VICTORIAN AMBULANCE UNION

Submission to Legislative Council Legal and Social Issues Committee Inquiry into Ambulance Victoria

VICTORIAN AMBULANCE UNION

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Introduction

The VAU

The Victorian Ambulance Union has only one priority: serving its members.

The VAU represents approximately 6500 paramedics and ambulance workers in Victoria, making it the biggest ambulance union in Australia.

The VAU is focused solely on the ambulance industry. It is not affiliated with any political party and does not make political donations. Although apolitical, the VAU is very active in policy, political and industrial advocacy to state and federal governments in support of its members and their patients.

The VAU is a source of lived experience and advice to state government working groups and consultative committees, including the Health Worker Infection Prevention and Wellbeing Taskforce, the Royal Commission into Victoria's Mental Health System, and changes to non-emergency patient transport regulations.

Throughout the COVID-19 pandemic, the VAU successfully advocated for many of the protections introduced to support healthcare workers. These included special leave, hotel accommodation for isolating healthcare workers, priority testing, improved PPE standards and supply, access to COVID-19 vaccinations, and alternative duties for vulnerable members with medical conditions.

The VAU represents members in a range of organisations.

Ambulance Victoria (AV)

The VAU represented approximately 97% of Ambulance Victoria's paramedic workforce in workplace relations matters, enterprise bargaining and health and safety. AV is an organisation with enormous management challenges and competing priorities where operational demand takes a higher priority than the welfare of the workforce.

Tiple Zero Victoria (TZV)

TZV is an emergency service which plays a crucial role in the emergency and healthcare system. The VAU represents ambulance call-takers and dispatchers who work for TZV in employment matters and collective disputes, enterprise bargaining, and when negotiating for further workplace reforms at a governmental level.

Non-Emergency Patient Transport (NEPT)

There are 13 private NEPT providers of which six provide contracted services for Ambulance Victoria or Public Health Services. Others are contracted privately, for example to private hospitals and aged care facilities.

NEPT is a vital service which is responsible for hundreds of patient movements across the health system every day. However, being privatised and heavily casualised, the NEPT sector falls behind in employment conditions and safety standards.

The VAU represents NEPT members in enterprise bargaining and in advocacy to the Victorian Government for industry reform.

Across the industry, our members live and breathe the ambulance, emergency and health system and are in a unique position to provide insight and experience to this inquiry.

The Inquiry

The VAU welcomes the opportunity to make a submission to the Legislative Council Inquiry into AV. It is our view that AV needs significant intervention from the Victorian Government, in particular to reaffirm its core role as an emergency service.

In January 2015, the Victorian Government established the Ambulance Performance Policy Consultative Committee (**APPCC**) to end the ambulance crisis and improve performance.

This committee included frontline paramedics, unions, AV, health experts and government representatives who contributed to work aimed at understanding and improving AV performance as well as workforce morale and culture. Consultation was also held with patient and consumer groups.

In December 2015, the committee released its final report titled *Victoria's Ambulance Action Plan – Improving Services, Saving Lives*. A key action recommended in the report was to 'reaffirm Ambulance Victoria's role as the state's pre-hospital emergency care and transport provider'.

While the committee did its work through 2015 and 2016, significant investment and reform occurred including:

- recruitment of paramedics;
- building and upgrading of stations, particularly in growth corridors;
- expansion of paramedic support and counselling services;
- removal of hospital bypass;
- paramedic registration (led largely by Victoria); and
- a new board of directors being appointed to run AV.

There were significant improvements to health and safety with the introduction of powered stretchers which reduced manual handling injuries in paramedics and there were improvements to the *Ambulance Service Act 1986* and the *Non-Emergency Patient Transport Act 2003*.

Work to improve the ambulance dispatch grid (which determines dispatch coding) contributed to a reduction in Code 1 (lights and sirens cases) from over 85,000 per quarter in 2015 to less than 63,000 in late 2017. Expansion of secondary triage services allowed cases recategorized as Code 2 or 3 to be passed through secondary triage services to find alternative pathways (doctor's appointment, allied health services, self-presentation at hospital) that avoided the need for an ambulance response.

In late 2018, AV response times improved significantly so that more than 89.7% of Code 1 cases received an ambulance response within the 15-minute benchmark. This coincided with AV reporting significantly reduced workplace injury and members reporting manageable workload and positive workplace culture.

The COVID pandemic placed tremendous demands on emergency and health services. Patients that could not get an appointment with a general practitioner spilled into overwhelmed hospital emergency departments. High levels of exposure to infectious patients and a health system poorly prepared to protect its workforce led to high levels of illness amongst health workers. This placed massive demand on the remaining workforce which ultimately required support from community officers, volunteer services and the military to help staff ambulances.

However, the biggest increase in workload for the AV workforce came in the post-COVID period. Patients who had avoided seeking health care during the pandemic or experienced delays in seeing their general practitioner turned to calling an ambulance to get the support they needed. Workload increased to over 100,000 Code 1 cases per quarter and Code 1 response times deteriorated to the worst on record, with only 60.2% of cases getting an ambulance within 15-minutes in late 2022.

Since then, workload has remained at high levels, with AV reporting Code 1 workload ranging from 92,000 to over 100,000 cases per quarter and response time performance never improving above 67.7% of cases getting a response within 15 minutes.

Members report through union surveys and anecdotally that the growth in workload is overwhelmingly due to an inaccurate call-taking system and increased reliance on emergency paramedics to respond to non-emergency cases. The workload is exacerbated by ambulance ramping where hospitals now rely on paramedics to look after patients in hospital corridors to start hospital treatment, take patients to radiology appointments on ambulance stretchers and mind patients that could be safely offloaded into waiting rooms.

The COVID pandemic cannot be ignored as a factor affecting AV performance and paramedic workload. However, it is the view of the VAU that effort to ‘reaffirm Ambulance Victoria’s role as the state’s pre-hospital emergency care and transport provider’ has failed dismally. This has led to an overwhelming, unsustainable workload comprising non-emergency cases and work within the broader health system which has obstructed paramedics from their core role of responding to emergency patients. The combination of emergency and nonemergency workload is unsustainable for paramedics. More than any other issue, workload is now negatively affecting every facet of the organisation including staff retention, health and safety, workplace injury, roster configuration, workplace morale and ultimately service to the community.

It is the view of the VAU that the Victorian Government must immediately intervene and take steps to return AV to its core role of being an emergency service.

AV Leadership

AV leadership have been through a turbulent period in recent years, culminating in a no-confidence motion in the executive which was backed by 97.8% of the VAU membership. Members called for this vote over low morale, increasing and unsustainable workload and AV’s public response when a member rolled an ambulance after working 18 hours without a break.

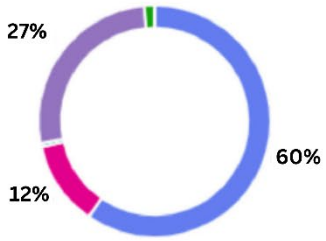
This also occurred during a protracted enterprise bargaining dispute and several months of industrial action in pursuit of improved wages and conditions.

However, the biggest failure of senior management in recent years can be demonstrated in the disconnect between the frontline workforce and senior management in relation to the core role of paramedics in AV.

In a recent survey, paramedics were asked what they believe the primary role of a paramedic should be when working for AV in 2025:

10. What **DO YOU** believe the primary role of a paramedic should be when working for Ambulance Victoria in 2025?

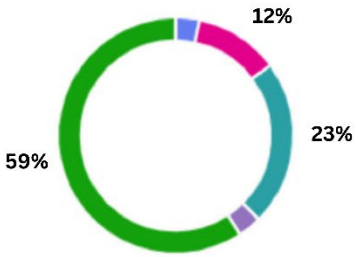
Provide emergency prehospital care for high acuity patients.	570
Provide care for a mix of low acuity, medium acuity and some high acuity cases.	113
Predominantly provide primary health care and low acuity patient response with infrequent high acuity care provision.	5
Have tailored, specialised, multidisciplinary teams available to target care to specific patient cohorts (e.g., mental health teams, low acuity teams, aged care in-reach, critical care (MICA), community paramedics, Mobile Stroke Unit).	254
Serve as an extension of the broader health service (i.e., providing whatever response is needed as determined by the community).	14



Members were then asked what they think their employer believes the primary role of a paramedic should be in 2025:

11. What do you think **Ambulance Victoria** believes the primary role of a paramedic should be in 2025?

Provide emergency prehospital care for high acuity patients.	31
Provide care for a mix of low acuity, medium acuity and some high acuity cases.	111
Predominantly providing primary health care and low acuity patient response with infrequent high acuity care provision.	217
Have tailored, specialised, multidisciplinary teams available to target care to specific patient cohorts (e.g., mental health teams, low acuity teams, aged care in-reach, critical care (MICA), community paramedics, Mobile Stroke Unit).	31
Serve as an extension of the broader health service (i.e., providing whatever response is needed as determined by the community).	566



Research conducted by RMIT and Swinburne University into AV workforce climate and wellbeing asked members if senior management can be trusted to make sensible decisions for the organisation's future. Almost 80% of respondents had a lack of confidence that senior management will make sensible decisions for the organisation's sake; only 5% of respondents agreed or strongly agreed.

When paramedics turn up to work, they want to use the full extent of their education and lifesaving skills to emergency patients in the community. However, they are indicating their frustration that they are being obstructed from performing their core role, and that senior management appear apathetic towards, or even supportive of, the shift away from the core role of AV as an emergency service.

While the VAU does not have visibility of the specific performance criteria or accountability framework for senior executives and the board, it is our view that the objectives of the *Ambulance Service Act 1986* have not been met by AV leadership. Specifically, the need to ensure that emergency ambulance resources are used in an effective and efficient manner.

Ambulance crews are regularly and systematically obstructed from responding to medical emergencies. While AV had previously engaged in work to improve emergency response through improvements to call-taking accuracy, much of that work has been abandoned and the VAU is not aware of any plan to see further improvement.

It is the view of the VAU that had a no-confidence motion not been undertaken by the workforce, the existing performance and accountability framework would not have prompted any change in the AV executive.

1. Call taking, dispatch, ambulance ramping, working conditions and workloads

Call-taking and dispatch

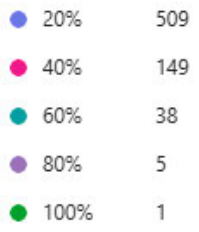
"I think AV needs to decide if we are an emergency service, available to provide assistance in EMERGENCY situations, or if we are a community service that utilises care referral pathways. The dispatch grid needs a complete overhaul"

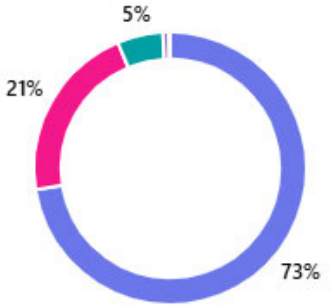
– VAU member submission

It is the view of the VAU that the most pressing body of work that needs to be delivered is reform of the call-taking system. This was a key recommendation of the APPCC. However, our members report that the system has become less accurate at aligning dispatch coding to actual patient acuity.

In a recent union survey, members were asked: "when you have responded to lights and sirens cases, as a percentage, how often does the dispatch code align with patient acuity?"

Only 1% of respondents said that the dispatch coding aligned with patient acuity 80% of the time or greater. Most respondents report that an accurate coding only occurred 20% of the time.





Members were also asked if they believe the call-taking process has become more or less accurate. 75% of respondents said it had become less accurate. Only 5% said it had improved, and 20% said they didn't know.

Case study 1:

- In February 2025, an Advanced Life Support (**ALS**) ambulance from Glenroy was dispatched to a Code 1 for patient chest pain. On arrival, the crew found the house locked with no answer at the front door but could hear a person calling from the backyard of the house. The crew contacted police to assist with access to the house.
- While trying to gain access to the backyard, a paramedic suffered a sprained ankle, and a second ALS crew was dispatched from Coburg in case the patient needed transport.
- When the crew found the patient, they had no chest pain or any symptoms.
- The patient told the crew they had called AV because they wanted to know how long an ambulance would take if they did have chest pain.
- The injured paramedic had to be removed from shift, and as their partner was a student, the Glenroy ambulance was placed out of service for the rest of the shift.

- The injured paramedic has sustained a compensable injury because of the inappropriate dispatch, which has flow on effects on their wellbeing and return to work (RTW) challenges.

Case study 2:

- In February 2025, a western suburbs ALS crew were dispatched to a Code 1 for a patient who was short of breath.
- On arrival, the crew found a person in their 30's taking a bath. The patient asked the crew not to come inside as he was naked, and they waited several minutes while he dried and dressed.
- The patient explained he had attended hospital earlier for vomiting and, having waited several hours in the waiting room, decided to take a taxi home before being seen. He then had a bath and called AV hoping they could take him back to the hospital.
- The patient made no complaint to the ambulance crew of being short of breath and all vital signs were normal. The crew organised a real taxi to take the patient back to hospital.

In both cases, TZV did not identify that there was no medical emergency or requirement to send paramedics. This scenario is replicated daily.

Public discussion about 'fixing call-taking and dispatch' has been confusing, and it's important to separate and understand the arms of reform that have been attempted.

Dispatch Grid Reform

Through 2015 and 2016, AV identified a large volume of cases that were previously dispatched as a Code 1 could safely be downgraded to a Code 2 response.

For example, a patient with a sudden onset of central abdominal pain will routinely be categorised as a Code 1, primarily for concern that the patient may be suffering an abdominal aortic aneurism. Evidence showed that this was rarely the case.

Under the APPCC, a team of medical experts reviewed the dispatch grid and were able to identify a number of case types that could be safely recategorized to Code 2. This removed approximately 100,000 cases per year from the Code 1 cohort, allowing for crews to be prioritized to respond to a more accurately characterised set of emergency cases. Ongoing review of the dispatch grid has continued.

The VAU regards grid reform as important work that should continue where safe to do so, based on clinical evidence.

Secondary Triage

Callers to 000 for non-urgent health matters are transferred to AV's triage services for secondary assessment by paramedics and nurses. These patients may be referred to alternative pathways such as a GP or nursing service, allied health, NEPT, or provided with health advice.

This started as a small operation, but has expanded to over 160 paramedics, nurses and support staff. Of the 1200 calls they answer per day, more than 20% are diverted to services other than an AV ambulance.

The VAU regards continued development and expansion of secondary triage as important work that should continue.

Public Education

While not a measure taken specifically to improve the call-taking process, AV and the Victorian Government have undertaken work to educate the public on when to call an ambulance and alternative options for non-emergency cases.

The VAU regards public education on when to call an ambulance, as important work that should continue.

Revised Ambulance Dispatch

The APPCC identified that there was a common view among paramedics that many non-urgent patients were being incorrectly categorised as requiring a Code 1 response.

TZV call-takers are required to strictly follow a set of questions to elicit a case description from the caller. Despite taking hundreds or thousands of calls over their careers, call-takers are unable to use their judgement or deviate from the algorithm. Further updates to the call-taking software have removed lines of questioning aimed at clarifying the main presenting problem.

VAU members who work as call-takers routinely identify that there may be nothing seriously wrong with a patient, but they are required to enter information into the software which then determines the response. The result is a system that searches for the worst-case scenario rather than the most likely scenario.

A common example is the patient who calls 000 when they have a toothache. If the caller describes having pain in their jaw, the case is likely to be dispatched as a Code 1 chest pain by the system, as some patients suffering chest pain also have jaw pain. Previously, call-takers could clarify that the main problem that prompted the patient's call is toothache pain only. The ability to ask clarifying questions has been removed, and paramedics have reported a significant increase in toothache cases being dispatched as Code 1 chest pain.

Alongside improvements to the Dispatch Grid and Secondary Triage, the APPCC identified the need to improve call-taking accuracy. The committee discussed alternatives to the current call-taking software, including the National Health Service Pathways program, which was developed with the aim of preventing unnecessary workload and seamlessly triage non-emergency patients to the most appropriate pathway.

However, the APPCC revisited a program of work previously planned called Revised Ambulance Dispatch (RAD). The RAD project recommended a suite of initiatives to improve AV's operational performance through collaboration between AV and ESTA (now TZV).

RAD was broken into three stages and largely adopted by the APPCC:

1. Stage 1 occurred through 2017-18, with transfer of governance of ambulance dispatch to AV, additional dispatch channels, additional dispatchers and changes to eighteen standard operating procedures.
2. Stage 2 occurred through 2018-19 with work to improve performance measures with the Inspector General Emergency Management, Department of Health and TZV, new quality plan and quality processes for call-taking and dispatch.
3. Stage 3 aimed to deliver improved clinical oversight of ambulance call-taking and dispatch by placing paramedics into the call-taking process. A team-based approach

would be adopted, with each team comprising four TZV call-takers and one paramedic who would provide clinical support to the call-takers. By using their patient assessment skills, clinical judgement and asking further clarifying questions, patient condition could be accurately assessed and dispatch coding could be more accurately aligned to actual patient acuity.

RAD Stage 3 was not completed. From early 2020, AV was required to focus on the COVID-19 pandemic above other priorities. However, in the time since the pandemic, there appears to have been no attempt to revisit the RAD project and complete this work or any other body of work to improve call-taking accuracy.

It is the view of the VAU that completion of the RAD project, or the development of other initiatives to improve call-taking system accuracy (such as moving to different call-taking software) is vital to improving ambulance response times. Our view is that response times are unlikely to make any meaningful improvement without an accurate call-taking system.

The VAU has advocated recommencing the RAD program. However, AV have been reluctant to engage. We have sought specific details of the project under Freedom of Information legislation so that we can assist in advocating to government for the work to continue, but again this has been blocked by AV.

Given the negative effect on response times and that AV themselves identified and spearheaded the work to improve accuracy, it is difficult to understand why they are now so reluctant to engage in work to improve call-taking accuracy.

The view of the VAU is that the Victorian Government must urgently instruct AV and TZV to recommence work to deliver call-taking system accuracy through the RAD project or a similar body of work to reduce unnecessary workload and free up paramedics from non-emergency cases so they can be available to respond to genuine emergencies.

The Victorian Government should also introduce and publish key performance measures for call-taking system accuracy to identify if dispatch coding aligns to actual patient acuity. This information is readily available through the AV Victorian Ambulance Clinical Information System (VACIS).

Hospital Ramping

Hospital ramping in Victoria has continued to increase, with paramedics now spending hours of their shifts ramped at hospitals rendering them unable to respond to medical emergencies in the community.

Ramping is a result of insufficient hospital capacity, increased demand on overwhelmed emergency departments and problems with patient flow through the hospital to discharge.

While waiting for a bed to become available, a bottleneck in the hospital corridor forms and prevents paramedics from offloading their patients from the stretcher. This creates significant delays for paramedic crews returning on road and responding to emergencies in the community. The goal of delivering care to emergency patients within the 15-minute timeframe becomes virtually unachievable for paramedics.

This creates a distressing situation for patients, their families and paramedics themselves as they hear the cases in the community being dispatched to the few remaining available crews. Standing and waiting for hours in hospital corridors exposes members to preventable musculoskeletal injuries from poor ergonomics, fatigue and work-related stress due to missed meal breaks and overtime. It also has been identified as a major cause of conflict with hospital staff.

Case study 3:

- In June 2024, a Mobile Intensive Care Ambulance (**MICA**) Crew were forced to ramp at Maroondah Hospital with a non-urgent patient, as the emergency department and its waiting room was busy. The crew advocated to the hospital that they be able to offload their stable patient into the waiting room so they could respond in the community, but the hospital staff refused.
- The crew were contacted by AV and asked if they could offload because a patient nearby was in cardiac arrest. ALS paramedics were on scene and their attempts to revive the patient were not working. The MICA crew informed hospital staff and again advocated that they be able to offload so that they could respond to the cardiac arrest patient. The hospital again refused, and the crew were ultimately unable to respond to the case. The patient in cardiac arrest did not survive.

Case study 4:

- In August 2024, a MICA Crew were called to Maroondah hospital when a patient deteriorated while ramped. The patient had suffered cardiac symptoms and was under the care of an ALS crew. The paramedics had advised the hospital that the patient needed immediate assistance but were nevertheless forced to wait for a further 40 minutes.
- The ALS crew identified that the patient required intensive care and contacted the AV clinician for advice. The clinician also attempted to advocate to Maroondah hospital to request assistance for the patient but was unsuccessful. AV then dispatched a MICA crew to Maroondah Hospital to provide treatment to the patient in the hospital corridor.

In the period between January 2018 and September 2023, AV records indicate that emergency ambulance and patient transport crews spent a cumulative 120 years, or 523,000 hours, waiting for their patients to be admitted. Only 68.55% of patients met the 40-minute timeframe for ambulance-to-hospital transfer.

Attempts to improve ambulance ramping in Victoria have had limited success.

In July 2021, the Victorian Department of Health introduced “fit to sit” guidelines aimed at improving collaboration between ambulance crews and hospital staff around offloading non-urgent patients into the hospital waiting room. ‘Fit to sit’ is a framework for ambulance and hospital staff to use to assess a patient’s suitability to be placed in the waiting room. Unless the patient meets certain criteria and requires ongoing assessment or treatment, the default position is to place the patient into the hospital waiting area.

Paramedics and NEPT crews are routinely dispatched to patients who have been directed by their GP to pack a suitcase and call 000 as a means of being admitted to hospital for a chronic health condition. Crews also treat patients successfully enroute to hospital, meaning the patient is stable at the time they are ramped. Many of these patients are suitable to wait in a waiting room so that the crew can return to emergency patients.

Feedback from VAU members is that while crews frequently identify that a patient is safe to be placed in the waiting room under the ‘fit to sit’ guidelines, this is often rejected by emergency department staff if the waiting room is too busy.

This results in paramedics ramping with very non-urgent patients who require no further treatment in hospital corridors.

The VAU has advocated to the Victorian Government that models used successfully in other jurisdictions be explored here. During the United Kingdom COVID pandemic, most major hospitals experienced a significant increase in ambulance offload times, apart from the Leeds Teaching Hospitals.

The Leeds hospitals adopted a zero-tolerance approach to ambulance-to-hospital transfer delays and ramping. Clinicians across the emergency department and broader health service, right up to the CEO, took ownership of delays and worked collaboratively with paramedics to reduce ramping.

At the peak of the COVID-19 pandemic, hospitals within the Leeds NHS Trust had one of the lowest rates of ambulance handover delays and ramping in the UK, with 99.6% to 99.9% of handovers completed within 60 minutes in January 2022.

The crucial component of this model is health services taking responsibility for the patient on arrival at the hospital. The Leeds model builds positive, collaborative relationships between the health services and ambulance service, with the health services providing a dedicated hospital 'ambulance team' always staffed by two nurses. One nurse collaborates with the ambulance crew and takes clinical responsibility for the patients, while the second nurse performs further assessment, observations and allocates where the patient will go. A senior doctor was also placed at triage to make decisions early rather than waiting for the patient to be placed into a bed or cubicle before being seen by a doctor (which is the case in Victoria).

In July 2022, the Victorian Government announced a funding package mirroring the Leeds model. The package included offload nurses, triage doctors, and discharge coordinators across 12 major Victorian hospitals. Members reported some temporary improvements to offload times at these hospitals. This was short lived, however, as those staff were rotated into general staffing rather than being tasked with ambulance transfer.

The VAU welcomes the recent announcement by the Victorian Government of new *Standards for Safe and Timely Ambulance and Emergency Care for Victorians* aimed at supporting practices across AV and health services to improve ambulance offload. Distinct from previous initiatives and key to this program's success will be a strong accountability framework to ensure engagement compliance with the new standards. Time will tell if these measures deliver meaningful improvement.

It is the view of the VAU that hospitals must take responsibility for patients on arrival of an ambulance to an emergency department. Work by the Victorian Government, health services and AV to reduce ambulance offload delays must continue so that paramedics can be unobstructed from providing high quality care to emergency patients in the community.

Members report Priority Primary Care Centres (PPCC), Urgent Care Centres (UCC) and Victorian Virtual Emergency Department (VVED) as having a positive impact on reducing transport to hospital. It is the view of the VAU that continued investment in these options, especially in rural areas, should continue to avoid hospitals being overwhelmed by non-emergency patients.

2. Procurement practices and public funds

In its primary role of representing the frontline operational workforce, the VAU has limited insight into the adequacy of oversight and controls in relation to procurement practices However, we can speak to the lack of worker consultation as part of procurement.

AV regularly goes through procurement without consulting the end user of the substance or equipment being procured, which may affect the health or safety of employees. Procurement of plant or substances without consulting directly affected Health and Safety Representatives (**HSR**s) is a breach of s 35 (1)(f) of the Victorian *Occupational Health and Safety Act 2004.*

Case study 5:

- Personally issued iPads are currently being rolled out to eligible operation staff and first-responders to replace the Panasonic 'Toughbooks' previously in use.
- Although the iPads are being provided across all Designated Working Groups (**DWG**s), HSRs have reported that they have not been consulted about the new equipment.
- HSRs have already identified the poor ergonomics of the iPads causing multiple incidents of poor posture. AV previously received a significant number of similar WorkCover claims when Toughbooks were provided to the workforce.
- AV is yet to provide ambulances, branches or hospital write up areas with appropriate docking facilities which allow paramedics to complete patient care records safely.
- HSRs are now required to advocate for members and, if necessary, use their powers to ensure workers are issued with required safety equipment previously supplied with the Toughbook.

Case study 6:

- Concerns were raised by MICA Paramedics via incident reports that the Toyota Kluger hybrid variant vehicle is not safe for driving under emergency conditions.
- Incident reports cite poor traction and poor quality and imprecise steering, particularly in wet weather and unsealed roads.
- A HSR for MICA 5 issued three Provisional Improvement Notices (**PIN**s) in July 2024, one being for failure to consult on the proposed issuing of these vehicles before they were introduced or tested.
- The HSR requested that the Toyota Kluger hybrid variant be removed from the MICA 5 branch and replaced with another vehicle and issued an immediate cease work on responding to cases under Code 1 conditions.
- AV disputed the PINs. WorkSafe Victoria Inspectors attended to enquire into the circumstances and subsequently overturned AV's dispute.
- By affirming the disputed PIN, the regulator confirmed that AV is required to consult with directly affected HSRs when the organisation intends to make changes to plant and substances. By not properly consulting as legally required, the organisation now has a fleet that cannot be used for its intended purpose due to significant safety concerns. This further demonstrates the inadequacy in ensuring transparency, fairness and value for public funds.

It is the view of the VAU that, to ensure compliance with OHS obligations and proper management of projects, AV must engage with health and safety representatives and consult genuinely from early in procurement processes where change impacts the workforce.

3. Fraud and embezzlement

In its primary role of representing the frontline operational workforce, the VAU has limited insight into the allegations of fraud and embezzlement in AV and had no involvement in matters aired publicly in 2024 which prompted this inquiry.

However, the VAU has consistently noted concerns from our members in relation to the AV payroll department and payroll matters.

Members regularly complain that their payslips are provided in a form that is distinctly outdated, difficult to interpret and obscures essential information. VAU staff tasked with reviewing these documents reiterate this assessment and receive queries from members' accountants seeking assistance with understanding the payslips.

Members also regularly complain about delays and incorrect or missing payments. When concerns are raised internally, responses from AV payroll department are either significantly delayed or never received.

Investment in payroll systems has been insufficient, leading to extensive delays in calculating back-payments. The VAU presented AV with 124 payroll disputes in the month of November 2024 alone, with the majority being underpayments and complications with WorkCover payments.

It is the view of the VAU that recruitment for administrative and support positions has not kept pace with operational recruitment. There has been significant growth in the paramedic workforce in recent years, however areas like payroll, human resources and other support services have remained stagnant or even reduced. It should be of no surprise that workers in those departments have been required to work tremendous amounts of overtime to meet the demand.

Appropriate investment in workforce and systems of work in these departments is essential to ensuring compliance with financial controls.

4. Governance and accountability

Governance processes in AV are extremely complex. In our experience, divisions in AV communicate between each other poorly. The union resolves many of our industrial disputes by communicating with parts of AV (such as HR or workplace relations) that operational management have not sought advice from.

Poor communication across divisions leads to significant delays with decision making, inconsistencies across regions, and confusion across the workforce.

Recently, AV advised the VAU that there were fourteen methods of calculating the same travel allowance across rural Victoria, based on local arrangements, although these were not communicated to the workforce. Where members inadvertently claim an incorrect entitlement, they are required to return payment to AV and often subjected to harsh disciplinary processes.

AV has had several iterations of investigation and disciplinary bodies over the past decade.

Originally, AV operational managers performed this role with the assistance of human resources advisors. In 2016, AV established a small internal Professional Conduct Unit which was poorly staffed, leading to significantly delayed investigation processes.

Following the VEOHRC review into AV in 2022, AV established the Professional Standards and Behaviours Department with approximately 30 staff, including trained investigators, to conduct investigations and oversee disciplinary processes.

It is the view of the VAU that AV now have in place a strong framework for investigating its own staff and issuing disciplinary outcomes. The VAU is regularly involved in industrial dispute with AV regarding disciplinary outcomes we regard as unfair and unjustly harsh.

5. Workplace culture, WHS and wellbeing

Working conditions and workload of paramedics

The growing issue of over-triage and resource shortfalls due to ramping is placing an unsustainable burden on paramedics, resulting in widespread burnout.

In multiple surveys conducted by the VAU, independent academic research and Victorian Public Sector Commission's 'people matter' survey, workload is identified as a major factor in burnout and stress on the AV workforce, obstruction to work-life balance and contributor to members' desires to leave AV.

Research published by Swinburne and RMIT universities in 2024 shows that burnout amongst staff has never been higher, with 76% (up from 59% in 2022) reporting that they were often or always worn out at the end of the working day. 55% (up from 31% in 2022) were often or always exhausted in the morning and 35% (up from 22% in 2022) stated that they seldom have energy reserved for family and friends.

The number of paramedics considering leaving AV in the next year has climbed to 1 in 5, rising from 9% in 2020 to 16% in 2022 and 20% in 2024.

The number of paramedics thinking about leaving the profession has risen from 39% in 2020 to 45% in 2022 and is now at 57% in 2024.

It is important to appreciate that our members come to work expecting to be busy putting their skills to use. Results of our own surveys demonstrate that members want to use the education and skills they have developed to their full extent to serve the Victorian community. However, they are rarely able to achieve this as they spend so much of their shift dealing with non-emergency tasks.

Another concerning finding is that 77% of members believe that if they make a mistake, it will be held against them. There is genuine fear amongst members that they will be disciplined or even criticised publicly if a clinical error is made.

One member stated: *"high senior management has demoralised and humiliated me publicly, causing nervousness and anxiety at work, with no care for wellbeing or how it will affect staff"*. This is problematic when members are being encouraged to utilise options such as Virtual ED and avoid unnecessary transports to hospital.

Members should be supported in safely referring non-emergency patients to appropriate alternative pathways. However, members regularly report that they transport every patient as they fear repercussions if a mistake is made.

Since the scandal that saw the Victorian Equal Opportunity and Human Rights Commission (**VEOHRC**) review their workplace culture, AV have promoted themselves as an inclusive, family-friendly workplace. But our members work over 800 hours of forced overtime every single day, either because they are ramped at hospital or dispatched to a case minutes before the end of shift, or even after their rostered finish time. This means that even the very basic tasks of family life like picking up kids, getting to a sporting game or attending parent-teacher interviews are not commitments paramedics can make.

When asked by Swinburne/RMIT about work-life balance, only 5% of respondents agreed that AV values measures that promote work-life balance (48% strongly disagreed, 35% disagreed).

