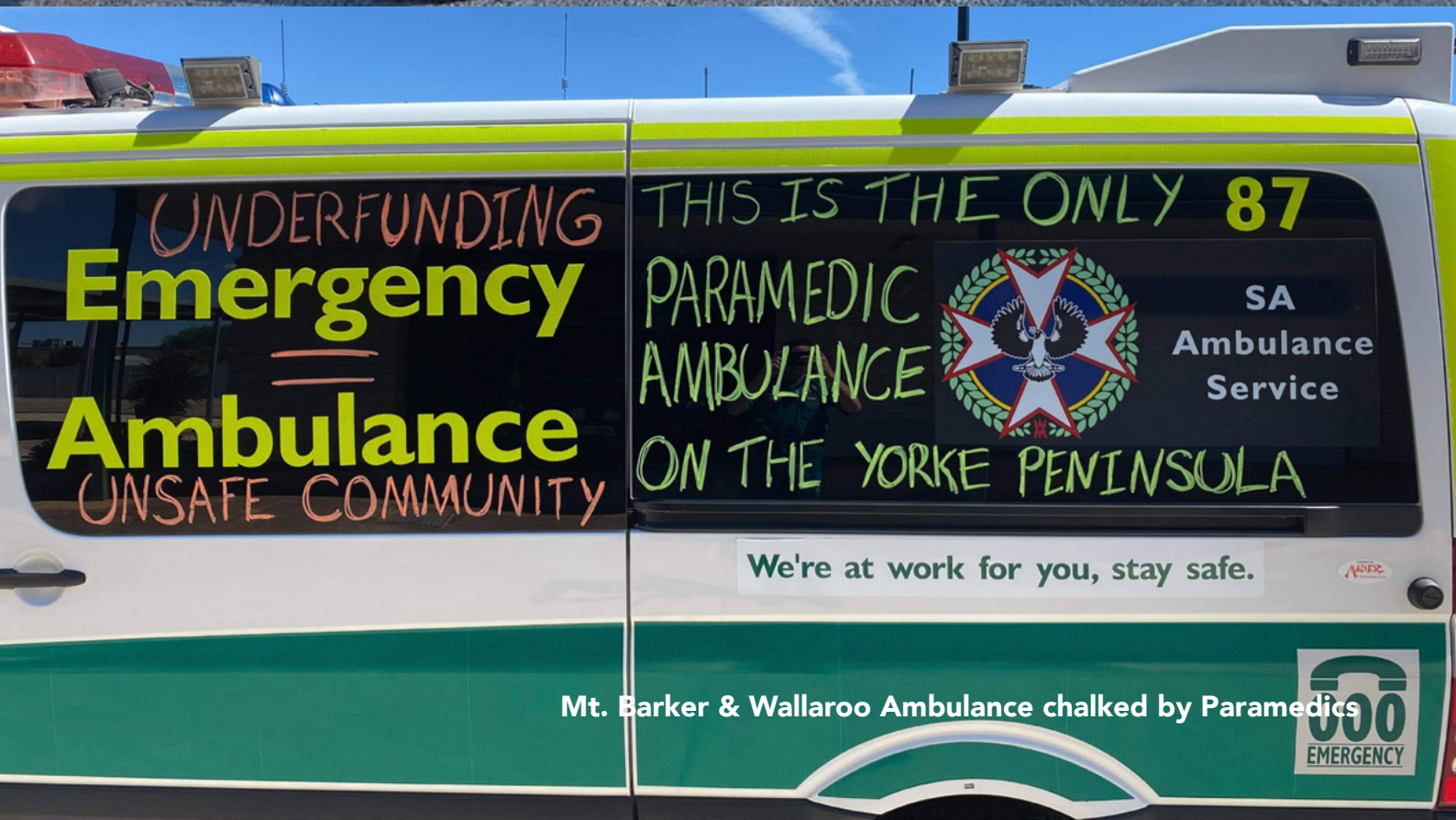
A utilisation rate less than 55% is required to not only ensure safe service delivery but to also achieve acceptable break performance and to stabilise rosters thereby reducing overtime reliance. Achieving such a utilisation rate would also provide for appropriate clinical governance and crew welfare, including debriefing following a traumatic or complex case. It is similar to that of nursing ratios which ensure adequate clinical coverage for the patient demand profile. Having utilisation rates codified within industrial instruments would ensure sustainable workforce planning and resourcing.

