



Special Commission of Inquiry into Healthcare Funding

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NSW Ambulance Submission

The Special Commission of Inquiry into Healthcare Funding



This is an initial submission from NSW Ambulance. It is provided with the intention that it will be supplemented by supportive material during the Special Commission of Inquiry (Inquiry).

Introduction

1. NSW Ambulance is an integral part of the NSW Health system, delivering mobile health services, providing high quality clinical care, compassion, relief of pain and suffering, and rescue and retrieval services to the people of NSW with both emergency and non-urgent medical needs.
2. NSW Ambulance is also a Statutory Emergency Service Organisation (ESO) under the State Emergency and Rescue Management Act 1989 (SERM Act).
3. NSW Ambulance collaborates with the broader health system and the NSW community to proactively develop safety and prevention programs designed to reduce mortality and morbidity, while also improving health outcomes.
4. NSW Ambulance is revolutionising the way it responds to emergency calls in order to provide a health pathway that best meets patient needs in a clinically appropriate timeframe. NSW Ambulance manages demand proactively, while embracing the compassionate, high-quality care it is known for.
5. NSW Ambulance is committed to enhancing the patient and carer experience as it works with diverse communities to design services that are appropriate for different community needs.

Author and contact

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Terms of Reference commentary

- A. Funding of health services provided in NSW and how the funding can most effectively support the safe delivery of high quality, timely, equitable and accessible patient-centred care and health services to the people of NSW, now and into the future.

Funding structure

6. Responsibility for funding and regulating the NSW public health system is shared between the Commonwealth and State Government.
7. The provision of ambulance services is described in the *Health Services Act 1997, Chapter 5A*.

Requests for ambulances are triaged according to urgency and clinical need

8. NSW Ambulance activity encompasses a range of services from over-the-phone triaging to aircraft medical retrievals.
9. Requests for ambulances are triaged according to urgency and clinical need to ensure the most appropriate response to all patients.
10. NSW Ambulance call takers follow internationally recognised and evidence based predetermined scripts to determine the priority of each incident, based on the patient's presenting symptoms. This allows NSW Ambulance to determine an appropriate response.
11. NSW Ambulance has successfully achieved Accredited Centre of Excellence (ACE) accreditation and is formally recognised by the International Academies of Emergency Dispatch for excellence in emergency medical dispatch.
12. NSW Ambulance is now Medical ACE recognised internationally, and the 2nd agency in Australia, which puts NSW Ambulance in the top 4% of performers in the world.

NSW Ambulance applies a Clinical Capability Assessment and service planning methodology to determine the placement of clinical resources

13. NSW Ambulance conducts regular analysis of all locations within NSW to identify areas of growing demand for the prioritisation of resources across the State. This includes using best practice modelling software that maps Triple Zero (000) calls to determine the most suitable location for emergency care, including examining current response areas and modelling potential station locations to meet community needs.
14. The Department of Planning and Environment provides NSW Ambulance with the most up to date population projections. NSW Ambulance uses this and other data streams to monitor factors such as demographics, population growth, utilisation rates of existing services and planned future development when planning for future services.
15. NSW Ambulance uses this and other data streams to monitor factors such as demographics, planned future developments, utilisation rate trends, case cycle times and support for clinical volunteers when planning for clinical workforce requirements to maximise patient benefit at the local and network level.
16. Outcome measures include:
 - Improved response times across emergency response categories

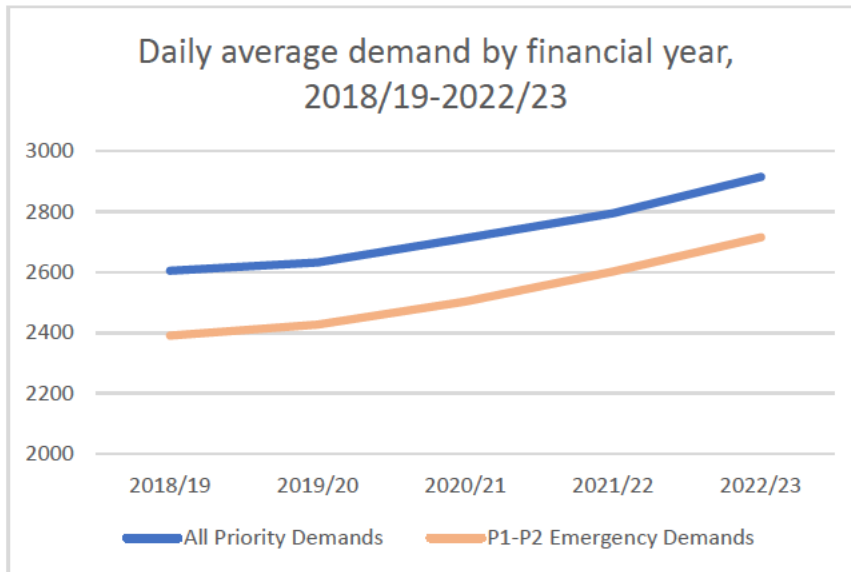


- Improved workplace conditions for paramedics due to increased capacity and reducing operational fatigue via:
 - Reduced call-outs
 - Reduced missed and interrupted crib breaks
- Better matching of services to demand
- Achieving state-wide strategic priorities
- Meeting changing service delivery objectives, pressure points for meeting demand and changing models of care
- Realisation of benefits of the Regional Ambulance Infrastructure Reconfiguration (RAIR) Program
- Improved interface with other elements of the health system, and
- Improved access to the health system for patients