Case Study 7:

- A paramedic was dispatched to a low-acuity patient in a health facility three minutes before the end of shift.
- The member pleaded that she had to pick up their child from daycare but was refused. A colleague had to go to the childcare centre to take care of the baby until the paramedic finished, over an hour late.

Improvement to end of shift management was a key focus in enterprise bargaining, and while better protections and entitlements for the workforce have been achieved, most industrial mechanisms are subject to operational demand. Members are therefore understandably doubtful of seeing improvements to their working conditions given the growing workload created by the call-taking system.

Injured workers also face significant challenges in returning to their previous roles with AV due to the poor return-to-work practices and culture at AV. Members report numerous barriers when trying to return to work after injuries that relate to the inadequate internal administrative systems, such as inflexible roster lines and cost centres which cause unnecessary delays to the worker's recovery. AV's overall approach negatively impacts the mental health and wellbeing of the injured worker during recovery.

AV Annual Reports show a steady increase in accepted WorkCover claims and reports of occupational violence. The table below, from the AV Annual Report 2023-2024, shows that since 2019, the lost-time injury frequency has almost doubled from 59.9 to 96.4. Although incidents of occupational violence are traditionally underreported, the number of reported incidents has significantly increased.

	2023-24	2022-23	2021-22	2020-21	2019-20
Number of workplace fatalities	1	0	0	0	0
Lost Time Injury Frequency Rate (LTIFR)[1]	96.4	77.99	72.6	71.6	59.9
Average number of Standard claims per 100 FTE (Full time Equivalent) employees[1]	10.4	10.8	8.0	6.6	5.3
Average number of Standard claims per 1,000,000 hours worked[1]	66.7	69.5	50.6	40.3	32.3
Average cost per WorkCover Standard claim[2]	$111,806	$101,120	$113,268	$100,261	$81,262
Number of hazards/incidents/injuries reports lodged[3]	4,956	3,728	3,356	4,086	3,995
Percentage of WorkCover Standard claims with a RTW plan initiated[4]	86%	100%	100%	100%	100%
Percentage of employees immunised against influenza (including ACOs)[5]	91.3%	88.1%	54.4%	93.8%	86.9%
Number of Health and Safety Representatives (HSR) positions filled[6]	341	297	376	294	274

Emergency cases are required to be dispatched to a two-person ambulance crew or a single-responder unit with a second resource dispatched immediately to minimise the time a paramedic spends on scene alone. A combination of high workload and higher incidence of injury and illness has seen paramedics working alone more often and time without backup increasing significantly.

Paramedics should be co-responded with police where information indicates risk of violence, weapons, intoxication or psychological episodes. Members report they are regularly dispatched to

these cases without backup, despite the high risk of being exposed to occupational violence. In many cases, vital safety information provided to police has not been provided to paramedics.

Case study 8:

- In January 2024, a 000 caller was calm and provided very minimal information to the call-taker about a patient with stab wounds. Due to the limited information provided to the call-taker, the job was dispatched as a Code 2 for a single-responder, with no back-up to "assess and advise".
- The single responder was met at the door by the caller and led the solo paramedic to the patient at the back of the house. The paramedic found that the patient had been stabbed to death and that the caller was the perpetrator.

These cases highlight the importance of call-taking system accuracy and information sharing with police to protect paramedics whilst working in dynamic and dangerous environments.

Inappropriate dispatching also exposes members to psychosocial hazards, as mentioned with call-takers above, paramedics who are not performing the core work of the role are exposed to organisational factors in the design or management of work that increase the risk of work-related stress and can lead to psychological or physical harm.

These hazards as defined by WorkSafe Victoria include:

- Low job control, where workers have little control over aspects of the work, including how or when a job is done and having little to no say in the jobs they are dispatched to, when they can take breaks or change tasks, or whether they can refuse to place themselves in situations with aggressive patients, family and bystanders.
- High-demand tasks such as 14-hour shifts, high workloads and the emotional effort required to respond to distressing situations or distressed or aggressive patients, families and bystanders.
- Frequent exposure to traumatic events or work-related violence.
- The requirement of shiftwork leading to higher risks of fatigue which are not appropriately managed.
- Frequently working in unpleasant and hazardous conditions, such as working in extreme temperatures or noise, around hazardous chemicals or dangerous equipment, and having to perform demanding work while wearing uncomfortable protective clothing or equipment.
- Poor organisational change management due to a lack of consideration of the potential health, safety and performance impacts of newly introduced technology and production processes, including failure to consult and communicate with key stakeholders and employees.
- Low recognition and reward, exacerbated by paramedics' underutilisation of their skills and experience when ramped or inappropriately dispatched.

It is the view of the VAU that the current workload pressures on paramedics have made the job unsustainable for much of the workforce and is the key driver behind working conditions, workforce retention, morale, workplace injury and illness and organisational problems.

6. Any other related matters

Non-Emergency Patient Transport (NEPT)

The VAU has long advocated for reform in the NEPT sector. It is the view of the VAU that the current NEPT model is not fit for purpose. Rather than NEPT resources backing up emergency crews, emergency paramedics are more often responding to cases unable to be covered by private NEPT contractors.

Figures obtained by the VAU from AV show that there are over 20,000 unexpected transports filled by AV each year due to private NEPT providers failing to fill planned shifts or being unavailable to fill unplanned transports. These include about 11,000 transports in rural and regional areas.

In 2023, a private contractor that provided NEPT services for the Upper Hume Region suddenly withdrew from its contract. This left a large amount of the patient transport work to be performed by AV paramedic crews in an area that reports some of the state's worst response times.

Most ambulance services in Australia deploy both emergency crews and NEPT crews regardless of private providers. AV retain a small number of NEPT crews in rural areas to work alongside paramedic crews and assist in freeing up emergency ambulances to respond to emergency cases. Unfortunately, there are too few to make a meaningful impact.

In 2022, the Victorian Government announced a review into NEPT, with a final report released in early 2025. We will await the Victorian Government response to the review.

It is the view of the VAU that AV needs to increase its own NEPT fleet to provide transport options to lower acuity patients, rather than rely on private providers and emergency crews.

Conclusion

The Victorian Government needs a focused strategy to reaffirm AV as an emergency medical service. Strong direction from the government to other health services and TZV is required to ensure that AV is not obstructed from performing its core role of responding to Victorian patients in times of genuine medical emergency.

This was a key agreed deliverable from the good work undertaken by the APPCC, but it has not been completed. That work must continue and be completed if Victorians are to have an ambulance service that can be relied on to respond to them in a timely manner when they need lifesaving emergency care.

Victorian Ambulance Union Incorporated

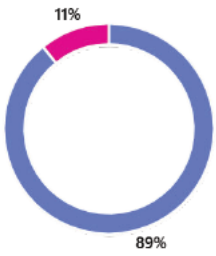
Victorian Ambulance Union Operational Workforce Survey 2025

Responses

956

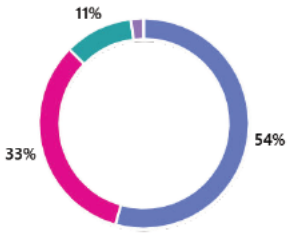
1. What is your clinical skillset?

ALS	853
MICA	103



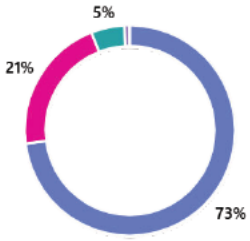
2. When working operationally, approximately what percentage of patients you respond to require the use of your Advanced Life Support or MICA skillset (e.g insertion of IV, administering of medications oral or IV/IM).

20%	520
40%	316
60%	101
80%	18
100%	1



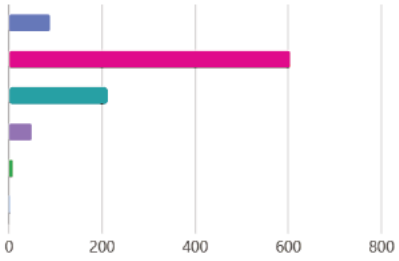
3. When you have responded to a lights and sirens case, as a percentage, how often does the dispatch code align with the patient acuity?

20%	698
40%	201
60%	49
80%	7
100%	1



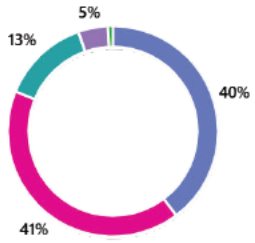
4. When you have responded to a non-lights and sirens case (e.g., Code 2/3), as a percentage how often is the patient undertriaged (i.e., sicker than expected given the dispatch code)?

N/A to me (eg. MICA Paramedic)	87
20%	603
40%	211
60%	48
80%	7
100%	0



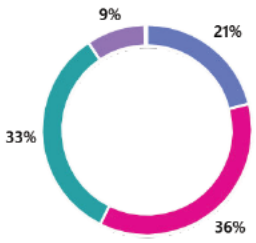
5 What proportion of your typical operational shift is spent delivering active pre-hospital patient care (e.g assessment, treatment, transport)?

20%	380
40%	396
60%	129
80%	44
100%	7



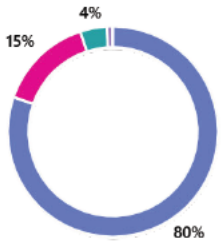
6. What proportion of your typical operational shift is spent at hospital caring for a patient (e.g continuing care whilst ramped, triage, transfer to hospital care)?

20%	201
40%	347
60%	318
80%	87
100%	3



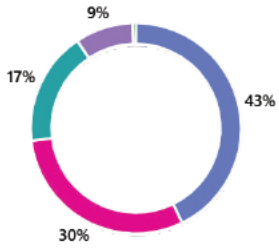
7. What proportion of your typical operational shift is spent at hospital after patient care is completed (e.g completion of VACIS, cleaning/ restocking and readiness for the next case)?

20%	768
40%	140
60%	39
80%	8
100%	1



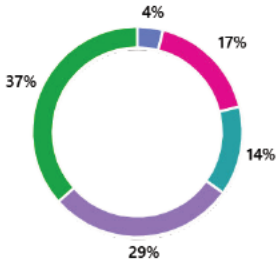
8. Approximately what proportion of your patients are transported to hospital, only because a more appropriate alterative care pathway can not be found (e.g VVED/PPCC/GP, palliative care team unavailable)?

20%	409
40%	290
60%	167
80%	85
100%	5



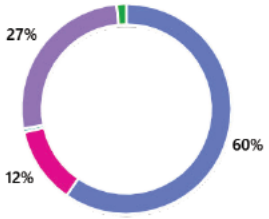
9 On a typical operational shift, I have sufficient time to complete other essential job requirements (e.g continuing education for professional registration, simulation, MPSS/credentialing wash/restock vehicles, medication checks)?

Strongly agree	38
Agree	164
Neutral	131
Disagree	274
Strongly disagree	349



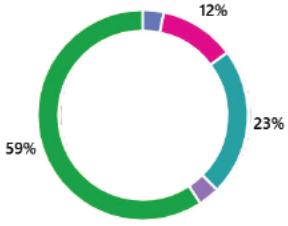
10. What **DO YOU** believe the primary role of a paramedic should be when working for Ambulance Victoria in 2025?

Provide emergency prehospital care for high acuity patients.	570
Provide care for a mix of low acuity, medium acuity and some high acuity cases.	113
Predominantly provide primary health care and low acuity patient response with infrequent high acuity care provision.	5
Have tailored, specialised, multidisciplinary teams available to target care to specific patient cohorts (e.g., mental health teams, low acuity teams, aged care in-reach, critical care (MICA), community paramedics, Mobile Stroke Unit).	254
Serve as an extension of the broader health service (i.e., providing whatever response is needed as determined by the community).	14



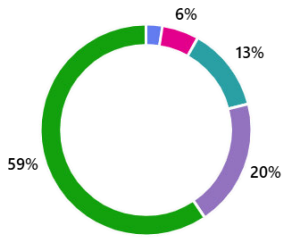
11. What do you think **Ambulance Victoria** believes the primary role of a paramedic should be in 2025?

Provide emergency prehospital care for high acuity patients.	31
Provide care for a mix of low acuity, medium acuity and some high acuity cases.	111
Predominantly providing primary health care and low acuity patient response with infrequent high acuity care provision.	217
Have tailored, specialised, multidisciplinary teams available to target care to specific patient cohorts (e.g., mental health teams, low acuity teams, aged care in-reach, critical care (MICA), community paramedics, Mobile Stroke Unit).	31
Serve as an extension of the broader health service (i.e., providing whatever response is needed as determined by the community).	566



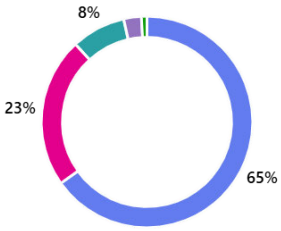
12. What is most important to you when turning up to work as a paramedic?

Play an important role in the broader health service.	24
Save someone's life.	54
Contribute to the health and wellbeing of the Victorian community.	123
Achieve a reasonable mix of medium and high acuity work.	187
Use the education and skills I've developed to their full extent to *serve the Victorian community.*	568



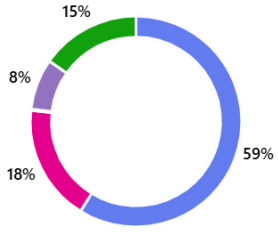
13. Regarding question 12, how frequently do you feel you achieve this?

20%	623
40%	220
60%	79
80%	26
100%	8



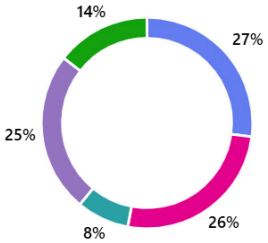
14. If you were to nominate one element in the **BROADER HEALTH SYSTEM** that needs the most attention in order to improve service deliv ery and patient care, it would be.....

Improve the call-taking and dispatch system	562
Improve hospital interface/reduce patient offload time	171
Increase paramedic recruitment	2
Expand alternative care pathways (e.g. PPCC, triage services, Virtual ED)	75
Improve access to general practitioners	146



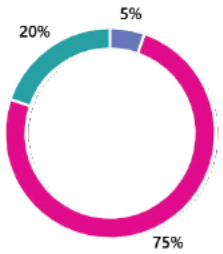
15. If you were to nominate one element in **AMBULANCE VICTORIA** that needs the most attention in order to improve your experience in t he workplace it would be.....

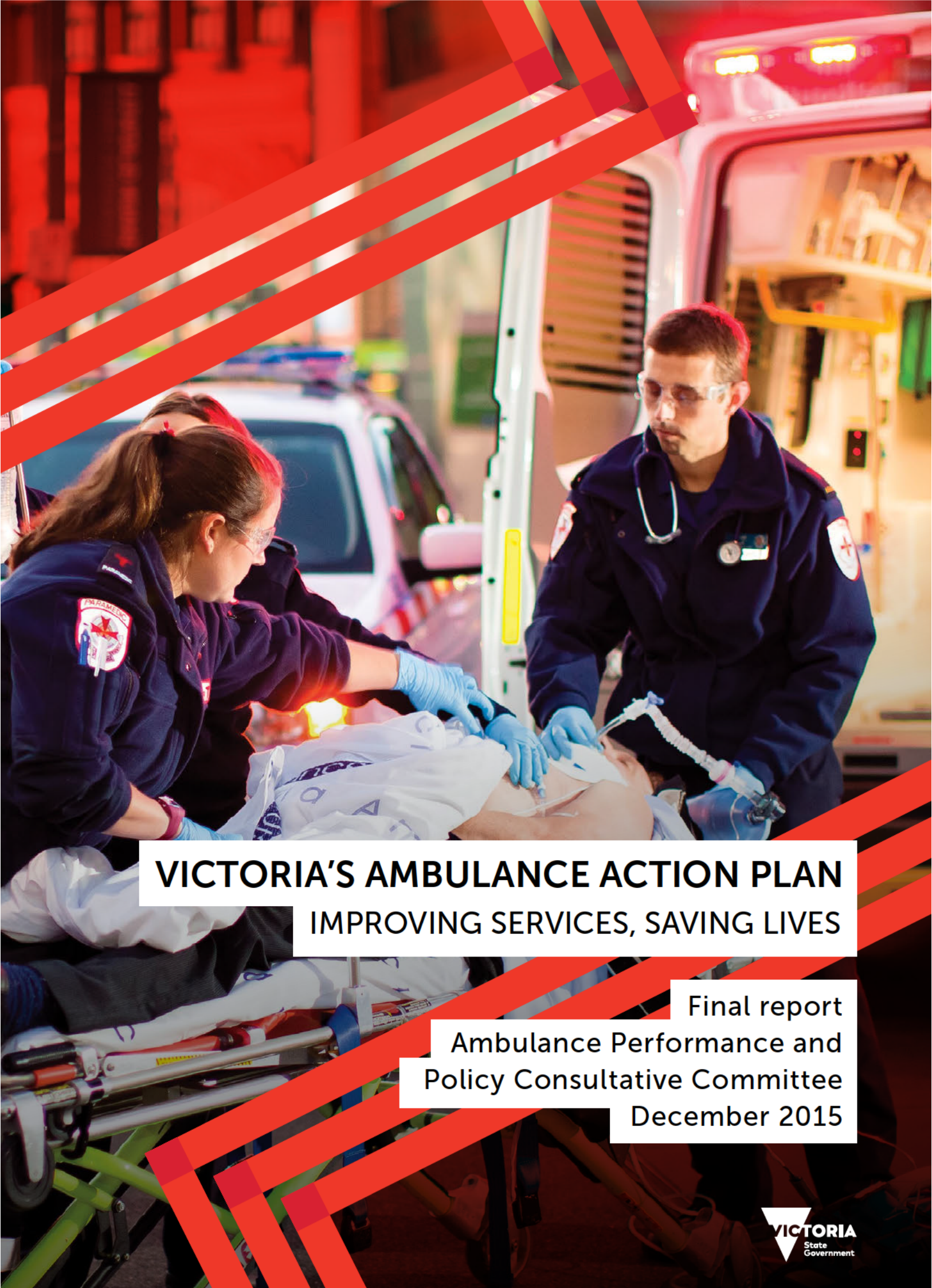
Reduce workload	259
Improve AV culture	247
Improve wages and conditions	77
Improve workplace health and safety (including rosters)	235
Education, career progression and development	138



16. In relation to aligning dispatch coding to patient acuity, in the past year do you believe the call taking process has become:

More accurate	51
Less accurate	716
Don't know	189





VICTORIA'S AMBULANCE ACTION PLAN

IMPROVING SERVICES, SAVING LIVES

Final report
Ambulance Performance and Policy Consultative Committee
December 2015

VICTORIA
State Government

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FOREWORD

The Andrews Labor Government established the Ambulance Performance and Policy Consultative Committee in January 2015 as part of a series of urgent actions to end the ambulance crisis and improve ambulance performance.

The committee brought together paramedics, Ambulance Employees Australia–Victoria (AEA–V), Ambulance Victoria and the government to tackle the significant issues facing our ambulance services. These issues included slowing response times, poor workforce morale and culture, as well as ramping at hospitals.

In March 2015, the committee released an interim report that identified key priorities for reform: call taking and dispatch, workforce culture and the need for better integration of ambulance services with the broader health system.

Since the release of the interim report, the government has worked with paramedics and Ambulance Victoria, other partners across the health system, and the community to improve response times, support paramedics and rebuild public confidence in the ambulance service. This work includes:

- investing $99 million in this year's budget to expand ambulance services, upgrade and build new facilities for paramedics and expand the complex patient ambulance vehicle fleet. This funding also supported an expansion of paramedic support and counselling services, in recognition that psychological health and wellbeing is an area of growing concern
- providing $200 million to increase hospital capacity over the next four years, in line with the findings of the review undertaken by Dr Doug Travis. This will assist efforts to reduce the time ambulances spend ramped at hospitals
- appointing a new board to be chaired by Ken Lay from 1 December 2015
- ending hospital bypass to ensure patients are transported sooner to the nearest hospital that can best meet their clinical needs, thereby improving ambulance distribution across the state
- leading a successful campaign to include paramedics in the National Registration and Accreditation Scheme for health practitioners.

Ending the ambulance crisis is a priority for the Victorian Government.

This Action Plan sets a clear agenda to re-establish Ambulance Victoria as a world-class emergency pre-hospital care and transport service that provides a quality and timely response to Victorians facing life-threatening emergencies.

This Action Plan focuses on improving ambulance response times, Ambulance Victoria's workplace culture and improving the way the ambulance service interacts with the rest of the health system.

I would like to take the opportunity to extend my gratitude to the members of the Ambulance Performance and Policy Consultative Committee who have given their time and expertise this year.

Finally, I would like to thank the individuals and communities, particularly the families of Matthew Gibbs and Brodie Wilson, who have shared their insights and ideas about ambulance reform.

Hon Jill Hennessy MP
Minister for Health, Minister for Ambulance Services
Chair, Ambulance Performance and Policy Consultative Committee

A WORD FROM PARAMEDICS

I feel fortunate to have had the opportunity to participate in this process. I have already seen real outcomes that have improved Ambulance Victoria's service delivery to our patients. I have also seen improvements to staff welfare, and attention given to the critical role Ambulance Victoria plays in the acute healthcare system.

In nearly 25 years as an operational paramedic, I have never seen anything approaching the level of stakeholder cooperation and collaboration the Minister has facilitated with the Ambulance Performance and Policy Consultative Committee. I think this report provides a solid strategic direction for Ambulance Victoria, and given it is supported by all parties to the process, I think it will be acted on, and will result in a much better service for both patients and staff.

Col Jones,
Ambulance Victoria

I decided to nominate to be on the Ambulance Performance and Policy Consultative Committee to represent the average Victorian paramedic. I felt in the recent years that the opinions of the average paramedic were not being heard.

My experience on the committee this year has been positive and has allowed both senior Ambulance Victoria management, and government to develop ideas that seek to create a better workplace culture within Ambulance Victoria.

The committee has achieved many of its goals in 2015, and this has put us in the better position that we find ourselves in today.

Luke Baird,
Ambulance Victoria

I joined the Ambulance Performance and Policy Consultative Committee to represent paramedics on a range of issues facing our current workforce, with the goal of improving culture, morale and Ambulance Victoria as a whole. The process has been very interesting and incredibly worthwhile. It has been such an eye-opening experience, and allowed me significant insight into the complexities of delivering health services.

The most important part of the reforms for me is seeing changes to the culture within Ambulance Victoria, with particular focus on paramedic health and wellbeing.

I feel positive about the ongoing changes within our ambulance service and the collaboration between all parties to continue the improvement of Ambulance Victoria.

Morgyn McCarthy-Harding,
Ambulance Victoria

I feel very privileged to have been selected to sit on the Ambulance Performance and Policy Consultative Committee. In my years of service with Ambulance Victoria I have worn many hats and am well known by my colleagues for 'telling it like it is'. Everyone has a right to be heard in order to allow positive change so please continue to contribute your thoughts. We all need to understand that to move forward from the environment we have been in will take time. At the part-time forum we were told that in a toxic workplace this may take up to three years to effect change. Some positive cultural and welfare issues have already occurred and other issues will take much longer. Please be patient. Finally Ambulance Victoria and the government are listening to the paramedics and trying to effect some positive change and I believe we should all embrace this opportunity.

Jan Einsiedel,
Ambulance Victoria

A PATIENT'S PERSPECTIVE

Ryan King knows just how close he came to death when he was thrown from his dirt bike in a freak accident.

While enjoying a forest ride near Walhalla with friends, Mr King was suddenly blinded by the sun and hit a log. 'I went over the handlebars and tumbled down the track. When I tried to move my head, it felt like it was going to fall off. It actually felt like it was disconnected from my body', he said.

Realising that he might have broken his neck, Mr King knew he needed to lie completely still.

Mr King's fellow riders immediately called Triple Zero and provided their exact location to the ambulance call taker.

'When the paramedics arrived, I was able to tell them how I felt. They knew straight away that I had suffered a life-threatening spinal injury and that the slightest movement could have been fatal'.

'They were so careful – removing my helmet and stabilising me, before transporting me to the air ambulance helicopter.'

'I don't need to remind myself that I'm here today because of my clear-headed friends and some very skilled paramedics.'

Ryan King

ACTION PLAN AT A GLANCE

1 PROVIDING THE RIGHT RESPONSE TO PATIENTS

- Strengthen call-taking and dispatch arrangements
- Improve public awareness of Ambulance Victoria's role
- Enhance caller identification technologies
- More meaningful performance measures

2 IMPROVING PARAMEDIC HEALTH, WELLBEING AND TRAINING

- More support for paramedic mental health and wellbeing
- Address violence towards paramedics
- Expand training and development opportunities
- Increase recognition of skills through national registration of paramedics
- Improve work–life balance
- Better support for paramedics from graduation through to retirement

3 STRENGTHENING PARTNERSHIPS AND COLLABORATION WITH HEALTH SERVICES

- Improve access to the right care
- Adopt a more person-centred approach to care planning
- Strengthen collaboration between emergency departments and Ambulance Victoria

4 IMPROVING ACCESS TO CARE AND PATIENT OUTCOMES IN RURAL COMMUNITIES

- More responsive models of care in rural communities
- Better equip the community to act as first responders
- Ensure ambulances are available for emergency response

5 DEVELOPING A POSITIVE CULTURE THAT IS CENTRED ON PATIENTS AND STAFF

- Drive a modern culture centred on patients and staff
- Give the community a greater say in their ambulance service
- Update laws to support a modern ambulance service


PARAMEDIC

WHY ACTION IS NEEDED

One hundred days after the election of the Andrews Labor Government, the interim report of the Ambulance Performance and Policy Consultative Committee was released.

Working with Paramedics to End the Ambulance Crisis confirmed a set of system-wide failures that the committee considered would, in all likelihood, worsen without a new start. The findings included:

- Ambulance Victoria's response times had deteriorated over the past six years
- dispatching an ambulance to a Code 1 incident took on average, a minute longer in the metropolitan region than it did six years ago
- the state-wide emergency ambulance response time target had not been met since it was established in 2007
- performance against this measure had fallen from 82.4 per cent (2008–09) to 73.7 per cent (2013–14), against a target of 85 per cent
- response times had been variable across the state
- the time ambulances were spending at hospitals had increased from 2008–09, including ramping during periods of high demand
- public demand for emergency ambulance services in Victoria had risen strongly
- Ambulance Victoria's prioritisation system had classified almost 60 per cent of all emergency incidents as Code 1, requiring an urgent lights and sirens response. But on arrival, paramedics often found that a Code 1 response was not required
- Ambulance Victoria's workforce experienced unacceptable levels of dissatisfaction and disengagement, workplace fatigue, injury and violence, which impact on their health and wellbeing
- that significant reform was needed to reaffirm Ambulance Victoria's core role as an emergency pre-hospital health response provider to support patients to receive 'the right care, at the right place, at the right time'.

Since March the committee has undertaken consultation with a wide variety of stakeholders across the state, and developed a broad ranging Action Plan to improve the performance and culture of Ambulance Victoria.

ACTIONS TAKEN IN 2015

SERVICE IMPROVEMENTS

- Ended hospital bypass to ensure ambulance patients are transported sooner to the nearest hospital that can best meet their clinical needs.
- Introduced and enhanced Ambulance Arrivals Boards in almost 30 hospitals to enable emergency department staff to be aware of the nature of impending patient arrivals by ambulance.
- Invested in new and upgraded facilities for paramedics in Dandenong, Eltham, Kew, Preston, Karingal, Echuca, Murchison, Orbost, Sale, Traralgon and Wendouree.
- Removed red tape to allow Mobile Intensive Care Ambulance paramedics to be employed across a broader range of branches in rural and regional Victoria.
- Initiated changes to the way ambulances are dispatched to free up emergency ambulances and support faster responses to life-threatening emergencies.
- Commenced a pilot of a seasonal paramedic service in Nagambie during the summer and Easter period.
- Improved Ambulance Victoria's capacity to distribute ambulances across the health system by expanding the Hospital Information Coordinator role.
- Improved access to real time information so that paramedics can make more informed decisions when considering the most appropriate destination to transport a patient.
- Started to roll out 1,000 new defibrillators and training at sporting clubs and facilities.
- Expanded the Emergency Medical Response program, where Country Fire Authority or Metropolitan Fire Brigade resources are simultaneously dispatched to the highest priority emergencies, such as cardiac arrests.

CULTURE CHANGE

- Ended the long-running industrial dispute, negotiated a new enterprise agreement and referred the issue of paramedic pay rates to the independent umpire.
- Commenced cultural change in Ambulance Victoria by replacing the previous board with an administrator. A new board led by former Victoria Police Chief Commissioner Ken Lay commenced in December 2015.
- Established the Ambulance Performance and Policy Consultative Committee to work with paramedics to improve Ambulance Victoria's service performance and culture.
- Increased transparency of ambulance performance by publicly releasing local ambulance response times each and every quarter, in line with the government's commitment to openness and transparency.

WORKFORCE SUPPORT AND RECOGNITION

- Expanded paramedic welfare and support services through the recruitment of an additional chaplain, additional staff within the Victorian Ambulance Counselling Unit and expansion of the peer support network.
- Provided funding to expand the fleet of complex patient ambulance vehicles and install powerlift stretchers in every ambulance.
- Started to work more closely with the Coroners Prevention Unit to better understand the issue of paramedic suicide.
- Achieved national agreement to include paramedics in the National Registration and Accreditation Scheme for health practitioners.
- Trialled a number of new rostering and shift practices to address fatigue, support greater workforce flexibility and work–life balance.

AIMS OF THE PLAN

Victoria's Ambulance Action Plan sets out a roadmap to transform both the delivery of ambulance services to the Victorian community and the way paramedics are supported throughout their careers.

It is the first time that paramedics, Ambulance Victoria, the Ambulance Employees of Australia – Victoria (AEA–V) and the Victorian Government have come together to develop a shared ambulance reform agenda.