Workforce planning and modelling is inherently complex and would require further independent modelling to ensure an evidence-based approach. SAAS ceased providing workload data to the AEA in November 2020 at which time the utilisation rate was 67.6%. Since late 2017 until late 2021 there have not been any additional emergency ambulances deployed across the Adelaide metropolitan area, leading to an increase in Ambulance utilisation by at least 13% during this time. The Productivity Commission shows that SAAS's response times are their worst on record, with the SA State Budget citing the performance for Priority 2 (life-threatening) cases, at a record-low 69%. This represents a performance deterioration of over 15% since the 2018 State Election.

In order to achieve a metropolitan emergency ambulance utilisation rate of less than 55%, and to ensure timely and safe ambulance response times, additional ambulances will need to be funded and deployed over a 24/7 period. Additional ESS (Emergency Support Services) transfer ambulances which are crewed by Certificate IV qualified Ambulance Officers are required to respond to the growing demand for inter-hospital transfers, discharges, and lower acuity patients in the community. The following are required in addition to the 3 Emergency Ambulances already promised for Adelaide to be deployed by March 2022.

Recommendations:

- An additional **8, 24/7 Emergency ambulance crews are required for metropolitan Adelaide,** requiring a **further investment of 128 Paramedics** to ensure appropriate levels of Emergency Ambulances across Metropolitan Adelaide.
- An additional **3, 24/7 ESS transfer ambulance crews are required for metropolitan Adelaide** to ensure timely transfers of patients out of metropolitan ED's, therefore assisting in reducing ramping, and would also assist in responding to lower acuity patients in the community, supporting emergency ambulance crews. This would require an **additional investment of 36 Ambulance Officers**.
- The introduction of a maximum utilisation rate clause in the SAAS Award similar to that of nursing ratios to ensure sustainable and long-term ambulance coverage.



Mt. Barker & Wallaroo Ambulance chalked by Paramedics

REGIONAL SOUTH AUSTRALIA

In regional centers ambulance resourcing is not only based on the demand for ambulance services in large regional centers, but also on an 'area coverage' principle. Geographical disparity and scarce ambulance resources in country regions necessitates a metric which ensures the availability of an ambulance resource, for the potential of an emergency, within designated areas of the state.

Many areas of regional South Australia are experiencing significant pressure on existing Paramedic Emergency and Regional Medical Transfer Ambulance (RMTS) resources. The growing demand on ambulance services is not matched by an increase in those resources. There are a variety of reasons for this growing demand on ambulance services and this manifests in patient safety being compromised due to increased response times to emergencies in the community. The major drivers for this imbalance are the increase in demand from the aging patient demographic, population growth, increasing patients with comorbidites and complex medical conditions, a decline in volunteer ambulance officer coverage (due to declining volunteer numbers) and the reduction/relocation of Hospital services.

Most of Adelaide's peri-urban communities have their emergency ambulance requirements serviced by volunteer ambulance crews (e.g. Strathalbyn, Mt Pleasant, Goolwa and Mallala). These communities generate much higher numbers of emergency responses, than those of more distant regional communities. The growing complexity of patients are also putting pressure on Certificate IV trained volunteers, often requiring Paramedic support. With the decline in volunteer numbers, the ability to fill volunteer ambulance rosters is compromised and these shortfalls are then transferred onto a reliance on career ambulance staff to back-fill these rosters on overtime. This model does not provide roster stability, often leading to an ambulance resource not being available for these local communities.

The following represents the immediate additional resourcing needed to ensure timely, safe, paramedic ambulance responses to the community, region by region.