17. NSW Ambulance Service Planning also undertakes analysis to align community need and clinical workforce roles on a location by location basis to deliver mobile health care in an efficient and effective manner. This work is based on a set of criteria regarding patient safety, case volume and case mix that facilitates an appropriate critical mass to maintain different scopes of clinical practice.

Increased demand for emergency and out-of-hospital care

18. NSW Ambulance has seen a significant increase in Triple Zero (000) call volumes. Withstanding this, NSW Ambulance has maintained performance for timely access to care as represented by maintaining its Grade of Service KPI (90% of Triple Zero (000) calls answered in 10 seconds or less).
19. During the April-June 2023 Quarter, Ambulance activity continued to trend upwards with 357,491 responses – the highest of any quarter since BHI began reporting in 2010.
20. There were 177,594 ‘emergency – priority 1’ responses – the highest of any April to June quarter since 2010.
21. There were 13,525 Priority 1A responses, the highest of any quarter since 2010. This was 106.5% (6,974) more than the same quarter in 2019 and 11.5% (1,391) more than 2022.
22. The percentage of Priority 1A responses within 10 minutes was 69.4% in urban areas (compared to 58.9% in 2022) and 52.9% in rural areas (compared to 54.7% in 2022).
23. Priority 1A median response times were within benchmark, at 8.3 minutes.



Solution: Workforce enhancement

24. In June 2018, NSW Ambulance received funding for 700 additional paramedics over four years under the State-wide Workforce Enhancement Program (SWEPP).
25. In the last five years, NSW Ambulance has increased its workforce by 38.6% from FY18 to FY23.
26. In the last five years, NSW Ambulance has increased its paramedic workforce by 24.8%.
27. NSW Ambulance has received funding for up to 2,500 staff and 30 new ambulance stations over the coming years.
28. This means every NSW Ambulance zone will receive additional staffing over the coming years to further support frontline workers.
29. These investments will mean improved patient outcomes and the provision of better services for the community of NSW. Providing more paramedics on rosters will also enhance workplace safety and reduce paramedic fatigue by increasing access to crib breaks and minimising extension of shift overtime.

During periods of higher demand, resources are fluidly deployed where they are needed most

30. Paramedics are a mobile workforce and respond from one patient to the next across locations, regardless of whether they are located at a hospital, an ambulance station or another location.
31. During periods of higher demand NSW Ambulance can fluidly deploy resources to where they are needed most, helping deliver the best possible out-of-hospital care for the community.
32. NSW Ambulance varies staffing profiles and numbers to appropriately meet operational need as required, and as such services are subject to change when identified through either service planning methods or operational requirements.

The NSW Ambulance Virtual Clinical Care Centre (VCCC) undertakes secondary triage and provides alternate referrals

33. When an ambulance is not immediately required, experienced clinicians from the NSW Ambulance Virtual Clinical Care Centre (VCCC), which operates 24 hours a day, seven days a



week, can provide comprehensive and integrated secondary triage to understand the patient's needs better.

34. The VCCC connects patients who do not require an ambulance to attend and who can be managed safely in alternate contexts, with the most appropriate service to meet their needs such as referrals to a general practitioner, pharmacist, or other health care provider.
35. NSW Ambulance continues to work with Local Health District's (LHDs) to establish and maintain a comprehensive state-wide referral pathway network to better meet the needs of communities.
36. This allows NSW Ambulance to ensure the right patient receives the right care in the right place at the right time by the right care provider, improving patient experience and outcomes, and preserving frontline paramedics and Emergency Departments for life-threatening emergencies.
37. In FY2022-23, the VCCC had contact with approximately 100,000 Triple Zero (000) callers to clinically triage or to support patient safety. This includes secondary triage, Clinical Service Assistant (CSA) call backs, and R3 interhospital surveillance calls.
38. Of these, 46,000 were clinically triaged by a VCCC Clinician, of which 12,300 were managed without an ambulance response (27%) through provision of self-care advice or referral to a more appropriate health care provider.
39. The VCCC also monitors Triple Zero (000) incidents that extend past their triaged timeframe for an ambulance response. CSAs perform call backs to advise of delays and to establish if the patient's condition has altered since the initial Triple Zero (000) call in which case the CSA escalates the incident to a VCCC Clinician for a clinical review.
40. Additionally, the multidisciplinary VCCC team provides point of care clinical support to paramedics around the state through the VCCC Clinical Advice Line. This enables clinicians in the field to consult with a senior clinician on assessment, treatment, or management of their patients, improving the experience of delivering and receiving care.