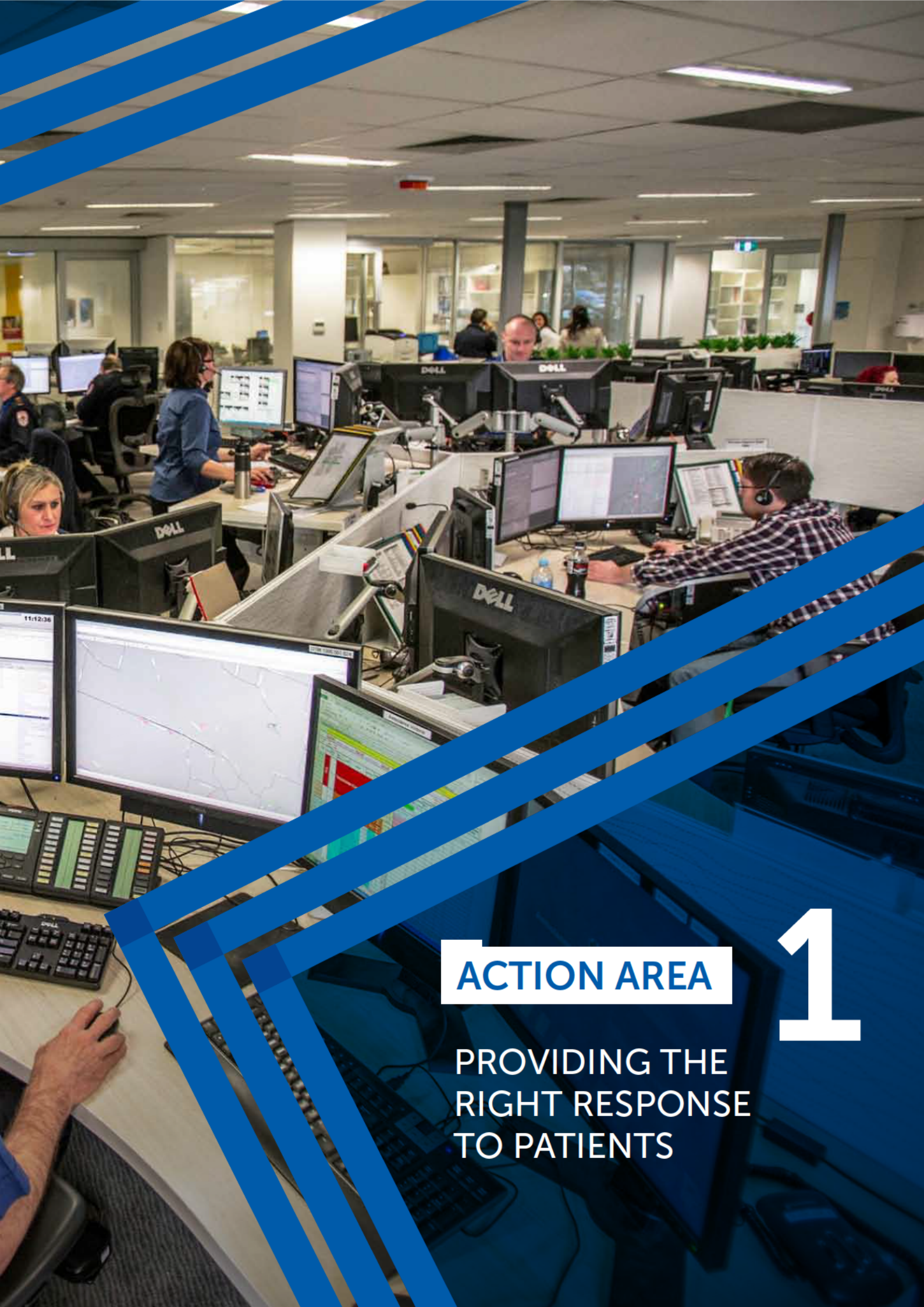
This Action Plan provides an agreed set of priorities to which the collective efforts of government, Ambulance Victoria, Ambulance Employees Australia–Victoria (AEA–V) and other stakeholders can focus on over the coming years to improve ambulance services for the Victorian community. The Action Plan will influence all aspects of ambulance service delivery – guiding investment decisions, strategic planning and policy development processes as well as operational matters.

It has been developed collaboratively with input from a range of stakeholders. The Consultative Committee's interim report was released in March 2015, and identified the challenges and reform opportunities to improve ambulance services. Community feedback on the report was sought and extensive consultation was undertaken with communities across Victoria. Paramedics, non-emergency transport providers, community members, health services and other key stakeholders provided feedback and ideas which have helped to shape the actions included in this plan.

The aims of this Action Plan will be met when Victorians have:

- a world-class system for responding to life threatening medical emergencies, with a service that achieves some of the world's best patient outcomes and survival rates, including cardiac arrest, major trauma and stroke patients
- improved response times for life threatening emergencies
- an ambulance service with a renewed culture of continuous improvement and best practice
- paramedics whose skills are recognised nationally and internationally
- a modern workplace that supports continuous learning and development
- an ambulance service that is among the best of its peers for addressing workplace stress
- a world leader in pre-hospital care research
- an ambulance service that is a centre of excellence for paramedic training
- an emergency and health service system that works together to improve the experience for patients
- an ambulance service that is responsive to community input and feedback.


PARAMEDIC
TEAM LEADER
PARAMEDIC
Ambulance Victoria



ACTION AREA 1

PROVIDING THE RIGHT RESPONSE TO PATIENTS

ACTION AREA 1:
PROVIDING THE RIGHT RESPONSE TO PATIENTS

A significant number of Triple Zero callers could be better served by other services, rather than an emergency ambulance response. To assist these non-urgent callers access the right care, it is important that strong links are in place between Ambulance Victoria and other parts of the health system.

Supporting patients to access other parts of the health system benefits patients and the ambulance service. It ensures that patients with non-urgent conditions are treated appropriately and frees up ambulances to respond to patients with life threatening emergencies.

STRENGTHEN CALL TAKING AND DISPATCH ARRANGEMENTS

The Victorian Auditor General's Report into Emergency Response ICT systems (2014) noted that the Emergency Services Telecommunications Authority is consistently not meeting emergency ambulance dispatch performance standards. Emergency ambulance dispatch performance targets for Code 1 metropolitan incidents have not been met for the past four years. The proportion of metropolitan Code 1 dispatches made within 150 seconds has fallen from 92 per cent in 2008–09 to 78.7 per cent in 2014–15, against a target of 90 per cent. Marginal improvement has been achieved from 2013–14, where 77.1 per cent of Code 1 dispatches were made within 150 seconds.

The timely dispatch of resources is linked to the availability of ambulances, which is impacted by a range of factors including demand, meal-break patterns, dispatch resourcing and the time required to complete each ambulance case. This includes the time paramedics spend on scene and at hospital.

The interim report identified that there was a common view among paramedics that many non-urgent patients were being incorrectly categorised as needing an urgent lights and sirens response. Since the release of the interim report, important first steps have been taken to improve ambulance call taking and dispatch.

Ambulance Victoria has started to investigate alternative triaging tools and software to more accurately identify patient needs during call taking. The service has also comprehensively reviewed its dispatch grid, which specifies the urgency, types and number of ambulance resources that are sent to each case. That review supported the interim report's finding that too many non-urgent cases were receiving an emergency response and proposed a number of changes to:

- free up ambulances so that faster responses can be provided to the patients with the most life threatening conditions;
- better match Triple Zero callers who have non-time critical needs with more appropriate care; and
- use paramedic skills more effectively.

Medical experts have endorsed these changes, advising they will support Ambulance Victoria to provide faster responses to patients experiencing life-threatening emergencies and more appropriate care to a wide range of patients whose needs are not time critical. Ambulance Victoria commenced a phased 12-month implementation of these changes in mid-October 2015.

As a result, more Triple Zero callers with non-urgent needs will be transferred to Ambulance Victoria's Secondary Triage Service for further assessment by paramedics and nurses. These patients may be provided with self-care advice, access to non-emergency patient transport or an alternative service provider such as a home nursing service or general practitioner. Ambulance Victoria will continue to strengthen partnerships and referral networks to alternative health providers to ensure patients receive appropriate care.

Non-emergency patient transport plays an important role in supporting patients to access health, aged and disability services such as specialist appointments and dialysis. It also assists Ambulance Victoria's emergency crews to focus on responding to time-critical patients. Greater use of non-emergency patient transport options can free up Ambulance Victoria's emergency crews to focus on responding to time-critical emergencies. The regulatory framework for non-emergency patient transport establishes a licencing system and prescribes operating standards for private operators.

Current regulations were established 10 years ago. These regulations limit Ambulance Victoria's ability to arrange a non-emergency response to many Triple Zero callers with non-time-critical needs. These callers, such as patients with chronic back pain, wounds or problems with catheters could be safely and more appropriately cared for and transported by non-emergency patient transport providers.

Updating the current regulations so that Ambulance Victoria can arrange a non-emergency response for more non-time critical Triple Zero callers will increase the availability of emergency ambulances, support faster responses to life-threatening emergencies and, most importantly, enable patients to be provided with care appropriate to their needs.

In addition to the actions outlined above, further work will continue between Ambulance Victoria and the Emergency Services Telecommunications Authority to improve call taking and dispatch. Improved governance and accountability systems are required to ensure ongoing improvement in call taking and dispatch.

ACTIONS

- Implement changes to Ambulance Victoria's dispatch grid to provide faster responses to patients experiencing life threatening emergencies and more appropriate care to a wide range of Triple Zero callers whose needs are not urgent.
- Strengthen links with alternative service providers to ensure Triple Zero callers with non-time-critical needs can access the most appropriate care.
- Enhance Ambulance Victoria's ability to arrange non-emergency patient transport responses to Triple Zero callers with non-time-critical needs by updating the Non-Emergency Patient Transport Regulations.
- Improve the performance, governance and accountability of ambulance call taking and dispatch processes.
- In the longer term, investigate and implement alternative triaging systems to more accurately identify patient needs during call taking.

IMPROVE PUBLIC AWARENESS OF AMBULANCE VICTORIA'S ROLE

In many other jurisdictions, public education campaigns have helped to increase community understanding of when to call for an emergency ambulance. These campaigns aim to increase awareness about the availability of alternative healthcare services and remind the community of the importance of only calling for an emergency ambulance response when life-saving care is required.

A similar approach will be adopted in Victoria to increase the availability of emergency ambulances to respond to life-threatening emergencies. A survey of the Victorian community's expectations of emergency ambulance services will inform the content and roll-out of such a campaign. The survey will build on work recently undertaken by the Emergency Services Telecommunications Authority to understand the community's attitudes towards Triple Zero, as well as the perspectives and needs of different communities, such as rural and regional communities and culturally and linguistically diverse communities.

ACTIONS

- Understand the community's expectations and perceptions of ambulance services by undertaking a survey, and use these insights to tailor public education campaigns that are focused on improving community awareness of when to call Triple Zero for an emergency ambulance.
- Undertake a public education campaign to increase awareness about the availability of alternative healthcare services and remind the community of the importance of only calling for an emergency ambulance response for time-critical life threatening emergencies.

ENHANCE CALLER IDENTIFICATION TECHNOLOGIES

The first step in responding to any Triple Zero call is identifying where help is needed. It often takes longer to establish the location of an incident when Triple Zero calls are made from mobile phones, which in turn may slow ambulance dispatch and response times.

During 2014–15, the Emergency Services Telecommunications Authority introduced two new tools to help locate emergencies from mobile phone callers. However, better location technology is needed. Elsewhere in the world, emergency service organisations have access to far more accurate caller-location information provided by mobile phone carriers.

Australia's mobile phone carriers need to provide more accurate and reliable data to the Emergency Services Telecommunications Authority to support call takers to more quickly and accurately identify the location of an emergency from mobile phone callers.

ACTIONS

- Introduce more accurate and reliable mobile location data so Triple Zero operators know where callers are in emergencies, by continuing to advocate change with the Commonwealth Government and Australia's mobile carriers.

MORE MEANINGFUL PERFORMANCE MEASURES

Performance measures can provide the community with an understanding of how well services are performing, assist with identification of areas for improvement and inform decision making. Historically, the quality and performance of an ambulance service has been primarily measured by emergency ambulance response time performance. However, patient experience and clinical outcome indicators also serve as important indicators of the quality of care provided by an ambulance service. The community should be able to expect quality care and a quick response in life-threatening circumstances, and that these things will be measured and reported.

Ambulance Victoria is currently monitored on a range of patient outcome indicators such as pain-relief, cardiac arrest survival rates, as well as the proportion of stroke and trauma patients transported to appropriate hospitals. The range of patient experience and clinical outcome indicators used to assess the service's performance will be expanded.

The Victorian Auditor General has recommended that emergency ambulance response time performance measures be revised. The dispatch grid changes will alter the profile of Ambulance Victoria's workload, and are expected to improve response times to life-threatening emergencies, as a result of increased emergency ambulance availability. Response time performance measures will be reviewed after these changes have settled, to ensure that the measures support Ambulance Victoria to continuously improve its services to the community.

Including Country Fire Authority and Metropolitan Fire Brigade responses to the most time-critical emergencies ('Priority 0' events) will be considered when reporting emergency ambulance response time performance. These responses are part of the chain of survival for cardiac arrest. The first medical resource that can undertake life-saving measures (such as CPR and defibrillation) should be counted in emergency response time performance.

It may also be beneficial to look at how emergency ambulance response time performance measures are communicated to the community. Current terminology used by Ambulance Victoria (for example Code 1) does not clearly convey different degrees of seriousness and urgency. Many other jurisdictions, including New Zealand, and ambulance trusts in the United Kingdom, use colours and more meaningful language to describe ambulance codes and response time measures.

ACTIONS

- Expand the range of patient experience and clinical outcome indicators to provide a more comprehensive picture of Ambulance Victoria's performance.
- Support ongoing improvements in service delivery and responsiveness by reviewing response time measures after the dispatch grid changes have been implemented.


PARAMEDIC

ACTION AREA 2

IMPROVING PARAMEDIC HEALTH, WELLBEING AND TRAINING

ACTION AREA 2:
IMPROVING PARAMEDIC HEALTH, WELLBEING AND TRAINING

There is a new sense of hope and optimism among paramedics that change can and will happen – that Ambulance Victoria can become a workplace they are proud to work for, and that paramedics will receive the support they need to help patients in times of emergency.

The interim report highlighted that paramedics suffer fatigue, injury, violence and mental anguish, all with alarming frequency. Over the past year, Ambulance Victoria has worked hard to develop and implement new ways of working. The enthusiasm with which Ambulance Victoria management and staff as well as the Ambulance Employees Australia–Victoria (AEA–V) have worked together on these initiatives is a positive sign for the future of the organisation. This work will continue under the new board's governance, so that Ambulance Victoria transforms into a high performing organisation that maximises the potential of paramedics.

MORE SUPPORT FOR PARAMEDIC MENTAL HEALTH AND WELLBEING

Work will continue on a range of initiatives to ensure paramedics are healthy and safe. This includes initiatives to improve mental health and wellbeing and improve support services and strategies for alcohol and drug-related problems.

Advice from the Coroners Prevention Unit shows that the rate of suicide among paramedics is about four times higher than the average rate among employed Victorians, and almost three times higher than other health and emergency service workers. The advice notes that the relevance of workplace-specific factors is as yet unknown.

The Victorian Government, Ambulance Victoria and Ambulance Employees Australia–Victoria (AEA–V) have jointly responded to the information from the Coroners Prevention Unit, and are working together to increase awareness, improve prevention, early intervention and post-incident supports for paramedics.

ACTIONS

- Improve paramedic psychological health and wellbeing by implementing a strategy that provides all paramedics with mental health and wellbeing training, better equips managers to support staff and screens new recruits prior to employment.
- Partner with an organisation with mental health expertise to better understand how workplace factors impact on paramedic mental health and how best to help paramedics stay mentally healthy. This work will also include a comprehensive review of Ambulance Victoria's existing mental health and wellbeing initiatives to identify opportunities to improve the services available to paramedics and their families.

ADDRESS VIOLENCE TOWARDS PARAMEDICS

Almost every day there is an incident of assault and aggression towards a paramedic, according to Ambulance Victoria figures. The Victorian Auditor General found that paramedics, alongside other healthcare workers, face particular risks of occupational violence because they often deal with people in stressful, unpredictable and potentially volatile situations.

The interim report identified a need to better understand the frequency and severity of incidents of violence towards healthcare workers. It also highlighted a need to make sure that initiatives to protect healthcare workers are evidence based, resourced appropriately, implemented fully and reviewed regularly. As part of the Victorian Government's Ice Action Plan, $1 million will help train and support healthcare workers treating people affected by the drug.

ACTIONS

- Monitor incidents and trends of occupational violence and implement a plan to address violence towards paramedics, including providing workforce training and undertaking a community awareness campaign.
- Build greater accountability across Ambulance Victoria's leadership for staff health, wellbeing and injury prevention.

EXPAND TRAINING AND DEVELOPMENT OPPORTUNITIES

A high-performing organisation is one that has a clear strategy to develop and retain its staff. Practising paramedicine safely requires individual paramedics to deliver a high-quality service within a complex and at times challenging operational environment. Improved training and professional development is needed to support paramedics and to mitigate this risk. More will be done to improve the safety, capability and engagement of the paramedic workforce by increasing the quantity and quality of training, which will benefit both paramedics and patients.

ACTIONS

- Invest in the continuous professional development of Ambulance Victoria's workforce, through a comprehensive workforce development strategy that includes:
  - 40 hours a year of continuing professional development training and a performance development plan for all operational staff
  - leadership development for team managers and senior leaders
  - clinical practice updates for new initiatives and revised clinical guidelines
  - merit-based processes for recognition, development, secondment and higher duties
  - providing greater opportunities for paramedics to interact with their team managers.

INCREASE RECOGNITION OF SKILLS THROUGH NATIONAL REGISTRATION OF PARAMEDICS

Victoria has led the push for the national registration of paramedics. At the November meeting of the Council of Australian Governments Health Council, Victoria advocated for and obtained majority support from other states and territories to include paramedics in the National Registration and Accreditation Scheme for health practitioners.

A national system of registration will protect the integrity of properly trained and competent paramedics, and safeguard public confidence in their professionalism.

Further work is being done to assess and develop paramedic training in Victoria to meet national competency standards that would apply under any registration scheme. This work includes maximising the capacity and improving the quality of clinical placements, as well as reviewing the education and training needs of clinical supervisors.

ACTIONS

- Take the lead nationally through the Council of Australian Governments Health Council to develop legislative and operational arrangements for the national registration of paramedics by 2018.
- As part of national registration, pursue:
  - arrangements that enable the mutual recognition of qualifications so that Victorian registered paramedics can work in New Zealand, the United States of America and the United Kingdom
  - Victoria as a centre for excellence in paramedic training
  - high standards of professional competency and training for accreditation and training programs.
- Provide a submission to the Senate Legal and Constitutional Affairs References Committee's Inquiry to support the establishment of a national registration system for Australian paramedics.
- Ensure Victoria is well placed to progress the national registration of paramedics by developing high-quality clinical placement processes.

IMPROVE WORK–LIFE BALANCE

For too many paramedics, stress and fatigue are 'normal' parts of the job. However, both can impact on the ability of paramedics to do their jobs well.

In 2014, around 45 per cent of Ambulance Victoria's workforce said they would not recommend the service as a good place to work, with less than half satisfied with their job.

Ambulance Victoria's workforce has also changed. Many paramedics are seeking more part-time and family-friendly work arrangements. Available evidence suggests that poor work–life balance is linked to lower job satisfaction and organisational commitment, and can impair worker health and wellbeing.

Ambulance Victoria must transform into a modern workplace: one that provides flexible workplace practices to meet the needs of its staff at the same time as meeting community needs and expectations.

Significant work is already underway to address fatigue and give paramedics better work–life balance. Trials of new part-time work and rostering arrangements have shown initial signs of success. More can be done to provide paramedics with better work–life balance and reduce stress and fatigue to ensure Ambulance Victoria's workforce is healthy, safe and capable.

ACTIONS

- Address workforce flexibility and fatigue by providing new rostering arrangements, including more part-time opportunities.
- Roll out successes of recent roster trials to other parts of Ambulance Victoria.
- Improve the way part-time requests, shift and leave swapping processes are handled.
- Reduce fatigue by expanding the pool of casual staff who can be called on to fill absences.
- Enable crews to end their shifts on time, by providing additional vehicles at priority branches.
- Improve access to childcare facilities for Ambulance Victoria staff.

BETTER SUPPORT FOR PARAMEDICS FROM GRADUATION THROUGH TO RETIREMENT

Paramedics at the start and at the end of their careers need particular types of support.

For new paramedics, more can be done to continue to build on their skills out of university so they can be effective on the job.

Paramedics moving towards retirement need support to manage this transition so that they can continue to contribute to the organisation without adversely impacting their health and retirement benefits.

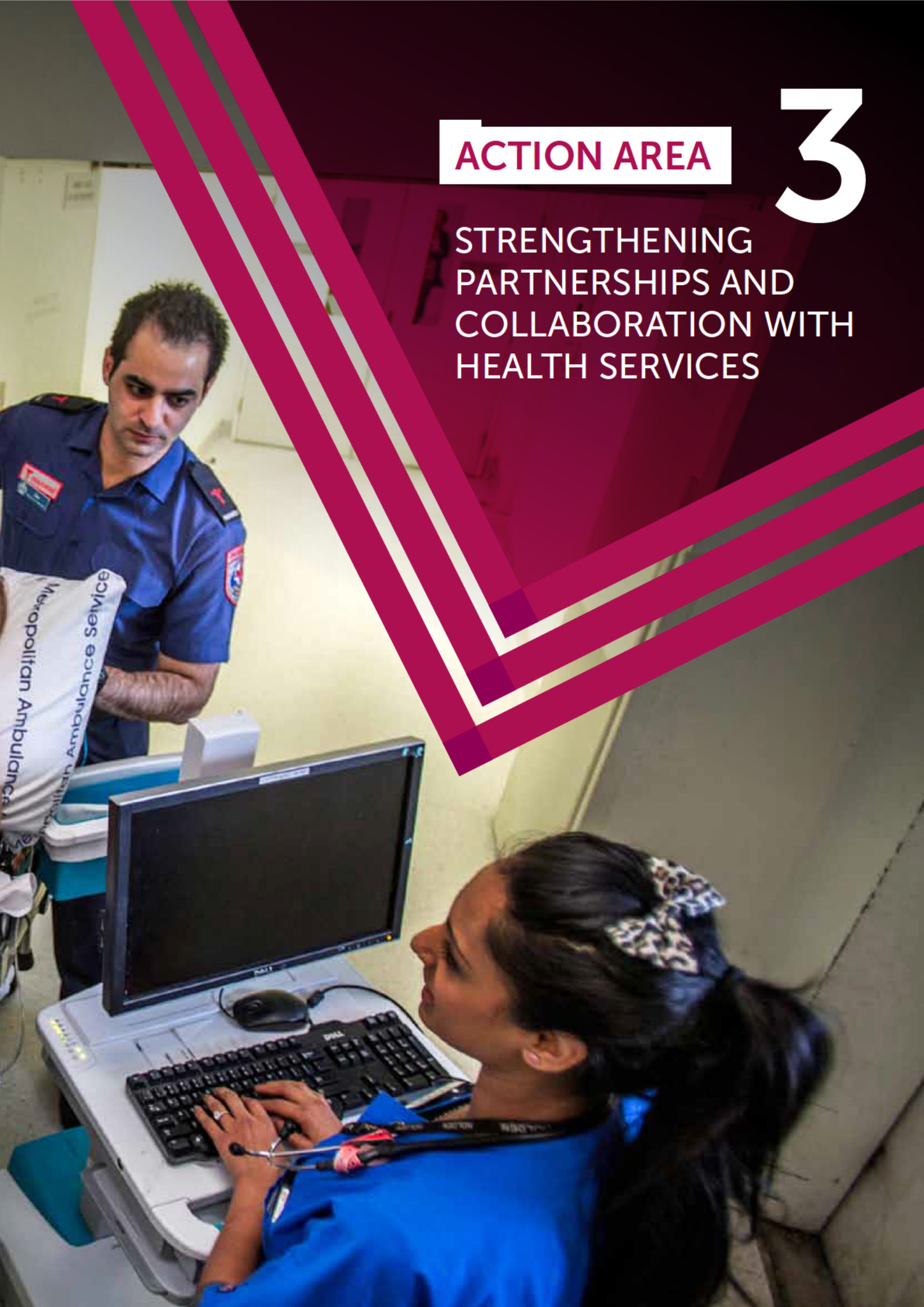
ACTIONS

- Provide better support to graduate ambulance paramedics by changing the graduate recruitment program, including:
  - rostering graduates with experienced qualified paramedics, who have been qualified for more than a year
  - benchmarking Ambulance Victoria's graduate program with similar programs in other jurisdictions to identify further opportunities for improvement
  - encouraging dual nursing and paramedicine degrees and reintroducing the dual nursing and paramedicine graduate program.
- Provide better support for paramedics to transition to retirement by:
  - undertaking further work to ensure that current Emergency Services and State Super arrangements do not serve as a barrier to graduated retirement
  - developing a transition to retirement policy that includes flexible work arrangements and toolkits to support both staff and managers.


FIRE HYDRANT
FIRE HOSE REEL

ACTION AREA 3

STRENGTHENING PARTNERSHIPS AND COLLABORATION WITH HEALTH SERVICES



ACTION AREA 3:
STRENGTHENING PARTNERSHIPS AND COLLABORATION WITH HEALTH SERVICES

Patients who contact Triple Zero need access to the most appropriate healthcare that meets their needs.

While some patients may not need an immediate emergency response from paramedics, many still require a timely response from other parts of the health system. Ambulance Victoria and other health services need to work together to ensure patients are cared for by the most appropriate provider. This will help to free up paramedics to focus on emergency care and transport.

IMPROVE ACCESS TO THE RIGHT CARE

For a range of patients, better and more effective care can be provided through an alternative service, rather than an emergency ambulance response. Patients who need after-hours services when general practitioners are unavailable, patients with less acute mental health conditions, or elderly patients with chronic conditions may fall into this category.

A large number of these patients may not need a hospital stay. High rates of hospital admissions or emergency ambulance trips for these types of conditions may be indirect evidence that patients are having problems accessing primary healthcare or specialist services.

The primary, aged care and mental health sectors have an important role to play in supporting patients to be treated in the most appropriate setting. Ensuring access and clear pathways into care, can improve the experience for patients and reduce demand on ambulance services.

Delivering the right care at the right time and in the right circumstances is a goal shared across all parties in the health system. Ambulance Victoria and other health services will work together to achieve this goal.

ACTIONS

- Support better access to primary health services for non-time critical patients by developing locally available care options, such as after-hours locum services.
- Provide a better response to patients who need timely mental healthcare within the community. This work will take into account ongoing development of the *Victorian Government's 10-year Mental Health Plan*.
- A formal forum for collaboration between ambulance and mental health services will be established to:
    - improve current referral pathways between ambulance and mental health, alcohol and other drug services to provide paramedics with clear options for patients who are assessed as not requiring mental health treatment in a hospital
    - work with the Mental Health and Police Response Program and Acute Community Intervention Services to understand current capacity and improve Ambulance Victoria's access to this service.

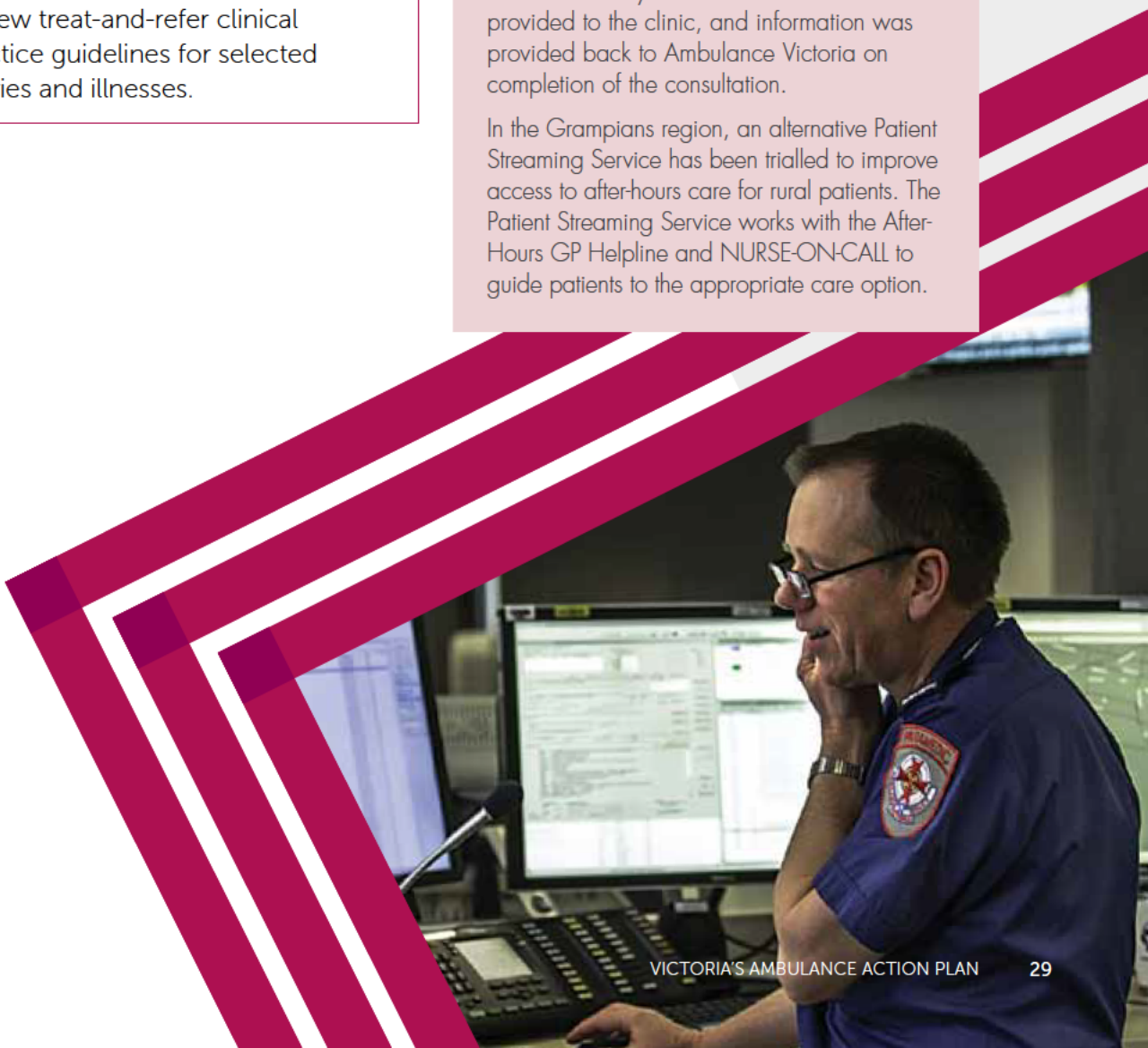
ACTIONS CONT.

- Enhance care provided to victims of family violence by revising protocols and referral arrangements in consultation with the family violence sector. This work will be informed by the Royal Commission into Family Violence.
- Build paramedics' skills and confidence to make clinical judgements when treatment without transport is appropriate by continuing to develop tools and supporting processes. This will include the ongoing roll-out and development of new treat-and-refer clinical practice guidelines for selected injuries and illnesses.

NEW PRIMARY HEALTH PATHWAYS IN METROPOLITAN AND RURAL AREAS

Ambulance Victoria has trialled an alternative care pathway through general practice for low-acuity patients who would otherwise be transported to emergency departments by paramedics. In the Bayside area, 15 general practices participated in the trial. Paramedics were able to redirect appropriate patients to these general practitioners through a transfer, whereby the patient, the triaging paramedic and the clinic reception staff spoke together to agree an appointment. Patient details are collected by Ambulance Victoria and provided to the clinic, and information was provided back to Ambulance Victoria on completion of the consultation.

In the Grampians region, an alternative Patient Streaming Service has been trialled to improve access to after-hours care for rural patients. The Patient Streaming Service works with the After-Hours GP Helpline and NURSE-ON-CALL to guide patients to the appropriate care option.



ADOPT A MORE PERSON-CENTRED APPROACH TO CARE PLANNING

Care planning is an effective tool that supports healthcare staff to provide care aligned with a person's goals. It may inform treatment options and follow up care. Understanding a person's goals brings significant benefits to people with chronic disease, complex conditions or people experiencing mental health problems or living with a mental illness.

Enabling paramedics to access all types of care plans is vital to ensuring that the care provided matches a patient's wishes. In too many cases, paramedics cannot access these plans, and as a result, patients may not be cared for in accordance with their preferences.

Access to advance care plans for individuals living in residential aged care facilities has been identified as a particular area of focus. Advance care planning is an approach to person-centred care that better matches the goals and wishes of the person with the treatment and care provided. An advance care plan can identify a person's appointed substitute decision maker along with a person's values, beliefs and preferences, which then informs medical decisions.