Recommendation:
To safely resource regional South Australia an **additional 10, 24/7 Paramedic Ambulances and 7 Regional Medical Transfer Ambulances (RMTS) are required** to ensure safe levels of ambulance resourcing across regional South Australia. This will require an **additional investment of 142 Paramedics and 21 Ambulance Officers** allocated to the following regional areas;

ADELAIDE HILLS & PERI-URBAN

Mt Barker: 1x 24/7 Paramedic Ambulance
1 x RMTS ambulance
Gawler: 1x 24/7 Paramedic Ambulance
1x RMTS ambulance
Strathalbyn: 1x 24/7 Paramedic Ambulance
Mt Pleasant: 1x 24/7 Paramedic Ambulance
Mallala: 1x 24/7 Paramedic Ambulance

FLEURIEU PENINSULA

Victor Harbor: 1x 24/7 Paramedic Ambulance
Goolwa: 1x 24/7 Paramedic Ambulance

FAR NORTH & WEST COAST

Whyalla: 1 x 24/7 Paramedic Ambulance
2 x RMTS ambulances in the region
Peterborough: 1 x RMTS ambulance

LIMESTONE COAST

Mt. Gambier: 1 x 24/7 Paramedic Ambulance
1 x RMTS ambulance
Keith: 1x RMTS ambulance.

YORKE PENINSULA

Wallaroo: 1 x 24/7 Paramedic Ambulance
1x Community Paramedic for the region

SAAS Emergency Operations Centre
216 Greenhill Road, Eastwood

'The current Emergency Operations Centre for SA Ambulance Service is outdated at 42 years old, not fit for purpose and does not meet the requirements for critical emergency infrastructure or meet current Australian Earthquake resistance standards.'

EMERGENCY OPERATIONS CENTRE

Triple Zero Communications Centre

The existing Emergency Operations Centre (EOC) is 42 years old, cramped and outdated, and provides zero potential for future growth. The building is not fit for purpose and does not meet requirements for critical emergency infrastructure. We understand that independent engineering reports have shown that the EOC does not meet current Australian Constructions Standards for earthquake resistance and could not withstand an earthquake, nor provide ongoing critical infrastructure, in such an event.

This facility is unable to be expanded, or retro-fitted to comply with earthquake standards on its current site, and we understand has been deemed unfit for purpose for many years. There is, therefore, an urgent requirement for its redevelopment and relocation to a suitable site which meets contemporary standards within Adelaide.

The current Training Facility for ambulance personnel is located at Salisbury in an old Ambulance Station facility. This facility is cramped and outdated, and not fit for purpose, and is not centrally located creating disadvantage for many staff and end users. There is therefore a requirement for its redevelopment and relocation to a suitable, modern and central site.

A new EOC and Training facility should be incorporated into a single, multi-use, site whereby cost efficiencies could be achieved. Depending on the site chosen; there is also the potential to incorporate a central Ambulance Station, and even a Head Quarters facility, into a single SAAS flagship facility combining all of these elements.

The EOC experiences significant pressure resulting from increased workload, due to increased triple-zero call volume for the Emergency Medical Dispatch Support Officer (EMDSO, 000 call takers), and the dispatching of ambulances by the Emergency Medical Dispatch (EMD) staff. There has not been adequate staffing increases in these areas to safely meet this demand and, when this is combined with insufficient ambulance resources to meet the demand for services and ramping, EOC staff are currently suffering considerable stress and burn out. To compound this, unlike the on-road operational environment, there are no relief staff in the EOC roster model to provide appropriate off-roster abstraction (e.g. personal leave). This leads to a reliance on EOC staff to undertake overtime on their days off to cover roster shortfalls.

Recommendations:

- The urgent construction of a new fit-for-purpose EOC to replace the current 42 year old facility.
- That a new centralised training facility be incorporated into a new EOC design.
- Staffing within the EOC is increased by an additional investment of **23 ambulance communication personnel (EMDSO/EMDs)** to ensure safe and manageable workloads for Triple Zero call attendance and the coordination of statewide ambulance resources.