Referrals to other providers for low acuity Triple Zero (000) calls

41. In 2022-23, 58,380 patients were referred to Healthdirect for assessment. Healthdirect managed 27,281 of these patients, with the remainder being returned for a NSW Ambulance response.
42. In response to COVID-19, the Ministry of Health initiated a secondary triage service involving NSW Ambulance, My Emergency Doctor and HealthShare NSW Patient Transport Services.
43. Calls received through the NSW Ambulance Control Centre from a residential aged care facility were assessed by the NSW Ambulance Clinical Review Officer for clinical suitability.
44. In December 2022, this pathway transferred to the Virtual Clinical Care Centre (VCCC).
45. VCCC clinicians can make direct referrals to My Emergency Doctor for a telehealth assessment of the patient and advice to the care facility staff, with the aim of treatment in the patient's place of residence.
46. From 1 June 2023 to 31 August 2023, more than 1,454 residential aged care facility cases were referred to My Emergency Doctor.
47. Of these, 82% were managed without an ambulance response. Alternative means of transport are recommended where appropriate.



Referral pathways

48. The NSW Ambulance Referral Pathways project aims to create referral pathways for NSW Ambulance to already established Local Health District (LHD) / Speciality Health Network (SHN) services and Urgent Care Services that support enhanced care in the community.
49. It seeks to reduce avoidable transfers by Ambulance to Emergency Departments, provide linkages to services delivered in the community and improve the experience of care for patients and improve time-to-transfer for high acuity Triple Zero (000) Calls.
50. This work is governed by both the Ministry of Health and NSW Ambulance, and includes key stakeholders and subject matter experts from across the system.
51. In connecting with partner organisations to deliver integrated care services, (in line with key objective 2.3 in the *NSW Health Future Health Plan Guiding the next decade of care in NSW 2022-2032*), health outcomes and patients' experiences of their health care journey are optimised by providing the right care, at the right time, in the right place, by the right provider.
52. This is further supported by NSW Ambulance's *Vision and Strategic Plan 2021-2026 Redefining our Future* which emphasises that the best health outcomes are achieved when NSW Ambulance can provide the most appropriate care for patients at every point in their journey.
53. This is best exemplified through NSW Ambulance's ongoing collaboration with stakeholders, including Local Health Districts and the Ministry of Health (Connected Care and Partnerships and the Mental Health Branch) to develop referral pathways for patients that are experiencing mental health crisis however do not require an Emergency Department.
54. Referral pathways support NSW Ambulance Clinicians to deliver value based health care that improves health outcomes that matter to patients, patient experiences of receiving care, clinician experiences of providing care as well as effectiveness and efficiency of care across the system.
55. One objective of this stream is to develop state-wide, governed access to the 1800 011 511 state-wide Mental Health Line (MHL) as a referral pathway option for NSW Ambulance Clinicians.
56. The MHL operates 24 hours a day, 7 days a week and connects callers to mental health clinicians who conduct a mental health triage. The clinician completes a triage to determine the urgency of response and makes recommendations for follow up including referral to local mental health services throughout NSW.
57. Currently NSW Ambulance Paramedics and VCCC Clinicians have standardised access to this referral pathway across six Local Health Districts, with a planned phased approach in place for remaining Local Health Districts.

Clinical Volunteer units

58. NSW Ambulance has Clinical Volunteer units across NSW.
59. These units are made up of either community-based volunteers, emergency service partners (Fire and Rescue NSW, State Emergency Service and the Rural Fire Service) or local health district models.
60. Members of these units are trained, credentialed, and provided with clinical equipment by NSW Ambulance to deliver immediate care in advance of paramedics arriving on scene.



61. The service delivery models include Community First Responders, Volunteer Ambulance officers and Community Emergency Response Teams (CERT)

CERT

62. Under a CERT model, members of the community can apply to be NSW Ambulance clinical volunteers.

63. NSW Ambulance provide the volunteers with a non-transport capable response vehicle and clinical equipment.

64. CERT members are required to attend monthly training run by NSW Ambulance. When required, NSW Ambulance will task the CERT team, who respond directly in the NSW Ambulance vehicle. On arrival, the CERT members provide immediate clinical care until paramedics arrive.

- B. The existing governance and accountability structure of NSW Health, including:
- i. the balance between central oversight and locally devolved decision making (including the current operating model of Local Health Districts);
 - ii. the engagement and involvement of local communities in health service development and delivery;
 - iii. how governance structures can support efficient implementation of state-wide reform programs and a balance of system and local level needs and priorities;
 - iv. the impact of privatisation and outsourcing on the delivery of health services and health outcomes to the people of NSW;
 - v. how governance structures can support a sustainable workforce and delivery of high quality, timely, equitable and accessible patient-centered care to improve the health of the NSW population;

Service Level Agreement

65. NSW Health has a Service Level Agreement with NSW Ambulance.

66. The principal purpose of the Service Agreement is to set out the service and performance expectations for funding and other support provided to NSW Ambulance, to ensure the provision of equitable, safe, high quality, effective healthcare services that promote, protect, and maintain the health of the community, in keeping with NSW Health priorities.