An advance care plan can be verbal or written, and due consideration needs to be given to whatever form a person's advance care planning documentation takes. Advance care plans are only enacted when a person is unable to participate in decision making about their healthcare options.

Better sharing and coordination of care planning will benefit all in the health system, and in particular will better align care with a person's goals.

ACTIONS

- Work with Primary Health Networks, health services, community health services and mental health services to establish better mechanisms to develop and share care plans across the system, including with Ambulance Victoria.
- Ensure statutory recognition for advance care directives for future conditions.
- Enhance advance care planning processes in primary and aged care services by advocating for the Commonwealth Government to:
    - modify the national Australian Aged Care Quality Agency's Accreditation to require all facilities to have high-quality client-focused advance care planning processes in place
    - revise the Medicare Benefits Schedule to include an item on advance care planning for general practitioners
    - ensure long-term national technology initiatives such as, My Health Record, includes care plans and that these are available to Ambulance Victoria.

STRENGTHEN COLLABORATION BETWEEN EMERGENCY DEPARTMENTS AND AMBULANCE VICTORIA

Building on strong collaborative efforts between the ambulance service and emergency departments over many years, a number of significant reforms have been achieved in recent months.

The removal of the hospital early warning system and hospital bypass in October 2015 represents a significant change to the way emergency departments and Ambulance Victoria work together. All public hospitals now accept all patients arriving by ambulance. Bypass can only be requested in exceptional circumstances, such as power failure.

Significant work has been undertaken by health services and Ambulance Victoria to improve the transfer time of patients and reduce the time paramedics spend at hospitals. Initiatives such as the further roll-out and enhancement of Ambulance Arrivals Boards and expansion of the Hospital Information Coordinator duties have helped with distribution, and supported health services to develop the right tools and processes for smoother transition of patients into emergency departments. All of these initiatives free up paramedics for emergency response, support improved interactions between hospital staff and paramedics, and improve the experience for patients.

At a local level, health services, Ambulance Victoria and other service providers have been working closely together to find solutions that support patients to receive the right care.

Ambulance Victoria has also worked to reduce its hospital clearing times, targeting an average 20 minutes for paramedics to be back on the road once a patient is transferred to emergency department care. Going forward, emergency departments and Ambulance Victoria will need to continue to innovate and work together to provide patients with the best care.

ACTIONS

- Ambulance Victoria and emergency departments will work together to improve the experience for patients and further reduce the time paramedics spend at emergency departments. This will include:
  - monitoring the long term impacts of the removal of the hospital early warning system and bypass and responding as required
  - health services, Ambulance Victoria and Primary Health Networks continuing to work through their local governance structures to finds solutions at a regional level
  - reaffirming that on arrival of an ambulance to an emergency department the hospital will assume responsibility for the ongoing care of the patient
  - continuously monitoring and benchmarking transfer and clearing times at system wide level to drive service improvements to reduce the time paramedics spend at hospital. This will include a review of the current hospital transfer time performance target.


PARAMEDIC
PARAMEDIC

ACTION AREA 4

IMPROVING ACCESS TO CARE AND PATIENT OUTCOMES IN RURAL COMMUNITIES

ACTION AREA 4:
IMPROVING ACCESS TO CARE AND PATIENT OUTCOMES IN RURAL COMMUNITIES

Paramedics working in rural settings contribute positively to the health outcomes of their communities through both formal and informal channels. A vital component of delivering healthcare in rural areas is community support and involvement.

The support offered by many rural communities to Ambulance Victoria's operations is a key strength of the Victorian health system. Community Emergency Response Teams, Ambulance Community Officers and Remote Area Nurses who co-respond with paramedics to emergencies provide a valuable service to patients and their local community.

To better support rural communities, new and innovative models of care that build community resilience, facilitate more appropriate use of emergency resources and improve access to healthcare are required.

Ambulance service delivery in remote or low-workload rural areas needs a more flexible and community-centred approach that recognises the different needs of each community, along with the challenges of distance and access to healthcare, while at the same time striving to provide timely and equitable access to care in an emergency.

MORE RESPONSIVE MODELS OF CARE IN RURAL COMMUNITIES

Rural communities present opportunities to take a more flexible approach and design models of care that are more tailored to take into account the specific needs of each community.

Seasonal surges in the population of rural communities (due to holiday period or major tourism events) have the potential to create demand challenges for local health services and volunteers. Ambulance Victoria could provide additional shifts in the local community or surrounding areas to support these communities during periods of increased demand. For example, Ambulance Victoria is currently trialling a seasonal response in Nagambie over the summer and the Easter period.

Ambulance Victoria will evaluate the pilot program and consider this and other models of care as part of a review of rural service operations. This review will focus on understanding and predicting demand for ambulance in rural locations. This is particularly important to allow appropriate allocation of resources, rosters and supporting infrastructure that are based on changing community needs.

Many jurisdictions have implemented models of community paramedicine – whereby paramedics operate beyond their customary emergency response and transport roles to build community resilience and work more collaboratively with other local health services to enhance access to primary care.

Similar models that could be tailored to the needs and strengths of local communities will be developed to increase access to healthcare for rural Victorians and provide paramedics with different opportunities to develop and practise skills.

ACTIONS

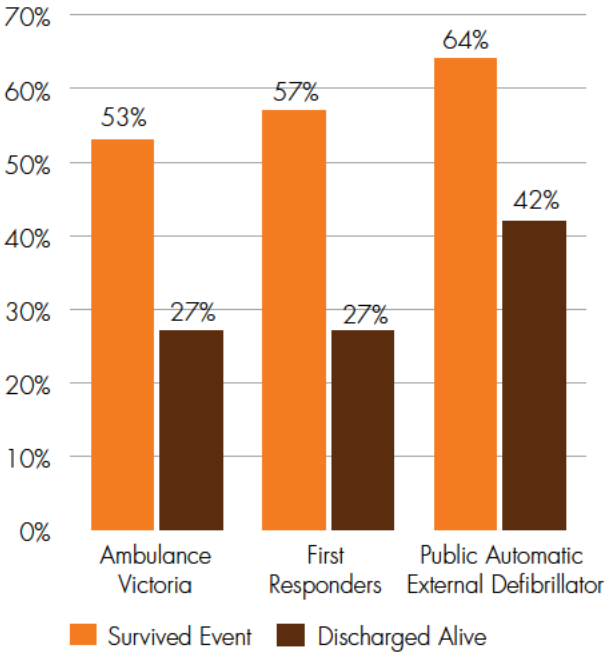
- Improve service delivery to rural communities by reviewing current operations, collaboratively developing and trialling new, innovative and flexible models of care.
- Research, develop and trial new models of community paramedicine, including paramedic practitioners to provide more responsive models of care to rural and regional communities.
- Better understand demand for ambulance in rural locations and develop response models and rostering that better align to changing community needs.

BETTER EQUIP THE COMMUNITY TO ACT AS FIRST RESPONDERS

For a small proportion of patients (such as patients in cardiac arrest), time is of the absolute essence, and immediate care is vital. When minutes matter, CPR or defibrillation can make a significant impact on patient outcomes and recovery.

Survival outcomes for patients are significantly higher when bystanders in the community act as first responders by commencing CPR and using a defibrillator before a paramedic arrives. In rural communities, where distance is often a challenge, members of the community with the skills and confidence to administer CPR and defibrillation can be the first link in the chain of survival.

Survival outcomes according to who shocked first, for patients in shockable rhythms 2013–14



Source: *VACAR annual report 2013–14*

ACTIONS

- Boost capacity to provide early life-saving intervention (CPR and defibrillation) to patients experiencing life threatening emergencies by:
  - encouraging business and workplaces to install defibrillators
  - developing better information on the location of defibrillators in the community. This will include registering the location of defibrillators with Ambulance Victoria and embedding this information into the Computer Aided Dispatch system so that bystanders can be assisted to find, access and use the nearest defibrillator in the event of cardiac arrest
  - piloting Country First Responders in targeted rural areas by training community volunteers (for example from the Country Fire Authority, State Emergency Service, schools, sporting clubs) to provide basic life support and administer defibrillation to patients in cardiac arrest.

ENSURE AMBULANCES ARE AVAILABLE FOR EMERGENCY RESPONSE

Ambulance Victoria's core role is to provide pre-hospital emergency care and transport to Victorians. In some rural areas, Ambulance Victoria's paramedics are called upon to transport non-emergency patients. This may take ambulances out of their local community and mean that they are unavailable to respond to emergencies that may arise.

The vast majority of planned non-emergency patient transports across Victoria are undertaken by licensed non-emergency patient transport providers. This ensures that Ambulance Victoria's paramedics are available for emergency response. These approaches will be expanded in rural Victoria, to free up Ambulance Victoria's paramedic crews so that they are available in their local rural areas for emergency response.

ACTIONS

- Improve rural ambulance availability to respond to emergencies by expanding opportunities for planned non-emergency transports to be delivered through licensed non-emergency patient transport providers.


PARAMEDIC

ACTION AREA 5

DEVELOPING A POSITIVE CULTURE THAT IS CENTRED ON PATIENTS AND STAFF

ACTION AREA 5:
DEVELOPING A POSITIVE CULTURE THAT IS CENTRED ON PATIENTS AND STAFF

A key strength of Ambulance Victoria's culture is the way paramedics care for their patients. Paramedics are well regarded for their skills, compassion and commitment to the community. However, as the interim report identified, aspects of the service's current culture are unacceptable and outdated. This takes a personal toll on paramedics and impacts service performance, leading to low levels of staff satisfaction and poor culture within Ambulance Victoria.

DRIVE A MODERN CULTURE CENTRED ON PATIENTS AND STAFF

Many factors have contributed to the low levels of staff satisfaction and aspects of poor culture within Ambulance Victoria. In recent years, Ambulance Victoria has focused its efforts on service delivery. The same level of focus and attention was not given to developing the organisation's people.

A number of important steps have already been taken since the beginning of 2015 to address these issues. The government moved swiftly to pave the way for cultural change by ending the industrial dispute, referring the issue of paramedics' pay rates to Fair Work and replacing the Board of Ambulance Victoria with an administrator. The government has appointed a new board, led by former Victoria Police Chief Commissioner Ken Lay, to continue vital reform and modernisation.

For Ambulance Victoria to thrive and become a modern workplace, there is a need to continue to improve the organisation's culture. This will take time and it requires commitment from every staff member. Ambulance Victoria's leaders will be better supported to shape, drive and model cultural changes.

Led by Ambulance Victoria's Senior Leadership Team, Ambulance Victoria will develop a clear and shared understanding of accepted workplace behaviours. Ambulance Victoria's values and associated behaviours will be embedded in the organisation's operations and the way it delivers services to the community. Internal people policies, procedures and systems will be developed to support Ambulance Victoria deliver sustainable culture change. Ambulance Victoria must develop effective processes to respond to incidents of unacceptable behaviour, to resolve incidents fairly, quickly and consistently, and support the individuals involved.

ACTIONS

- Increase workplace engagement and lift cultural standards by:
  - reviewing the organisation's values and continuing to embed them across the organisation
  - implementing a workplace behaviour conduct framework
  - reaffirming expectations that staff have a duty of care to each other and be respectful in their interactions.
- Equip managers to effectively lead their people and foster productive working relationships.
- Revamp Ambulance Victoria's internal and external conduct investigation processes to be more transparent.

GIVE THE COMMUNITY A GREATER SAY IN THEIR AMBULANCE SERVICE

Modern approaches to healthcare meaningfully involve patients, carers and the community in decisions about their care and treatment, as well as broader health service planning, policy and delivery.

This involvement improves patient outcomes, increases the quality and safety of care provided and helps services to better meet the needs of patients. The interim report identified that ambulance users, their families and communities are concerned about Ambulance Victoria's transparency and responsiveness to patient complaints.

Ambulance Victoria will establish a Community Advisory Committee, with members drawn from the Victorian community, including those who have relied on the service in times of emergency. This committee will provide important guidance on how to integrate the views of patients, their families and carers into Ambulance Victoria's operations. The committee will:

- advise the board on consumer, carer and community views so they are recognised and reflected in service delivery, planning and policy development, with a particular emphasis on ensuring the diverse views of rural and regional communities and culturally and linguistically diverse communities are represented
- identify and advise the board on priority areas and issues requiring consumer and community participation
- participate in Ambulance Victoria's strategic planning process
- assist with the development of a strategic community participation plan for approval by the board, and monitor the implementation and effectiveness of the approved plan.

A community advisory committee will help Ambulance Victoria review the way it responds to patient complaints, and ensure that future processes are tailored to the needs of patients, their families and carers. This will address concerns about the need for more transparent and responsive approaches to managing complaints, and will be aligned with approaches adopted across the Victorian health system.

Ambulance Victoria needs to do more to understand the areas of service delivery that can be improved from a patient's perspective. Participating in the Victorian Health Experience Survey (like other Victorian public health services) is one way that Ambulance Victoria can receive feedback from patients about their experiences with the service.

While Ambulance Victoria currently measures patient satisfaction, the Victorian Health Experience Survey will give more valuable information that can be used to pursue service improvements.

ACTIONS

- Establish a Community Advisory Committee to better reflect consumer, carer and community views in Ambulance Victoria's service delivery, and implement a Patient Charter.
- Improve feedback (complaint/compliment) management processes.
- Deliver more patient-centred care by participating and using the results from the Victorian Health Experience Survey.

UPDATE LAWS TO SUPPORT A MODERN AMBULANCE SERVICE

The *Ambulance Services Act 1986* supports Ambulance Victoria's operations and describes the organisation's mission. The Act is almost 30 years old. The delivery of ambulance care and patient transport has advanced considerably in this time since the Act and other support legislation came into effect.

For example, Mobile Intensive Care Ambulance flight paramedics now have the skills to administer red-cell concentrate to major trauma patients with suspected blood loss while they are en route to a major trauma centre. However, the current laws do not provide sufficient certainty to paramedics. This is just one example of the legislation failing to keep pace with advances in clinical practice.

The current Act and supporting legislation need to be updated to provide a more contemporary legislative framework that better aligns with the needs of a modern ambulance service. Amendments will be developed collaboratively with key stakeholders, including paramedics and the broader community.

ACTIONS

- Review of the Ambulance Services Act and other supporting legislation with key stakeholders and the community to determine the changes required to:
  - support the operation of a modern ambulance service
  - reaffirm Ambulance Victoria's role as the state's pre-hospital emergency care and transport provider
  - enhance the role of Ambulance Victoria and improve patient outcomes and experiences
  - support a sustained focus on community engagement and staff health and wellbeing
  - address any scope, policy or operational issues in the current legislation.

IMPLEMENTING THE PLAN

Victoria's Ambulance Action Plan provides a common set of priorities and a clear direction to get ambulance services back on track and ensure Victorians have access to timely care in emergencies. This is a complex task that will require a collaborative effort over the coming years.

The new Ambulance Victoria Board will lead the implementation of this Action Plan, with the help of many different groups. This will include paramedics, the Ambulance Employees Australia – Victoria (AEA–V), health services, emergency service organisations, the Emergency Services Telecommunications Authority, non-emergency patient transport providers, peak bodies, universities and the Victorian community.

One of the first tasks of the new board will be to develop a set of milestones outlining how and when the actions identified in this plan will be implemented. These milestones will be guided by the core principles of improving:

- patient outcomes and experience
- response times to the highest priority patients
- staff satisfaction, training and wellbeing.

An Implementation Advisory Group chaired by the Parliamentary Secretary for Health will monitor the implementation of the plan. The group will report to the Minister for Ambulance Services.

The Implementation Advisory Group will replace the Ambulance Performance and Policy Consultative Committee. It will bring together a range of key stakeholders, such as paramedics, representatives from Ambulance Victoria's leadership team, the Ambulance Employees Australia – Victoria (AEA–V), government, consumers, health and emergency services.

SUMMARY OF ACTIONS

PROVIDING THE RIGHT RESPONSE TO PATIENTS

- Implement changes to Ambulance Victoria's dispatch grid to provide faster responses to patients experiencing life threatening emergencies and more appropriate care to a wide range of Triple Zero callers whose needs are not urgent.
- Strengthen links with alternative service providers to ensure Triple Zero callers with non-time-critical needs can access the most appropriate care.
- Enhance Ambulance Victoria's ability to arrange non-emergency patient transport responses to Triple Zero callers with non-time-critical needs by updating the Non-Emergency Patient Transport Regulations.
- Improve the performance, governance and accountability of ambulance call taking and dispatch processes.
- In the longer term, investigate and implement alternative triaging systems to more accurately identify patient needs during call taking.
- Understand the community's expectations and perceptions of ambulance services by undertaking a survey, and use these insights to tailor public education campaigns that are focused on improving community awareness of when to call Triple Zero for an emergency ambulance.
- Undertake a public education campaign to increase awareness about the availability of alternative healthcare services and remind the community of the importance of only calling for an emergency ambulance response for time-critical life threatening emergencies.
- Introduce more accurate and reliable mobile location data so Triple Zero operators know where callers are in emergencies, by continuing to advocate change with the Commonwealth Government and Australia's mobile carriers.
- Expand the range of patient experience and clinical outcome indicators to provide a more comprehensive picture of Ambulance Victoria's performance.
- Support ongoing improvements in service delivery and responsiveness by reviewing response time measures after the dispatch grid changes have been implemented.

IMPROVING PARAMEDIC HEALTH, WELLBEING AND TRAINING

- Improve paramedic psychological health and wellbeing by implementing a strategy that provides all paramedics with mental health and wellbeing training, better equips managers to support staff and screens new recruits prior to employment.
- Partner with an organisation with mental health expertise to better understand how workplace factors impact on paramedic mental health and how best to help paramedics stay mentally healthy. This work will also include a comprehensive review of Ambulance Victoria's existing mental health and wellbeing initiatives to identify opportunities to improve the services available to paramedics and their families.
- Monitor incidents and trends of occupational violence and implement a plan to address violence towards paramedics, including providing workforce training and undertaking a community awareness campaign.
- Build greater accountability across Ambulance Victoria's leadership for staff health, wellbeing and injury prevention.
- Invest in the continuous professional development of Ambulance Victoria's workforce, through a comprehensive workforce development strategy that includes:
    - 40 hours a year of continuing professional development training and a performance development plan for all operational staff

- leadership development for team managers and senior leaders
- clinical practice updates for new initiatives and revised clinical guidelines
- merit-based processes for recognition, development, secondment and higher duties
- providing greater opportunities for paramedics to interact with their team managers.

- Take the lead nationally through the Council of Australian Governments Health Council to develop legislative and operational arrangements for the national registration of paramedics by 2018.
- As part of national registration, pursue:
  - arrangements that enable the mutual recognition of qualifications so that Victorian registered paramedics can work in New Zealand, the United States of America and the United Kingdom
  - Victoria as a centre for excellence in paramedic training
  - high standards of professional competency and training for accreditation and training programs.
- Provide a submission to the Senate Legal and Constitutional Affairs References Committee's Inquiry to support the establishment of a national registration system for Australian paramedics.
- Ensure Victoria is well placed to progress the national registration of paramedics by developing high-quality clinical placement processes.
- Address workforce flexibility and fatigue by providing new rostering arrangements, including more part-time opportunities.
- Roll out successes of recent roster trials to other parts of Ambulance Victoria.
- Improve the way part-time requests, shift and leave swapping processes are handled.
- Reduce fatigue by expanding the pool of casual staff who can be called on to fill absences.
- Enable crews to end their shifts on time, by providing additional vehicles at priority branches.
- Improve access to childcare facilities for Ambulance Victoria staff.
- Provide better support to graduate ambulance paramedics by changing the graduate recruitment program, including:
  - rostering graduates with experienced qualified paramedics, who have been qualified for more than a year
  - benchmarking Ambulance Victoria's graduate program with similar programs in other jurisdictions to identify further opportunities for improvement
  - encouraging dual nursing and paramedicine degrees and reintroducing the dual nursing and paramedicine graduate program.
- Provide better support for paramedics to transition to retirement by:
  - undertaking further work to ensure that current Emergency Services and State Super arrangements do not serve as a barrier to graduated retirement
  - developing a transition to retirement policy that includes flexible work arrangements and toolkits to support both staff and managers.

STRENGTHENING PARTNERSHIPS AND COLLABORATION WITH HEALTH SERVICES

- Support better access to primary health services for non-time critical patients by developing locally available care options, such as after-hours locum services.
- Provide a better response to patients who need timely mental healthcare within the community. This work will take into account ongoing development of the Victorian Government's 10-year Mental Health Plan.
- A formal forum for collaboration between ambulance and mental health services will be established to:
    - improve current referral pathways between ambulance and mental health, alcohol and other drug services to provide paramedics with clear options for patients who are assessed as not requiring mental health treatment in a hospital
    - work with the Mental Health and Police Response Program and Acute Community Intervention Services to understand current capacity and improve Ambulance Victoria's access to this service.
- Enhance care provided to victims of family violence by revising protocols and referral arrangements in consultation with the family violence sector. This work will be informed by the Royal Commission into Family Violence.
- Build paramedics' skills and confidence to make clinical judgements when treatment without transport is appropriate by continuing to develop tools and supporting processes. This will include the ongoing roll-out and development of new treat-and-refer clinical practice guidelines for selected injuries and illnesses.
- Work with Primary Health Networks, health services, community health services and mental health services to establish better mechanisms to develop and share care plans across the system, including with Ambulance Victoria.
- Ensure statutory recognition for advance care directives for future conditions.
- Enhance advance care planning processes in primary and aged care services by seeking agreement for the Commonwealth Government to:
    - modify the national Australian Aged Care Quality Agency's Accreditation to require all facilities to have high-quality client-focused advance care planning processes in place
    - revise the Medicare Benefits Schedule to include an item on advance care planning for general practitioners
    - Ensure long-term national technology initiatives such as My Health Record includes plans and are available to Ambulance Victoria.
- Ambulance Victoria and emergency departments will work together to improve the experience for patients and further reduce the time paramedics spend at emergency departments. This will include:
    - monitoring the long term impacts of the removal of the hospital early warning system and bypass and responding as required
    - health services, Ambulance Victoria and Primary Health Networks continuing to work through their local governance structures to finds solutions at a regional level
    - reaffirming that on arrival of an ambulance to an emergency department the hospital will assume responsibility for the ongoing care of the patient
    - continuously monitoring and benchmarking transfer and clearing times at a system wide level to drive service improvements to reduce the time paramedics spend at hospital. This will include a review of the current hospital transfer time performance target.

IMPROVING ACCESS TO CARE AND PATIENT OUTCOMES IN RURAL COMMUNITIES

- Improve service delivery to rural communities by reviewing current operations, collaboratively developing and trialling new, innovative and flexible models of care.
- Research, develop and trial new models of community paramedicine, including paramedic practitioners to provide more responsive models of care to rural and regional communities.
- Better understand demand for ambulance in rural locations and develop response models and rostering that better align to changing community needs.
- Boost capacity to provide early life-saving intervention (CPR and defibrillation) to patients experiencing life threatening emergencies by
    - encouraging business and workplaces to install defibrillators
    - developing better information on the location of defibrillators in the community. This will include registering the location of defibrillators with Ambulance Victoria and embedding this information into the Computer Aided Dispatch system so that bystanders can be assisted to find, access and use the nearest defibrillator in the event of cardiac arrest
    - piloting Country First Responders in targeted rural areas by training community volunteers (for example from the Country Fire Authority, State Emergency Service, schools, sporting clubs) to provide basic life support and administer defibrillation to patients in cardiac arrest
- Improve rural ambulance availability to respond to emergencies by expanding opportunities for planned non-emergency transports to be delivered through alternative non-emergency patient transport providers.

DEVELOPING A POSITIVE CULTURE THAT IS CENTRED ON PATIENTS AND STAFF

- Increase workplace engagement and lift cultural standards by:
    - reviewing the organisation's values and continuing to embed them across the organisation
    - implementing a workplace behaviour conduct framework
    - reaffirming expectations that staff have a duty of care to each other and be respectful in their interactions.
- Equip managers to effectively lead their people and foster productive working relationships.
- Revamp Ambulance Victoria's internal and external conduct investigation processes to be more transparent.
- Establish a Community Advisory Committee to better reflect consumer, carer and community views in Ambulance Victoria's service delivery, and implement a Patient Charter.
- Improve feedback (complaint/compliment) management processes.
- Deliver more patient-centred care by participating and using the results from the Victorian Health Experience Survey.
- Review of the Ambulance Services Act and other supporting legislation with key stakeholders and the community to determine the changes required to:
    - support the operation of a modern ambulance service
    - reaffirm Ambulance Victoria's role as the state's pre-hospital emergency care and transport provider
    - enhance the role of Ambulance Victoria to improve patient outcomes and experiences
    - support a sustained focus on community engagement and staff health and wellbeing
    - address any scope, policy or operational issues in the current legislation.

APPENDIX 1: AMBULANCE PERFORMANCE AND POLICY CONSULTATIVE COMMITTEE TERMS OF REFERENCE

1. PURPOSE

The Victorian Government announced the establishment of the Ambulance Performance and Policy Consultative Committee as a 2014 election commitment.

The committee was established in January 2015 as a Group C organisation under the *Appointment and remuneration guidelines for Victorian government boards, statutory bodies and advisory committees* (July 2011). It provides a forum for paramedics, Ambulance Victoria, Ambulance Employees Australia – Victoria (AEA–V) and government to work together to improve ambulance service performance and organisational culture.

2. FUNCTIONS AND RESPONSIBILITIES

The Ambulance Performance and Policy Consultative Committee will provide advice and make recommendations to the Minister for Ambulance Services. It will:

- contribute to policy development and make recommendations to improve Ambulance Victoria's service performance, workforce flexibility and culture, including:
  - improving ambulance response times and patient outcomes
  - a review of ambulance call taking and dispatch
  - management of workload, fatigue, health and wellbeing of the workforce
  - resource allocation and responding to caseload growth
  - alternatives to ambulance transport
  - reducing off-stretcher times at emergency departments ('ambulance ramping')
- provide advice on the potential introduction of paramedic practitioners in Victoria and options to progress the issue of national registration of paramedics through the Australian Health Practitioner Registration Agency
- as required, undertake targeted consultation with relevant stakeholders
- consider, investigate and report on any other matters regarding ambulance services referred to the committee by the Minister for Ambulance Services or the Secretary to the Department of Health and Human Services.

The committee will be supported by a secretariat within the Department of Health and Human Services.

3. DELIVERABLES

The committee is to prepare an interim report to be made available by 15 March 2015 that includes:

- outlining the key challenges that have affected Ambulance Victoria's performance and culture
- areas for consideration including opportunities for service improvement, innovation, workforce and culture reforms, including the anticipated outcomes from such initiatives.

The committee will provide a final report on its work and proposed future reform directions for ambulance services in Victoria by the end of 2015. This may include opportunities to reform the *Ambulance Services Act 1986* and other relevant legislation.

4. MEMBERSHIP

The Minister for Ambulance Services, the **Hon. Jill Hennessy MP**, chairs the committee in an exofficio capacity.

The following persons have been appointed as members of the committee:

- **Ms Mary-Anne Thomas MP**, Parliamentary Secretary for Health
- **Mr Colin Jones**, Mobile Intensive Ambulance Care Paramedic and Clinical Support Officer, Ambulance Victoria
- **Ms Morgyn McCarthy Harding**, Advanced Life Support Paramedic, Ambulance Victoria
- **Ms Jan Einsiedel**, Mobile Intensive Ambulance Care Paramedic, Ambulance Victoria
- **Mr Luke Baird**, Advanced Life Support Paramedic, Ambulance Victoria
- **Associate Professor Tony Walker**, Acting Chief Executive Officer, Ambulance Victoria
- **Mr Howard Ronaldson**, Administrator, Ambulance Victoria
- **Associate Professor Alex Cockram**, Chief Executive Officer, Western Health
- **Mr Steve McGhie**, General Secretary, Ambulance Employees Australia of Victoria
- **Mr Danny Hill**, Assistant Secretary, Ambulance Employees Australia of Victoria
- **Mr Peter Fitzgerald**, Deputy Secretary, Department of Health and Human Services.

APPENDIX 2: OVERVIEW OF AMBULANCE SERVICES IN VICTORIA

In Victoria, emergency ambulance services are provided solely by Ambulance Victoria. Non-emergency patient transport services are provided by Ambulance Victoria and licensed private non-emergency patient transport providers.

Ambulance Victoria is part of the health system and is also supported by a range of emergency service organisations including the Emergency Services Telecommunications Authority (ESTA), the Country Fire Authority, the Metropolitan Fire Brigade and the State Emergency Service.

The service has around 4,300 staff including almost 3,400 frontline paramedics. There are also more than 400 Community Emergency Response Team (CERT) volunteers and almost 670 ambulance community officers who provide an emergency response and support in rural areas.

Ambulance Victoria has road responses at more than 260 locations as well as five helicopters and four fixed-wing planes. In 2014–15 Ambulance Victoria responded to 568,217 emergency road incidents, an average of over 1,550 incidents each day. Table 1 outlines key statistics.

An overview of emergency call taking and dispatch arrangements is provided at Table 2.

Emergency ambulance call takers follow a strict question and answer process to determine the patient's chief complaint. The highest priority is Priority 0. Response priorities assist the emergency dispatcher to determine which cases to dispatch first and what level of resources to send. Ambulance Victoria has determined that ambulances will respond 'Code 1' (with lights and sirens) to both Priority 0 and Priority 1 events. Table 3 provides further detail on existing categories.

Table 1: Overview of emergency ambulance service activity in 2014–15

Call triage and dispatch	Journey to patient	Assessment and treatment	Transport to hospital
703,359 calls for an emergency ambulance[1] 568,217 emergency incidents resulted in dispatch of one or more ambulances 46,476 calls are managed without an emergency ambulance through alternative service providers and non-emergency patient transport services	800,002 ambulances sent to incidents[2] 62,620 diversions made of ambulances while en route[3]	637,730 ambulances arrive and treat patients on scene[4] 97,788 patients are treated at the scene and not transported	415,369 emergency patients transported to hospital

1. Not all calls result in the dispatch of an emergency ambulance and there may be multiple calls for the same case. Data supplied by ESTA.
2. Often more ambulances arrive at scene than there are patients. For example, for high priority incidents (such as cardiac arrests) multiple ambulances are sent.
3. Data supplied by ESTA.
4. Some ambulances may be cancelled on or after arrival to an incident. Diversions refer to when an emergency resource is reassigned from a lower priority case to a higher priority case.

Table 2: How ambulance call taking and dispatch works

Call to Triple Zero	When a member of the community dials Triple Zero, they are asked to nominate the service (police, fire or ambulance) they would like to access. The caller is then transferred to the Emergency Services Telecommunications Authority (ESTA) – a statutory authority that provides emergency call taking and dispatch services for all emergency services in Victoria.
Patient's condition assessed and event type determined	The role of ESTA call takers is to establish 'where' and 'what' the emergency is. Call takers conduct a scripted interview with the caller using a commercial triaging system, the Medical Priority Dispatch System. This system is used by numerous ambulance services around the world. This identifies the nature of the emergency and results in the assignment of an event type. There are over 1,000 event types.
Resources dispatched in line with rules of the dispatch grid	Each event type is linked to a dispatch code in Ambulance Victoria's dispatch grid. The dispatch grid specifies the priority and urgency of ambulance response required through four codes, as well as the types and number of ambulance resources that should be dispatched to each event type. As described in the table below, there are four emergency codes.
Different response options are available	Ambulance Victoria has a number of different response options available including emergency road and air ambulance services, non-emergency road and air patient transport services, and a Secondary Triage Service. Through this service, Ambulance Victoria seeks to refer non-life- threatening Triple Zero calls to alternative medical care services (such as locum doctors, non-emergency patient transport, or provide the patient with self-care advice) to better match the service it provides with patient needs.