Paul, AEA SA President & Extended Care Paramedic after speaking at Public Rally, Parliament House, April 1st 2021

RIGHTS & CONDITIONS

Presumptive PTSD & Psychological Injury Legislation
The rate of psychological injury, including PTSD, is very high amongst first responders. Multiple studies have shown that working in the frontline ambulance industry increases the risk of our members being diagnosed with PTSD, or another psychological illness, at more than twice the rate of other emergency service workers. The current Return to Work process, and applications under Schedule 6 of the SAAS Award for ongoing coverage, means that the individual must continually re-live their traumatic experiences in order to submit a claim. Presumptive PTSD and Psychological injury legislation would mean that these injuries are assumed to have been caused by the role of a Paramedic or Ambulance Officer and do not have to be proven to have occurred in the workplace, much like firefighters with certain types of cancer.

Enterprise Bargaining & Preservation of Conditions
The current Enterprise Agreement covering operational Ambulance personnel expired in 2018 and no new agreement has been able to be negotiated since. The Marshall Liberal Government have pursued an agenda which is aimed at providing no retrospectivity of wage increases, seeks to remove and reduce members' break entitlements and allowances and seeks to decrease job security by increased casualisation of the workforce. The AEA is calling on the Government to stop their attack on frontline ambulance workers and provide them with a fair deal for their rights, conditions and pay.

Equal Pay for Parental Leave
The AEA is seeking equality for its members, to receive parental leave paid at the same rate of all other leave. Members who take maternity, adoption and surrogacy leave are left disadvantaged with a more than 30% pay cut when taking this leave as opposed to all other leave (e.g. annual or long service leave). Due to the fact that women are predominantly the recipients of parental leave, this disproportionately disadvantages and discriminates against women in the workforce.

Transition to Retirement
Frontline ambulance work is both physically and psychologically demanding. Transition to retirement options for operational staff, often to a less physically and psychologically demanding role, generally attract a lower remuneration due to no longer working penalty attracting shifts or working at a lower classification level. This represents a significant financial disincentive to members, by virtue of the reduced superannuation contributions applicable for the pre-retirement period. There should not be disincentives for members approaching retirement to 'step-down' into non-frontline roles after working their entire career serving their community.

Recommendations:
- That presumptive PTSD and psychological illness legislation be brought before Parliament to ensure all front-line workers are automatically covered for these conditions and do not need to re-live the trauma to claim under the Return to Work program.
- That Government negotiate a fair enterprise agreement for our members and ceases their agenda which; seeks to remove our members current conditions, to increase casualisation of the workforce and to not provide retrospective salary increases.
- That as part of the current enterprise agreement equality is provided for members on parental leave and that transition to retirement strategies are implemented to ensure dignified retirement options are provided for our longest serving frontline members.

Special Operations Rescue Ambulance Chalked by Paramedics
Adelaide Airport

CLINICAL PRACTICE

The AEA has expressed our members' willingness to engage in an improved Service Delivery Model (SDM) for the ambulance service. Currently there are many areas where our members could provide improved service delivery to the community and assist in providing enhanced healthcare services in South Australia.

Our Ambulance Officer and Paramedic members are limited in their scope of clinical practice through a long-standing departmental culture of risk aversion. Expanding independent clinical decision making and scope of clinical practice, across all clinical levels in SAAS, will ensure that patients receive an improved quality of care and enable practitioners to feel supported in their decision making.

SAAS currently operates a highly risk-averse 'treat not transport' policy which often requires Paramedic practitioners to consult via telephone with senior Paramedics, when deciding to treat a patient in their own home or referring them to alternative care pathways, thus avoiding a hospital presentation. Some SAAS policies mandate certain conditions and patient cohorts to be transported to hospital even if they do not require the transport (e.g. all children under the age of 12).

Policies and procedures should be evidence based and recognise Paramedics as registered health practitioners, providing them with the autonomy and support for independent decision making on the most appropriate clinical pathways for their patients and their care.

To assist in expanding clinical practice there needs to be increased senior clinical leadership across SAAS. This is supported by the 'Final Report on Systems Factors related to SAAS Safety Incidents in 2018' by Associate Professor Peter Hibbert. Currently, clinical support is inadequate and unable to meet demand. Clinical Team Leaders (CTL) currently have an unreasonably high number of direct reports to manage. There is currently no limit on the number of staff CTLs can manage. The AEA contends that no CTL should have more than 25 direct reports and many already exceed this number. Some regional teams rely on CTL's to work as part of the usual Ambulance roster and not as a dedicated CTL. These teams should be funded to provide dedicated CTL coverage for both clinical leadership and to bolster operational response capacity.