67. Additionally, it specifies the service delivery and performance requirements expected of NSW Ambulance that will be monitored in line with the NSW Health Performance Framework.

68. The *Health Services Act 1997* allows the Health Secretary to enter into performance agreements with public health organisations in relation to the provision of health services and health support services.

Ambulance Service Advisory Board

69. NSW Ambulance has an Advisory Board, which was established under section 67C of the Health Services Act 1997 (NSW) by the Health Secretary.

70. The Board's functions are to provide advice "*in relation to the exercise of functions under Chapter 5A in respect of the provision of ambulance services*", and undertake any additional functions conferred by the Health Secretary.



71. The Advisory Board provide advice in relation to the exercise of functions under Chapter 5A in respect of the provision of ambulance services, and undertake any additional functions conferred by the Health Secretary.

Organisational governance

72. NSW Ambulance is a division of the Health Administration Corporation (HAC) established under the Health Services Act and reports to the Secretary of NSW Health.

73. Under delegation, the NSW Ambulance Chief Executive is responsible for corporate, clinical, and public sector governance of the entity and is supported by an Advisory Board appointed by the NSW Health Secretary.

74. NSW Ambulance is made up of five directorates. The organisation is led by an Executive Leadership Team, and an executive director leads each directorate.

Community safety and prevention programs

75. NSW Ambulance's primary focus is the delivery of emergency out-of-hospital health care and transport services. However, NSW Ambulance also recognise the value of developing community safety and prevention programs.

76. Working together with the community, NSW Ambulance has developed a number of community education programs and awareness packages for all age ranges.

- Pre-school: Early childhood settings provide a platform for important educational messages and provide a safe learning environment for children to understand these messages.

NSW Ambulance has a range of activities which aim to prepare children for emergency situations, and some key learning points include how to identify an emergency service worker, the number to call in an emergency, and the importance of learning their home address.

- Primary school students: It is often the case that children are responsible for dialling Triple Zero (000) in an emergency and become solely responsible for directing the ambulance.

NSW Ambulance activities are designed to build confidence in children to make that call that could save a life, the key learning points include how to make a Triple Zero (000) call, differentiating between 'big' and 'small' accidents, requesting the right emergency service, and the importance of knowing their home address.

- High school students: NSW Ambulance also targets high school students through a range of road safety and driver safety programs.
- NSW Ambulance participates in the bstreetsmart program in collaboration with Westmead Hospital and Western Sydney Local Health District. This program reaches approximately 25,000 students in Years 10, 11 and 12 over three days.

NSW Ambulance provides an interactive display that gives up to date information for young drivers, passengers and pedestrians on road safety, as well as strategies for avoiding serious injury and death.

- Adults – Access for life program: Workplace injuries are a common occurrence across NSW.

The 'Access for Life' workplace awareness campaign has been rolled out across the state.



The campaign informs NSW workplaces of the appropriate steps to take when faced with a medical emergency at work.

- The campaign, which includes a Medical Emergency Plan Poster is available to workplaces across NSW and outlines key information to adhere to in the event of a medical emergency.
- The campaign seeks to:
 - Prepare employees for a Triple Zero (000) phone call, citing questions that ambulance call takers are likely to ask in the event of a medical emergency.
 - Encourage employees to call Triple Zero (000) and request an ambulance when confronted with a medical emergency at work.
 - Inform employees of key steps that can be taken prior to the arrival of an ambulance, steps which will assist paramedics to safely access and treat the patient in the shortest timeframe possible.

- Non-English speakers:

NSW Ambulance has a range of documents in 31 different community languages about NSW Ambulance, calling for help, what to expect when you call Triple Zero (000) and important tips.

- Auslan users:

NSW Ambulance has information in Auslan about NSW Ambulance, calling for help, what to expect when calling Triple Zero (000) and important tips.

C. The way NSW Health funds health services delivered in public hospitals and community settings, and the extent to which this allocation of resources supports or obstructs access to preventative and community health initiatives and overall optimal health outcomes for all people across NSW;

77. The NSW Government provides funding for helicopter services to a range of Government and non-government providers.
78. NSW Ambulance is a Statutory Emergency Service Organisation (ESO) under the State Emergency and Rescue Management Act 1989 (SERM Act).
79. NSW Ambulance rightly, for clinical governance and patient safety reasons, is an integral part of NSW Health and sits within the Health Cluster.
80. It is the only Statutory ESO that sits outside the Emergency Services portfolio. This administrative arrangement is aligned with the role and function of NSW Ambulance and of itself causes no issue with meeting its obligations as an emergency service response organisation. It can however limit availability of funding for emergency capability.
81. NSW Ambulance operates the largest permanent aviation rescue service in the Southern Hemisphere, with the country's most modern rescue helicopter and fixed-wing fleet, undertaking more than 10,000 emergency, medical and rescue missions per year.
82. The role of NSW Ambulance during major incidents or emergencies is outlined within the NSW Ambulance Major Emergency Response Plan (NSW AMPLAN). The NSW AMPLAN is a supporting plan to the NSW Health Services Functional Area Plan (NSW HEALTHPLAN) developed pursuant to the State Emergency and Rescue Management Act 1989 (SERM Act).