Table 3: Emergency ambulance response codes

Priority	Code	Definition	Examples	Incidents in 2014–15
0	1	Priority 0 denotes the highest priority incidents. They require a 'lights and sirens' response and usually involve sending additional resources such as a Mobile Intensive Care Ambulance (MICA). Priority 0 incidents are a subset of Code 1 incidents.	Cardiac or respiratory arrest Major trauma/ severe injuries	17,269
1	1	Priority 1 incidents are high-priority and time-critical, requiring a 'lights and sirens' response. Priority 1 incidents are a subset of Code 1 incidents.	Chest pain Shortness of breath Overdoses	313,884
2	2	Code 2 incidents are urgent but do not require a 'lights and sirens' response unless the responding ambulance encounters significant delays (e.g. heavy traffic)	Broken leg Minor haemorrhage	191,359
3	3	Code 3 incidents are the lowest priority emergency classification. These incidents are not urgent.	Non-traumatic back pain Headache	45,705

APPENDIX 3: COMMUNITY FEEDBACK

RESPONSES TO THE AMBULANCE PERFORMANCE AND POLICY CONSULTATIVE COMMITTEE'S INTERIM REPORT

The Ambulance Performance and Policy Consultative Committee sought feedback from the community on the challenges and reform opportunities identified in its interim report. A number of mechanisms were used to receive feedback:

- Written feedback and submissions were provided to the Committee's Secretariat
- Community forums were held around the state in:
  - Ballarat
  - Bentleigh
  - Colac
  - Doreen
  - Eltham
  - Essendon
  - Frankston
  - Geelong
  - Nagambie
  - Point Cook
  - Sunbury
  - Wallan
  - Wedderburn
- Discussions were held with a range of key stakeholders including:
  - Australian Paramedics Association (Vic) Inc.
  - Barwon Health
  - East Grampians Health Service
  - Emergency Services & State Super
  - Emergency Services Telecommunications Authority
  - Event Paramedics
  - Health Select
  - The Heart Foundation (Victoria)
  - La Trobe University – La Trobe Rural Health School
  - Medibank Private Limited
  - Melbourne Health
  - Monash University - Faculty of Medicine, Nursing and Health Sciences
  - Optum Health
  - Paramedics Australasia
  - Royal Australasian College of Surgeons
  - Royal Flying Doctor Service
  - Turning Point Alcohol and Drug Centre

Findings from the Survey on Workplace Wellbeing and Workplace Climate Victorian Ambulance Union

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- Danny Hill, Secretary of the Victorian Ambulance Union
- Olga Bartasek. Assistant Secretary of the Victorian Ambulance Union

Leading quotes

 # My organization has fundamentally and culturally remained the same for many years despite agreed changes as a result of union E.B.A. negotiations and/or independent reviews i.e. it does not truly consult/ discuss/ trial openly with the operational workforce about changes in so many areas, "lip- service" with the agenda already determined to ultimately protect "brand" perception and image. Many times over decades have witnessed the leopard change the colour of its spots only to eventually return to groundhog day. I think on reflection this has been driven to the massive increase in bureaucratic/ administrative controlling of the core, operational workplace causing the workforce to be less efficient and responsive to community demand, support and availability when requested/ required. Thank you for the opportunity to respond to your survey. Hopefully one day the results/ feedback might implement true, compassionate change for the health and betterment of all people in our democratic country, Australia.

 # Best job in the world, actual job satisfaction is high, horrific organisation to work for

 # Unfortunately over the years I have seen many promises by management to make change to improve the culture but they never seem to filter down. The desire to change is publicised but this is not followed up with real change

Executive Summary

This report presents the findings of an independent online survey of **540** Victoria Ambulance Union (VAU) members conducted over a six-week period during October and November 2023. The survey examined VAU members' wellbeing (e.g., workload, psychological safety and distress, engagement, burnout, resilience, violence, job satisfaction and job turnover) and workplace environment or climate (e.g., employee voice, employee silence, work-life balance, support at work, trust in direct supervisor and senior management, and trade union partnership). The findings of the report would suggest that there are major implications for paramedics in the workplace. At all levels, the work environment emerges as a fundamental area that needs serious review. Key initiatives need to be adopted post-pandemic to retain and sustain this critical workforce. Whilst the job is inherently demanding, the report focuses on areas that can and need to be considered to restore and replenish the physical and psychological wellbeing of paramedics and are within the remit of management. We found a challenging workplace environment for VAU members. There was evidence of work intensification, low job satisfaction, with the majority of members often feeling emotionally drained. Most members reported that they have reached the point of burnout despite being engage in the work they enjoy. The lack of work-life balance was an important issue for most members. There was evidence that most VAU members did not feel confident that senior management treated them fairly. Despite the challenges, most of respondents felt confident that their direct supervisor would always treat them fairly. Most respondents reported that their co-workers assisted them in coping with job stress. Importantly, 57% of VAU members indicated that they frequently thought about leaving the paramedics workforce. Moreover, 20% of respondents reported they were likely or very likely to leave the paramedics workforce in the next year. This is an important finding that needs urgent attention by senior management.

1. Background and Focus of the Study

1.1. Paramedics Workforce and Environment in Victoria

The last several years have been challenging for Victoria Ambulance Union (VAU) members given the disruption associated with being a paramedics and engagement with the community during the most serve lockdown (Melbourne in particular) in the world during COVID-19. This report builds on a series of report undertaken on Victorian paramedics' and their workplace climate and well-being through their attitudes and experiences of the working lives.

1.2. Methodology

This study derives from a comprehensive online survey undertaken in collaboration with VAU. The survey employs measures that have been tested and validated by previous studies specifically of frontline workers. The survey was contextualised to reflect working lives of the paramedics' workforce in Victoria, Australia.

The online survey was conducted as a joint collaborative project involving Swinburne University of Technology, RMIT University, ESCP Business School Berlin and the VAU. VAU assisted in distributing the anonymous survey link to its members via emails. All potential participants were informed that participation was voluntary and assured of their anonymity. A total of **540** usable responses were received from VAU members, following cleaning of the dataset.

1.3. Respondent Demographics

The profile of the respondents was male (52.5%), female (46.5). ALA Paramedics (69%) and MICA Paramedics (10.1%) and a large majority of respondents worked on a full-time basis (88.7%). Tables 1a and1b provide more detailed information in relation to the demographic characteristics of the respondents.

Table 1a: Demographic Information of Study Respondents

Gender (%)	
Female	46.5
Male	52.5
Other	1.0
Highest education level (%)	
Vocational/technical qualification	1.1
Diploma	7.6
Graduate diploma	11.6
Bachelor's degree	64.6
Masters/Honours degree	13.5
Other	1.6

Table 1b: Demographic Information for Study Respondents (cont.)

Employment Load (%)	Study's Sample
Full-time	88.7
Part-time	11.3
Rank or Classification (%)	
Ambulance Community Officer	1.6
Patient Transport Officer	1.3
Ambulance Transport Attendant	2.7
Non-operational support services	0.7
Other	2.3
Graduate Ambulance Paramedics	0.9
ALA Paramedics	69
MICA Paramedics	10.1
Flight Paramedics	0.5
Team Manager or Senior Team Manager (including MICA, ALS and Flight)	7.6
Clinic Support Officer	0.3
Referral Service Triage Practitioner	1.4
Communications Support Paramedic	0.5
Duty Manager	0.9
	0.2

2. Workplace Wellbeing

The following section is divided into eight sectors covering VAU members' experiences and views of:

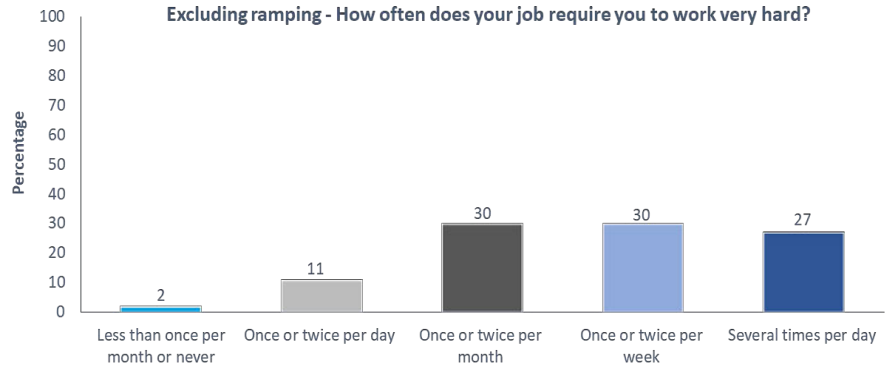
- Workloads.
- Psychological safety.
- Engagement.
- Burnout.
- Resilience.
- Job satisfaction.
- Intention to leave profession.

2.1. Workloads

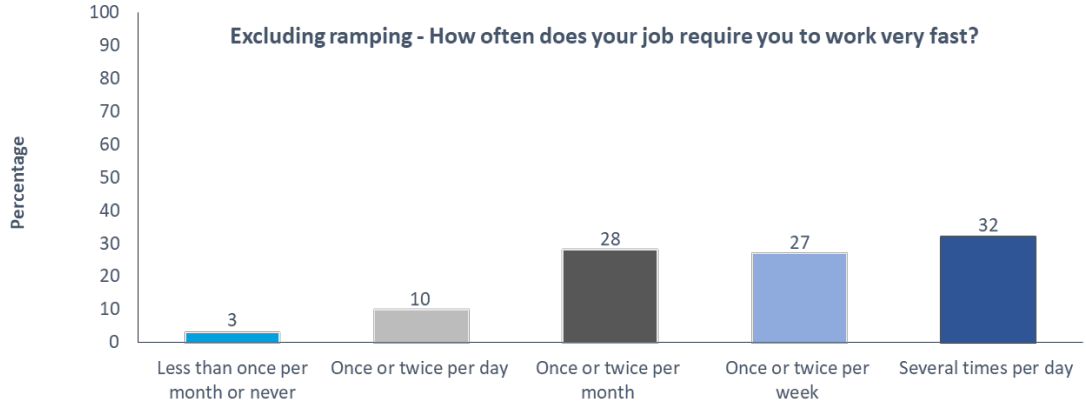
This section of the survey asked respondents to explore the intensity of their work, by indicating how frequently their job required them to work very fast, very hard, with little time to get things done, and with a great deal to be done, and how often there was more work than could be done well. Respondents used a 5-point scale (1 = less than one per month or never to 5 = several times per day) to answer these items.

Overall, a majority (almost 60%) of respondents indicated that their jobs required them to work very fast, very hard, and there is often a great deal to be done at work at least once or twice per week to several times per day. This raises the concerns that such pressures can potentially result in less time to do the job well. The underlying concern here is the increased pressure on work quality when completing the job.

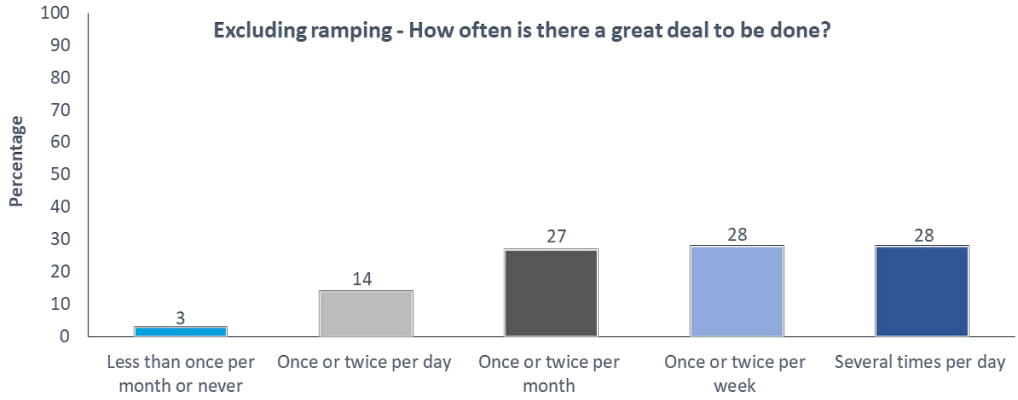
The mean score for workloads among respondents is 3.55 out of 5. The overall figures indicate a workforce operating under relatively high work intensification.



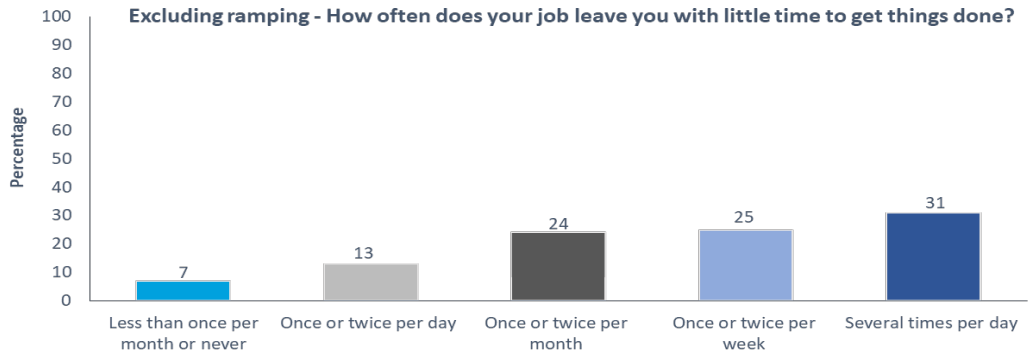
Fifty-seven percent of respondents indicated that their job required them to work very hard either at least once or twice per week to several times a day. Of which, (27%) of respondents or over 1 in 4, reported feeling this intensity in their workload several times a day.



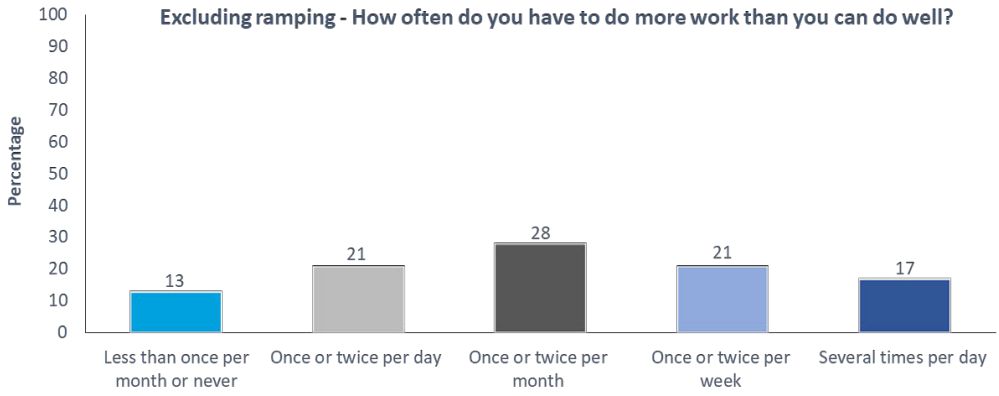
Similarly, the proportion of respondents (i.e., 59% of respondents) indicated that their job required them to work very fast at least once or twice per week to several times per day. Again, 32% reported feeling the intensification of pace in their workload several times a day.



Most respondents (i.e., 56% of respondents) have indicated that they often (i.e., once or twice per week and several times per day) feel that the volume of work is intensive.



Thirty-one percent or nearly 1 in 3 respondents reported that their workload left them with little time to complete their work at least several times a day. This is an indicator of a workforce that is under time pressure to complete their normal daily work, when quality of delivery of health care is often critical.



Finally, thirty-eight percent of respondents reflect that they often must do more work than they can do well (i.e., once or twice per week and several times per day). Again, reflecting the pressure on quality health care.

Quotes

 # Excessive and unreasonable workload causing foreseeable burnout requiring almost 12mths off

 # Fatiguing rosters, excessive workload…. continue to be major issues.

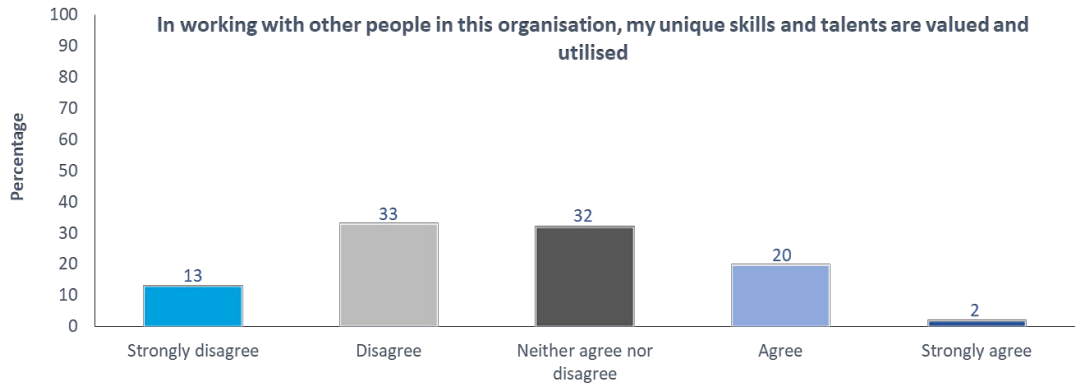
2.2. Psychological Safety

Psychological safety is closely related to the concept of trust and similarly, it is a climate which is cultivated and developed over time through communications and interactions among and between members (Ilgen, Hollenbeck, Johnson, & Jundt, 2005). It refers to a sense of confidence and safety that individuals will not be attacked, ridiculed, or penalised for proposing or voicing ideas (Edmondson, 1999). Such climate is often considered critical as it enables individuals to, without fear of retribution and/or inhibition, acknowledge and discuss errors, contribute ideas and perspectives whilst respectfully consider the views of others (Hülsheger, Anderson, & Salgado, 2009).

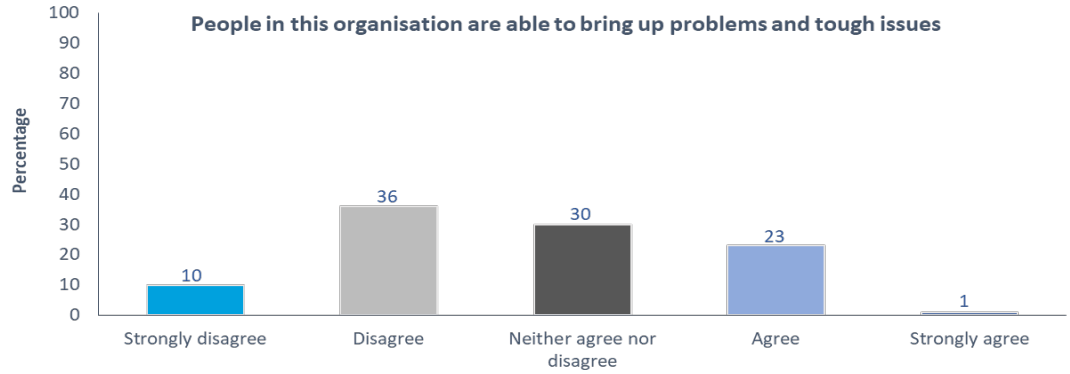
To capture our respondents' feelings of psychological safety, they were asked how safe they felt admitting mistakes or voicing concerns and how these were responded to by other team members at work. Respondents used a 5-point scale (1 = strongly disagree to 5 = strongly agree) to answer these items.

Overall, respondents reported a mean of 2.68 (out of 5) for psychological safety.

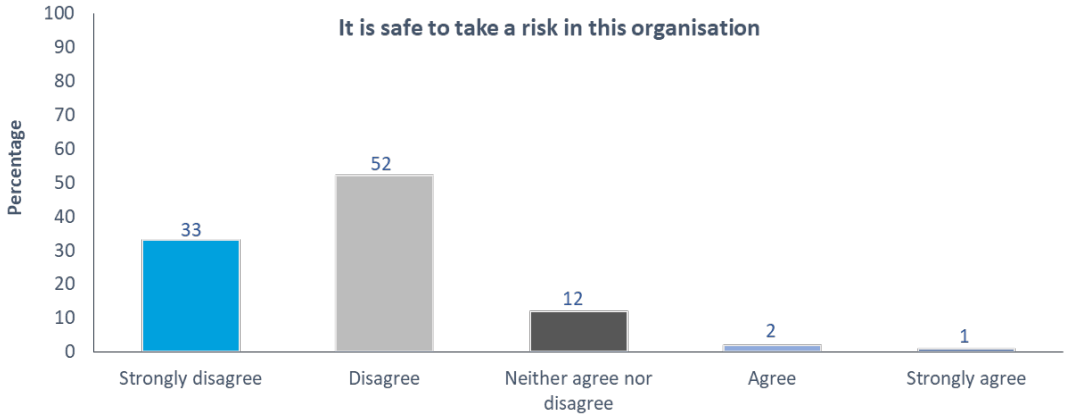
Fifty-four percent of respondents (i.e., disagree and strongly disagree) indicated that their organisation did not reject them for being different. However, twenty-four percent of respondents (i.e., agree and strongly agree – or 1 in 4) indicated that people in this organisation sometimes reject them for being different.



Twenty-two percent of respondents (i.e., agree and strongly agree) indicated that their skills and talents are valued and utilised in an environment in which they feel safe to share and maximise their unique experiences and knowledge. This contrasts with 46 percent who disagreed.

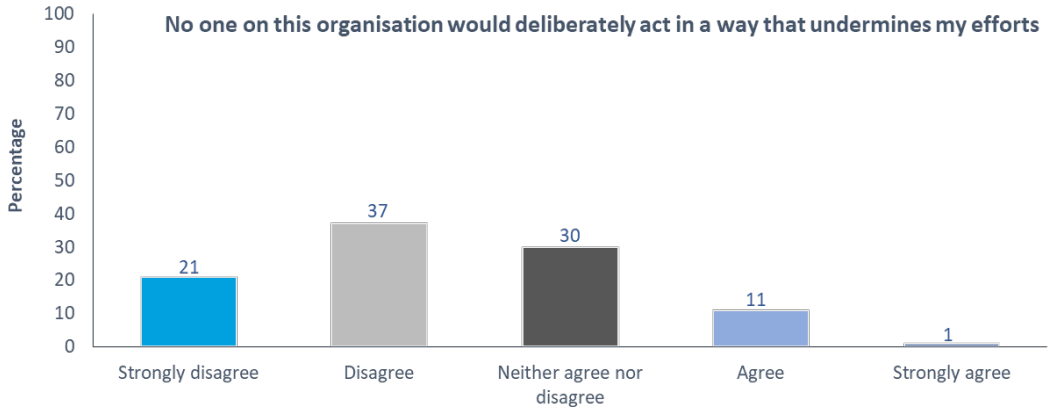


Again, only twenty-four percent of respondents (i.e., agree and strongly agree) reported that they feel confident in bringing up problems and tough issues. This contrasts with almost double the paramedics (46 per cent) who don't. These are concerning finding and potentially relate to a negative culture.



Significantly, eighty-five percent of respondents (i.e., disagree and strongly disagree) did not regard it to be safe in taking risks in their respective organisation.

Similarly, seventy-seven percent of respondents (i.e., agree and strongly agree) have indicated that they feel that they are personally singled out when they make a mistake in the organisation. This could explain why nearly 90% of respondents did not consider it safe to take risks at their workplaces.



Finally, twelve percent of respondents (i.e., agree and strongly agree) reported that nobody in the organisation would deliberately act in a way that undermines their efforts. This contrasts with the majority (58 %) with 21% strongly disagreeing with this statement. Again, a very concerning finding.

Quotes

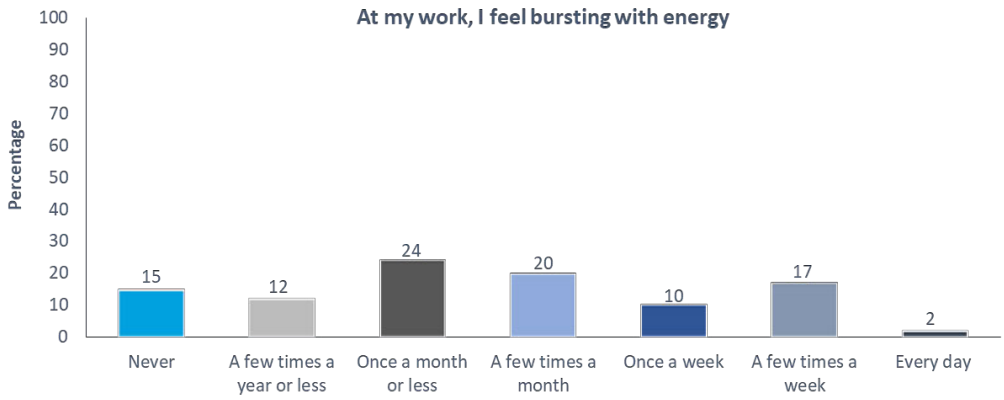
 # Utter lack of timely communication in my organisation increases stress & distrust.

 # I have been burnt by managers past, and while the current crop are new, they will need to earn my trust. The systems at AV are not designed to be worker friendly….

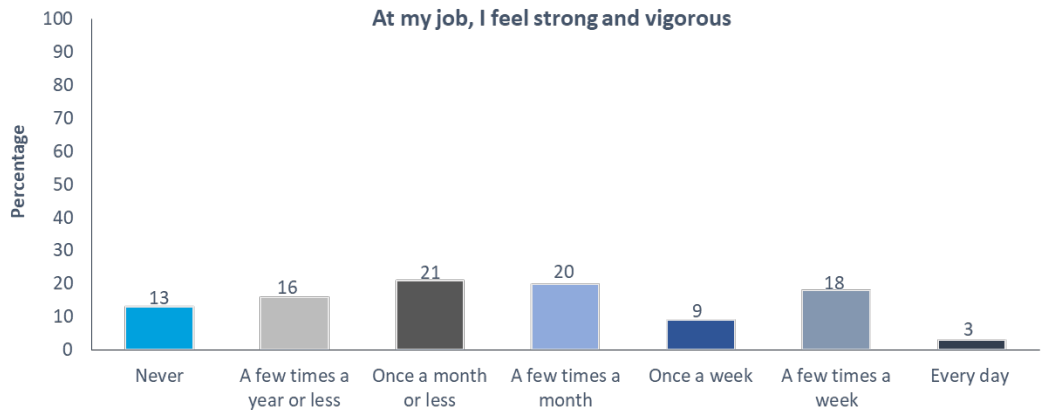
2.3. Engagement

Engagement has been defined as a positive, fulfilling, work-related state of mind (Schaufeli & Salanova, 2008). Respondents were asked nine questions that capture how they experience their work in relation to three areas. These characteristics can be defined as: *vigour* - if work is stimulating and energetic; *dedication* - if work is a significant and meaningful pursuit and absorption - if work is *engrossing*. Responses were recorded on a 7-point scale (0 = never, 6 = everyday).

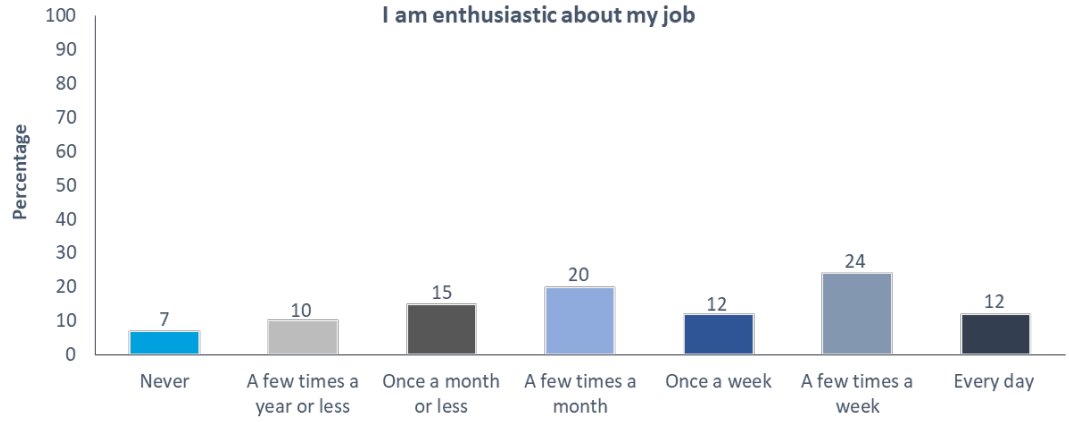
Overall, responses signal that overall, the workforce is engaged in their work with a mean score of 4.07 out of 6.



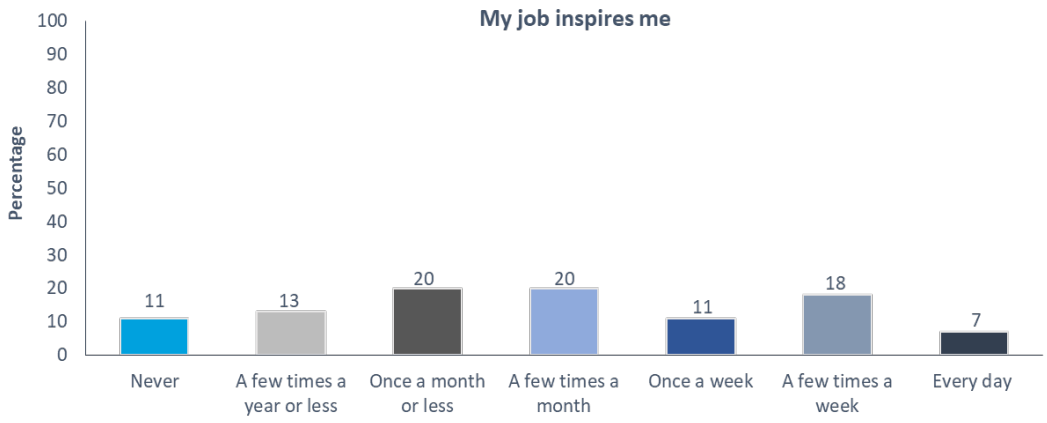
Only nineteen percent of respondents (i.e., a few times a week and every day) reported feeling like they often felt like they were bursting with energy at work. This contrasts with fifteen percent indicating never.



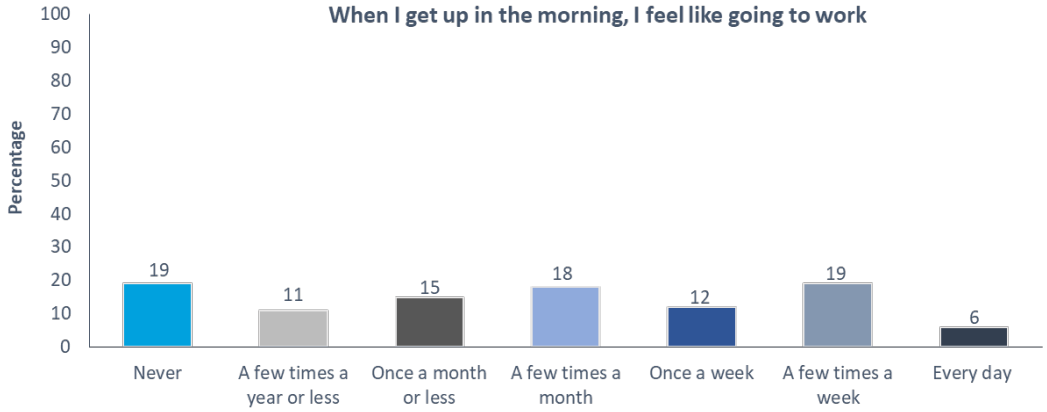
Similarly, only 21% of respondents (i.e., a few times a week and every day) indicated that they often felt strong and vigorous at their job.