Specialist Paramedic roles should be further explored and expanded to meet the contemporary pre-hospital healthcare needs of South Australians including, for example; the use of Intensive Care, Extended Care, Community, Telehealth, Complex Care, Mental Health and Critical Care Paramedics. These roles require the skills and experience of Paramedic staff and cannot be directly recruited to. Recruitment to frontline ambulance roles is required so that clinicians gain the necessary experience to fulfill these senior roles.

Rural and Remote areas are often not supported by senior Paramedic roles and some remote communities do not have a consistent or sustainable level of Paramedic coverage. Both Intensive Care and Community Paramedics provide vital senior clinical support to regional communities. These roles should be further expanded along with development opportunities and incentive programs to both attract and sustain these roles.

Recommendations:

- Expand the Clinical Scope of Practice for Ambulance Officers and Paramedics through an evidence based process to provide South Australians better access to pre-hospital clinical care.
- That an additional 20 experienced Paramedic Positions be funded to ensure appropriate clinical leadership and support across SAAS.

"We're here for you, please stay home for us"
- AEA members supporting stay at home messaging during South Australia's lockdown July 2021

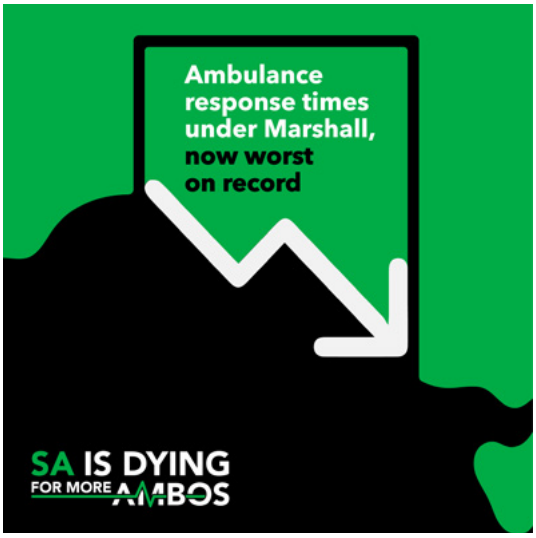
COVID RESPONSE

The aforementioned measures are required to ensure an appropriately resourced ambulance service to safely service the SA community for normal day-to-day demand. The Covid pandemic has created the need to build resilience and capacity into the ambulance service, to cater for extreme levels of potential demand, and this has not occurred to date. The potential for restrictions to be eased and society opened-up, once a certain level of community vaccination has been achieved, brings with it an almost inevitable risk of extreme demand on the system. This necessitates an urgent need to build capacity as all the previously mentioned inadequacies will be compounded and lead to the ambulance service being overwhelmed as has occurred in other jurisdictions.

This scenario has been well-articulated in the OzSage Maintaining Ambulance Service Capacity During COVID-19 where experts from multi-disciplinary fields have identified the problems and made recommendations to minimise risk. One such recommendation is the rapid employment of recently graduated registered paramedics to meet the anticipated surges in demand, and to reduce the health, safety and "burnout" impacts on our members in the ambulance service workforce. Such a measure, and many of the other recommended measures contained in the paper, are consistent with those already outlined in this document and require urgent implementation to avoid the disastrous outcomes for ambulance staff and patients in the community which have been seen in other jurisdictions.

Recommendations:

- The Government commences rapid recruitment of sufficient Paramedic graduates to ensure SAAS have the capacity to meet the needs of our community with COVID and to reduce burn out and fatigue of frontline ambulance personnel.
- That the recommendations contained in the expert OzSage report 'Maintaining Ambulance Service Capacity During COVID-19' be adopted.



Authorised by Leah Watkins, Secretary
Ambulance Employees Association of South Australia
13 Hindmarsh Place, Hindmarsh South Australia
aeasa.com.au | 8340 3511

SA IS DYING FOR MORE AMBOS

aea SA

Learn more at moreambos.com.au