- 83. The NSW HEALTHPLAN is also a supporting plan to the NSW State Emergency Management Plan (NSW EMPLAN). NSW AMPLAN is the only ESO response plan to sit under the supporting Plan of a Functional Area.
- 84. Both NSW Ambulance has significant experience in aviation assets management and rescue capability.
- 85. NSW Police are the Statutory Agency responsible for coordinating rescue in NSW, with extensive operational experience and capability in working with NSW Ambulance in coordinating emergency medical and non-medical rescue missions in the aviation space.
- 86. NSW Ambulance helicopters are a Tier 2 resource as per the national search and rescue manual. This is the highest rating possible for helicopter operations.

D. Strategies available to NSW Health to address escalating costs, limit wastage, minimise overservicing and identify gaps or areas of improvement in financial management and proposed recommendations to enhance accountability and efficiency;

Refer to paragraphs 12-16 about Service Planning Methodology.

E. Opportunities to improve NSW Health procurement process and practice, to enhance support for operational decision-making, service planning and delivery of quality and timely health care, including consideration of supply chain disruptions;

NSW Ambulance complies with NSW Health Goods and Services Procurement Policy (PD2019_028).

F. The current capacity and capability of the NSW Health workforce to meet the current needs of patients and staff, and its sustainability to meet future demands and deliver efficient, equitable and effective health services, including:

- i. The distribution of health workers in NSW;
- ii. an examination of existing skills shortages;
- iii. evaluating financial and non-financial factors impacting on the retention and attraction of staff;
- iv. existing employment standards;
- v. the role and scope of workforce accreditation and registration;
- vi. the skill mix, distribution and scope of practice of the health workforce;
- vii. the use of locums, Visiting Medical Officers, agency staff and other temporary staff arrangements;
- viii. the relationship between NSW Health agencies and medical practitioners;
- ix. opportunities for an expanded scope of practice for paramedics, community and allied health workers, nurses and/or midwives;
- x. the role of multi-disciplinary community health services in meeting current and future demand and reducing pressure on the hospital system;
- xi. opportunities and quality of care outcomes in maintaining direct employment arrangements with health workers;

Distribution of health workers in NSW

- 87. NSW Ambulance applies a Clinical Capability Assessment as well as a service planning methodology to determine the placement of clinical resources
- 88. This methodology considers patient safety and the volume and mix of services required when determining clinical service levels.



89. Identified locations provide the right balance of frequency and complexity of clinical case exposures supporting the placement of appropriate paramedic roles. Additionally, the selected locations provide a necessary 'community-of-practice' to ensure that paramedic specialists are not isolated and can engage across all domains of their specialist practice and therefore remain current and recent in their area of specialty.
90. This Clinical Capability Assessment in determining the placement of paramedic specialists is essential to maintain patient safety in the performance of highly complex procedures in the out of hospital environment.
91. NSW Ambulance plans to continue bolstering the capability of its specialist workforce, consistent with NSW Ambulance's 2021-2026 Vision and Strategic plan.
92. NSW Ambulance has received funding for 2,500 staff and 30 new ambulance stations over the coming years. This investment will mean improved patient outcomes and will provide better services for the community of NSW. Providing more paramedics on rosters will also enhance workplace safety and reduce paramedic fatigue by increasing access to crib breaks and minimising extension of shift overtime.
93. As at July 2023, NSW Ambulance recruited 506 paramedics and 73 control centre staff as part of these enhancements, with 394 paramedics commencing as part of permanently enhanced rosters.

Paramedic Specialists

94. All NSW Ambulance paramedics are highly trained and equipped to safely provide a range of interventions and treatment to patients.
95. All paramedics, regardless of skill set, form part of the integrated clinical services model of NSW Health.

Paramedic Specialist - Intensive Care Paramedics

96. Intensive Care Paramedics (ICPs) are an enhanced clinical role in NSW Ambulance, requiring a more comprehensive scope of practice, and are able to provide additional specialist care.
97. ICPs are credentialed and equipped specialist registered paramedics who treat acutely ill and injured patients with advanced procedures and medications. ICPs assess and manage a wide range of illnesses, and potentially life or limb threatening conditions. ICPs utilise their knowledge to enable rapid and appropriate treatment in the early phases of an acute presentation. They are primarily located in areas of sufficient workload to maintain current competency and safety.
98. As at September 2023, there are 409 intensive care paramedics in metropolitan areas and 386 intensive care paramedics operating in regional areas.