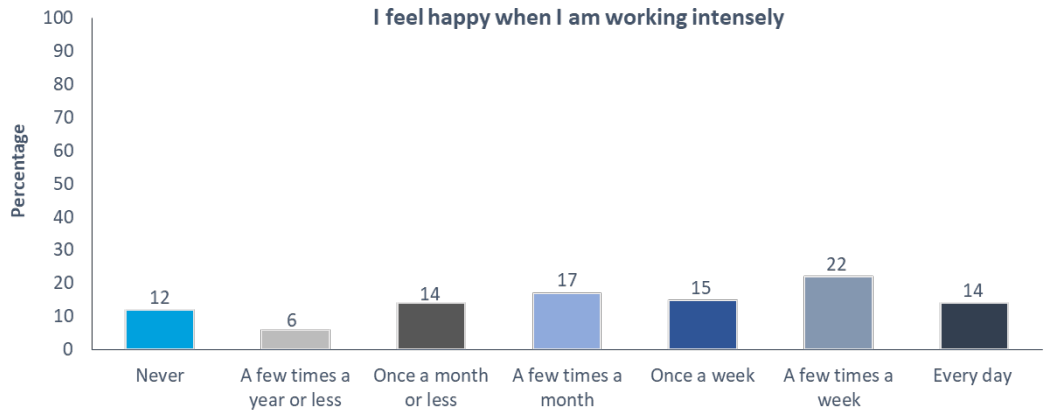
Likewise, 36%, a few times a week and every day) reported that they were often enthusiastic about their job.



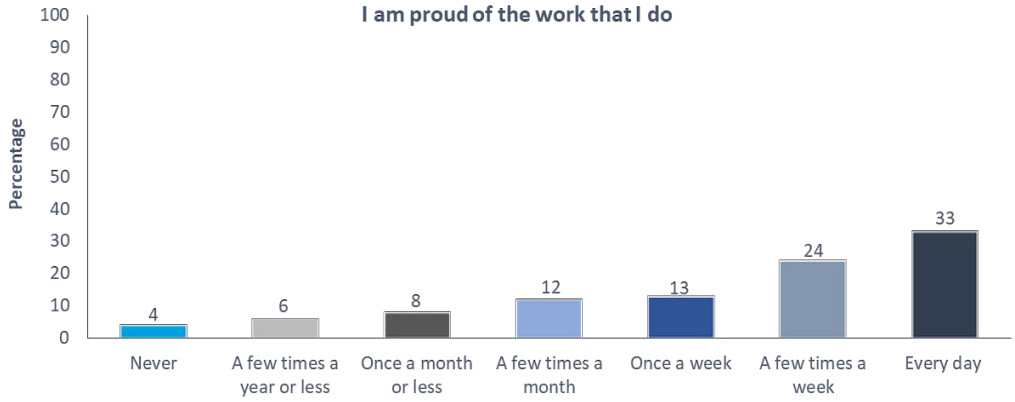
Overall, twenty-five percent of respondents or 1 in 4 (i.e., a few times a week and every day) often felt that the job inspires at least weekly.



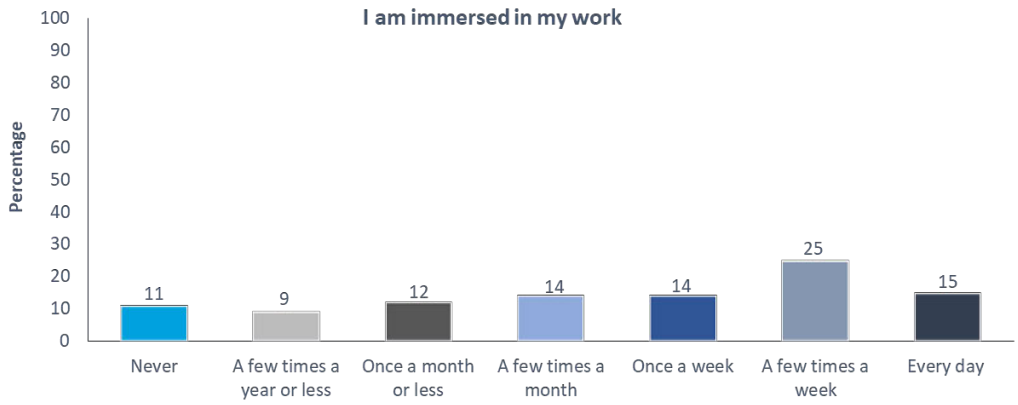
Twenty-five percent of respondents (i.e., a few times a week and every day) reported that they often felt like going to work when they got up in the morning. The minority of respondents (i.e.,6%, everyday) indicated they felt like going to work when they get up every morning. The concern is nearly 1 in 5 (19%) stated never. Again, this may be an indicator of a toxic culture.



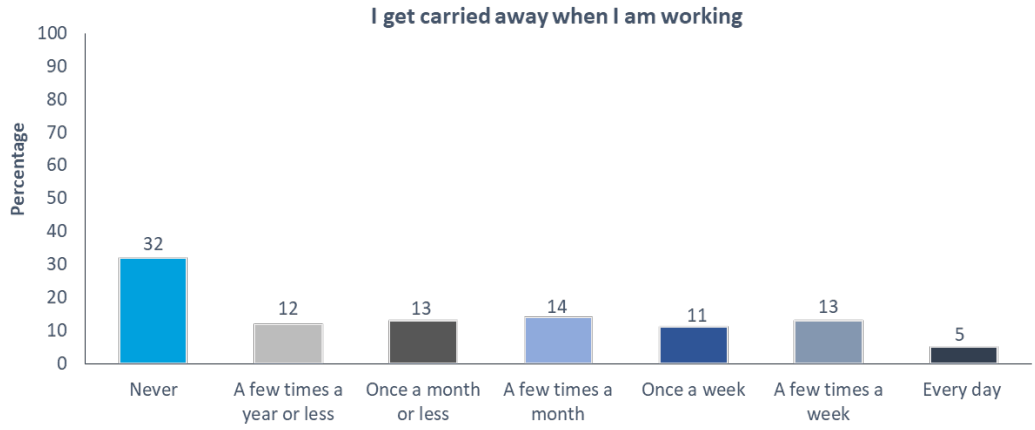
A much higher percentage, thirty-six percent of the respondents reported (i.e., a few times a week and every day) often feeling happy when they worked intensely. Again, reflecting their commitment to the role.



More than half of the respondents (i.e., 57%, every day and a few times a week) indicated they often felt proud of the work they do. This shows that respondents have strong identification with their work.



Similarly, 40% of the respondents (i.e., every day and a few times a week) reported they were often immersed and happily engrossed in their work.



Finally, 18%, (a few times a week and every day) indicated that they often felt like they got carried away when they were working. Of which, only 5% of respondents (i.e., every day) indicated they get carried away when they are working every day.

Quotes

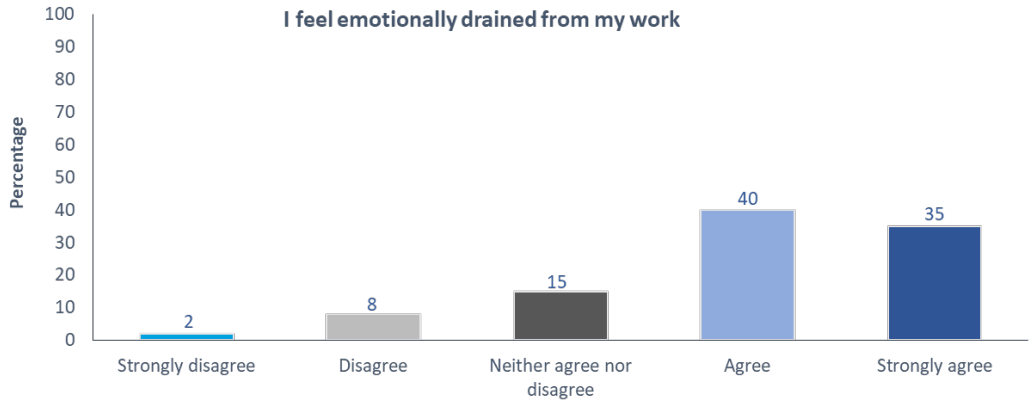
 # I believe the disengagement that has happened between on road paramedics and those not (management) is the main reason for such low morale. Those who actually do the work and those who tell us how it should be done.

 # This organisation does not value being willing to go the extra mile. Going the extra mile is not celebrated.

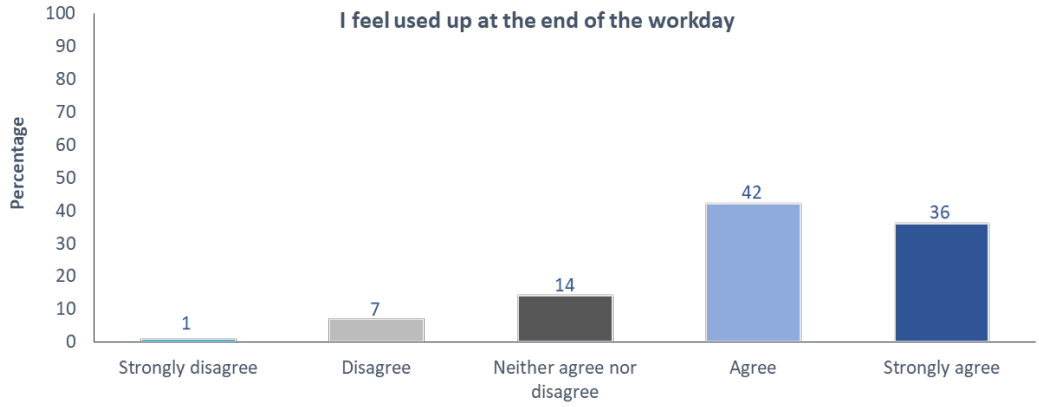
2.4. Burnout

Burnout has been conceptualised as a condition where an individual feels overextended and depleted of their emotional, mental, and physical resources as a result of the work that they are engaged in (Maslach, Schaufeli, & Leiter, 2001; Schaufeli, Leiter, & Maslach, 2009). Such states are often precursors to feelings of overload, which may lead to cognitive and emotive detachment from work (Barkhuizen, Rothmann, & van de Vijver, 2014).

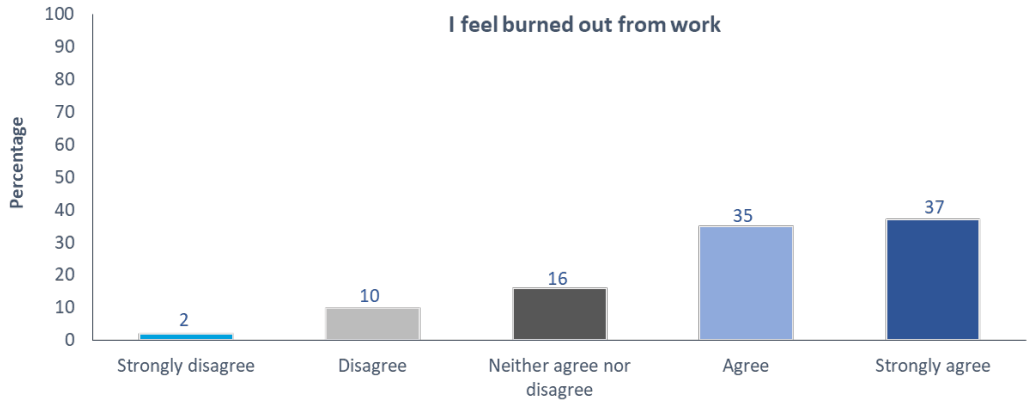
On average, respondents reported a high mean score of 3.97 out of 5 for items related to burnout. This is a very high score.



The majority of respondents (75%, i.e., agree and strongly agree) 3 out of 4, indicated that they felt emotionally drained from their work.



Almost 80 % of respondents (i.e., 78%, agree and strongly agree) reported that they felt depleted of their emotional and mental resources, and this has not been properly managed.



Similarly, more than two-thirds (72%) of respondents (i.e., agree and strongly agreed) reported that they have reached the point of burnout. Overall, these collectively are very concerning indicators of a work force on the brink.

Quotes

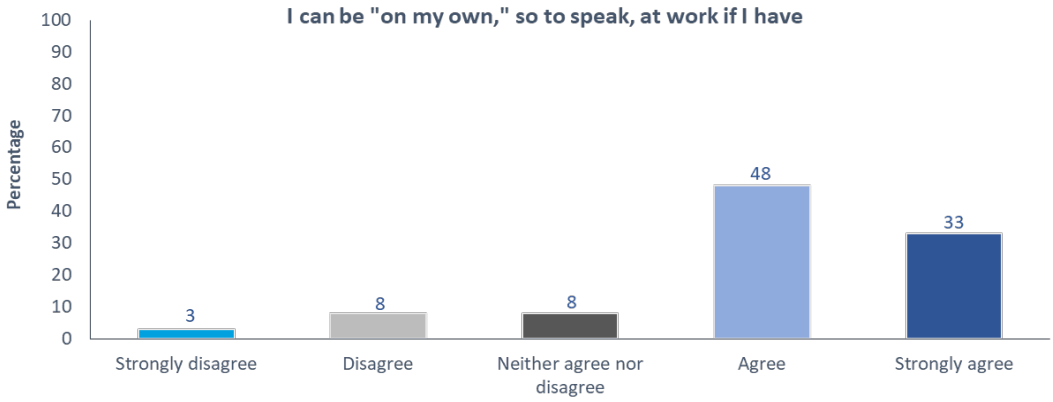
 # AV business model …. no resolve or integrity to retain staff or improve burnout and basic staff welfare is an absolute farce and needs to be addressed publicly.

Rural Resourcing is another big issue. …..It is incomprehensible that staff are still working call at locations where the workload is too high resulting in constant fatigue breaks. This is detrimental to the health and well-being of the staff and leaves communities without an ambulance resource during the day.

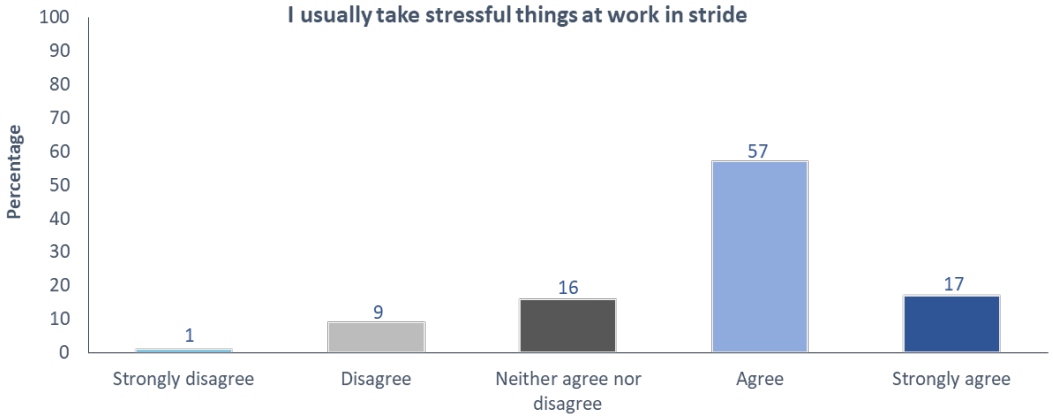
 # Ramping and staff burnout is massive in Ambulance Victoria.

2.5. Resilience

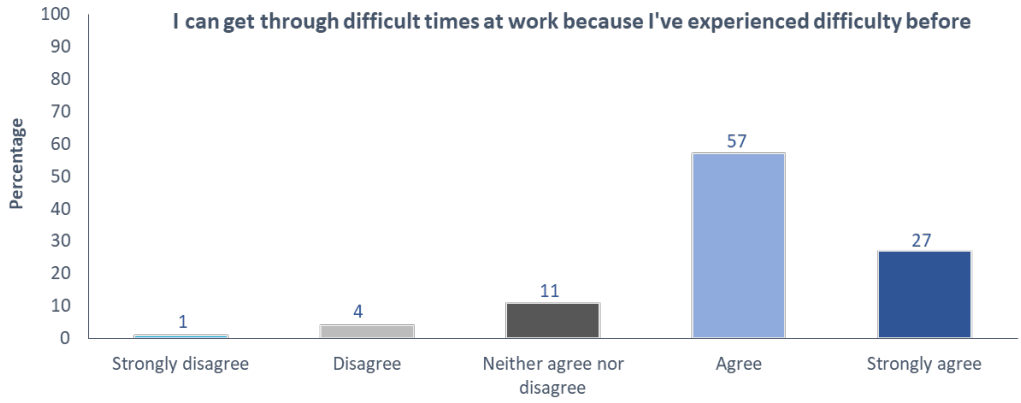
Resilience is seen as an important feature in dealing with the negative aspect of work. Resilience is the ability of an employee to recover or rebound after a setback to challenging circumstances at work (Zaura, Hall & Murray, 2010). On average, respondents reported a good mean score of 3.95 out of 5 for items related to resilience.



Eighty-one percent of respondents (i.e., agree and strongly agree) indicated that they are able to cope on their own at work. Of which, thirty-three percent of respondents reported feeling very confident in doing so.



Similarly, 74% of respondents (i.e., agree and strongly agree) reported that they are usually able to manage stressful events at work.



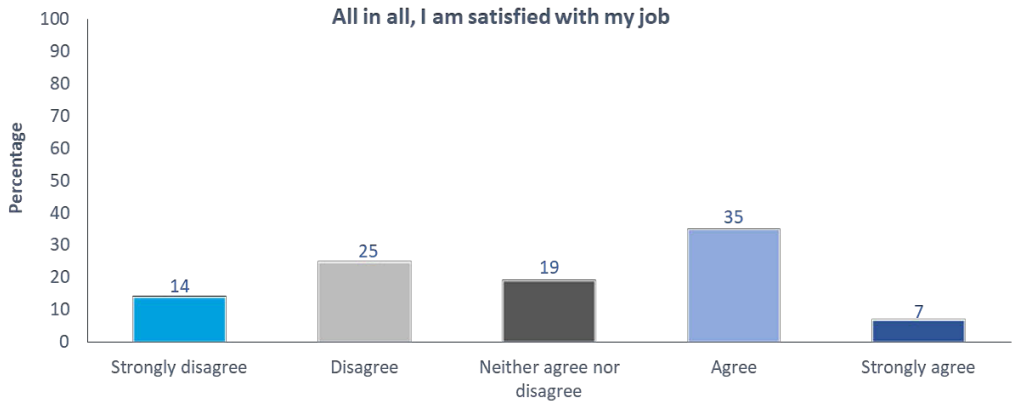
Finally, a significant majority of respondents (i.e., 84%, agree and strongly agree) have indicated that they have the capacity in successfully adapting to difficult or challenging work situations as they've had prior experience in handling similar difficulties. This illustrates a highly resilient workforce. However, this needs to be seen in the context of the burnout scores and the following intention to leave indicators.

Quotes

 # Our work has such a wide range and good days at work with proper ambulance work is immensely rewarding and satisfying.

2.6. Job Satisfaction

Job satisfaction essentially describes the level of like or dislike a person has for their job. It is also seen as a default for the link between the perception of the individuals work and organisational fit (Lok & Crawford, 2001). The mean score for job satisfaction is 2.85 out of 5.



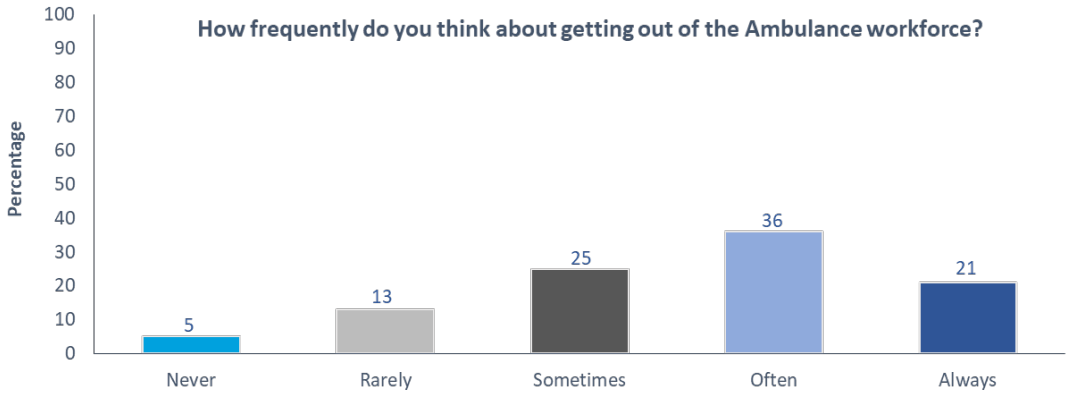
Less than 50% of respondents (i.e., 42%, agree and strongly agree) indicated that they were satisfied with their jobs. However, it is important to note that nearly a similar proportion of respondents (39%, disagree and strongly disagree) noted being dissatisfied with their jobs.

 # Ramping is causing increasingly more fatigue and stress…. Being dispatched to increasingly more cases which do not require an ambulance, with not real alternatives to refer people to in the regions is also causing increasing fatigue, decreasing job satisfaction, and most importantly, delay to response to sick patients

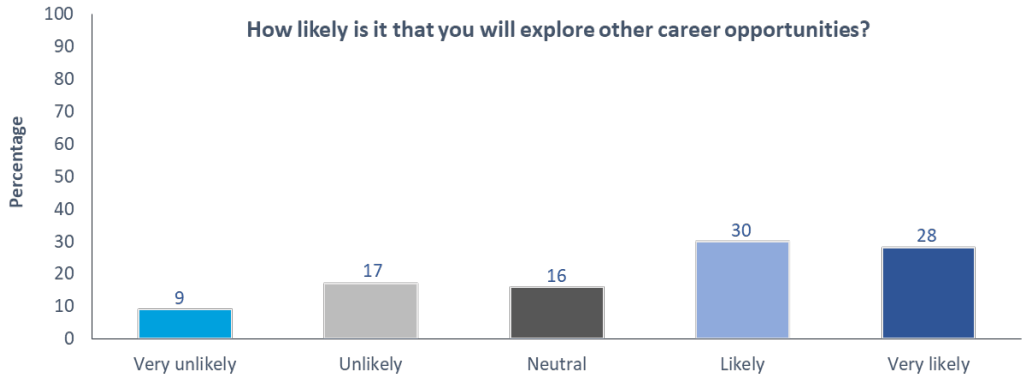
 # it's a great job and I appreciate the opportunity to work solidly and further my knowledge

2.7. Intention to Leave the Profession

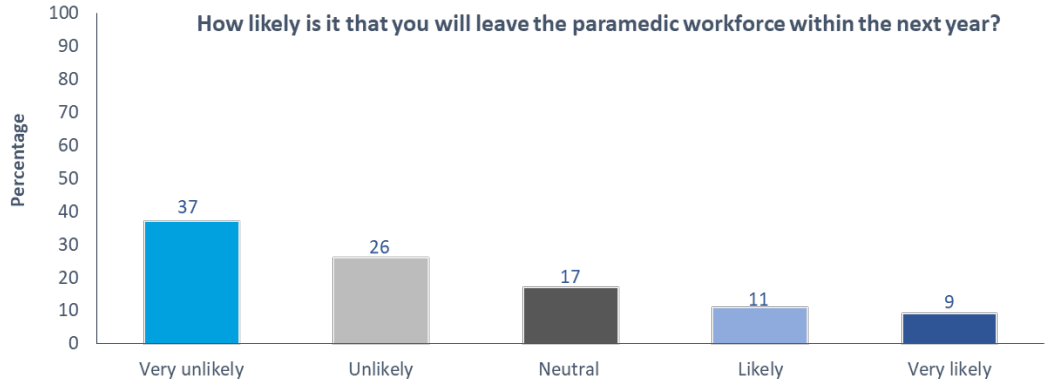
For management, the intention to leave the profession may arguably be the most significant indicator of paramedics' wellbeing in terms of their potential to act on their discontent with work. Respondents' intention to leave profession was on the high side with a score average 3.12 out of 5.



More than half, 57% of respondents indicated that they frequently (i.e., often and always) thought about leaving the paramedics workforce.



A similar proportion of respondents (58%, i.e., likely and very likely) indicated that they were likely to explore other career opportunities outside of paramedics' work.



Comparatively, whilst a smaller proportion of respondents (20%, likely and very likely) noted that they were likely to leave the paramedics workforce in the next year. However, with a workforce already having attraction and retention issues this has to be a concerning indicator and is likely to contribute to workforce shortages in the mid- to long-term.

Quotes

 # Used to think of this job as a career, never used to believe that I would be part of the cohort of people that sought alternative employment within 3-5yrs of commencing as a Paramedic, I now think about this frequently.

 # I don't feel the organisation I work for has my best interest in mind when making decisions. I feel let down by the organisation and no longer feel that working for Ambulance Victoria is a suitable long term career.

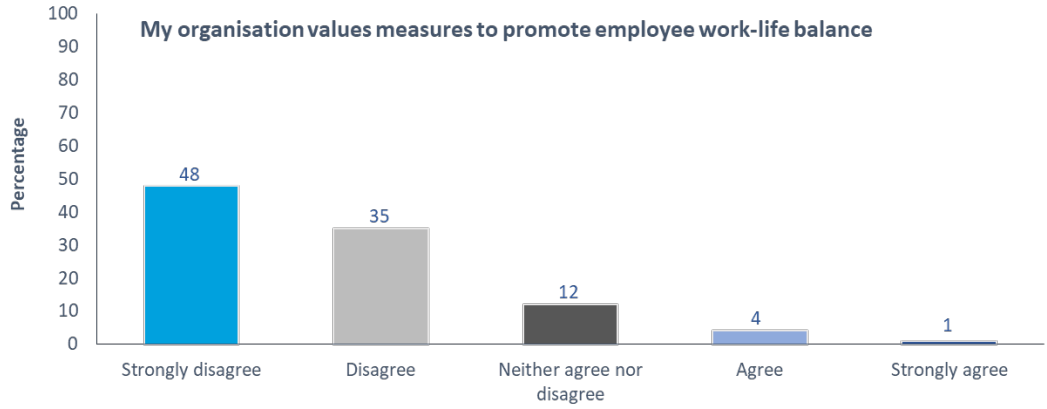
3. Workplace Environment

The following section is divided into ten domains covering paramedics staff experiences and views of:

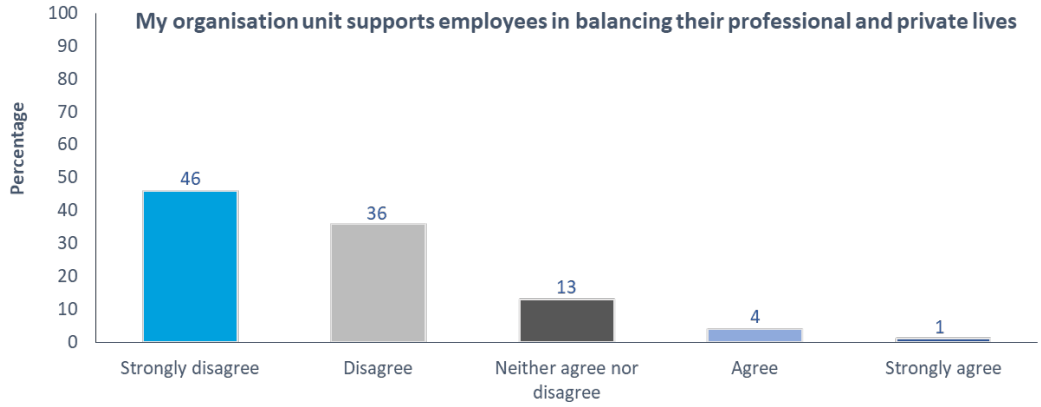
- Work-life balance.
- Employee voice.
- Employee silence.
- Organisational support at work.
- Manager support at work.
- Coworker emotional support.
- Trust in senior management.
- Trust in direct supervisor.
- Industrial relations climate

3.1. Work-life Balance

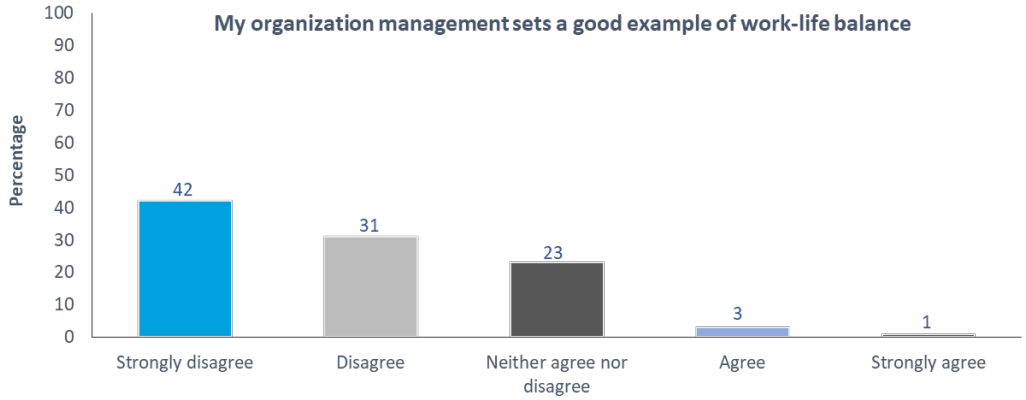
Overall, the mean score for work-life balance appears to be one of the lowest of all indicators in this study, at 1.78 out of 5.



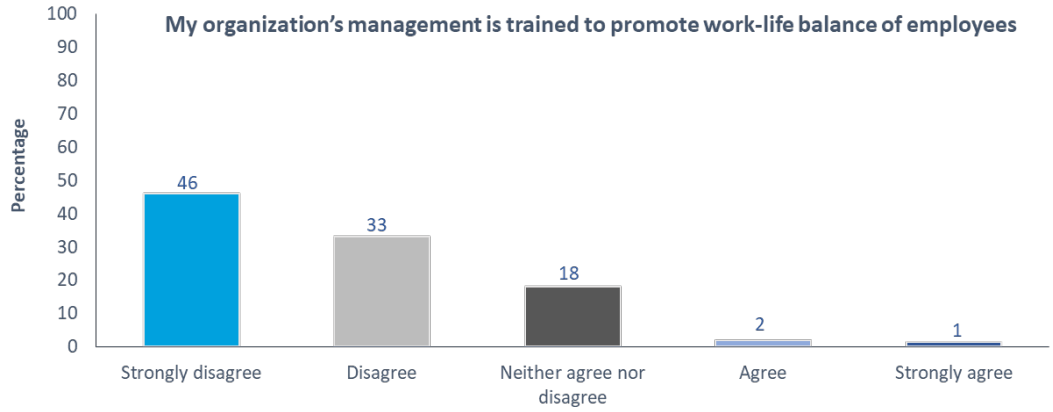
Significantly, only 5% of respondents (i.e., agree and strongly agree) indicated that their organisation values measures that promote their work-life balance. More than 8 out of 10 respondents (83%, disagree and strongly disagree) noted that this was not the case.



