Response to the
National Health and Hospitals Reform Commission – Interim Report
A Healthier Future for All Australians

The Council of Ambulance Authorities (CAA) is the peak body representing the principle statutory providers of ambulance services in Australia, New Zealand, and Papua New Guinea. Ambulance services play an integral role as part of the Australian health care system but the development of many national health policy initiatives have not previously considered the potential impacts on ambulance service delivery. The CAA welcomes the opportunity to comment on the National Health and Hospitals Reform Commission (NHHRC) Interim Report.

Access to care in hospital emergency departments

In relation to ‘section 4.3.1 – access to care in hospital emergency departments’ the report referred to the sometimes need to divert ambulances bringing new patients to other hospitals. Another issue related to access to care in hospital emergency departments and the impact on ambulance services is the increasing frequency of ambulance ramping. Ramping is defined as when the patient arrives at hospital via the ambulance and is not transferred from the ambulance stretcher to the emergency department in a timely manner. This results in the paramedics being required to continue to care for the patient on arrival at hospital rather than being available to respond to the next case. Therefore the incidence of ramping has a significant effect on both ambulance response capacity and performance.

Ambulance Services recognise that there are multiple factors which impact upon the incidence of ‘ramping’ from both within hospitals and outside of hospitals and the importance of viewing the patient journey across health care providers and working with all aspects involved to ensure care is provided in a timely manner. The CAA is monitoring ambulance service strategies which can impact upon numbers of patients presenting to hospital emergency departments.

The Interim Report proposes a range of performance measures including hospital bypass where ambulances are redirected away from busy hospitals. The CAA recommends the NHHRC considers including an additional performance measure of ambulance ramping where patients continue to wait for care within the ambulance rather than being transferred to the care of the hospital staff. Ambulance services are willing to collect and monitor data (where available) to aid in analysis of the issue by hospitals and health authorities as a means to improving overall performance of the health system.

Electronic health care record

In relation to ‘section 2.4.9 Promoting personal control of health information’ the report notes the importance of developing an electronic health care record that would be accessed by all health professionals across all settings with the patients’ agreement. The ambulance industry is currently implementing an electronic patient record using a software system developed in Australia that has been widely recognised internationally.

The ambulance industry is a potential ‘test bed’ nationally for trialling a linkage with key patient health information stored electronically. Our industry is already implementing a ‘best practice’ electronic patient record using a software system developed in Victoria (Ambulance
Victoria – formerly Metropolitan Ambulance Service) which is attracting international attention from ambulance services overseas because it offers several advantages over commercial products currently available. Already ambulance services in Victoria, Queensland, and Tasmania are implementing this system with New South Wales, Australia Capital Territory, and Northern Territory moving toward implementation. Importantly work is also underway to develop an interface between this electronic ambulance patient care report form and the Emergency Department Information System (EDIS) software system in use in 80% of hospital emergency departments in Australia.

There are potential significant patient care benefits in emergency situations if the treating health personnel (ambulance or hospital emergency department staff) can readily be made aware of key issues concerning a patient's medical history (allergies etc) as it can speed up delivery of life saving treatment options. In addition, the ageing population and the increased number of patients with chronic diseases being managed successfully in the community means that more patients being attended by paramedics will already be linked into treatment regimes or care plans. Access to information at the point of initial care will allow early consultation with the care team and the potential for direct referral to the most appropriate treatment which may not always be the local emergency department.

The ambulance industry is well placed to assist the NHHRC in developing an electronic personal health care record and would welcome the opportunity to further discuss the development with the Commission for the benefit of the Australian public and the overall health system in Australia.

**Improving access to rural and remote care**

In relation to ‘section 2.4.7 improving access to care’ the report notes that to facilitate access to care in rural and remote areas where doctors are scarce, medicare rebates could apply to some diagnostic services and specialist medical services ordered or referred by nurse practitioners and other registered health professionals according to defined scopes of practice determined by health professional registration bodies.

The paramedic is a well placed health professional to take a key role in contributing to better health outcomes of Australians particularly in rural and remote areas where the paramedics' services are often underutilised. Ambulance services can play a key role in contributing to service and health outcome improvements in rural and remote Australia through redesign of its rural and remote workforce and in turn contribute positively to the sustainability and social capital of these communities.

A survey of ambulance jurisdictions in 2007 found that in rural and remote locations paramedics' roles are being redeveloped to provide services in the following: assisting nurses in hospital emergency departments; coordinator roles primarily aimed at supporting ambulance volunteers; and to promote injury and disease prevention and provide integrated health services in partnership with other health professionals.

The ambulance industry has extended their support of the health care system by broadening paramedic expertise to provide pre-hospital clinical care for patients with chronic and mental health conditions as well as extending care to work closely with the local medical programs to support the health care needs of the rural and remote community. Models in urban

settings are also emerging to compliment existing services with pilot programs allowing appropriately authorised paramedics to refer patients directly to chronic and primary care services without the need to unnecessarily travel through the hospital emergency department system.

A more recent development in the Northern Territory is a trial introduction of 24 hour super health clinics. There had been difficulty in providing doctors to cover the after hours component and the ambulance service has been providing Paramedics to supplement the primary health care needs of the community.

The CAA recommends that the NHHRC considers the innovative developments in pre-hospital service delivery models and the potential for paramedics to improve access to care in rural and remote areas. It should be noted that this reform direction only includes ‘other registered health professionals according to defined scopes of practice determined by health professional registration bodies’. This reform proposal would therefore exclude ambulance service expanded roles.

Further consultation

The CAA believes the out-of-hospital medical care needs of Australians should be considered in the context of wider health service policy and service delivery planning into the future and would welcome further opportunities to discuss our views on national health reform with the NHHRC. This can best be achieved by direct consultation with our industry at both a national and jurisdiction level.

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