Paramedic Specialist – Extended Care Paramedics

99. Extended Care Paramedics (ECPs) are an enhanced clinical role in NSW Ambulance, requiring a more comprehensive scope of practice than paramedics, and are therefore able to manage patients presenting with acute injuries to chronic and complex care.
100. Due to the low acuity nature of ECP work, many ECPs work as single responders on dedicated ECP vehicles or as part of a double crewed emergency ambulance.
101. As at 1 June 2023, there are 196 qualified ECPs operating across 16 sites in the Illawarra, Central Coast and metropolitan Sydney.



Special Operation Team (SOT) paramedic

102. Rescue Paramedics are part of a multidisciplinary team working collaboratively to deliver advanced patient access, critical care, and extrication. Operational environments are complex and require a high level of skill, knowledge, flexibility, and co-ordination to deliver services safely and effectively.
103. SOT Paramedics are trained and equipped to safely access and treat patients in isolated, remote, or difficult environments that are outside of the scope of normal operations.
104. Remote Area Access (RAA) Paramedics are SOT paramedics who have undergone additional training to provide specialised response to specific incidents such as canyons and situations where an overnight camp may need to be established prior to a first light extrication of patients.

Critical Care Paramedics

105. Critical Care Paramedics (CCP) are part of a multidisciplinary team working collaboratively to deliver advanced patient access, critical care and extrication within an integrated safety and risk management system. Aeromedical operational environments are complex and require a high level of skill, knowledge, flexibility and co-ordination to deliver services safely and effectively.

Paramedicine within the broader health workforce

106. Paramedics, in their traditional ambulance service based clinical context, provide care across the lifespan and acuity of presentations linking patients to the rest of the health care system where required.
107. This may involve escalation of care to hospital acute care services (Emergency, Cardiac services, Stroke services) or referral to alternate lower acuity pathways within Local Health Districts (LHD) and Primary Health Networks (PHN) where available.
108. This care, in an ambulance service context, has been provided in response to specific requests for care through the Triple 000 network. They are single, event driven interactions with patients generally at the start of their health care journey.
109. This does not involve provision of longitudinal care. The required qualification for general registration as a paramedic is an undergraduate degree awarded by a program approved by the Paramedicine Board of Australia.
110. The Strengthening Medicare Taskforce Report established the Unleashing the Potential of our Health Workforce - scope of practice review with a particular focus on primary care.
111. Paramedicine has been identified as included within the review noting their capability as generalist practitioners able to adapt to a variety of practice environments.
112. Working to full or even extended scope of practice for paramedics presents opportunity for the paramedicine workforce to support health system reform, becoming involved in the provision of longitudinal care, optimising community access to equitable, affordable, person-centred primary and urgent care. This is consistent with international definitions of paramedicine.
113. In this context, paramedics working to full scope of practice or alternatively, with suitable education, supporting an enhanced scope of practice could be utilised in alternate practice contexts and employed by various health services including Local Health Districts and Primary Health contexts in urgent or primary care, aged care or drug and alcohol services.



114. Paramedics should not be seen as replacing any health roles but rather integrating with other health practitioners in a multi-disciplinary team to support or add value to health service delivery.
115. With appropriate education they can be involved in initial first contact assessments; support continuity in ongoing, patient focused care; coordinate ongoing integration of care involving referral and information sharing. This is done in consultation with the medical lead of the team. They can also support provision of rapid response care to deteriorating patients, drawing on their core professional scope of practice, in this environment.

NSW Ambulance is committed to ensuring the safety of paramedics

116. Paramedics have the full support of the NSW Government and NSW Ambulance not to enter, or to withdraw from, a situation they have assessed as unsafe following a risk assessment.
117. NSW Ambulance provides a range of support programs to address paramedic mental health and wellbeing.
118. NSW Ambulance provides face to face Occupational Violence Prevention training (including in dynamic risk assessment) to protect frontline paramedics and emergency medical call takers from assault.
119. NSW Ambulance runs a number of public education campaigns to educate the community that aggression towards frontline staff is unacceptable.
120. NSW Ambulance is trialling body worn cameras for paramedics. An amendment to the Surveillance Devices Act and Regulations was made to allow the trial to continue to November 2023.
121. The NSW Ambulance Safety Unit has a dedicated Occupational Violence team that develops, implements and monitors strategies to address occupational violence. NSW Ambulance Safety Business Partners are also in place to identify and implement strategies to address occupational violence, work health and safety and wellbeing programs and initiatives.
122. NSW Ambulance has a dedicated multidisciplinary work health and safety team that is focussed on the development and implementation of strategy and programs to address work health and safety and occupational violence for frontline staff
123. NSW Ambulance is currently updating its safety management system in line with international standards for occupational health and safety and psychological health and safety (ISO 45001 and 45003) to ensure current and future programs are aligned to international best practice and that work health and safety outcomes are further embedded and engrained in all areas of its business
124. NSW Ambulance has systems in place for employees to report work related injury and illness in a timely manner and employees have access to medical, treatment and other support services to assist with a safe and durable recovery at work.
125. NSW Ambulance is currently reviewing and updating its Recovery strategy to ensure current and future programs are aligned to best practice injury and claims management.