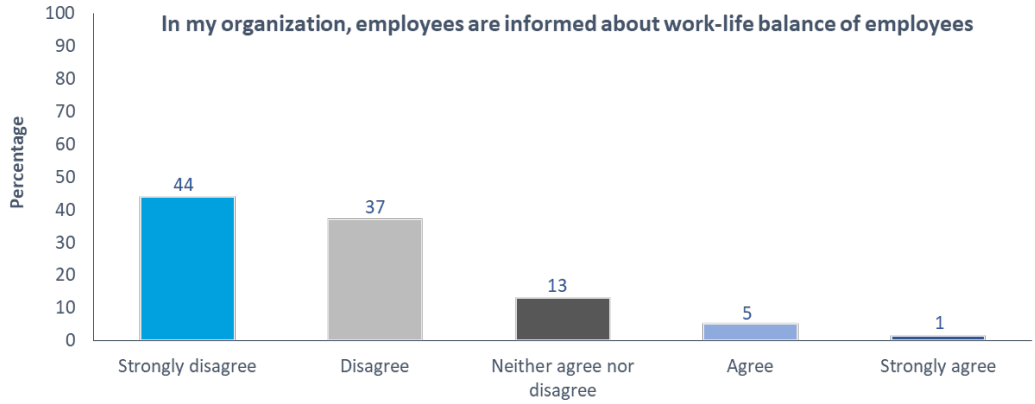
Again, more than 8 out of 10 respondents (82% i.e., disagree and strongly disagree) felt that their organisation was not supportive of their employees in regard to balancing their work and non-work responsibilities. Only 5%, (i.e., agree and strongly agree) noted that their organisation supported them in reconciling their needs and responsibilities emanating from their work and non-work spheres of life – within this, only 1% strongly agreed.



Following a similar trend in findings, more than 7 out of 10 respondents (73%, i.e., disagree and strongly disagree) did not consider management to set a good example of work-life balance. Only 4% of respondents (i.e., agree and strongly agree) considered management to embody a good representation of work-life balance.



Almost 80% of respondents (79% i.e., disagree and strongly disagree) reported that management is trained to promote work-life balance of employees. This question provides a conundrum that management appear to be aware of the issue but don't seem to be addressing it from the employees perspective.



Following the previous question it is interesting to note that a significant majority of respondents (81%, i.e., disagree and strongly disagree) indicated that employees were not well informed about programs geared towards promoting work-life balance.

Quotes

 # If I was qualified in something else, I'd be out. As a mother I can now see how poorly AV deals with young families and work life balance. There is a hard expectation that we choose AV over our families- they don't value me. I'm just a bum on a seat. And if I was to leave tomorrow to spend more time with my family, they would not care.

 # In the past I have experienced that my management has not appropriately supported me with serious personal and family issues/events. They also did not refer me to mental health support when needed. The work place preaches flexibility, but causes an unnecessary level of added pressure and stress for my peers when trying to organise FWAs….. to gain an appropriate work life balance.

3.2 Employee Voice

Employee voice arrangements are a key means of employee involvement, participation and communication and have been found to enhance employee performance (Boxall & Purcell, 2016; Holland et al., 2012; 2017). This section of the survey contained items which asked respondents to indicate what processes were provided to facilitate employee voice regarding their opinions and having input into and receiving information about the operation of their organisation.

Overall, the most common forms of communication and involvement identified by respondents were ‘workplace newsletter’ and ‘open door’ policies. Several notable forms of employee voice mechanisms (e.g., suggestion box and scheme (95%), team briefings (86%), and problem-solving teams between management and staff dealing with daily operational matters (82%)) were generally not used in the workplace. In our research on these issues this workplace has the least lines of communication between management and its workforce we have come across.

Table 2: Employee Voice Mechanisms

	% Total sample
An 'open door' policy so employees can tell senior management about problems with their supervisors	
Yes	40
No	60
Team briefings (briefings that devote time specifically to workplace concerns/questions)	
Yes	14
No	86
Work group or problem-solving teams made up of managers and workers to resolve specific operational issues	
Yes	18
No	82
Suggestion box/scheme	
Yes	5
No	95
Survey of employees' views and opinions	
Yes	40
No	60
Staff meetings between management and employees	
Yes	23
No	77
Workplace newsletter	
Yes	54
No	46

Quote

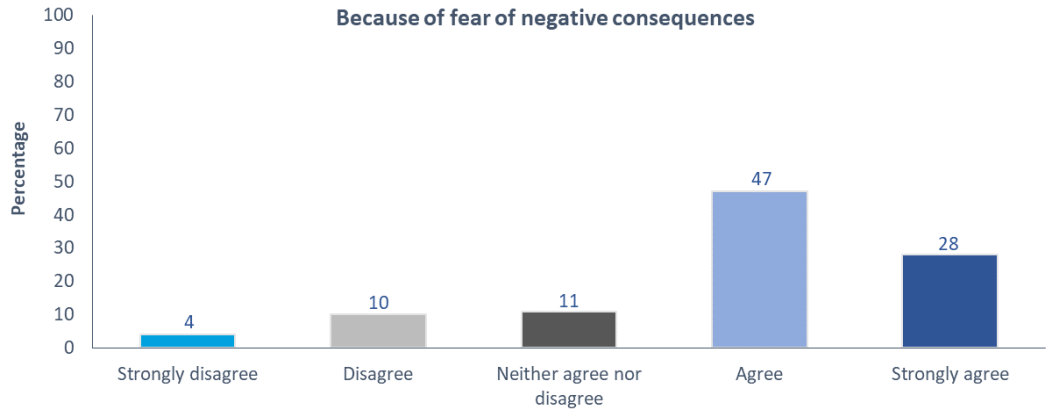
 # AV is more concerned with public perception than caring for their staff and do not listen to staff concerns

 # Middle management is poorly engaged with the onroad workforce and a lot of decisions made by middle management that affect staff are made behind closed doors with no consultation or communication.

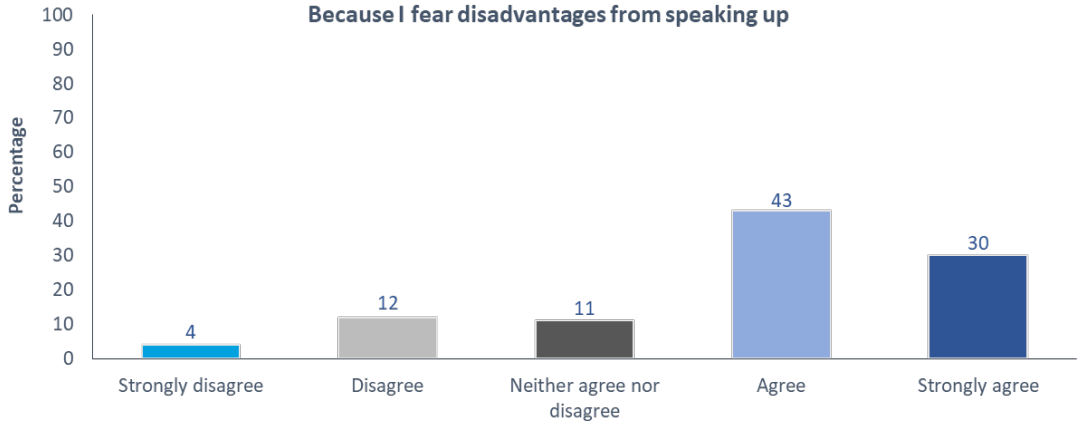
3.3 Employee Silence

Employee silence is where an employee withholds information, ideas and/or opinions about work-related improvements' (Van Dyne et al. 2003, p.1361). Within this literature, research suggest that employee silence is often fuelled by either the fear of retribution of voicing or the futility of not getting a response (Donaghey et al. 2011).

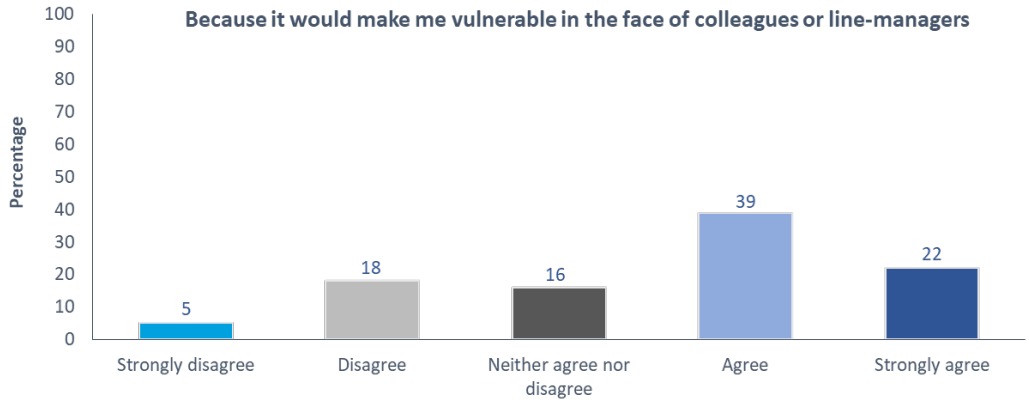
Overall, we find a significant proportion of respondents indicated that they have remained silent as there is either a fear of negative repercussions or a sense of futility, that nothing will likely change in the paramedics' workforce. On average, respondents reported a mean score of 3.73 out of 5 for items related to employee silence.



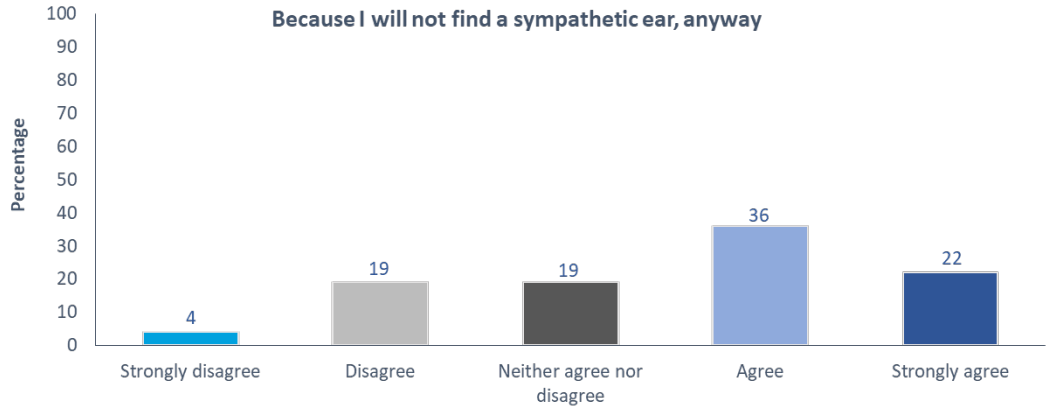
Approaching eighty percent of respondents (i.e., 75%, agree and strongly agree) reported that they remained silent because of fear of adverse consequences.



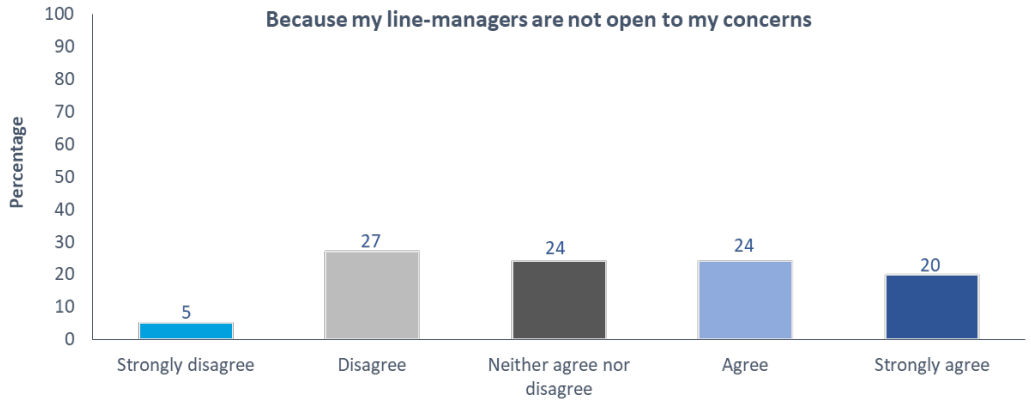
Similarly, 73% of respondents reported staying silent due to fear of negative outcomes from speaking up. They felt inhibited from sharing ideas, opinions, and concerns in the workplace.



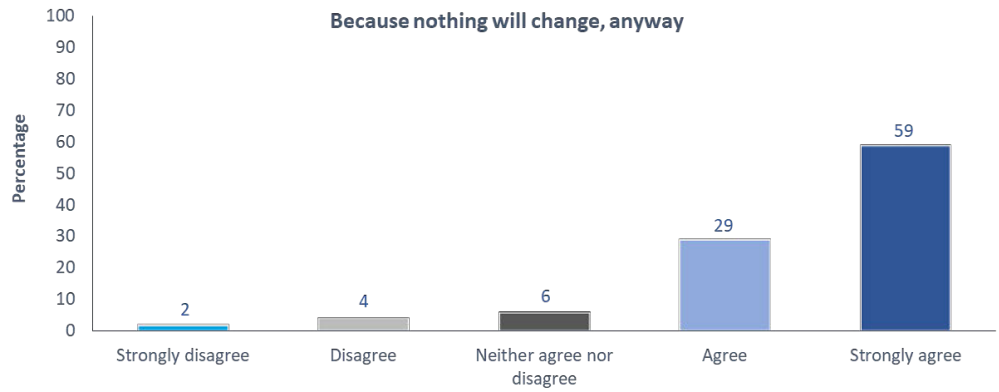
More than half of respondents (i.e., 61% agree and strongly agree) reported they have withheld information because it would make them vulnerable in the face of colleagues or line managers.



Similar proportion of respondents (i.e., 58% agree and strongly agree) kept silent because they felt like they would not be met with a sympathetic ear.



Forty-four percent of respondents (i.e., agree and strongly agree) have indicated that they may choose not to speak because they felt that managers are not willing to listen their concerns.



Almost ninety percent of respondents (i.e., 88%, agree and strongly agree) have indicated that they kept silent due to a sense of futility. Respondents considered that their voice will have no impact at their workplace.

The consistent finding on staying silent reflect more both futility and fear.

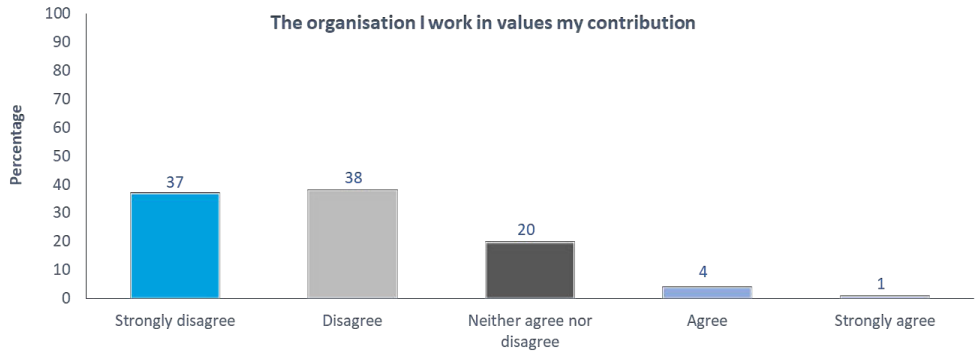
 # Employees don't bother speaking out, nothing is done and/or you become "marked" for doing so.

 # I feel like morale within this organisation is very low. Our senior management are disconnected from the reality of on road paramedics. I do not feel supported if I speak to my regional managers and they do not have the same views on issues we face. I have stopped providing feedback to regional management on issues because I feel my concerns fall on deaf ears. As a team manager I do not feel supported to lead my team and this is very distressing and frustrating. I do not like the workplace culture of our senior managers who do not seek to understand current workplace conditions. Staff also find it hard to get FWAs that suit their needs and there is no easy process to work part time (this needs to change)

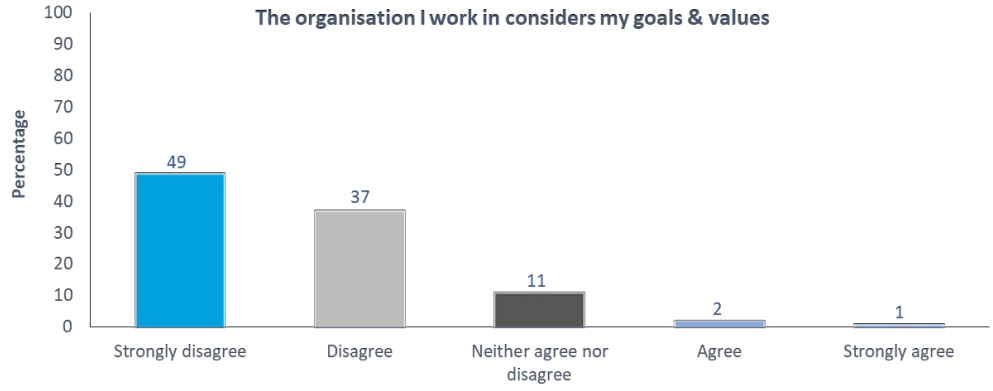
 # Concerns about mental health and wellbeing (both for my colleagues, and myself) regularly fall on deaf ears when the topic is broached with management. Concerns for colleagues are dismissed and disregarded.

3.4 Organisational Support at Work

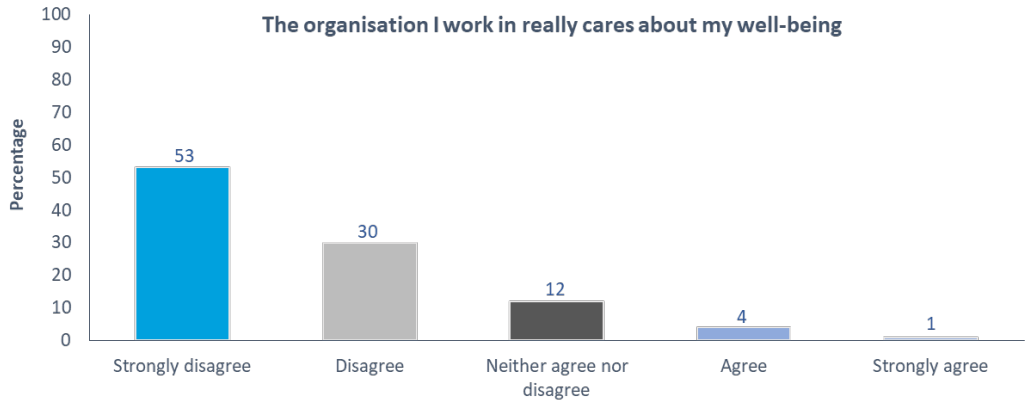
Overall, we find a considerable proportion of respondents indicated that they did not feel they received support at work from the organisation. On average, respondents reported a very low mean score of 1.73 out of 5 for items related to organisation support at work.



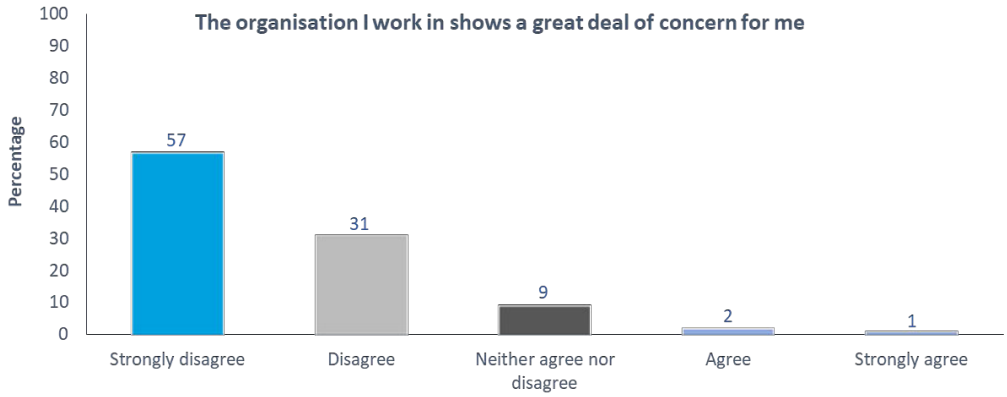
Only five percent of respondents or 1 on 20 (i.e., agree and strongly agree) felt that their organisation valued their contributions. More than seventy percent of respondents (i.e., 75%, disagree and strongly disagree) reported that their contributions were not valued by their organisation they worked for.



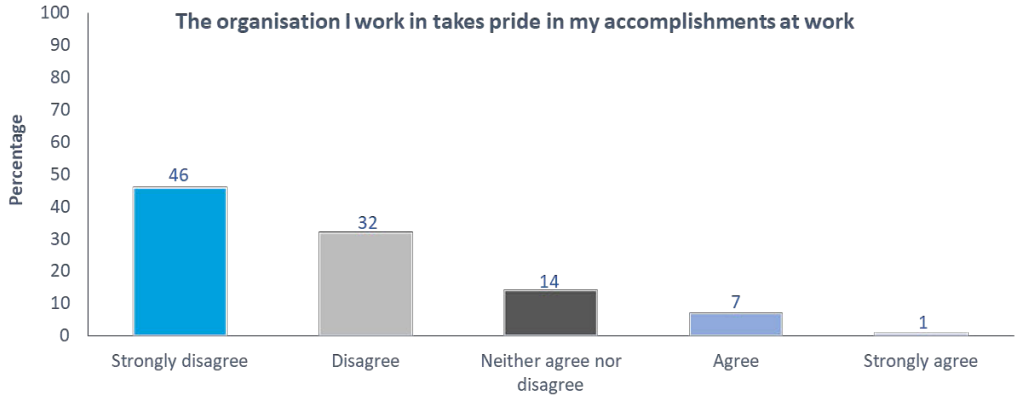
Approaching ninety percent of the respondents (i.e., 86%, disagree and strongly disagree) felt that their goals and values were not considered by their organisation. Only 3% of respondents (i.e., agree and strongly agree) felt that the organisation took their personal goals and values into consideration.



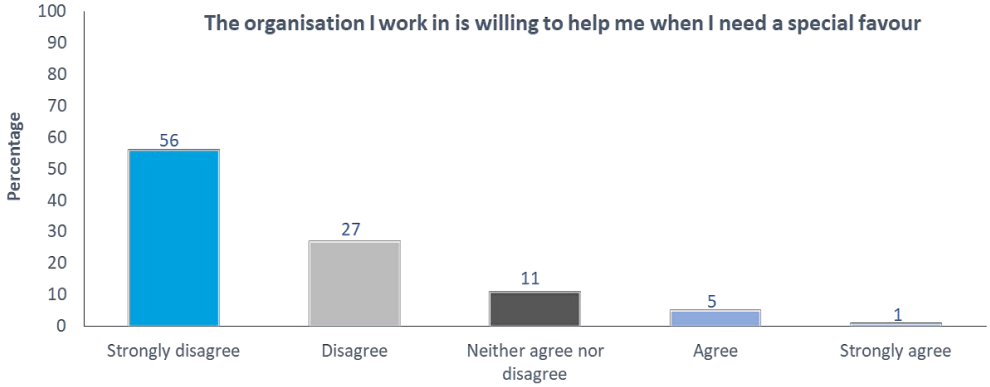
Again, only five percent of respondents (i.e., agree and strongly agree) felt that their organisation cared about their wellbeing. Again a significantly larger proportion of respondents, 83% (i.e., disagree and strongly disagree) felt this was not the case. This can be linked to burnout and work-life balance scores.



Only 3% of respondents (i.e., agree and strongly agree) indicated that the organisation they worked with showed a great deal of concern for them. Again nearly 9 out of 10 respondents disagreed and strongly disagreed.



Reflecting patterns of findings in earlier indicators for organisational support at work, only 8% of respondents felt that their organisation was proud of their work accomplishments. Again, 78% of respondents disagreed and strongly disagreed.



Only 6% of respondents (i.e., agree and strongly agree) reported that should they require a special favour, their organisation they worked for would be willing to help. More than 8 out of 10 respondents (83%, i.e., strongly disagree and disagree) reported that their organisation was unwilling to do so.

Overall, the results here are quite concerning when put into the context of retention of these key people in the longer term.

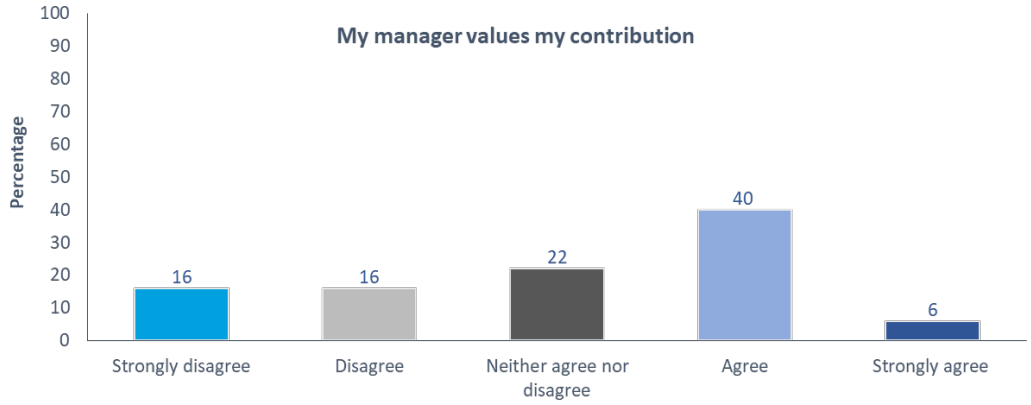
Quotes

 # The impact that the single response model has on the mental health of both MICA and ALS paramedics, particularly in rural and remote areas. Single responders face increased stress and an unacceptable cognitive load due to the lack of paramedic support. It is causing psychological injury to many staff and although AV are aware of this through data captured by VACCU they have not addressed the issue.

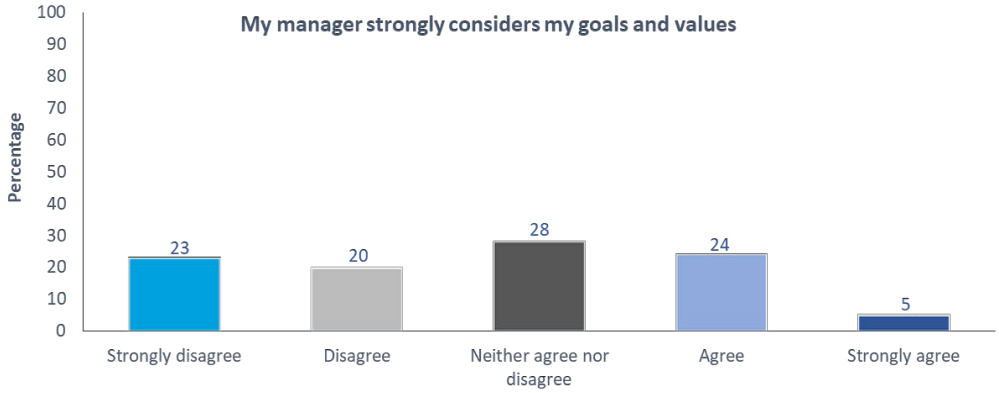
 # Love my job, not the employer. Complete disconnect between operational staff & higher managers.

3.5 Manager Support at Work

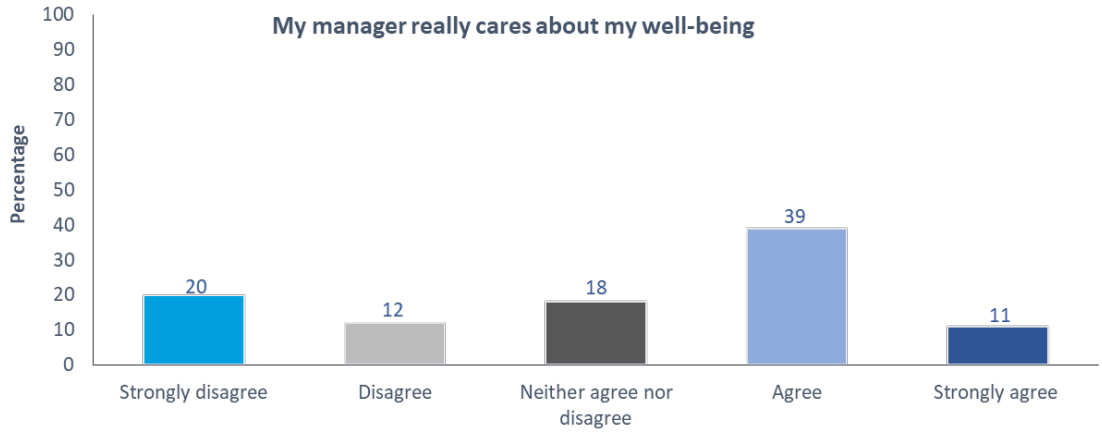
The mean score for manager support at work among respondents is 2.93 out of 5.



Approaching fifty percent of respondents (46%) felt that their managers would value their contribution. Of which, only six percent of respondents perceived that their managers strongly appreciate their contribution to the organisation.

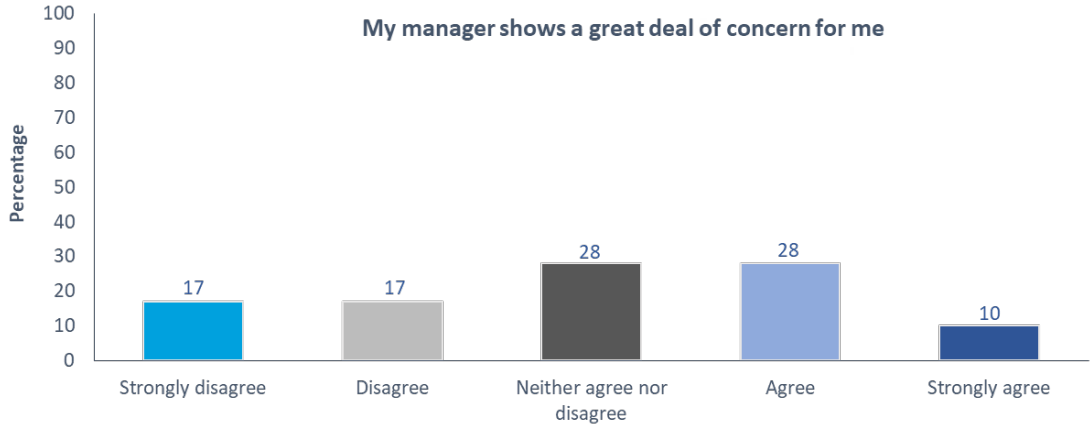


Only 1 in 3 (29%) of respondents (i.e., agree and strongly agree) indicated that managers consider their goals and values. This contrasts with 435 who disagree.



Half of respondents (50% i.e., agree and strongly agree) reported that managers would care about their wellbeing, with 1 in 3 disagreeing.

Similarly, forty-three of respondents (i.e., agree and strongly agree) indicated that their managers are willing to help when they need special favour. This is counterbalanced by 1 in 3 (31%) indicating this would not be the case.



Only 38% of respondents (i.e., agree and strongly agree) perceived that managers demonstrate a great deal of concern for them. Almost matched by those disagreeing at 34%. Again, this needs to be seen in the context of flexible work, work-life balance and burnout.

Finally, only 33% of respondents (i.e., agree and strongly agree) perceived that managers take pride in their accomplishment at work. This is outweighed by nearly 4 in 10 (39%) disagreeing with this statement.