NSW Ambulance is committed to ensuring the wellbeing of paramedics

126. NSW Ambulance is committed to the well-being of staff and continues to improve its well-being resources, including:



- In 2017, NSW Ambulance received funding to support the mental health and well-being of NSW Ambulance staff. In March 2018, NSW Ambulance, in consultation with Subject Matter Experts and key stakeholders, commenced its Wellbeing Workshop Program.

The Wellbeing Workshop content is now incorporated into all graduate and new starter education and is designed to support the mental and physical health of staff. Staff are provided with information regarding NSW Ambulance Wellbeing and Staff Support services via handout.

- NSW Ambulance also utilises the Wellbeing Platform, an app-based and online platform that offers a personal health and well-being experience that delivers NSW Ambulance Staff Health programs, tailored resources, fitness challenges, healthy habit trackers and mindfulness activities.
- Mental health training for paramedics, including suicide awareness for managers, and occupational violence prevention training.
- NSW Ambulance Mental Health Support Program for staff who wish to engage a private psychologist or psychiatrist, NSW Ambulance will cover the cost of a total of 10 sessions.
- Health Coaching, fitness passports for staff and their families, medic fit exercise equipment.
- Injury Prevention Specialists.
- Online well-being and resilience training and resources.
- In-house Staff Psychology Services across the state, Employee Assistance and Psychological Services.
- Buddy program for new and transferred staff.
- Peer Support Officers, Chaplains, and therapy dogs.
- NSW Ambulance Legacy.
- Family Support Network – psychological education sessions and networked support for paramedics and their families.
- Domestic Violence Referral Officers Network.
- Targeted campaigns to promote health, well-being, and connection such as Thank a First Responder Day, International Families Day and RUOK Day.
- Staff who are exposed to traumatic work incidents have access to specialist trauma psychologists.
- NSW Ambulance staff also have access to several external services, such as Fortem Australia, a not-for-profit support service that provides support to first responders and their families.

- G. Current education and training programs for specialist clinicians and their sustainability to meet future needs, including:
- i. Placements
 - ii. the way training is offered and overseen (including for internationally trained specialists);
 - iii. how colleges support and respond to escalating community demand for services;
 - iv. the engagement between medical colleges and local health districts and speciality health networks;



- v. how barriers to workforce expansion can be addressed to increase the supply, accessibility and affordability of specialist clinical services in healthcare workers in NSW;

127. NSW Ambulance is committed to continuing to develop its workforce, and provides a number of education programs.

Intensive Care Paramedic (ICP) training program, which includes:

- Five weeks of clinical placements; in both in-hospital and out of hospital environments.
- Eight weeks of in class and simulation teaching, split into blocks on either side of the clinical placements.
- Following successful completion of the above curriculum and all assessment tasks, the ICP trainee commences a 14 week operational practicum to undertake preceptorship with the guidance and support of an experienced ICP. The operational practicum is typically facilitated from the applicant's home sector, i.e. the sector where they have been deployed from prior to commencing specialist training.

Extended Care Paramedic (ECP) training program, which includes:

- NSW Ambulance has an agreement with the University of Sydney Nepean Clinical School to assist in the initial training of ECPs. This location offers access to specialist equipment and subject matter experts who provide ECP trainees with a level of experience best suited to meet the education requirements for ECP initial training.
- On successful completion of training, ECPs are then rostered at various locations within NSW Ambulance Clinical Operations. ECP rosters also have embedded education days that can be facilitated locally through existing partnerships at health facilities relevant to this specialist field of Paramedicine.
- NSW Ambulance remains committed to the ECP program as a critical part of our 2021-2026 Vision and Strategic plan for the provision of person-centred care to the community. ECPs will be central to NSW Ambulance's community paramedicine program and virtual care initiatives.
- NSW Ambulance has continued to progress development of the ECP program through an appointed ECP Program Development Coordinator and changes to the appointment of ECPs to identified locations of need. NSW Ambulance continues to work with unions regarding the ECP program.

Paramedic foundation programs:

- Post-Employment Paramedic Trainee pathway has been established in collaboration with the University of Tasmania and allows eligible applicants to be employed with NSW Ambulance while completing a degree in paramedicine, and a Diploma in Emergency Health Care. The completion of a university degree and clinical requirements must be achieved within a four year period to become a qualified paramedic.
- Paramedic intern (graduate) pathway. Applicants who have completed an Australian Health Practitioner Regulation Agency (AHPRA) and National Boards accredited tertiary qualification in paramedicine or are in their final year of studying this qualification can apply for the Graduate Paramedic Intern role. The internship is conducted over 12 months and includes a six week induction program, formal assessments, and operational practicum period.



Successful applicants will obtain qualification once they meet the clinical and educational requirements.

- Qualified paramedic pathway. Qualified applicants who have paramedic registration conferred by the Australian Health Practitioners Regulation Authority (AHPRA) and can demonstrate satisfactory knowledge and understanding of ambulance practice can apply to NSW Ambulance as a qualified paramedic. Qualified applicants must successfully meet clinical and education requirements within a set roster period to be signed off as a NSW Ambulance qualified paramedic. Qualified paramedics may apply at any time.

Continuing Development:

- The Mandatory Continuing Professional Development (MCPD) programs offers every NSW Ambulance clinician ongoing education for over thirty-eight hours every year, the program is designed so that each paramedic can engage with education, their peers and subject matter experts for two days each six-month period. MCPD allow for timely distribution of new, contemporary, information, skills, and equipment state-wide. The bi-annual cycle is presented from one of nine regional or the single metropolitan training unit.

Control Centre Education:

- Emergency call takers and dispatchers will undertake initial training at the Gladesville Computer aided dispatch labs, following successful induction the applicants are deployed to either one of the three regional centres or the control centre in Sydney to continue their development to independent practice. On completion of their classroom and operational training, control centre staff are awarded a national qualification in emergency call taking and/or dispatch. A control specific MCPD program is due for release early 2024.

H. New models of care and technical and clinical innovations to improve health outcomes for the people of NSW, including but not limited to technical and clinical innovation, changes to scope of practice, workforce innovation, and funding innovation; and

128. Out-of-hospital cardiac arrest is a global public health challenge.

129. In 2020, 9013 cardiac arrest patients were attended across NSW, 3308 resuscitations were attempted of which 11% survived to leave hospital.

130. For every minute that a patient is in cardiac arrest and not receiving cardiopulmonary resuscitation (CPR) or defibrillation, the chance of survival drops by 7-10%.

Mechanical cardiopulmonary resuscitation (mCPR)

131. NSW was the first state to have a mechanical CPR LUCAS device carried in every frontline ambulance. LUCAS stands for Lund University Cardiac Assist System.

132. NSW Ambulance received funding for \$12.4 million, for 1082 of these life-saving devices, which are now installed and rolled out across the state.

133. The LUCAS device delivers high-quality, consistent chest compressions to patients in cardiac arrest. Paramedics can use the device on scene and during transport to hospital.

134. Effective chest compressions are hard to maintain for long periods, or when a patient is being moved down a flight of stairs to the ambulance, for example. The mechanical CPR devices will provide ongoing compressions in these challenging situations.

ECMO



135. The ECMO machine pumps and oxygenates a patient's blood outside the body, allowing clinicians time to investigate the cause of a cardiac arrest.
136. ECMO technology was first introduced to NSW, evaluated and successfully used for patients with severe heart and lung failure at Royal Prince Alfred and St Vincent's hospitals.
137. Both hospitals have a joined retrieval roster to support other hospitals in NSW. However, patients in cardiac arrest outside the close geographic proximity of these centres have not been able to benefit from this technology.
138. NSW Ambulance, in partnership with Royal Prince Alfred, Westmead and St Vincent's hospitals, is trialling the feasibility of it responding with a highly trained ECMO capable team to cardiac arrests in the Sydney metropolitan region.
139. The ECMO team is staffed with 2 medical specialists and a critical care paramedic.
140. This model of care, using paramedics to work with pre-hospital doctors and provide ECMO at the scene of a cardiac arrest, could change the way cardiac arrests are managed.

GoodSAM

141. In 2022, NSW Ambulance announced its partnership with the smartphone app GoodSAM to improve survival from out-of-hospital cardiac arrest.
142. GoodSAM is a free global smartphone app that alerts volunteer responders to someone nearby in cardiac arrest.
143. NSW Ambulance will always send the closest available paramedic crew to respond in an emergency, but GoodSAM, which is linked to the NSW Ambulance Triple Zero (000) Control Centres, connects volunteer responders who are willing to conduct CPR on patients in the first critical minutes of cardiac arrest, while paramedics are on the way.
144. As soon as an ambulance is dispatched, the GoodSAM app will notify volunteer responders. If they are not able to accept the request, GoodSAM will alert the next nearest volunteer responder.
145. GoodSAM will also allow owners of automated external defibrillators (AEDs) to register their device. This will allow NSW Ambulance and app users to identify and access the nearest AED. NSW Ambulance is working with a number of owners of AED registries to incorporate AED data that they hold into GoodSAM.
146. The app is already in use in Victoria, as well as the UK, New Zealand, India, the US, Brazil, and South Africa.
147. On 23 November, this program was extended from the pilot program (NSW Ambulance staff) to GoodSAM volunteers from community, not for profit and government partner organisations such as, NSW Health, The Australian Heart Foundation, the State Emergency Service (SES) and Surf Life Saving.

I. Any other matter reasonably incidental to a matter referred to in paragraphs A to H, or which the Commissioner believes is reasonably relevant to the inquiry.

Nil comments from NSW Ambulance

AND FURTHER, WE authorise you to make recommendations to address the issues raised including in relation to National structures or settings, including the National public hospital funding model and/or



National Health Reform Agreement and the impact of aged and disability care in NSW public hospitals, where such recommendations would support or enhance any changes recommended by the Special Commission

Nil comments from NSW Ambulance