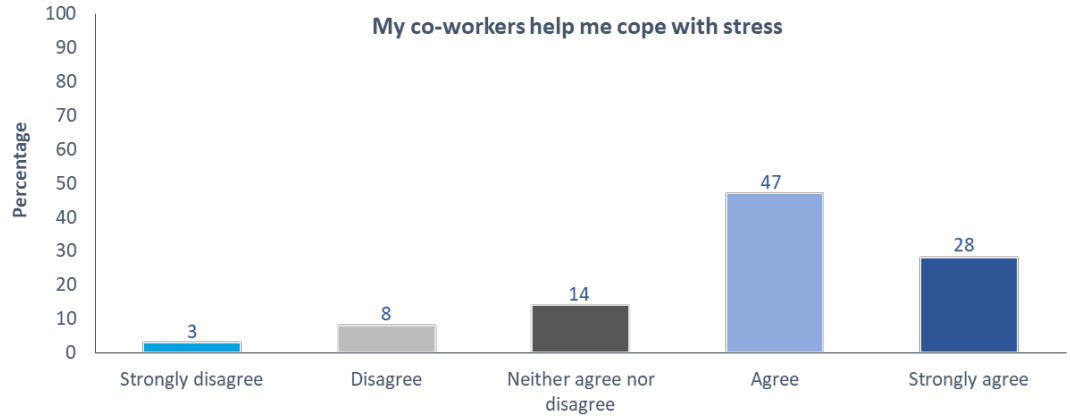
Quotes

 # Ramping and staff burnout is massive in Ambulance Victoria. …. It is obvious the corporate managers look down and disrespect the operational staff.

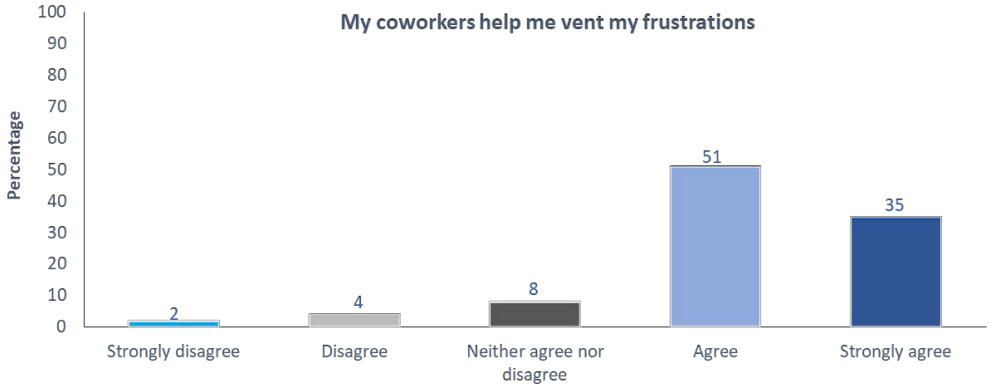
 # My Team Manager is mostly approachable and a good support person, but my Senior Team Manager is dismissive and uncaring. I have very little interaction with managers above this level, and often if we have an issue that needs a decision made by someone higher up, they reject any offers of helping you because they have never met us. We are just a faceless name on an email list - which makes it easy for them not to care.

3.6 Coworker Emotional Support

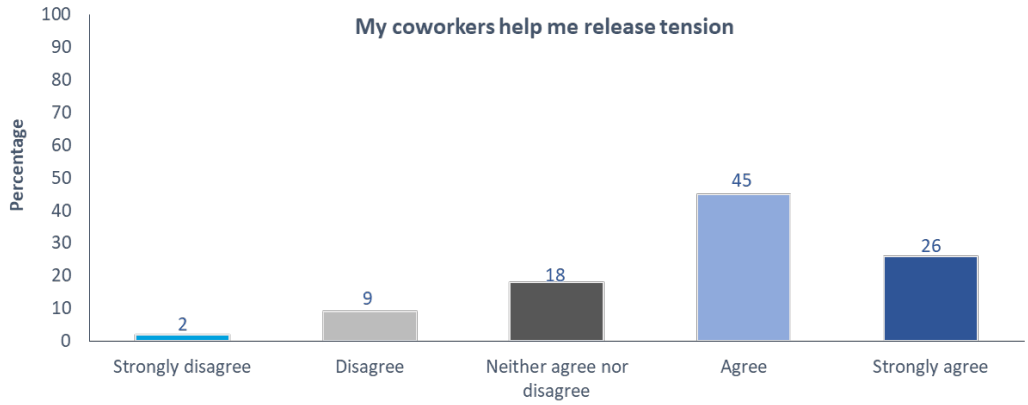
Comparatively, respondents reported a higher mean score for coworker emotional support (mean = 3.86 out of 5) as opposed to manager support at work (mean = 2.93 out of 5).



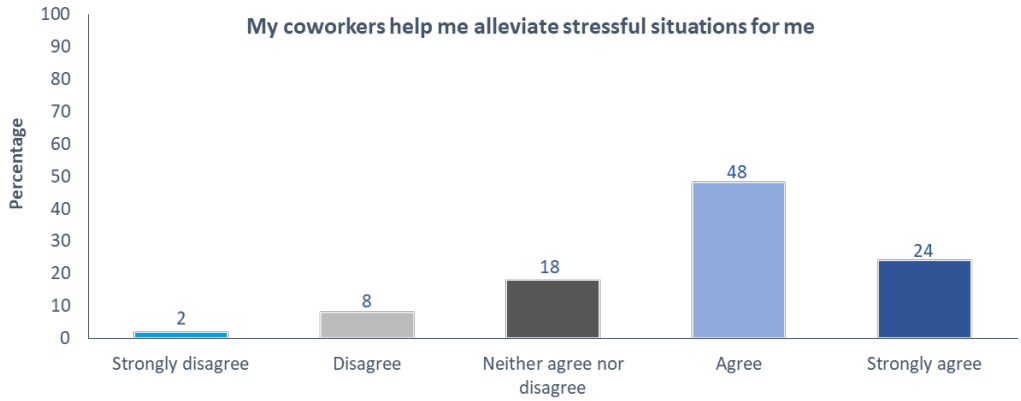
Three-quarters of respondents (75%, i.e., agree and strongly agree) reported that their coworkers assisted them in coping with stress.



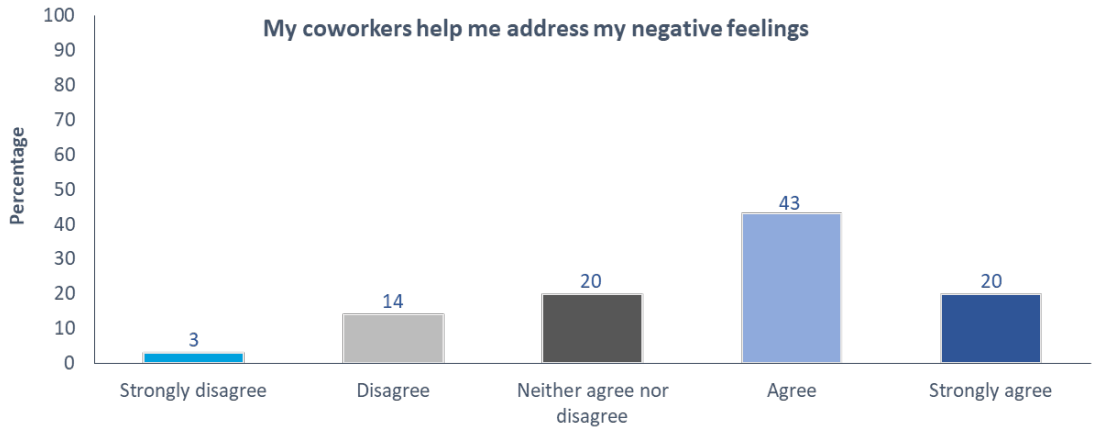
Approaching ninety percent (86%) of respondents (i.e., agree and strongly agree) indicated that their coworkers were helpful to them when they needed to vent their frustrations. Only six percent of respondents disagreed and strongly disagreed.



Similarly, seventy-one percent of respondents (i.e., agree and strongly agree) indicated that their coworkers were helpful when they required to release tension.



Similar to findings in the previous indicator, 72% of respondents (i.e., agree and strongly agree) reported that their coworkers were helpful in assisting them in alleviating stressful situations.



Likewise, a majority - sixty-three percent of respondents indicated that their coworkers assisted them in addressing their negative feelings when they arose.

Quote

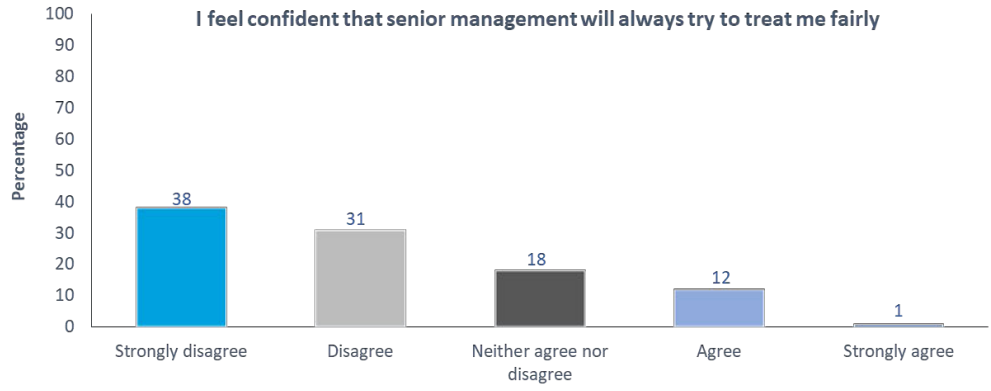
 # Guys on the road are great , HR and management is where AV falls over.

 # I enjoy working with my colleague, helping/talking to patient but the organisation we work for are a joke and dont care about their employees. We are literally just a number to them.

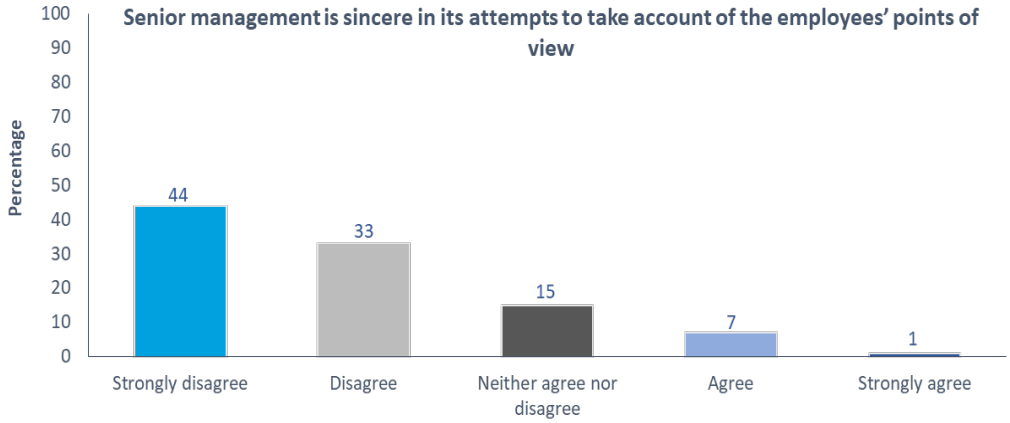
3.7 Trust in Senior Management

Given the recognition that trust is an integral factor in influencing organisational success, organisational stability and to employee wellbeing (Cook & Wall; 1980; Tyler & Kramer, 1996; Shaw, 1997), this survey sought to explore the perceived levels of trust VAU members have in both senior management and direct supervisors. Adapting Cook and Wall's (1980) trust measure, this section of the survey asked respondents several questions regarding employees' trust in senior management and direct supervisors. Respondents used a 5-point scale (1 = strongly disagree or to 5 = strongly agree) to answer these items.

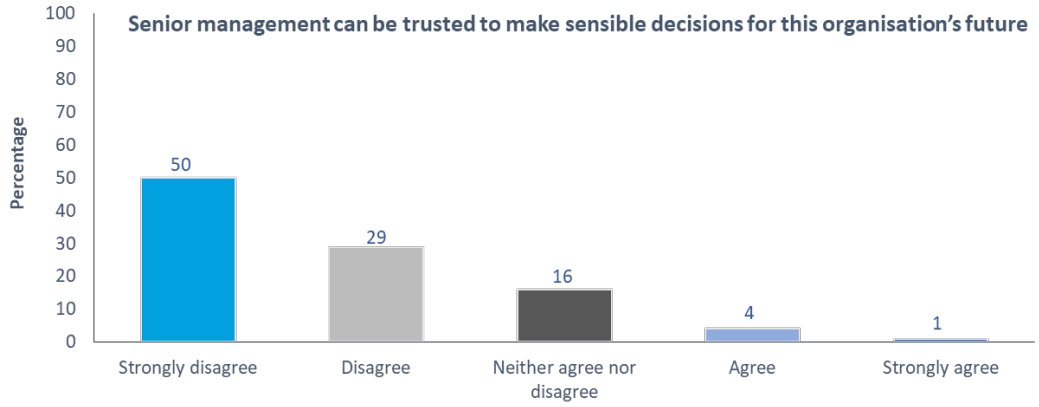
Overall, we find a considerable proportion of respondents indicated that they did not feel confident in trusting senior management. On average, respondents reported a mean score of 2.40 out of 5 for items related to trust in senior management.



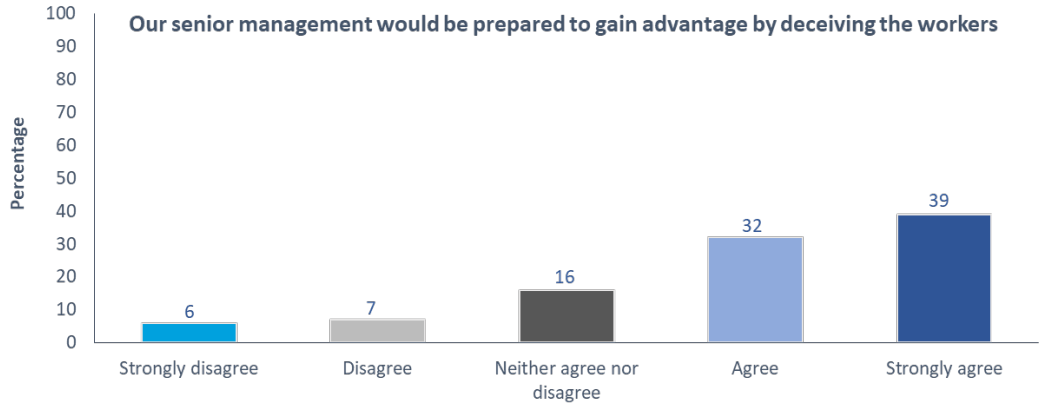
Nearly 7 out of 10 respondents (69%) (i.e., strongly disagree and disagree) reported they did not feel confident that senior management would treat employees fairly. Only 13% of respondents (i.e., agree and strongly agree) felt confident that they will be treated fairly by senior management.



Similarly, 77% of respondents (i.e., strongly disagree and disagree) reported that senior management is not sincere in considering employees' opinions. Only 8 % of respondents (i.e., strongly agree and agree) felt that their views are considered. This shows a strong perceived lack of consideration and care by senior management towards employees.



Similarly, almost eighty percent of respondents (i.e., 50%, strongly disagree and 29% disagree) indicated having a lack of confidence that senior management will make sensible decisions for the organisation's sake. Again, only 5% of respondents agreed and strongly agreed.



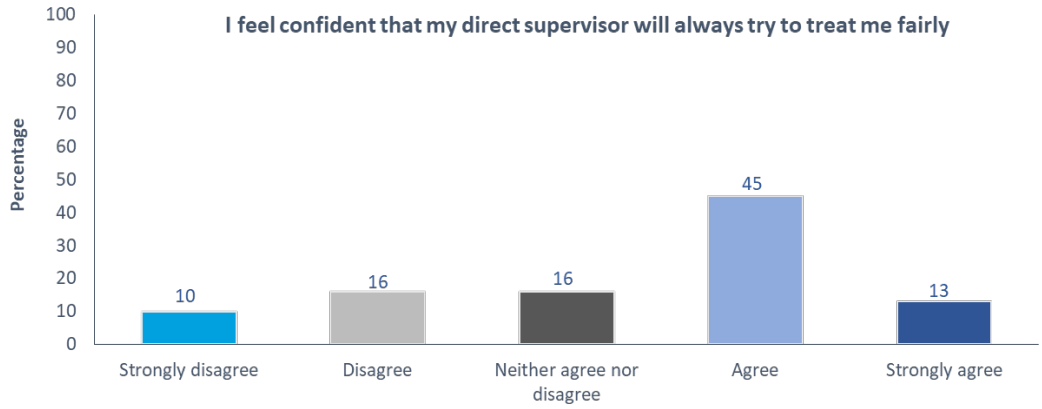
Finally, 70% percent of respondents (i.e., strongly agree and agree) indicated that senior management would take advantage of workers. This demonstrates a lack of trust that senior management will act with integrity and in ways that are considerate of employees' perspectives.

Quotes

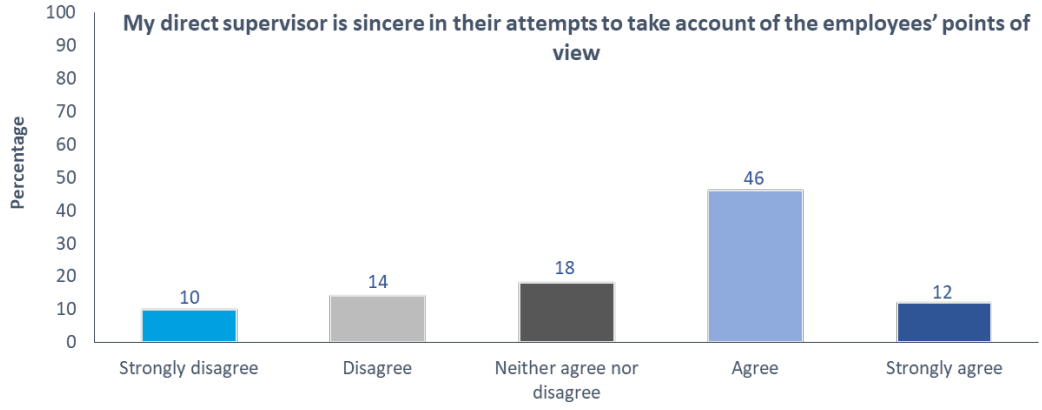
> **# I have total distrust for upper-level management, we are a "top heavy" organisation with management …... There is seemingly no accountability or feedback mechanism for our managers and support staff including rosters and duty managers/CSPs whilst on road staff feel we are held unreasonably to account constantly.**

3.8 Trust in Direct Supervisor

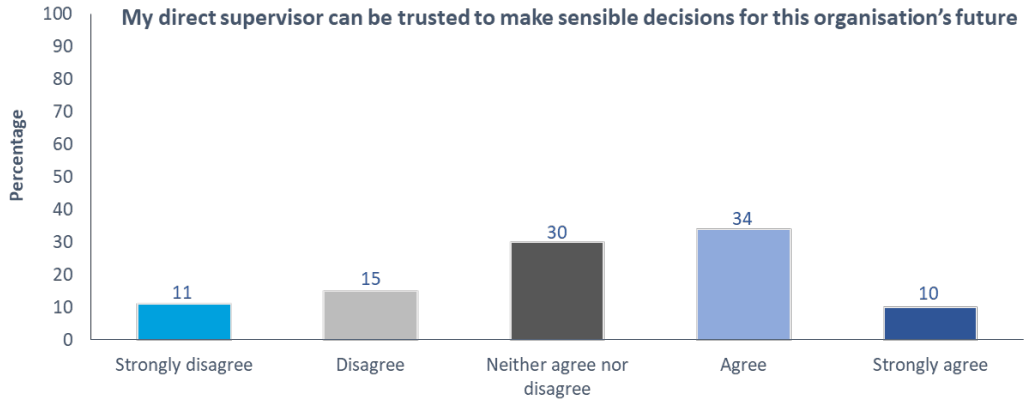
Overall, the mean score for trust in direct supervisor is 3.14 out of 5. The overall figures indicate that respondents trust more in their direct supervisors compared to trust in senior management (mean score=2.40).



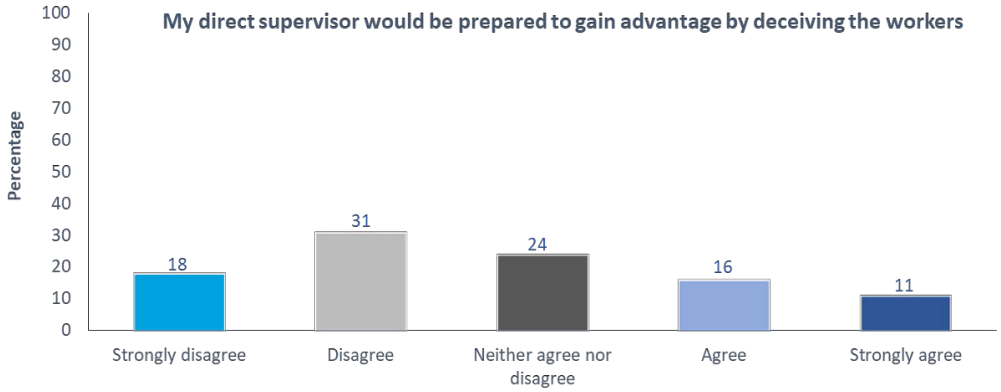
More than half of respondents (i.e., 58% agree and strongly agree) felt confident that their direct supervisor will always try to treat them fairly.



Similar to the question above, almost 60% of respondents (i.e., 58%, agree and strongly agree) reported that their direct supervisors are sincere in their attempts to take into account employees' views.



Forty-four percent of respondents (i.e., agree and strongly agree) indicated that they can trust their direct supervisor to make sensible decisions for the future of the organisation.



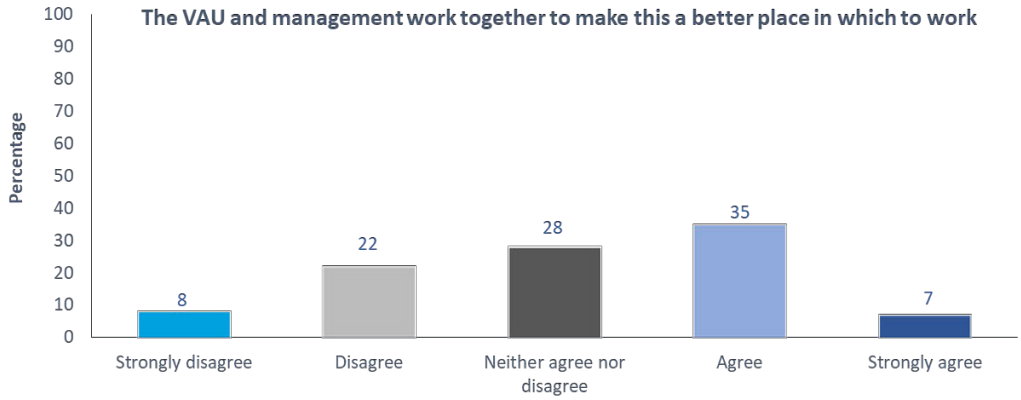
Finally, only 27% of respondents (i.e., agree and strongly agree) reported that their direct supervisor would take advantage of employess by engaging in deception, with nearly half (49%) disagreeing.

Quotes

> ***# My direct line manager is amazing, however I don't trust any senior managers***

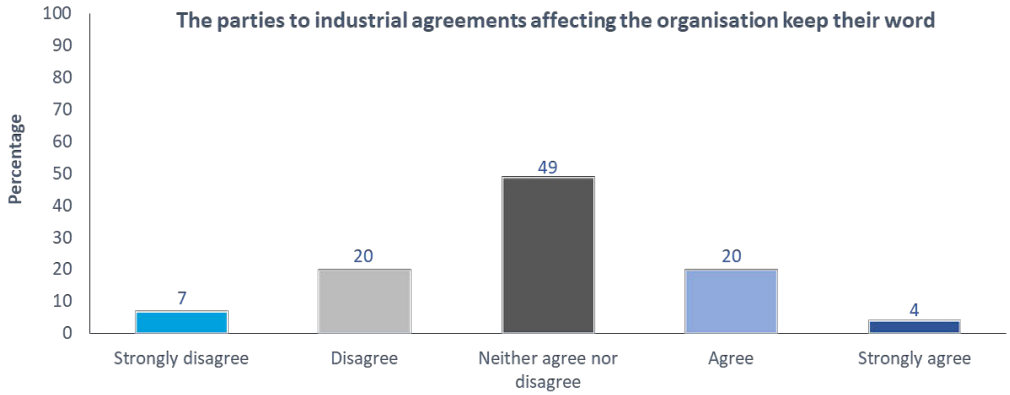
3.9 Industrial Relations Climate

Overall, we find a considerable proportion of respondents indicated that they did not perceive the Union (Victoria Ambulance Union) and management to have high levels of cooperation. On average, respondents reported a mean score of 2.90 out of 5 for items related to industrial relations climate.

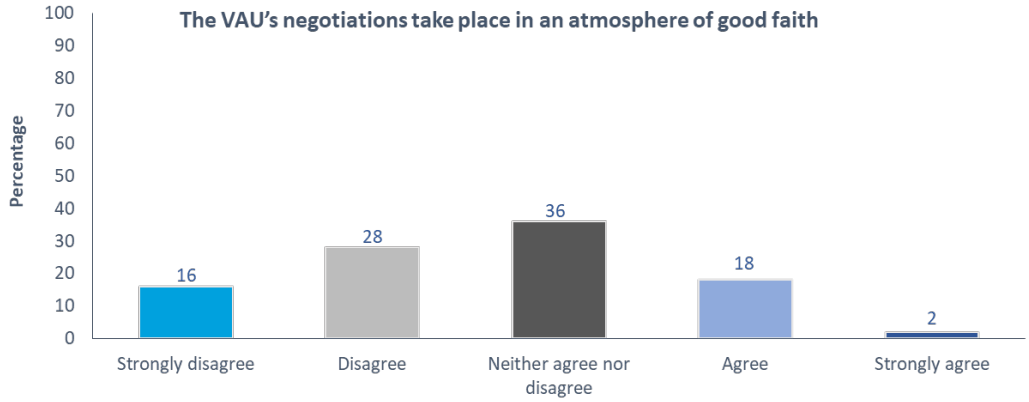


Thirty percent of respondents (i.e., strongly disagree and disagree) indicated that the VAU and management do not work together to make the organisation a better place to work. Less than fifty percent of respondents (42% i.e., agree and strongly agree) reported that both parties worked together to create a positive work environment.

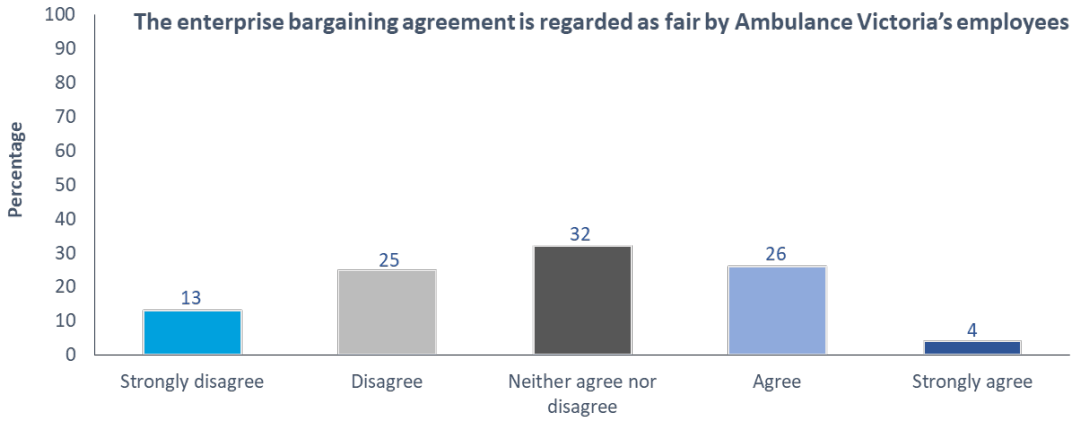
Similarly, almost 50% of respondents (i.e., 48% strongly disagree and disagree) reported the there is a lack of respect between VAU and management with regards to their respective goals.



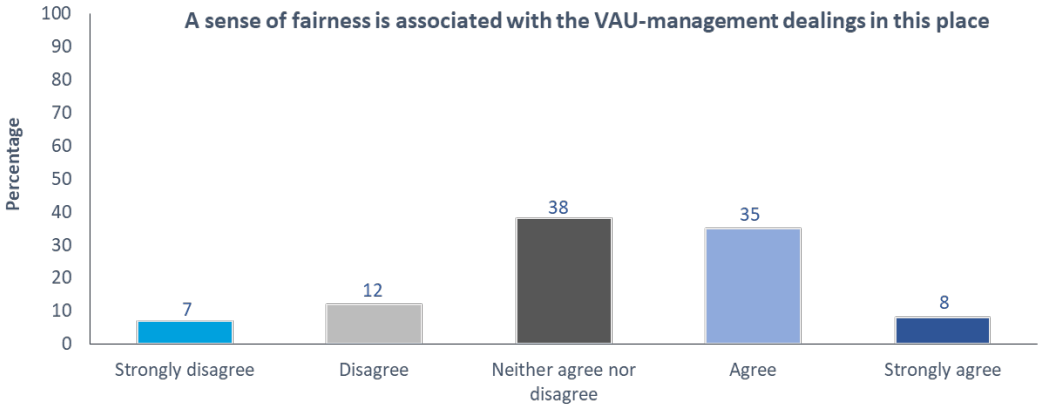
Only 24% of respondents (i.e., agree and strongly agree) reported that the parties to industrial agreements upheld their word.



Only 20% of respondents (i.e., agree and strongly agree) reported that negotiations of the Victorian Ambulance Union took place in an atmosphere of good faith.



Approximately one in three respondents (i.e., 30%, agree and strongly agree) indicated that the collective bargaining agreement is regarded as fair.



Finally, less than 50% of respondents (i.e., 43%, agree and strongly agree) reported that there was a sense of fairness associated with the dealings between the Victorian Ambulance Union and management.

Quote

 # My organization has fundamentally and culturally remained the same for many years despite agreed changes as a result of union E.B.A. negotiations and/or independent reviews i.e. it does not truly consult/ discuss/ trial openly with the operational workforce about changes in so many areas, "lip- service" with the agenda already determined to ultimately protect "brand" perception and image.

Conclusion

In this report, we found a challenging workplace environment for VAU members. There was evidence of work intensification, low job satisfaction, with the majority of members often feeling emotionally drained. In fact, 72% of respondents (agree and strongly agreed) reported that they have reached the point of burnout. Work-life balance was an important issue for members with only 5% of respondents agreeing and strongly agreeing that their organisation valued practices that promoted their work-life balance. There was strong evidence that most VAU members (69% of respondents strongly disagree and disagree) did not feel confident that senior management treated them fairly. In fact, only 13% of respondents (agree and strongly agree) felt confident that they will be treated fairly by senior management.

Moreover, 57% of VAU members indicated that they frequently (often and always) thought about leaving the paramedics workforce. Even more disturbing, is that 20% of respondents reported they were likely or very likely to leave the paramedics workforce in the next year. Despite the challenges, 58% of respondents (agree and strongly agree) felt confident that their direct supervisor would always try to treat them fairly. Importantly, 58% felt that their direct supervisors are sincere in their attempts to take into account employees' views. Furthermore, most respondents (75% agree and strongly agree) reported that their co-workers assisted them in coping with job stress. Also, 86% of respondents indicated that their coworkers were helpful to them when they needed to vent their frustrations. The overarching theme emerging from the report is a group of workers doing a tough job reaching their limits, particularly when looking at issues of burnout and work-life balance.

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